The curricular response to HIV/AIDS
at Rhodes University

2009

Dr. Asta Rau
Centre for Higher Education Research, Teaching and Learning (CHERTL),
Rhodes University, Grahamstown, South Africa

The content of this publication is the sole responsibility of the author and cannot be taken to represent the views of the Department of Education, the European Union or Higher Education South Africa.
ACKNOWLEDGMENTS

Sincere thanks to all the Rhodes academics who gave so generously of their time and knowledge in research interviews and written communications.

Much appreciated - the efforts of and feedback from academics who helped to pilot research instruments and review the report. For her careful editing, thank you also to Cindy Kulongowski.

Thanks to those who spearheaded the HEAIDS proposal and procured the grant – Professor Chrissie Boughey, Mary Fike, Larissa Klazinga and Kevin Kelly of CADRE. Many thanks also to those administering the grant.

For generously giving of their time, advice and support - thanks to colleagues at Rhodes’ Centre for Higher Education, Research, Teaching and Learning (CHERTL).

The researcher’s office was provided by the department of Accounting – many thanks for the lovely space.

Gratitude to the EU for the funding which made the research possible, and to HEAIDS, HESA and the Department of Education for their valuable role in promoting a focus on HIV/AIDS in South African institutions of higher education.
# TABLE OF CONTENTS

**ACKNOWLEDGMENTS** ........................................................................................................... ii

**EXECUTIVE SUMMARY** ......................................................................................................... 1

1 **INTRODUCTION** ..................................................................................................................... 9

   Context of the study ...................................................................................................................... 9

   Defining ‘curriculum’ .................................................................................................................. 11

   Structure of the report .............................................................................................................. 12

2 **METHODOLOGY** ..................................................................................................................... 13

3 **FINDINGS** ............................................................................................................................... 17

   3.1 **MACRO view**: Curricular responses across the whole university ................................................. 17

       How often HIV/AIDS was addressed across all curricula ......................................................... 18

       Levels at which HIV/AIDS was addressed across all curricula .............................................. 19

       Ways in which HIV/AIDS was addressed across all curricula .............................................. 20

   3.2 **MEZZO view**: Curricular responses across all the faculties .................................................. 26

       How often HIV/AIDS was addressed across all faculties ...................................................... 26

       Chart 5: Levels at which HIV/AIDS was addressed across all faculties ................................. 28

       Chart 6: Ways in which HIV/AIDS was addressed across all faculties .................................. 30

   3.3 **MICRO view**: Curricular responses within each of the faculties ............................................. 32

       3.3.1 **Commerce Faculty** ....................................................................................................... 32

       How often HIV/AIDS was addressed in the Commerce Faculty ........................................... 32

       Levels at which HIV/AIDS was addressed in the Commerce Faculty ................................... 34

       Ways in which HIV/AIDS was addressed in the Commerce Faculty ................................... 35

       Accounting .................................................................................................................................. 36

       Business School .................................................................................................................... 36

       Economics and Economic History .......................................................................................... 37

       Information Systems .................................................................................................................. 37

       Management .............................................................................................................................. 38

       Statistics .................................................................................................................................... 38

       3.3.2 **Education Faculty** ....................................................................................................... 39

       How often HIV/AIDS was addressed in the Education Faculty ............................................ 39

       Levels at which HIV/AIDS was addressed in the Education Faculty .................................... 39

       Ways in which HIV/AIDS was addressed in the Education Faculty .................................... 40

       BEd(Hons), PGCE and ACE courses ......................................................................................... 40

       Environmental Education ......................................................................................................... 41

       3.3.3 **Humanities Faculty** ..................................................................................................... 42

       How often HIV/AIDS was addressed in the Humanities Faculty ........................................... 44

       Levels at which HIV/AIDS was addressed in the Humanities Faculty .................................... 45

       Ways in which HIV/AIDS was addressed in the Humanities Faculty .................................... 46
Anthropology 47
Drama 47
English 48
English Language and Linguistics 49
Fine Art 49
History 50
Journalism and Media Studies 51
Music and Musicology 52
Philosophy 52
Political and International Studies 53
Psychology 54
School of Languages 56
Sociology 57

3.3.4 Law Faculty 59
How often HIV/AIDS was addressed in the Law Faculty 59
Levels at which HIV/AIDS was addressed in the Law Faculty 59
Ways in which HIV/AIDS was addressed in the Law Faculty 60

3.3.5 Pharmacy Faculty 63
How often HIV/AIDS was addressed in the Pharmacy Faculty 63
Levels at which HIV/AIDS was addressed in the Pharmacy Faculty 63
Ways in which HIV/AIDS was addressed in the Pharmacy Faculty 64

3.3.6 Science Faculty 67
How often HIV/AIDS was addressed in the Science Faculty 69
Levels at which HIV/AIDS was addressed in the Science Faculty 70
Ways in which HIV/AIDS was addressed in the Science Faculty 71

Biochemistry, Microbiology and Biotechnology 72
Botany 72
Chemistry 73
Computer Science 74
Environmental Science 74
Geography 75
Geology 76
Human Kinetics and Ergonomics 76
Ichthyology and Fisheries Science 77
Mathematics 77
Physics and Electronics 78
Zoology and Entomology 78

4 RECOMMENDATIONS: THE WAY FORWARD 79
REFERENCES 81
<table>
<thead>
<tr>
<th>Chart</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How often HIV/AIDS was addressed across all curricula at Rhodes</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Levels at which HIV/AIDS was addressed across all curricula at Rhodes</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>Ways in which HIV/AIDS was addressed across all curricula at Rhodes</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>How often HIV/AIDS was addressed across all faculties at Rhodes</td>
<td>26</td>
</tr>
<tr>
<td>5</td>
<td>Levels at which HIV/AIDS was addressed across all faculties at Rhodes</td>
<td>28</td>
</tr>
<tr>
<td>6</td>
<td>Ways in which HIV/AIDS was addressed across all faculties at Rhodes</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>How often HIV/AIDS was addressed in the Commerce Faculty’s departments</td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>Levels at which HIV/AIDS was addressed in the Commerce Faculty’s departments</td>
<td>34</td>
</tr>
<tr>
<td>9</td>
<td>Ways in which HIV/AIDS was addressed in the Commerce Faculty’s departments</td>
<td>35</td>
</tr>
<tr>
<td>10</td>
<td>How often HIV/AIDS was addressed in the Humanities Faculty’s departments</td>
<td>44</td>
</tr>
<tr>
<td>11</td>
<td>Levels at which HIV/AIDS was addressed in the Humanities Faculty’s departments</td>
<td>45</td>
</tr>
<tr>
<td>12</td>
<td>Ways in which HIV/AIDS was addressed in the Humanities Faculty’s departments</td>
<td>46</td>
</tr>
<tr>
<td>13</td>
<td>How often HIV/AIDS was addressed in the Science Faculty’s departments</td>
<td>69</td>
</tr>
<tr>
<td>14</td>
<td>Levels at which HIV/AIDS was addressed in the Science Faculty’s departments</td>
<td>70</td>
</tr>
<tr>
<td>15</td>
<td>Ways in which HIV/AIDS was addressed in the Science Faculty’s departments</td>
<td>71</td>
</tr>
<tr>
<td>1</td>
<td>How often HIV/AIDS was addressed in the Education Faculty’s curricula</td>
<td>39</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Table 2</td>
<td>Levels at which HIV/AIDS was addressed in the Education Faculty’s curricula</td>
<td>39</td>
</tr>
<tr>
<td>Table 3</td>
<td>Ways in which HIV/AIDS was addressed in the Education Faculty’s curricula</td>
<td>40</td>
</tr>
<tr>
<td>Table 4</td>
<td>How often HIV/AIDS was addressed in the Law Faculty’s curricula</td>
<td>59</td>
</tr>
<tr>
<td>Table 5</td>
<td>Levels at which HIV/AIDS was addressed in the Law Faculty’s curricula</td>
<td>59</td>
</tr>
<tr>
<td>Table 6</td>
<td>Ways in which HIV/AIDS was addressed in the Law Faculty curricula</td>
<td>60</td>
</tr>
<tr>
<td>Table 7</td>
<td>How often HIV/AIDS was addressed in the Pharmacy Faculty’s curricula</td>
<td>63</td>
</tr>
<tr>
<td>Table 8</td>
<td>Levels at which HIV/AIDS was addressed in the Pharmacy Faculty’s curricula</td>
<td>63</td>
</tr>
<tr>
<td>Table 9</td>
<td>Ways in which HIV/AIDS was addressed in the Pharmacy Faculty’s curricula</td>
<td>64</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

In 2008 Rhodes University was awarded a European Union grant through South Africa’s national Higher Education HIV/AIDS Programme (HEAIDS), to support the university’s HIV/AIDS interventions. The Rhodes project — entitled ‘A Comprehensive Institutional Response to HIV/AIDS’ — comprised several components, one of which was to research the institution’s curricular response. Regionally, the curricular response in higher education lags behind all others in the sector — despite having been identified as a priority area for intervention.

The findings from the university-wide curricular mapping – or tracking - process are presented here in three sections:

1) The Macro view, which traces HIV/AIDS curricular responses across the whole university;

2) The Mezzo view, in which responses across the six faculties are described; and

3) The Micro view, in which responses within the faculties are shown. The Micro view section includes short commentaries, illustrated with quotes, on each of the 39 departments or schools at Rhodes.

Methodology, limitations and ethics

To map HIV/AIDS content and issues in curricula it is equally important to find out where HIV/AIDS is addressed, as it is to find out where it is not addressed. An initial pilot survey and email calls for participation yielded few responses, which were mainly from academics interested in HIV/AIDS. To avoid this bias, and a skimpy dataset, a qualitative approach was adopted and data were collected in one-on-one meetings. The sample population was all academic teaching staff in the six faculties and 39 departments at Rhodes. All 293 academic teachers were contacted and asked to participate. Data were collected from 223 of them, which represents 76.1% of all the academics teaching at Rhodes in 2008.

The research and this report aimed to provide a reasonably comprehensive overview of Rhodes’ response. Like all research, this has had limitations. Only the formal curriculum — defined here as the taught curriculum — was investigated. HIV/AIDS-focused master’s and doctoral degree programmes that are done by thesis-only were excluded. Community engagement where HIV/AIDS-related community work is directly linked to course credits was included, but volunteer work either on or off campus was not included. Regarding the informal curriculum, it is pertinent to mention that the messages and activities of the Students’ HIV and AIDS Resistance Campaign (SHARC) were mentioned by 49 (22%) of academic participants in this study as influencing taught curricula. In a comment broadly representative of these academics, one said, “Over the last three years we’ve either had somebody in class who is part of SHARC, or who notices or takes part in what they’re doing, and somewhere along the line the issues get raised in class.”

---

2 Statistic provided by Rhodes Human Resources Division.
Although predominantly qualitative, the research followed a mixed-methods approach, so it also had a quantitative dimension. The findings from qualitative coding (captured with nVivo 8 data management software) were converted into quantitative counts in order to generate charts that represent and illustrate the findings. It was possible to produce reasonably accurate counts because of a high response rate and the rigorous coding process. However, there were limitations to the transposition of qualitative data: unlike statistics derived from data collected using a Likert scale, for instance (where only one variable can be selected in a range of options), in this research the counts for variables were imprecise in as far as the variable categories were (with one exception) not mutually exclusive. This is elaborated on in section 2.7, page 16. So, it is important to note that the numbers, tables and charts offer a broad portrayal rather than a precise measure of Rhodes’ curricular response.

In terms of ethics, participation in the research was voluntary. Both before and during data collection participants were informed of the purpose and processes of the research. At all times the researcher remained hospitable and sensitive to multiple viewpoints. No participants are named in this report or in other publications — even so, it was not possible to guarantee confidentiality, as Rhodes is a small university community and it may be that some participants can be identified from the qualitative data used to illustrate departmental responses. The raw data, however, remain protected.

**Motivators for curricular infusion**

The research found no evidence of ‘lip service’ to HIV/AIDS in Rhodes curricula. Where lecturers felt they had enough expertise and interest in HIV and AIDS to include it in their courses, and when they judged HIV/AIDS content or issues as having a good fit with the disciplinary knowledge that students must acquire, then it was addressed. When lecturers have other areas of interest and expertise, or where they thought an HIV/AIDS focus would be artificial or forced, they did not include it in their teaching. So the relevance of HIV/AIDS-content/issues to the discipline at hand and consideration for whether the issues could be engaged with in a meaningful way were strong motivators for whether or not the topic entered taught curricula.

These insights had already become apparent in initial probes and pilots. Accordingly, the research did not focus on ‘HIV/AIDS education’ in the everyday sense - for instance the ways in which a person can become infected by the virus, best prevention methods, treatment literacy, and so forth. Rather, it focused on if and how HIV/AIDS content and issues are addressed within the disciplinary knowledge students need to acquire in any given course of study.

**How often is HIV/AIDS addressed in curricula, and at what levels?**

Across all faculties and levels of study 59.1% of curricula addressed HIV/AIDS. This proportion was made up of 68.3% of undergraduate curricula (1st-, 2nd-, 3rd- and 4th-year study) and 31.8% of postgraduate level curricula (i.e., honours, postgraduate diplomas, taught master’s and taught doctoral degrees). The lower proportion of HIV/AIDS

---

3 Creswell & Clark 2007.
content/issues at postgraduate level could be partly due to the fact that even in coursework/taught degrees postgraduate students choose which topics to investigate in their research projects – and the range of topics is wide, almost unlimited. In addition, the university has few academic teachers who are HIV/AIDS specialists with the in-depth knowledge needed to supervise postgraduate projects on the topic. The research identified only six Rhodes academics who ‘championed’ HIV/AIDS work.

During their time at university students take up several courses at several levels: this, taken together with the research findings, indicates that it would be unusual for any student to graduate without at least some exposure to HIV/AIDS content or issues in their curricula.

Echoing national and regional trends, the strongest curricular response to HIV/AIDS occurred in the health science field — with the only health science faculty at Rhodes (Pharmacy) showing the most consistent inclusion of and highest level of HIV/AIDS-content/issues in the curricula. Ranking second was the faculty of Education, followed by the Humanities, Science, Commerce and then Law.

How is HIV/AIDS addressed in curricula?

No professional HIV/AIDS-focused degrees were offered at Rhodes. And there were relatively few core courses where HIV/AIDS-content/issues are the major focus. Core courses made up only 4.3% of teaching–learning platforms across the university. This percentage of 4.3 was shared across four of the six faculties: Pharmacy (12% of curricula), Education (6%), Humanities (4%) and Science (4%).

Clearly Rhodes follows an ‘infusion’ approach where the aim is to address HIV/AIDS more widely across curricula as opposed to limiting the reach to core courses and modules.

The most common way of including HIV/AIDS content/issues in curricula was as ‘One of many issues’ (17%). Given that HIV/AIDS is a multidimensional and multisectoral field, and that it is important to realise its complex associations with myriad aspects of the natural and human worlds, it is appropriate to contextualise HIV/AIDS in relation to other issues.

Ranking second (together with ‘Scenario/Case study/Story’ discussed below) was ‘Awareness-implicit’ (12.8%) – where connections exist between teaching/learning content and HIV/AIDS, but are not spelt out, and students must realise the links themselves. It was included as a category for two reasons. Firstly, the research was rooted in realist ontology4, which recognises as real aspects of a phenomenon which are present, but not necessarily in an obvious way. Secondly, in disciplines such as English Literature and Fine Art students encounter major life themes pertinent – even integral – to HIV and AIDS. As one academic pointed out, “Most art is about us – how we live and how we die.”

‘Scenario/Case study/Story’, ‘Project’, ‘Elective’, and ‘Community engagement/Service learning’ are problem-oriented learning-teaching platforms. They compel students to grapple and engage with curricular content as opposed to being passive recipients of information, which they may or may not transform into knowledge. Use of these platforms

---

requires students to hone their capacity for critical – as well as creative – thinking. As mentioned above the use of ‘Scenario/Case study/Story’ (12.8%) ranked second. Ranking third was the use of ‘Project’ (12.4%). The fourth most frequently reported way of addressing HIV/AIDS was via ‘Example’ (9.9%). The choice of ‘Elective’ courses/modules ranked similarly (9.6%) – this manner of inclusion allows students to pursue their particular interest in HIV/AIDS.

The lowest ranking platforms for addressing HIV/AIDS were: ‘Lecture’, which accounted for an 8.5% proportion; ‘Community engagement/service learning’ – at 6% – and used mainly in the faculties of Pharmacy and Education; and finally, ‘Use of HIV/AIDS data’ (3%) which was the rarest of teaching-learning platforms across the whole university.

It became clear during the research that a formal assessment of the students’ grasp of HIV/AIDS-content/issues in any of the curricula rarely occurred. Understandably perhaps, it was found only where ‘Core,’ ‘Elective,’ ‘Project’ and ‘Community engagement/Service learning’ were used as teaching–learning platforms to address HIV/AIDS.

Student fatigue – fact or fiction?

Some Rhodes academics say there is too much focus on HIV/AIDS in curricula and that students suffer HIV/AIDS fatigue. Although this phenomenon is often mentioned in the literature, this research found few studies that systematically investigate student fatigue or boredom in relation to HIV/AIDS curricular interventions. So research is needed before claims of overload can be upheld or dispelled. And that research would need to be designed to eliminate, as much as possible, the option of easy answers from students. In other words, not a blanket survey of student opinion, but research that solicits responses to specific questions in the context of course evaluations. One such evaluation - of a 3rd year pilot infusion project in Rhodes’ department of Sociology using projects as a learning-teaching platform - found that only 10% of students (n=4/41) did not find learning about HIV/AIDS interesting.

One such evaluation, of a 3rd-year pilot infusion project in the Department of Sociology, using projects as a teaching–learning platform, found that only 10% of students (4 of 41) did not find learning about HIV/AIDS interesting. The university-wide mapping process reported here found that students’ interest is high when HIV/AIDS content and issues are linked meaningfully to the learning task and when students are challenged to think hard and think issues through. By way of illustration, one academic from the Science Faculty, who teaches mainly via lectures, said: “I have never seen anything other than deep interest from our students. A lot of them are thinking about it. They really want to know more about the virus, particularly the nuts and bolts biology…. My perception is that many students have got weary of the more social aspects.” She continued, “We’ve got mixed classes with students from many different faculties. A student doing law came in the other day with a legal definition and many of the students articulated their discomfort with legal people making biological decisions for them. Now that’s an interesting debate — it’s biological and social.”

---

5 Rau & Coetzee 2008.
Besides commenting on student interest in HIV/AIDS these remarks highlight a gap. Ample high quality literature exists from social, biomedical, epidemiological and other HIV/AIDS fields, and many reports contain data in some form. So ‘raw materials’ on which to base HIV/AIDS teaching-learning content are available. It would be fruitful to devise more tasks that require students to integrate data and/or information from different fields of study. This could introduce a biomedical or epidemiological aspect to social studies and vice versa, thereby helping to bridge disciplinary divides.

**Time and space**

A constraint to taking up the recommendation above is that it requires a lot of time and effort on the part of academics to trawl through the considerable canon of HIV/AIDS literature, find the highest quality texts and data to best suit what they teach, and then adapt their courses accordingly. Academics right across the university mentioned time as being a problem. They also said they need to concentrate most of their time and effort on accumulating knowledge in their own areas of teaching, interest or expertise, and bring that into interaction with their students.

In terms of space, some curricula – e.g. in Law and Accounting – are designed to meet the standards and requirements of professional bodies, leaving little room for additional content. Even where curricula are not set from ‘outside’, many academics said they are hard pressed to find space in curricula to address HIV/AIDS at all, or to any greater degree than they already do.

Given these constraints, Rhodes’ curricular response is high and the efforts of academics who supported it, particularly those who ‘champion’ HIV/AIDS work, warrants praise.

**Support**

Some academics had reservations about the quality of available HIV/AIDS study materials. Academics in all the language and literature departments mentioned this. HIV/AIDS-focused books, poetry and plays do exist, but academics pointed out that a vital aspect of teaching an appreciation and analysis of literature is that texts are chosen for their literary merit — so HIV/AIDS texts are up against considerable competition. In any event, HIV/AIDS-content/issues entered literature courses mainly as one of many themes pertinent to life, and HIV/AIDS-specific texts are not unique in this regard. Another discipline in which academics voiced reservations about the availability of HIV/AIDS-related teaching materials was in the Commerce Faculty’s Department of Statistics: academics there found it difficult to access raw data and pointed out that when these were available they were rarely clean or simple enough to support effective teaching of foundational knowledge and procedures.

Several academics took up an offer made possible by the HEAIDS/Rhodes project — to receive assistance with sourcing suitable HIV/AIDS texts, and in some cases the delivery of seminars and workshops that add some HIV/AIDS focus to existing course content.

Regarding pastoral support, several academics said they had been approached by students with HIV/AIDS-related problems of a personal nature. Some academics were more able and
willing than others to listen or offer advice. One academic remarked: “I think one of the things that we haven’t got to grips with yet is the changing role of the teacher, who is becoming more and more of a caregiver. And that can potentially divert us from our main job. It’s a systemic problem.” Another systemic problem is **HIV/AIDS-related mortality**. This has begun to impact at Rhodes: the Education Faculty reports having to reschedule Saturday classes for in-service schoolteachers as Saturday is largely reserved for funerals.

Several **links between the university and the wider community** exist that support HIV/AIDS-content learning and teaching. Most notable are the links between the Pharmacy Faculty and local public health services, between the Education Faculty and in-service teachers, and between several of the university’s academic departments and its research affiliate, the Centre for AIDS Development, Research and Evaluation (CADRE). In one of the pilot projects initiated by the Rhodes curriculum researcher, a link was facilitated between Information Systems and a local HIV/AIDS non-governmental organisation (NGO) that needed a health-systems management package. Five honours-level students elected to work on this for their action-research project.

Some **inter-departmental links** that support HIV/AIDS-related teaching and learning were found — for instance, between the departments of Psychology and Biochemistry, and between Microbiology and Biotechnology. Computer Science assisted in the design of a programme for Pharmacy to use during SciFest. Sociology offered a few lectures on the sociology of music to the Department of Music and Musicology. However, these inter-departmental links were few, and thus knowledge-sharing could be expanded.

Regarding **links with other universities**, the Education Faculty, via the HEAIDS project, has piloted teacher support material, potentially opening new links to academics in other higher education institutions. But the research found little evidence of teaching **exchanges** with academics at other universities. The one reported example was in Mathematics, which linked up with a University of Cape Town (UCT) epidemiologist in 2007 to deliver an honours-level course. Some academics did report less formal ways of sharing insights on teaching HIV/AIDS-content/issues with academics and researchers elsewhere. It would be helpful to get additional support for individual academics who are interested in including HIV/AIDS-content/issues in their curricula, as well as support for facilitating more inter-departmental and institutional links.

**Disciplinary boundaries**

Disciplinary boundaries\(^7\) can either constrain or enable the infusion of HIV/AIDS-content/issues into curricula. The research showed that even where disciplines have strong boundaries that are less permeable to non-discipline-specific knowledge, some academics devised ways of addressing HIV and AIDS.

But for some disciplines infusing HIV/AIDS-content/issues was simply not considered appropriate. This counters injunctions in the literature to include HIV/AIDS in all courses.\(^8\) Geology is an earth science, and academics regarded HIV/AIDS as having no natural place in the discipline. Academics in this department noted that while the topic of HIV/AIDS

---

\(^7\) Bernstein 1995, 1999.

\(^8\) For instance, HEAIDS 2006; Katjavivi & Otaala 2003.
could fit into mining management, Rhodes had no such offering and that in any event it would be best addressed in the Management department of the Commerce Faculty. Physics is another example of where teaching and learning is focused on the mastery of fundamental disciplinary knowledge and procedures, and where the only fit the research found with HIV/AIDS was at the level of laboratory safety. Academics say that no logical links exist between HIV/AIDS and Entomology. And associations between HIV/AIDS and Zoology were not explored in the curriculum. Computer Science also bases curricula on foundational, procedural knowledge, although one or two lectures were allocated to examining HIV/AIDS blog sites and support group forums.

**Within disciplines** there are also boundaries, for instance the Epidemiology course in Applied Mathematics lends itself to an HIV/AIDS focus, but there is no such opportunity in Pure Mathematics. In the Humanities Faculty, the department of Music and Musicology concentrates predominantly on the mastery of instruments, with one slender gap — a short series of 1st-year lectures on the sociology of music. Some music teachers, however, did mention extending pastoral support when students’ personal problems with sexuality and a range of other issues interfered with their ability to perform academically or musically.

In terms of boundaries **between disciplines**, as noted above (under Support) there are few interdepartmental links at Rhodes for teaching/learning about HIV/AIDS. This could be partly due to the way the university is organised. Unlike other universities in South Africa at Rhodes the disciplines have not been restructured – or as some say, fragmented – into programme based offerings where disciplinary boundaries blur and often fall away. Instead “the University’s organisation and focus reflect a von Humboldtian model - for example, the organisation of disciplines in departments with academic leadership provided by professorial staff…” An organogram showing the arrangement of faculties and departments appears in the appendices.

**Attitudes to HIV and AIDS**

In terms of attitudes to HIV/AIDS, the research found some resistance — and more rarely, strong resistance — among some academics to HIV/AIDS-related curricular interventions. Impatience with HIV/AIDS exceptionalism was one example: some were of the opinion that the time is over to treat HIV/AIDS differently to other public health dangers, and that too much attention and funding follows the HIV pandemic, which detracts from other important issues.

Conversely, the research also found academics who are engaged, interested, innovative and appreciative of the role that higher education plays in mitigating the epidemic. Most often mentioned was the hope that by equipping students with knowledge of HIV/AIDS and sensibility to its issues, academics would provide students with resources to draw on now and in their future working lives.

---

9 Rhodes University, 2008:5
Drivers and leaders

The primary driver of curricular response in the Science and Law faculties was disciplinary knowledge. In the Humanities, Education and Commerce faculties the response was driven primarily by individuals who were particularly interested in HIV/AIDS. Both factors contributed to Pharmacy’s curricular response. Thus, disciplinary knowledge and individual initiative were found to be the two main drivers of the curricular response to HIV and AIDS among Rhodes academics.

Notably, some of the existing leadership structures at Rhodes, such as the HIV/AIDS Task Team and the Human Resources Division, were hardly mentioned by participants, suggesting a need to improve their visibility. Faculty Boards were also not mentioned.

Leadership — particularly leadership from the ‘top’ — is repeatedly mentioned in the higher education literature as being central to a successful HIV/AIDS response. But the findings of this research show that, thus far, success at Rhodes has been based mainly on leadership from the academic ranks. This has implications for continuity: when academics who choose to teach about HIV/AIDS leave the university, there may not be anyone else in their departments who is interested in or willing to continue the HIV/AIDS curricular interventions of ex-colleagues. Indeed, the research found that among the intake of new lecturers at the beginning of 2008, few had addressed HIV/AIDS in their courses.

In the context of the university’s endorsement of academic autonomy — clear, consistent leadership from the top and efforts to communicate the importance of addressing HIV/AIDS in curricula could play an important role in sustaining the current level of response and helping to expand it.

1 INTRODUCTION

1.1 Context of the study

In 2000–2001 the South African Universities Vice-Chancellors Association (SAUVCA), the Committee of Technikon Principals (CTP), and the national Department of Education (DoE),\textsuperscript{11} launched the Higher Education HIV/AIDS Programme (HEAIDS) — South Africa’s first nationally coordinated large-scale drive to develop and strengthen responses to HIV and AIDS in the higher education sector.

In 2008, Rhodes University was awarded a HEAIDS grant, funded by the European Union, to support its HIV/AIDS interventions. The Rhodes project — entitled ‘Comprehensive Institutional Response to HIV/AIDS’ — comprised several components, one of which was to research the institution’s curricular response to HIV/AIDS.

Throughout Africa, higher education institutions (HEIs) have been very slow to devise curricular responses to the HIV pandemic, although many have made significant advances in HIV/AIDS-policy development, advocacy, and health support for students and staff.\textsuperscript{12} A 2004 audit of South African HEIs found that the majority of universities had not integrated or infused HIV/AIDS into their curricula, despite this having been identified as a priority intervention area.\textsuperscript{13} Since 2004, however, substantial donor funding has been harnessed to drive curricular interventions, several of which have been showcased as good practices.\textsuperscript{14}

Prior to the award of the HEAIDS grant, Rhodes had no evidence-based profile of where, how much, and how HIV/AIDS content and issues entered its curricula. Given that this information is vital, not only to understanding the extent of the university’s response, but also to planning and strategising for the future, this research — which systematically mapped the university’s curricular response during 2008 — was both timely and necessary.

The research comprised three main activities:

- Mapping/tracking where, how, and how much HIV/AIDS is — and is not — addressed in curricula throughout the university. The term ‘mapping’ refers to identifying, locating and describing factors or events or phenomena within a context.

- Designing and implementing pilot projects where HIV/AIDS content and issues are integrated into teaching and learning at Rhodes.

- Theorising the integration or infusion of HIV/AIDS content and issues into the higher education curricula.

The aim was that, in combination, these three activities would lead to building a model, or models, for the curricular infusion of HIV/AIDS-content/issues.

This report focuses only on the first aim: mapping Rhodes University’s response to HIV/AIDS through the curricula.

\textsuperscript{11}HEAIDS 2004:1.
\textsuperscript{13}HEAIDS 2004:28.
\textsuperscript{14}HESA 2008; AAU 2007:10, 16; Van Wyk & Pieterse 2006; Chetty & Michel 2005.
Findings from pilot projects and the (meta) theorising of HIV/AIDS curricular interventions were presented at several conferences and will appear in peer-reviewed articles. Presentations will be put onto a dedicated Rhodes webpage pertaining to HIV/AIDS (soon to be operative), which will also have hyperlinks to journal articles once published.

A question raised by several academics during the Rhodes’ mapping process was: “Why deal with HIV/AIDS in university-level teaching?” One of many perceptions underlying the question is that students entering tertiary education will have assimilated enough HIV/AIDS awareness and knowledge in the course of secondary school. However, research shows that while educational interventions at some schools have improved learners’ knowledge of HIV and AIDS, there has been limited success in shifting youths’ risk behaviour and perceptions of risk — particularly among learners attending under-resourced and historically disadvantaged schools. It is possible that the higher education sector as a whole has not inherited a cohort of students who are as knowledgeable about HIV risk, or as resilient to it, as we would wish. Factors in the university context also suggest that HEIs should continue to engage students in HIV/AIDS issues — for instance, opportunities for parental oversight of students diminish, while sexual debut and high risk behaviours such as alcohol consumption increase. Moreover, we know that in terms of age, university-age students fall into a segment of the South African population with high HIV prevalence and therefore at high risk of exposure to HIV.

Statistics aside, reasons for addressing HIV and AIDS at the tertiary level are well documented. Among the many reasons are:

“...Because we care...because it is clear that this epidemic effects all our areas of core business — teaching, research, learning and community engagement...because higher education institutions are leaders in our education community...[and] together with our governments and external partners, [we] can and must make a difference....”

“...There is a need to safeguard and increase the private and social returns to investment in higher education.

...The higher education system can play an important role in shaping the attitudes and practices of future decision-makers, and in so doing, further prevent the spread of HIV....”

Justifications such as these aside — as well as statistical evidence of high HIV prevalence in the population age group in which South African university students fall — pragmatic constraints such as time and space attend the delivery of any academic course and influence whether or not it is possible to include an HIV/AIDS focus in teaching and learning. The principle of academic autonomy must also be considered: at Rhodes there is a high degree of freedom in terms of what departments and lecturers regard, and choose, as appropriate curricular content.

Some could argue that the question, ‘Why deal with HIV/AIDS at university?’ is still not convincingly answered. Some resolution to the question can be reached if, rather than seeing HIV/AIDS as an ‘add-on’ to curricular content, we investigate if and how it does — or could — fit into academics’ disciplinary fields. This shifts the focus from ‘Why deal with

---

15 Buhlungu et al. 2007; HSRC 2005; Parker et al. 2007.
16 Shisana et al. 2009.
18 AAU 2004:10 and 11.
19 HEAIDS 2006:4 and 5.
HIV/AIDS?’ to ‘How does HIV/AIDS content fit, or not fit, with what lecturers teach?’ The present research took the latter stance. In doing so, the meanings of ‘curriculum’ and ‘HIV/AIDS content’ in the study required clarification.

1.2 Defining ‘curriculum’

Rhodes University’s policy defines curriculum as follows:

The term ‘curriculum’ is generally used to refer to the syllabus — the list of subjects, topics and the texts included in a course of study. It is more than that. It incorporates subject content and skills, the manner of teaching and assessment that is followed, the philosophical outlook of the teacher and who the learners are. Curriculum is both the planned process, the actual implementation of the teaching and the students’ ‘experiences’ of the learning process….”

Some aspects of the definition pertain to this research, and others were not explored.

Lecturers’ perceptions of their HIV/AIDS expertise, different ways or methods of addressing HIV/AIDS, and where appropriate how HIV/AIDS learning was assessed, were investigated.

The scope of the study did not allow for scrutinising lists of texts and outlines of course contents, although some participants did supply these.

Qualitative data, particularly those presented in the ‘Micro-view’ section, do show how academics at Rhodes perceive the inclusion of HIV/AIDS-content/issues in their teaching. However, the study did not probe lecturers’ philosophical outlooks directly. Rather, it was expected that their standpoints and beliefs about teaching and learning would emerge naturally in interviews/meetings, and that analysis of data would bring these aspects to light. This did in fact happen, but to keep this report within an acceptable length, and in keeping with the more instrumentalist purpose of documenting results of the mapping process, insights on academics’ philosophical standpoints are only briefly alluded to in this text and more fully explored in other research products.

In terms of ‘who the learners are’, the scope of the study precluded collecting data directly from students. Instead, lecturers were asked about how they think or know students respond to addressing HIV/AIDS in their curricula.

Two very important points in terms of the interpretation of ‘curriculum’ in this study are:

- ‘Curriculum’ denotes the taught curriculum. This includes community engagement (where community work is directly linked to course credits), but excludes volunteer work on and off campus and other aspects of the informal curriculum. It also excludes HIV/AIDS-focused thesis-only master’s and doctoral degrees.

- In terms of curricular content, the focus was not on ‘HIV/AIDS education’ in the everyday sense — for instance, the ways in which a person can become HIV infected, best HIV-prevention methods, and so forth. Rather, the focus was on whether and how
HIV/AIDS-content/issues are addressed within the disciplinary knowledge that students need to acquire in any given course of study.

1.3 Structure of the report

This report focuses on mapping where, how much and how HIV/AIDS-content/issues are addressed in the curricula at Rhodes, and on describing the enabling and constraining factors associated with such curricular interventions.

Important aspects of the methodology influencing how the findings were generated, reported, and need to be read are summarised in section 2 (Methodology). The findings are then presented in sections:

1) The Macro view (university-wide responses),

2) The Mezzo view (responses across faculties), and

3) The Micro view (responses within faculties, with more detailed information for individual departments).

Thereafter, some recommendations for the way forward are offered, followed by a concluding statement, a list of references consulted during the mapping process, and appendices: one showing an organogram of how Rhodes faculties and departments are arranged and another showing the number of participants in each faculty and department.
2 METHODOLOGY

To map the curricular response to HIV/AIDS properly it is equally important to find out where HIV/AIDS is addressed, as it is to find out where it is not addressed. An initial pilot survey and e-mail calls for participation resulted in few responses, mainly from academics interested in HIV/AIDS. Thus the decision was taken to follow a qualitative approach\(^{21}\) and collect data through one-on-one meetings.

As the research progressed through the probe, pilot and implementation phases, its design and philosophical positioning evolved. Initial probes and pilots found that Rhodes University follows an ‘infusion approach’ to HIV/AIDS curricular interventions. This insight significantly influenced the development of the research design and questions.

2.1 Approach

The research remained embedded in realist\(^{22}\) ontology and epistemology, but emphasis shifted from a structural\(^{23}\) to a social-realist\(^{24}\) approach.

Although the study was predominantly qualitative in terms of data collection and the initial analytical phase, it also had a quantitative dimension. In a second phase of analysis, qualitative coding was converted or transposed into quantitative counts (which yield proportional estimates of the degree to which phenomena occur in a context). Thus the research followed a mixed-methods approach.\(^{25}\) The conversion of qualitative findings into quantitative counts made it possible to generate charts and tables that would offer an easier and quicker grasp of findings than would be possible in a purely qualitative, and therefore longer, report. It was possible to produce reasonably accurate estimates/counts at the macro, mezzo and micro levels because of the high response rate among the academics and because of rigorous coding processes during analysis.

2.2 Ethics

Rhodes University is very small and was not possible to guarantee confidentiality because of the limited number of people teaching in each department. Even in larger departments it is possible to identify individuals by the content they teach. Nonetheless, ethical standards were observed in as far as:

- Participation in the research was voluntary.
- Calls for participation were accompanied by a description of the research and an explanation of how the terms ‘curriculum’ and ‘HIV/AIDS-content/issues’ were operationalised. This information was reiterated at the beginning of all interviews.
- No participant was named in any research reports, presentations or publications — except where people ‘champion’ HIV/AIDS issues and agree to be named or appear on a contact list.

\(^{22}\) Bhaskar 1979; Sayer 2000.
\(^{25}\) Creswell & Clark 2007.
• Permission was requested to audio-record the interviews; where denied, notes were taken. When participants wanted information to be kept private, the recorder was switched off, no notes were taken, and the information was excluded from the dataset.
• The researcher remained hospitable and sensitive to multiple viewpoints.
• The raw data remain protected.

2.3 Sampling

• The terms of reference called for a study across all six faculties and 39 academic departments at Rhodes.
• The population comprised all academics who *teach* undergraduate and/or postgraduate courses at Rhodes.
• Sampling excluded research affiliates/institutes because so few academics working in these institutes teach courses.
• *All* academic teachers at Rhodes were contacted and requested to participate.
• The 2008 count of all Rhodes academics who *teach* at an undergraduate or postgraduate level was 293.
• Data were collected from 223 participants, representing 76.1% of all academic teachers at Rhodes in 2008.

2.4 Data collection and processing

Data were collected in short, audio-recorded, face-to-face meetings with 188 participants, another 33 sent their information via e-mail (either in response to calls for participation or via an e-mailed questionnaire), and two were interviewed by telephone.

Outline of the questions presented in the interviews/meetings or e-mailed questionnaire:

• What undergraduate and/or postgraduate courses do you teach?
• Do you (formally or informally) integrate HIV/AIDS-content/issues into any of the courses that you’ve mentioned?
• If you do integrate HIV/AIDS-content/issues into teaching — please briefly describe teaching content (what is taught), structure (in which courses), and processes (taught via compulsory courses/electives/projects, or less formally via scenarios, examples, etc.).
• If you do integrate HIV/AIDS-content-issues into course content/processes, is student learning in relation to HIV/AIDS assessed? How?
• In your opinion, or in your experience, what are the constraints to addressing HIV/AIDS in the course/s you teach?
• What opportunities/possibilities do you think there may be for integrating HIV/AIDS-content/issues into the course/s you teach? If you are already addressing HIV/AIDS, what additional ways would you be interested in trying?
• What perceptions/attitudes have you encountered — informally, or formally via course evaluations — that indicate how students respond to having HIV/AIDS addressed in their learning?
• Do you have any other comments or insights on addressing HIV/AIDS in curricula?

---

26 Statistic provided by Rhodes Human Resources Division.
In terms of data processing, mp3 audio recordings were downloaded, transcribed by paid subcontractors sensitised to ethical issues of the research, and the data were imported into nVivo8.

2.5 Data analysis

**Qualitative data** were coded (twice, by the same researcher) for meaning, and then examined for emergent themes, relationships and crosscutting issues. Some data were coded into pre-defined categories (e.g., demographics, course levels, and ways of delivering HIV/AIDS content). The matrix-coding query tool in nVivo8 (a qualitative data-management software package) made it easier to move beyond thematic analysis into more complex cross-analyses.

**Quantitative counts:** Use of nVivo8 made it easier to use qualitative research coding to generate quantitative counts for different variables. While not suited to complex statistical analyses, the counts were used to aid descriptions and to produce charts and tables that illustrate the findings through proportional estimates. The counts denote when an academic reported: a) incorporating or not incorporating HIV/AIDS-content/issues in a taught course; b) using a particular way/method of teaching/addressing HIV/AIDS; and c) including HIV/AIDS content at different levels, from undergraduate to postgraduate.

It is important to note that the tables and charts only offer a *broad portrayal* of the HIV/AIDS curricular response at Rhodes. Unlike statistics derived from data collected using, for instance, a Likert scale (where only one variable can be chosen from a range of options), in this research the counts for variables are imprecise in as far as the categories are not mutually exclusive. For example:

- In regard to the variable ‘methods/ways of addressing HIV/AIDS,’ an academic may have used several teaching–learning platforms (e.g., practicals, examples, projects) within and across different courses.
- In regard to the variable ‘How often is HIV/AIDS addressed?’ an academic may have included HIV/AIDS-content/issues in several courses.
- Only the category ‘None’ is exclusive.

2.6 Validity

In terms of research validity/plausibility:

- In conjunction with the sampling technique, all Rhodes’ academic teachers were contacted and asked to participate; a response rate of 76.1% means that the findings broadly reflect the curricular response to HIV/AIDS among all academic teachers at Rhodes during the study (in 2008).
- Great care was taken in the coding process. The data were coded twice, by the same researcher, so that coding errors and inconsistencies could be identified and corrected.
- nVivo allows analyses to be systematically stored, so they can be checked if necessary.
- The data-collection approaches and instruments were piloted.
- At all times, the researcher attempted to ‘bracket’ her assumptions and personal viewpoints and to remain open and hospitable to multiple viewpoints.
- A draft report was sent to two key readers for their comments and criticisms, and where appropriate these were integrated into the final report.
2.7 Limitations of the study

- Because of the scope of the study, the sampling excluded students. The findings relating to how students at Rhodes respond to HIV/AIDS-content/issues in their courses derive primarily from lecturers’ perceptions, and, less often, from what lecturers reported students having said in more formal course evaluations.

- The research only examined the formal — taught — curriculum. This includes community engagement where community work is directly linked to course credits, but excludes volunteer work. Many students at Rhodes are involved in voluntary HIV/AIDS-focused community work and they learn a considerable amount about HIV/AIDS through this, which is not accounted for here. In addition, the research did not capture full-thesis postgraduate work on HIV/AIDS.

- Quantitative measures or counts were not weighted according to the number of undergraduate versus postgraduate students, nor did the measures take into account the number of students in a particular faculty, department or course.

- Where quantitative counts were generated from qualitative research coding, they are not as precise as would be the case had the data been collected in a survey questionnaire, which would lend itself to more standardised statistical analyses (as noted in section 2.5, above). Rather, the counts and diagrammatical representations of the counts, present a broad, and as accurate as possible, picture of the HIV/AIDS curricular response at Rhodes.

It is possible to disaggregate information presented in the tables and charts — for instance, to attribute HIV/AIDS-content/issues to specific courses, and to generate a per-academic rate of HIV/AIDS-related teaching for each department. But this would result in a minutely detailed report, inappropriate to the timeframe for this component of the project and its aim — which is to give a reasonably comprehensive overview of the HIV/AIDS curricular response at Rhodes.
3 FINDINGS

The findings are presented in three sections: the macro view (university-wide response), the mezzo view (responses across faculties), and the micro view (responses within faculties). Due to time and space constraints, the departmental information included in the micro view is kept brief.27

3.1 MACRO view: Curricular responses across the whole university

A review of the literature found two main approaches to addressing HIV/AIDS in higher education curricula:

1) **Core offerings:** This approach distinguishes credit-bearing courses in undergraduate and postgraduate curricula, and/or specialised programmes that lead to a professional qualification in the HIV/AIDS field.

2) **Infusion:** This approach does not preclude use of core courses, but its central aim is to disseminate knowledge of HIV/AIDS and its related issues more widely throughout the curricula. For instance:

- Offering HIV/AIDS-focused elective modules in different courses;
- Introducing HIV/AIDS-content/issues into study themes (e.g., risk, gender, body politics, ethics, development/sustainability);
- Using scenarios, examples and case studies;
- Using existing HIV/AIDS data (e.g., to teach stats or mathematical modelling).

The pilot phase of the research showed that Rhodes favours an infusion approach. This was confirmed during the research: the university offered few core courses or modules on HIV/AIDS. Nonetheless, taken across the entire curricula, HIV/AIDS-content/issues featured strongly in teaching and learning.

Relevance to disciplinary knowledge, and addressing HIV/AIDS-content/issues in meaningful ways, emerged as very strong themes in the data. Every academic who reported including HIV/AIDS in her/his curricula decided to do so because certain HIV/AIDS content or issues matched naturally and logically with the disciplinary knowledge that students need to acquire in any given course of study. Where lecturers did not find such a fit, they did not address HIV/AIDS.

---

27 It is possible to supply more detail to departments or lecturers who need or want it. Contact the researcher at: a.rau@ru.ac.za.
Chart 1: How often HIV/AIDS was addressed across all curricula at Rhodes

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>40.9%</td>
</tr>
<tr>
<td>Seldom/Quick mention</td>
<td>13.1%</td>
</tr>
<tr>
<td>Sometimes/Ad hoc</td>
<td>13.5%</td>
</tr>
<tr>
<td>Fairly often</td>
<td>3.4%</td>
</tr>
<tr>
<td>Often</td>
<td>2.1%</td>
</tr>
<tr>
<td>Regular</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

The percentages represent proportional estimates of the frequency that HIV/AIDS was addressed by the curricula.

Across all faculties, in 27% of the taught curricula, HIV/AIDS-content/issues were addressed on a ‘Regular’ basis, while the categories ‘Often’ and ‘Fairly often’ — taken together — accounted for 5.5% (Chart 1).

In 26.6% of the taught curricula, the inclusion of HIV/AIDS-content/issues fell into the (combined) categories of ‘Seldom/Quick mention’ and ‘Sometimes/Ad hoc.’

No HIV/AIDS-content/issues were covered in 40.9% of the taught curricula across all faculties, which is quite high (Chart 1). However, it should be remembered that students take several courses during their time at university, and the wide spread of HIV/AIDS-content/issues across all undergraduate levels (68.3%, see Chart 2) suggests that at some stage before graduating, the majority, if not all, students at Rhodes will have encountered content/issues relevant to HIV/AIDS.
Levels at which HIV/AIDS is addressed across all curricula

- **3rd year**: 25.2%
- **2nd year**: 16.1%
- **1st year**: 17.4%
- **Honours**: 19.1%
- **Postgraduate diploma/Certificate**: 6.1%
- **Master's taught**: 5.7%
- **Doctorate taught**: 0.9%
- **4th year**: 9.6%
- **Postgraduate diploma/Certificate**: 6.1%
- **Master's taught**: 5.7%
- **Doctorate taught**: 0.9%
- **4th year**: Includes 5th year Law.

The percentages represent the proportional inclusion of HIV/AIDS-content/issues across all curricula according to categories of academic level.

The highest inclusion of HIV/AIDS-content/issues in the taught curricula occurred in 3rd year (25.2%). Next highest was at the honours level (19.1%); following was during 1st year (17.4%), 2nd year (16.1%), 4th year (9.6%), postgraduate diploma/certificate (6.1%), taught master’s (5.7%) and taught doctorate (0.9 %) (Chart 2).
A 68.3% proportion of HIV/AIDS content was presented during undergraduate study (during 1st, 2nd, 3rd and 4th years combined) (Chart 2). A 31.8% proportion was delivered in postgraduate curricula (i.e., honours, postgraduate diplomas, taught master’s and taught doctorate combined). Academics in general often believe that foundational disciplinary knowledge needs to be in place before students are ready to engage properly with the topic of HIV/AIDS, and so that it is best addressed at postgraduate levels. But the research found the opposite: Rhodes academics reported a higher proportion of HIV/AIDS-content/issues occurred in undergraduate curricula. The lower proportion of HIV/AIDS content delivered at the postgraduate level could be partly due to the fact that even in coursework/taught degrees, postgraduate students choose which fields and topics to investigate in their research projects (which are integral components of postgraduate studies). Given the almost unlimited range of topics, at 31.8% this degree of focus on HIV/AIDS is not that low. In addition, Rhodes has relatively few academic teachers who are HIV/AIDS specialists with the in-depth knowledge needed to supervise postgraduate projects; the research identified only six academics at Rhodes who ‘champion’ HIV/AIDS work.

Chart 3: Ways in which HIV/AIDS was addressed across all curricula at Rhodes

<table>
<thead>
<tr>
<th>Ways of addressing HIV/AIDS across all curricula</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>4.3%</td>
</tr>
<tr>
<td>Practical/Tutorial</td>
<td>4.3%</td>
</tr>
<tr>
<td>Community engagement/Service learning</td>
<td>6%</td>
</tr>
<tr>
<td>Lecture</td>
<td>8.5%</td>
</tr>
<tr>
<td>Elective</td>
<td>9.6%</td>
</tr>
<tr>
<td>Example</td>
<td>9.9%</td>
</tr>
<tr>
<td>Awareness-implicit</td>
<td>12.8%</td>
</tr>
<tr>
<td>Scenario/Case study/Story</td>
<td>12.8%</td>
</tr>
<tr>
<td>Project</td>
<td>12.4%</td>
</tr>
<tr>
<td>One of many issues</td>
<td>17%</td>
</tr>
<tr>
<td>Use of HIV/AIDS data</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Core** = Courses/modules with a dedicated HIV/AIDS focus.

**One of many issues** = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is dealt with as one of many, often interlinking, issues.

**Awareness-implicit** = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

**Example** = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.
The percentages represent proportional estimates of the different ways that HIV/AIDS-content/issues were included across all curricula at Rhodes.

Different teaching–learning platforms to address HIV/AIDS are presented here in descending order of frequency of their use at Rhodes.

The most common way of including HIV/AIDS-content/issues in curricula was as ‘One of many issues’ (17% of teaching–learning platforms) (Chart 3). Given that HIV/AIDS is a multidimensional and multisectoral field, and that it is important to realise its complex associations with myriad aspects of the natural and human worlds, it is appropriate to contextualise HIV/AIDS in relation to other issues.

The next most commonly used ways of including HIV/AIDS in curricula were ‘Scenario/Case study/Story’ (12.8%) and ‘Awareness-implicit’ (12.8%).

The use of scenarios, case studies and stories are problem-oriented learning tasks. Presenting HIV/AIDS-content/issues to students via these platforms compels them to engage: they need to apply disciplinary knowledge to content while honing their capacity for critical as well as creative thinking.

‘Awareness-implicit’ was included as a category for two reasons. First, the research was rooted in realist ontology, which recognises that aspects of a phenomenon may be real and present — but not necessarily in an obvious way. Second, in disciplines such as English Literature and Fine Art, students encounter major life themes pertinent and even integral to HIV and AIDS. As one academic commented, “Most art is about us — how we live and how we die.” Another added, “There is a false perception that this department, because it teaches literature, is totally disconnected from issues of our place and our time. The texts and the lectures are rooted in the here-and-now and in the South African situation. Because we are not Politics or Sociology or Science there’s this perception that we are in an ivory tower. It’s absolute nonsense.”

Academics reported that they used ‘Project’ to address HIV/AIDS 12.4% of the time. This is another problem-oriented approach to learning, where students must grapple with the issues as opposed to being passive recipients of information, which they may or may not transform into knowledge.

The next most frequently reported way of addressing HIV/AIDS was via ‘Example’ (9.9%).

Another platform that attracts high engagement with HIV/AIDS-content/issues was ‘Elective’ courses/modules, which allow students to pursue their particular interest in HIV/AIDS. Academics reported 9.6% use of this form of curricular design.

‘Lecture’ accounted for 8.5% of the ways academics reported communicating HIV/AIDS-content/issues.

‘Community engagement/Service learning’ made up the most used platform at 6%.
Given the infusion approach to addressing HIV/AIDS-content/issues in the curricula at Rhodes, ‘Core’ courses/modules comprised only 4.3% of the teaching platforms used. The use of ‘Practical/Tutorial’ also comprised 4.3%.

‘Use of HIV/AIDS data’ (3%) was the least common way of addressing HIV/AIDS in teaching and learning. Ample high-quality HIV/AIDS literature exists from social, biomedical, epidemiological and other fields of study, and many texts contain relevant data in some form. More tasks that require students to integrate data from different fields of study could be devised; for instance, this would introduce a biomedical or epidemiological aspect to social studies and vice versa, bridging disciplinary divisions, at least to some extent.

The research found several factors that impact on Rhodes’ curricular response: the intensity of curricular infusion and perceptions of students’ response to that; time and space constraints; support; lack of appropriate teaching materials; disciplinary boundaries; pastoral support; attitudes to HIV/AIDS; and leadership. The findings below appear in the executive summary in much the same form and detail.

**Curricular focus and students’ interest**

Some Rhodes academics said there is too much focus on HIV/AIDS in curricula and that students suffer ‘HIV/AIDS fatigue.’ Although mentioned in the literature quite often, the literature review found no studies that have systematically investigated student fatigue or boredom in relation to HIV/AIDS curricular interventions. Such research would need to be designed to measure this systematically by using specific questions in the context of course evaluations. The data from the university-wide mapping process reported here, shows that students’ interest was high when HIV/AIDS-content/issues were linked meaningfully to the learning task, and when students were challenged to think issues through and think hard.

**Time and space constraints**

Many academics said they are hard pressed to find space in their curricula to address HIV/AIDS at all, or to any greater degree than they already did. This is particularly the case of some departments (e.g., in Law and Accounting) where curricula are designed to meet the standards and requirements of professional bodies, which leaves little room for additional content.

In addition, across the university, the academics reported time — for teaching as well as preparation — as being a major limitation to infusing HIV/AIDS content into curricula. Academics said they need to concentrate most of their time on accumulating knowledge in their own areas of teaching, interest or expertise, and bring that into interaction with their students.

**Support**

The HEAIDS-Rhodes curricular research funding made it possible (for the seventeen-month duration of the project) to offer support to those academics wanting to include HIV/AIDS-content/issues in their curricula. Several academics were assisted, some with sourcing

---

suitable HIV/AIDS texts, and some with the delivery of seminars and workshops that add a degree of HIV/AIDS focus to existing course content.

Facilitating inter-departmental and inter-institutional links has good potential for the sustainability of addressing HIV/AIDS in teaching and learning. Initiated in the context of the Rhodes-HEAIDS curriculum project, a link was facilitated between Information Systems and a local HIV/AIDS NGO that needed a health-systems management package. Five honours-level students elected to do this for their project. Several other links that support HIV/AIDS learning and teaching already exist between the university and the wider community — notably the link between Pharmacy and the public health services, between Education and in-service teachers, and between academic departments and the university’s research affiliate CADRE (Centre for AIDS Development, Research and Evaluation).

Inter-departmental links that supported HIV/AIDS teaching and learning were also found, but these were few, and this way of knowledge-sharing could be expanded. The department of Biochemistry, Microbiology and Biotechnology delivers a course on HIV/AIDS to Clinical Psychology and Counselling Psychology master’s students. Computer Science devised a programme for Pharmacy to use during the SciFest. Sociology offers a few lectures on the sociology of music to the Department of Music and Musicology.

Regarding links with other universities, the academics mainly reported informal ways of sharing their insights on teaching HIV/AIDS with academics and researchers elsewhere. More formally, the Education Department/Faculty, via the HEAIDS project, has piloted teacher support material, potentially opening new opportunities to network with academics in other higher education institutions. However, the research found HIV/AIDS-focused teaching exchanges with academics in other universities to be practically non-existent — the one reported example was Mathematics, which linked up with a University of Cape Town epidemiologist in 2007 to deliver an honours-level course.

Lack of appropriate teaching materials

Some academics voiced reservations about the quality of HIV/AIDS study materials. Academics in all the language and literature departments mentioned this. HIV/AIDS-focused books, poetry and plays do exist, but the academics pointed out that an integral part of teaching the appreciation and analysis of literature is that texts are chosen for their literary merit, consequently HIV/AIDS texts are up against considerable competition.

Academics in the Commerce Faculty’s Department of Statistics find that raw data are difficult to access, and when available, the data are rarely ‘clean’ or simple enough to support the effective teaching of foundational knowledge and procedures.

Disciplinary boundaries

Rhodes University is unusual in South Africa because its structure remains based on a Von Humboldtian model: “The organisation of disciplines in departments with academic leadership provided by professorial staff and the strong focus on research and postgraduate programmes.”29 Rhodes has not seen the collapse of discrete disciplines into multi-disciplinary programmes as other South African universities have, following the massive national re-organisation and re-alignment of Higher Education Institutions.

29 Rhodes University 2008:5.
Disciplinary boundaries can either constrain or enable the entry of non-discipline-specific knowledge and processes into curricula. The research showed that even where disciplines have strong boundaries that are less permeable to ‘foreign’ knowledge, some academics devised ways to address HIV/AIDS. But in some disciplines, infusing HIV/AIDS-content/issues is simply not considered appropriate. This counters injunctions in the literature to include the topic in all courses.

Academics in Geology, for instance, regard HIV/AIDS as having no natural place in the discipline. Although HIV/AIDS would fit into mining management, Geology has no such offering, and according to the Geology academics, that would be best addressed in Management. Physics focuses on the mastery of fundamental disciplinary knowledge and procedures — the only fit with HIV/AIDS was at the level of laboratory safety. Entomology has no logical links with HIV/AIDS, and likewise the associations are not explored in the Zoology curricula. Computer Science also bases its curricula on foundational knowledge and procedures, and HIV seems to have no natural fit, although one or two lectures were allocated to examining HIV/AIDS blog sites and support group forums.

The boundaries between disciplines can be strong or weak. At Rhodes, links between disciplines are likely to be made on an as-needs basis, as opposed to regular sharing. Computer Science, for instance, devised a computer programme for Pharmacy’s exhibit at the SciFest. Music and Musicology concentrates predominantly on the mastery of instruments, with one slender gap — a short series of 1st-year lectures on the sociology of music, which forms a link with the Sociology department.

Within disciplines there are also boundaries, for instance the Epidemiology course in Applied Mathematics lends itself to an HIV/AIDS focus, but there is no such opportunity in Pure Mathematics.

Pastoral support

Several academics across all departments said they had been approached by students with HIV/AIDS-related problems of a personal nature. Some academics were more able and willing than others to listen or to offer advice. One academic remarked: “I think one of the things that we haven’t got to grips with yet is the changing role of the teacher, who is becoming more and more of a caregiver. And that can potentially divert us from our main job. It’s a systemic problem.”

Attitudes to HIV and AIDS

The research found resistance among some academics to HIV/AIDS curricular interventions. The research also found engaged interest, innovation and appreciation of the role that higher education can play in mitigating HIV and AIDS. Most often mentioned was the hope that by equipping students with HIV/AIDS knowledge and sensibility to its issues, academics would provide students with resources to draw on in their current and future working lives.

A commonly expressed opinion among those who appear to resist HIV/AIDS curricular intervention has to do with HIV/AIDS exceptionalism. Some academics were of the opinion that HIV/AIDS garners too large a proportion of funding; others were more concerned with the degree of attention given to HIV/AIDS in the context of other illnesses and issues that

are just as important: they said it is time to think, speak about and treat HIV and AIDS as simply another chronic treatable condition. A broadly representative comment is that HIV/AIDS should not be regarded a “celebrity among diseases”.

**Leadership**

Leadership is repeatedly mentioned in the literature as being central to a successful HIV/AIDS response. Existing leadership structures at Rhodes, such as the HIV/AIDS Task Team, the Human Resources Division, and Faculty boards were hardly mentioned, suggesting that their role could be made more visible. The research demonstrated that Rhodes’ curricular response to HIV/AIDS was led from the academic ranks, as opposed to top management.

SHARC led the student response, and their initiatives sparked classroom debates. The primary driver of the curricular response in the Science and Law faculties was disciplinary knowledge. In the Humanities, Education and Commerce faculties, the response was primarily driven by individuals interested in HIV/AIDS. Both these factors led the Pharmacy response. So disciplinary knowledge and individual initiative were the two main leaders of the curricular response to HIV/AIDS among Rhodes academics.

---

3.2 MEZZO view: Curricular responses across all the faculties

This section describes HIV/AIDS curricular responses across the six faculties at Rhodes. Responses within the faculties (at the departmental level) are presented in section 3.3 (Micro view).

Overall, HIV/AIDS was addressed most often in the Pharmacy Faculty, and next by the Education Faculty. Following (and close together) were the Humanities and Science faculties. Next, was Commerce, followed by Law (Chart 4).

Chart 4: How often HIV/AIDS was addressed across all faculties at Rhodes

<table>
<thead>
<tr>
<th></th>
<th>Commerce</th>
<th>Education</th>
<th>Humanities</th>
<th>Law</th>
<th>Pharmacy</th>
<th>Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>18</td>
<td>39.1</td>
<td>24.7</td>
<td>20.0</td>
<td>73.3</td>
<td>49.0</td>
</tr>
<tr>
<td>Often</td>
<td>15</td>
<td>17.4</td>
<td>13.4</td>
<td>6.7</td>
<td>7.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>16</td>
<td>17.4</td>
<td>16.5</td>
<td>4.1</td>
<td>7.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Sometimes/Ad hoc</td>
<td>48</td>
<td>17.4</td>
<td>39.2</td>
<td>4.3</td>
<td>9.1</td>
<td>49.0</td>
</tr>
<tr>
<td>Seldom/Quick mention</td>
<td>18</td>
<td>17.4</td>
<td>9.1</td>
<td>18.2</td>
<td>49.0</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>18</td>
<td>17.4</td>
<td>7.8</td>
<td>4.3</td>
<td>11.8</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Proportionally - how often HIV/AIDS is addressed

Values within categories = percentages of how often HIV/AIDS is addressed within a faculty

Note: The different 'how often' categories are not mutually exclusive. Some academics report covering HIV/AIDS in more than one course/module and to different extents, depending on which of their course/module they are teaching.

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.
Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed.
Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting), but not a strong HIV/AIDS focus.
Seldom/Quick mention = HIV/AIDS referred to rarely or ‘in passing.’
None = HIV/AIDS-content/issues not addressed at all.

The percentages given represent the proportional frequency that HIV/AIDS-content/issues were addressed across all faculties at Rhodes.
The highest occurrence of HIV/AIDS being addressed on a ‘Regular’ basis was in the Pharmacy Faculty (72.7%). Education followed at 39.1%, Science at 25.5%, Humanities at 24.7%, and Law at 20%. The lowest occurrence for this category was in the Commerce Faculty (18%) (Chart 4).

In the category ‘Often,’ Pharmacy also showed the highest occurrence (9.1%), followed by Education (4.3%).

In the category ‘Fairly often’ were Science (5.9%), Education (4.3%), and Humanities (4.1%) (Chart 4).

The proportional estimates to which HIV/AIDS entered curricula ‘Sometimes/Ad hoc’ was 17.4% in the Education Faculty, 16.5% in Humanities, 15% in Commerce, and 11.8% in Science.

Pharmacy had the highest occurrence of the category ‘Seldom/Quick mention’ (18.2%), followed closely by Commerce at 18% and Education at 17.4%.

In the category ‘None’ were Law (73.3%), Science (49%), Commerce (48%), Humanities (39.2%), Education (17.4%); Pharmacy did not cite this category (Chart 4).
Chart 5: Levels at which HIV/AIDS was addressed across all faculties at Rhodes

The percentages given represent the estimated proportion of HIV/AIDS content delivered at different academic levels, from undergraduate to postgraduate, for each of the six faculties at Rhodes (see Chart 5).

**Commerce Faculty:** 1st year and honours accounted for 25% (each) of HIV/AIDS-content/issues, 3rd year accounted for 22.5%, and 2nd year for 10%. Postgraduate diploma/certificate and 4th year each scored a 7.5% proportion. Finally, 2.5% of HIV/AIDS content was addressed during taught master’s coursework.

**Education Faculty:** This faculty teaches exclusively at the postgraduate level. The postgraduate diploma/certificate level delivered a 56.3% proportion of HIV/AIDS content, the honours level 31.3%, and master’s coursework 12.5%.

**Humanities Faculty:** The highest proportion of HIV/AIDS-content/issues occurred in 3rd year (31.1%), followed by 1st year (20%), and then 2nd year and honours (each 15.6%). Taught master’s coursework and 4th year each scored 7.8% proportions, and the level of postgraduate diploma/certificate delivered 2.2% of HIV/AIDS content in this faculty.
Law Faculty: HIV/AIDS-content/issues occurred mostly during 4th year (62.5%), but also during 2nd year (37.5%).

Pharmacy Faculty: The highest proportion of HIV/AIDS-content/issues entered in 4th-year curricula (35%), followed by 2nd year (25%), 3rd year (20%), and during taught doctoral coursework (10%); 1st year and master’s coursework (each 5%) made up the balance. Notably, Pharmacy was the only faculty reporting HIV/AIDS content at the level of taught doctoral coursework.

Science Faculty: HIV/AIDS-content/issues were dealt with mostly during 3rd year (30.4%), honours (26.8%), and 1st and 2nd year (each 19.6%), and least of all during master’s coursework (3.6%).
Chart 6: Ways in which HIV/AIDS was addressed across all faculties at Rhodes

The percentages represent proportional estimates of the different ways that HIV/AIDS-content/issues were included across all curricula at Rhodes.
Science was the only faculty using all categories of teaching–learning platforms to address HIV/AIDS in the curricula.

Across all the faculties at Rhodes, the three most common ways of addressing HIV/AIDS were: ‘One of many issues,’ ‘Scenario/Case study/Story,’ and ‘Project.’

The platforms that most require students to engage directly with HIV/AIDS issues are (in descending order): ‘Core,’ ‘Project,’ ‘Elective,’ ‘Community engagement/Service learning’ and ‘Scenario/Case study/Story.’

The percentages represent proportional estimates of the different ways that HIV/AIDS-content/issues were included across all curricula at Rhodes. (see Chart 6).

Four of the six faculties offered ‘Core’ courses/modules with HIV/AIDS content: Pharmacy (12%), Education (6%), Humanities (4%) and Science (4%).

The faculties showed almost the same proportion of the use of ‘Project’: Education led at 14.7%, followed by Law (14.3%), Commerce (13.5%), Pharmacy and Science (both 12%), and Humanities (11.5%).

Use of ‘Elective’ to address HIV/AIDS was highest in Humanities at 13.1%, followed by Science (10%), Law (7.1%), Education (5.9%), Commerce (5.4%), and Pharmacy (4%).

‘Community engagement/Service learning’ was highest in Pharmacy (16%), Education (14.7%), Law (7.1%), Humanities (4.9%), and Science (2%). This platform was not used in the Commerce Faculty.

Use of ‘Scenario/Case study/Story’ occurred most in Law (35.7%), followed by Commerce (13.5%), Humanities (13.1%), Pharmacy (12%), Education (8.8%), and Science (8%).

The use of an ‘Awareness-implicit’ teaching–learning platform was highest in Commerce (21.6%), followed by Humanities (16.4%), Science (10%) and Education (8.8%). This way of teaching/learning HIV/AIDS content was not reported in the Pharmacy or Law faculties.

The proportional use of ‘Lecture’ to convey HIV/AIDS-content/issues was 16% in Pharmacy, 13.5% in Commerce, 8.2% in Humanities, 7.1% in Law, 6% in Science, and only 2.9% in Education.

‘Use of HIV/AIDS data’ was the least popular teaching–learning platform for HIV/AIDS content across the faculties: it occurred in Education (9%), Commerce (5%) and Science (4%).
3.3 MICRO view: Curricular responses within each of the faculties

3.3.1 Commerce Faculty

In terms of how often HIV/AIDS-content/issues entered the Commerce Faculty’s curricula, the most cited frequency category was ‘None’ (48%). This was followed by ‘Regular’ and ‘Seldom/Quick mention’ (each 18%), ‘Sometimes/Ad hoc’ (15%), and least of all ‘Often’ (3%) (Chart 7).

Chart 7 depicts the frequency with which HIV/AIDS was addressed in the Commerce Faculty’s departments; the percentages represent the proportional use of a particular teaching method to deliver HIV/AIDS content, according to each academic department.

Chart 7: How often HIV/AIDS was addressed in the Commerce Faculty’s departments

<table>
<thead>
<tr>
<th>Department</th>
<th>Proportionally - how often HIV/AIDS is addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>50</td>
</tr>
<tr>
<td>Business School</td>
<td>50</td>
</tr>
<tr>
<td>Economics &amp; Economic History</td>
<td>56</td>
</tr>
<tr>
<td>Management</td>
<td>17</td>
</tr>
<tr>
<td>Statistics</td>
<td>63</td>
</tr>
<tr>
<td>Information Systems</td>
<td>80</td>
</tr>
</tbody>
</table>

Proportionally - how often HIV/AIDS is addressed: Values within categories = percentages of how often HIV/AIDS is addressed within a department.

Note: The different 'how often' categories are not mutually exclusive. Some academics report covering HIV/AIDS in more than one course/module and to different extents, depending on which course/module they are teaching.

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.

Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed.

Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting) but not with a strong HIV/AIDS focus.

Seldom/Quick mention = HIV/AIDS referred to rarely or 'in passing.'

None = HIV/AIDS-content/issues not addressed at all.
HIV/AIDS-content/issues were most often addressed in Management (17% ‘Often’), and
least in Information Systems (80% ‘None’) (Chart 7). Four of the six Commerce Faculty’s
departments addressed HIV/AIDS on a ‘Regular’ basis: Economics and Economic History
(33%), Statistics (25%), Management (17%) and Accounting (10%).

The departments reporting ‘None’ as the amount of HIV/AIDS-content/issues in curricula
were Information Systems (80% of curricula), Statistics (63% of curricula), Economics and
Economic History (56% of curricula), and Accounting (50% of curricula).
In the Commerce Faculty, most HIV/AIDS-content/issues entered curricula at the undergraduate level (1st, 2nd, 3rd and 4th year combined) (see Chart 5). In Statistics, 75% entered in 1st year; while in Information Systems and in Accounting, none occurred until 3rd year (see Chart 8). The proportion of HIV/AIDS-content/issues occurring at the honours level, was 50% in Information Systems, 29% in Management, 27% in Economics and Economic History, and 14% in Accounting; the departments of Management and Accounting both addressed HIV/AIDS in postgraduate diploma/certificate-level coursework (each 14%) (Chart 8). The Business School teaches mainly master’s degree students; all HIV/AIDS content entered the curricula at this level. No Commerce Faculty departments offered taught doctoral coursework.
Chart 9: Ways in which HIV/AIDS was addressed in the Commerce Faculty’s departments

The Management department used the most varied teaching/learning approaches to addressing HIV/AIDS in the curricula, followed by Economics and Economic History (see Chart 9).

Within the Commerce Faculty the most common ways that academics reported communicating HIV/AIDS-content/issues to students were ‘Awareness-implicit’ (22%) and ‘Example’ (19%) (Chart 6). Other methods were ‘Lecture,’ ‘Scenario/Case study/Story,’

Core = Courses/modules with a dedicated HIV/AIDS focus.
One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.
Awareness-implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.
Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.
Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.
Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.
Project; Elective; Community engagement/Service learning; Practical/Tutorial; Scenario/Case study/Story = Conventional meanings of the terms.
(Note: Story refers mostly to Journalism and Media Studies students who investigate/work with/report HIV/AIDS stories.)
and ‘Project’ (each 14%), ‘One of many issues’ (8%), ‘Elective’ and ‘Use of HIV/AIDS data’ (each 5%).

There were no ‘Core’ offerings with HIV/AIDS content in the Commerce Faculty, nor was HIV/AIDS addressed via ‘Practical/Tutorial’ or ‘Community engagement/Service learning’ (see Chart 6).

Three departments addressed HIV/AIDS through ‘Project’: Management (22%), Economics and Economic History (20%) and Accounting (11%) (Chart 9).

Departments using ‘Scenario/Case study/Story’ were Information Systems (100%), Management (22%) and Economics and Economic History (20%). Economics and Economic History was the only department to include ‘Use of HIV/AIDS data’ (20%) (Chart 9).

HIV/AIDS-content/issues entered Statistics curricula only as ‘Example’; other departments using ‘Example’ for addressing HIV/AIDS were Accounting (22%) and Management (11%) (Chart 9).

**Accounting**

In this department, the 11% coverage of HIV/AIDS-content/issues by means of ‘Project’ fell exclusively into the category postgraduate certificate/diploma, which is the only level at which HIV/AIDS was addressed on a ‘Regular’ basis. The bulk of HIV/AIDS content occurred during 3rd and 4th year (see Chart 8), and most often in the frequency categories ‘None’ (50%) and ‘Sometimes/Ad hoc’ (30%) (Chart 7).

The other teaching–learning platforms used besides ‘Project’ were ‘Awareness-implicit’ (44%), ‘Lecture’ and ‘Example’ (each 22%) (Chart 9).

A major constraint to including HIV/AIDS-content/issues in the Accounting department (mentioned by most of the academics) was that there is little time to teach anything other than course content designed to meet the standards and curriculum requirements of the South African Institute of Chartered Accountants (SAICA). As one academic said: “There is nothing in the SAICA syllabus regarding HIV/AIDS. Pathetic, isn’t it? And students going for a CA get hacked off if you digress from the syllabus.”

Several academics noted that the topic of HIV/AIDS is relevant to Accounting and could be better addressed in the department.

**Business School**

‘Sometimes/Ad hoc’ and ‘Seldom/Quick mention’ each made up 50% proportions of how often HIV/AIDS-content/issues entered curricula in postgraduate studies — the only level at which the Business School teaches (Charts 7 and 8).

In the Business School, the bulk of HIV/AIDS-content/issues were delivered through ‘Lecture’ (50%); ‘Awareness-implicit’ and ‘One of many issues’ (each 25%) made up the balance (Chart 9).

One academic commented: “Last year we had a review of the leadership, people management, and knowledge management cluster. Exactly what should we be covering? And how should we position it? The view was that we should keep our curriculum design discipline-based rather than issues-based. We’re looking at repositioning the MBA theme as ‘leadership for sustainability’ and introducing a core module on ethical organisation. Part of
the content there will be looking at the social bottom-line. HIV/AIDS would come in there far more strongly than it has before.”

**Economics and Economic History**

No HIV/AIDS-content/issues are addressed in 56% of the department’s curricula, while 33% include HIV/AIDS-content/issues on a ‘Regular’ basis (generally annually); 11% of curricular interventions were in the category ‘Seldom/Quick mention’ (Chart 7). There were no ‘Core’ courses involved.

The highest proportion of HIV/AIDS content occurred in 3rd year (36%), followed by 1st year and honours (each 27%), and next 2nd year (9%) (Chart 8).

Five learning-teaching platforms — ‘Project,’ ‘Scenario/Case study/Story,’ ‘Elective,’ ‘Use of HIV/AIDS data,’ and ‘Awareness-implicit’ — were used equally (20% each) in the department (Chart 9).

One academic pointed out: “Teaching about the SA economy is an ideal vehicle for raising HIV/AIDS issues because you can draw the linkages between the emergence of the migrant economy serving the mining industry, the break-up of the traditional family unity, the inevitability of urbanisation, and the sexual promiscuity associated with that. You can suggest those as forces undermining some of the more traditional sexual mores of indigenous African society. The second element, dealt with last year — we set an essay — was to try and define the economic costs of HIV/AIDS to society and to link that with the idea that there are correlations between levels of poverty and the spread of HIV. At least this creates an awareness among our predominantly middle-class student cohort of what sort of social issues are in involved.”

Health economics is a specialist area and the department lacks such a teacher. This aside, several academics in the department noted that HIV/AIDS could be addressed more often. One commented, “At 1st-year level, there’s definitely space. And having seen what some of my colleagues are doing in 3rd year, I think we definitely don’t utilise the space as well as we could.”

**Information Systems**

In this department, ‘Scenario/Case study/Story’ was the only teaching–learning platform used in one short series of lectures about HIV/AIDS blog sites and support forums. The course was introduced on a ‘Sometimes/Ad hoc’ basis (see Charts 7 and 9).

Academics here pointed out that there are few opportunities to link HIV/AIDS-content/issues to their curricula, which are primarily concerned with foundational, procedural knowledge. One gap does exist — in Systems Analysis, where information or data are gathered by users and the data are modelled in order to produce an information system.

The researcher approached the department with an idea for a project that could potentially fit into the action-research cycle of the course. At their yearly meeting the department decided to offer an honours-level elective in which students would build a much-needed health information system for the Raphael HIV/AIDS Centre — a local NGO. Five students opted for the elective, which went ahead in mid 2009.
Management

HIV/AIDS-content/issues were reported to enter Management curricula mainly as ‘Seldom/Quick mention’ (50%); while ‘Regular,’ ‘Often’ and ‘Sometimes/Ad hoc’ accounted for 17% proportions each (Chart 7). There were no ‘Core’ offerings involved. The most common levels at which HIV/AIDS content was taught were at honours and 1st year (each 29%) (Chart 8). The most-used teaching platforms in the department were: ‘Scenario/Case study/Story,’ ‘Project’ and ‘One of many issues’ (each 22%) (Chart 9). A comment that broadly represents the departmental approach was: “One looks at it [HIV/AIDS] in relation to poverty, unemployment, exchange rates and other important issues and external factors.”

The best fit with HIV/AIDS-content/issues was reported as being in the field of human resources management, which addresses HIV/AIDS in the workplace, health policy, and so on. One academic pointed out: “Companies, whether it’s in the Marketing department, HR, finance, wherever, have all been forced to include HIV/AIDS strategies into their organisations, into their workplace. So it could fit in, must fit in.”

A possible initiative for Marketing would be to have students examine the social marketing of condoms, which is a worldwide business.

Statistics

A serious constraint to addressing HIV/AIDS in the curricula of this department is that academics find raw data difficult to access, and when available the data are rarely ‘clean’ or simple enough to support the effective teaching of foundational knowledge and procedures. The frequency of HIV/AIDS content or focus was mostly reported as ‘None’ (63%) in the Statistics department (Chart 7). There was no mention of ‘Use of HIV/AIDS data’ as a teaching–learning platform; the only way that HIV/AIDS content was taught was through ‘Example’ (see Chart 100%), while 25% of responses to the question ‘How often is HIV/AIDS addressed?’ were in the category ‘Regular’ (Chart 7).

As one academic pointed out, using HIV/AIDS data can be tricky: “You’ve got to be very sensitive, especially when you deal with numbers — there could be somebody in the class who is HIV-positive.”
3.3.2 Education Faculty

Table 1: How often HIV/AIDS was addressed in the Education Faculty’s curricula

<table>
<thead>
<tr>
<th>How often HIV/AIDS-content/issues were addressed (Proportional frequency)</th>
<th>Fairly often</th>
<th>None</th>
<th>Often</th>
<th>Regular</th>
<th>Seldom/Quick mention</th>
<th>Sometimes/Ad hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values within categories = Percentage proportions of frequency with which HIV/AIDS is addressed. Note: The different categories are not mutually exclusive. Some academics reported covering HIV/AIDS in more than one course/module and that they did so to different extents, depending on which courses/modules they were teaching.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>4.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly often</td>
<td>4.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td>39.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seldom/Quick mention</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Ad hoc</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.

Often and Fairly often = HIV/AIDS not intrinsic to content, but routinely mentioned/discussed.

Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting), but not with a strong HIV/AIDS focus.

Seldom/Quick mention = HIV/AIDS referred to rarely or ‘in passing.’

None = HIV/AIDS-content/issues not addressed at all.

The Education Faculty’s curricula had the second-highest proportion of HIV/AIDS content in the university. This is despite 17.4% of courses/modules having no HIV/AIDS content (see Chart 4).

HIV/AIDS-content/issues most often entered curricula on a ‘Regular’ basis (39.1%); this was followed by ‘Seldom/Quick mention’ and ‘Sometimes/Ad hoc’ (each 17.4%), and then ‘Fairly often’ and ‘Often’ (both 4.3%) (Table 1).

Table 2: Levels at which HIV/AIDS was addressed in the Education Faculty’s curricula

<table>
<thead>
<tr>
<th>Levels at which HIV/AIDS-content/issues were addressed</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>4th year</th>
<th>Honours</th>
<th>Postgraduate diploma/Certificate</th>
<th>Master’s – taught</th>
<th>Doctorate – taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values within categories = Percentage proportions of levels at which HIV/AIDS was addressed. Note: The different levels of categories are not mutually exclusive; some academics included HIV/AIDS content at more than one level of their teaching.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>31.3</td>
<td>56.3</td>
<td>12.5</td>
<td>0</td>
</tr>
</tbody>
</table>

The Education Faculty does not offer undergraduate courses. The highest concentrations of HIV/AIDS-content/issues in curricula were at the postgraduate diploma/certificate level (56.3%); the topic occurred to a lesser extent at the master’s level (12.5%) (Table 2).

The Education Faculty offers ‘Core’ HIV/AIDS courses/modules (as one of four faculties in the university to do so).
Although only a small portion of HIV/AIDS-content/issues entered the Education curricula via ‘Lecture’ (2.9%) (Table 3), this is consistent with the department’s teaching/learning ethos of conducting work in smaller groups. HIV/AIDS-content/issues were reported as most often entering the faculty’s curricula as ‘One of many issues’ (21%) (Chart 6), which is appropriate to the multidimensional and multisectoral nature of HIV/AIDS and the myriad ways it impacts on the world.

‘Community engagement/Service learning’ and ‘Project’ were the next most commonly used platforms (each 15%); ‘Elective’ course/modules only comprised 6% (Chart 6). All three ways of teaching/learning require high engagement on the part of students.

No Education Faculty academics reported having used ‘Practicals/Tutorials’ to address HIV/AIDS-content/issues.

Education was one of only three faculties reporting ‘Use of HIV/AIDS data’ as a teaching–learning platform (proportionally 9%) (Chart 6).

Table 3: Ways in which HIV/AIDS was addressed in the Education Faculty’s curricula

<table>
<thead>
<tr>
<th>Ways in which HIV/AIDS-content/issues were addressed</th>
<th>Values within categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness-implicit</td>
<td>8.8</td>
</tr>
<tr>
<td>Community engagement/Service learning</td>
<td>14.7</td>
</tr>
<tr>
<td>Core</td>
<td>5.9</td>
</tr>
<tr>
<td>Elective</td>
<td>5.9</td>
</tr>
<tr>
<td>Example</td>
<td>8.8</td>
</tr>
<tr>
<td>Lecture</td>
<td>2.9</td>
</tr>
<tr>
<td>One of many issues</td>
<td>20.6</td>
</tr>
<tr>
<td>Practical/Tutorial</td>
<td>0</td>
</tr>
<tr>
<td>Project</td>
<td>14.7</td>
</tr>
<tr>
<td>Scenario/Case study/Story</td>
<td>8.8</td>
</tr>
<tr>
<td>Use of HIV/AIDS data</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Values within categories = Percentage proportions of teaching/learning platforms.
Note: The method categories are not mutually exclusive; some academics reported using more than one method across different courses/modules.

Core = Courses/modules with a dedicated HIV/AIDS focus.

One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

Awareness-implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.

Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.

Project; Elective; Community engagement/Service learning; Practical/Tutorial; Scenario/Case study/Story = Conventional meanings of the terms.

(Note Story refers mostly to Journalism and Media Studies students who investigate/work with/report HIV/AIDS-related stories.)

**BEd(Hons), PGCE and ACE courses**

The PGCE courses are for in-training teachers (i.e., postgraduate studies); ACE courses are for in-service teachers.

In a comment broadly representative of academics in the department, one said: “When it’s appropriate, I bring HIV/AIDS into my teaching. I think that’s what most people who are teaching nowadays are doing.” And most academics in the department do address
HIV/AIDS to some degree in teaching/learning. But not everybody does, and understandably, not all are enthusiastic about HIV/AIDS in the curriculum, or as a ‘cause’—some perceive that HIV/AIDS activism in the department is sometimes too forceful, alienating other viewpoints and resulting in negative advocacy.

In technology and mathematics education the most common way that the topic of HIV/AIDS entered the curriculums was through the use of HIV/AIDS data to teach in-service and in-training teachers about how to help learners interpret numbers. One educator said: “Whenever you talk about learning maths in a way that fits with realities we encounter in the world, AIDS is one of the issues that get raised.” Another added: “In the PGCE, students were given a project where they would look at different statistics on prevalence of HIV/AIDS in South Africa and then ask, ‘Where do these statistics come from? What are they saying? And why are statisticians saying that this is the situation?’ It’s about trying to lead them into what we call critical mathematics education. Maths is not something that’s just neutral.” In Information, Communication Technology (ICT): “HIV/AIDS is a very topical issue for in-training teachers, so in the PGCE level the activity was to design a cyber-hunt for the students — basically like a treasure hunt on the Internet. And in the ICT ACE course for in-service teachers there are a number of education-related issues that we have to touch on — HIV/AIDS is one of them. For that we had a master’s student facilitating a discussion on HIV/AIDS in the school. It generated a very interesting discussion that went way over time — we struggled to stop it!”

HIV/AIDS-related ‘Example’ was used to illustrate concepts in teaching modules for the natural sciences, and as part of the science teaching course these are used during practicals with children in local schools. ACE science courses also include a focus on nutrition, which is a key element in dealing with diseases, including HIV-related illnesses.

The ACE Leadership course infuses HIV/AIDS-content/issues. One academic noticed that students are increasingly choosing to research leadership in the context of HIV/AIDS: “We don’t have a section called HIV/AIDS. But, increasingly, the domain of leadership, the theorising around it, is broadening into what could be called leadership for social justice. And under that rather grim-sounding umbrella, broader issues like poverty and HIV/AIDS play a role.”

The development and design of courses for use by other educators is part of the department’s agenda. One example is a teaching guide that uses HIV/AIDS data for assisting in-service teachers to teach numeracy, and, more specifically, the interpretation of statistics. A textbook has also been written, which includes a section on raising awareness of HIV/AIDS. In addition the department is piloting a teacher-training module developed by HEAIDS. One academic explained that there were several piloting options, one of which was to choose what is most appropriate in the materials and integrate that with existing course materials: “That’s where I’m opting to go. There are activities in the module that I would like to use, but some material is not pitched at the right level for our PGCE.”

**Environmental Education**

The learning/teaching ethos in Environmental Education was described by one academic: “The curriculum we run in Environmental Education integrates community engagement with research and teaching. We don’t have formally framed content. So HIV/AIDS enters
into a very negotiated and interactive curriculum. In that way, students become co-learners and they advance their studies by working on them in the company of the group.”

One example of a project in the taught master’s course was to develop a set of contextual profiling tools focusing on questions of health, poverty, environment and education: “We developed this research tool kit and ten students went out and did case studies in different southern African countries. In the health component we were trying to understand how environmental educators should be practicing their work in the context of HIV/AIDS. From the work students brought back we developed a theoretical framework for educational responses to poverty, health, and environment. We came up with the idea that the educational practices we work with should be strengthening capability for risk negotiation in everyday life.”

Another taught master’s project had to do with the education system not assimilating the issues from a good educational point of view: “Everyone’s running around with a red ribbon and posters and policies — every Education department’s got a policy, and they’ve got tree-planting projects and then they’ve got water projects and they’ve got this project, and that project, and every other project. These projects only live as long as the funding lives, so they’re not sustainable interventions to deal with the complex mix of poverty, health, and environment. So the question we worked on was: ‘How do you support the schools to get a more integrated approach to working with these issues?’ — get the issues more centred in the everyday curriculum work of the school?”

An academic teaching an ACE course for in-practice environmental educators observed, “HIV/AIDS is definitely something very topical and is relevant to people’s lives and livelihoods, and one can find strong connections between environment and HIV/AIDS.” In the Schools and Sustainability short course, the teachers design lesson plans around something of concern to them and the topic of HIV/AIDS sometimes comes up as a focus of the lesson plans.

A challenge identified by one academic is how to develop materials that “engage with HIV/AIDS content and issues in a responsive and real way. We’re more inclined to use real cases as agenda.” One idea was the possibility of including HIV/AIDS as part of an extant mapping project: “Instead of doing ecological footprints we are doing handprints, because handprints mean ‘What are you doing?’ as opposed to ‘How big is your impact?’”

### 3.3.3 Humanities Faculty

**How often HIV/AIDS was addressed:**

In terms of how often HIV/AIDS was addressed in the Humanities Faculty’s departments, the category that most responses fell into was ‘None’ (39.2%) (Chart 4). The next category was ‘Regular’ (24.7%), followed by ‘Sometimes/Ad hoc’ (16.5%), ‘Seldom/Quick mention’ (13.4%), ‘Fairly often’ (4.1%) and ‘Often’ (2.1%) (Chart 4).

**Levels at which HIV/AIDS was addressed:**

In terms of the academic levels at which HIV/AIDS-content/issues were presented in the Humanities Faculty, the bulk occurs during undergraduate study: mostly in 3rd year (31.1%), followed by 1st year (20%), 2nd year (15.6%) and 4th year (7.8%) (Chart 5).
At the postgraduate level the highest proportion of HIV/AIDS-content/issues occurred during honours (15.6%), followed by taught master’s coursework (7.8%), and least of all during postgraduate diploma/certificate study (2.2%) (Chart 5). No HIV/AIDS content in taught doctoral degree coursework was reported.

**Teaching–learning platforms for HIV/AIDS-content/issues:**

‘Core’ courses/modules accounted for only a 4% proportion of the ways that HIV/AIDS-content/issues were presented in the Humanities Faculty’s departments (Chart 6).

‘One of many issues’ was the most common way of teaching/learning about HIV/AIDS (17%), followed closely by ‘Awareness-implicit’ (16%), ‘Scenario/Case study/Story’ and ‘Elective’ (both at 13%). ‘Project’ accounted for 11%, followed by ‘Lecture’ and ‘Example’ (both 8%). The teaching–learning platforms least used were ‘Community engagement/Service learning’ (5%) and ‘Practical/Tutorial’ (3%) (Chart 6).

No departments in the Humanities Faculty reported ‘Use of HIV/AIDS data.’

Charts 10, 11 and 12 below, illustrate more detailed information for each of the Humanities departments.
Chart 10: How often HIV/AIDS was addressed in the Humanities Faculty’s departments

Proportionally - how often HIV/AIDS is addressed

Values within categories – percentages of how often HIV/AIDS is addressed within a department.

Note: The different 'how often' categories are not mutually exclusive. Some academics report covering HIV/AIDS in more than one course/module and to different extents, depending on which courses/modules they are teaching.

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.

Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed.

Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting), but not with a strong HIV/AIDS focus.

Seldom/Quick mention = HIV/AIDS referred to rarely or ‘in passing.’

None = HIV/AIDS-content/issues not addressed at all.
Chart 11: Levels at which HIV/AIDS was addressed in the Humanities Faculty’s departments

Humanities departments: Levels at which HIV/AIDS is addressed in curricula

Proportionally -levels at which HIV/AIDS is addressed

Values within categories = percentages of levels at which HIV/AIDS is addressed within a department

Note: The different level categories are not mutually exclusive: some academics covering HIV/AIDS at more than one level depending on which of their courses/ modules they are teaching

1st year 2nd year 3rd year 4th year Honours Postgraduate diploma/ Certificate Master's - taught Doctorate - taught
Chart 12: Ways in which HIV/AIDS was addressed in the Humanities Faculty’s departments

**Humanities departments: Ways of addressing HIV/AIDS content/issues in curricula**

- **Proportion of the use of particular teaching methods**
- **Values within categories = percentages of method.**
- **Note:** Method categories are not mutually exclusive: some academics report using more than one method across different courses/modules.

### Awareness - implicit
- Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

### Example
- HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

### Lecture
- Single lecture or a short series of lectures focusing mainly on HIV/AIDS.

### Use HIV/AIDS data
- Students learn by using existing HIV/AIDS datasets.

### Core
- Courses/modules with a dedicated HIV/AIDS focus.

### Elective
- One of many issues
- HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

### Elective
- Conventional meanings of the terms.

**Legend**
- Awareness - implicit
- Community engage/ Service learning
- Core
- Elective
- Example
- Lecture
- One of many issues
- Practical/ Tutorial
- Project
- Scenario/ Case study/ Story
- Use HIV/AIDS data

---

Core = Courses/modules with a dedicated HIV/AIDS focus.
One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

Awareness-implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.
Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.

Project; Elective; Community engagement/Service learning; Practical/Tutorial; Scenario/Case study/Story = Conventional meanings of the terms.

(Note: Story refers mostly to Journalism and Media Studies students who investigate/work with/report HIV/AIDS-related stories.)
**Anthropology**

The Anthropology department had the highest incidence of HIV/AIDS-content/issues entering curricula on a ‘Regular’ basis (63%) (Chart 10). The categories ‘Often,’ ‘Seldom/Quick mention,’ and ‘None’ accounted for a 13% proportion each for this variable. Chart 11 shows that 2nd year was the most common level at which HIV/AIDS-content/issues entered the department’s curricula (a 50% proportion), followed by 3rd year (33%) and then 1st year (17%). The most common teaching–learning platforms for HIV/AIDS were ‘Scenario/Case study/Story’ (31%) and ‘Awareness-implicit’ (23%) (Chart 12).

Medical Anthropology is one of the 3rd-year courses offered in the department in which HIV/AIDS-content/issues feature. An academic explained: “I look at issues surrounding epidemiology and the distribution of diseases as we understand them in the Western biomedical sense. Understanding that in many cultures they don’t necessarily have the same disease entities or categories that we understand in Western medicine. So I look at the social, cultural, political, economic factors that contribute to certain diseases across the world. And in the political economics of healthcare — how healthcare reflects the economic structures. After the introductory week, students do their own research on those factors which lead to the high incidences of HIV and AIDS in southern Africa.”

In one highly experiential course on Power and Wealth, students inevitably raise the issue of child-headed households: “So students discuss this in class and then we take what I refer to as the ‘township walk’ — we go out, have conversations with people. On more than one occasion a student has come back and said, ‘This woman has just told me she’s got AIDS.’ And I ask, ‘Well, ok, so how did you deal with it?’ That generates further conversations, deeper questions. It’s an experientially dialogic process. You have to keep talking: on some level you have to show them the ropes.’”

The course on Urban Anthropology explores Suzanne Madlala De Klerk’s research in townships in KwaZulu-Natal, including Durban, where young women engage in transactional sex in order to pursue their specific ideas of modernity, as well as what it means to be modern and young. Another course deals with “inequalities and cultural expressions in post-apartheid South Africa — the growth of the black middleclass and the growth of social movement — especially in Soweto, black Johannesburg, and the responses — protest around more localised issues, such as privatisation of water, and around HIV and AIDS. So the TAC [Treatment Action Campaign] is placed within that broader context of new social movements that are struggling around very specific local issues.” Also, as ‘One of many issues,’ another course includes HIV/AIDS in discussions about its impact on the aging population or its impact on women’s identities and women’s sexualities in Africa.

**Drama**

In terms of how often HIV/AIDS was addressed in the Drama department’s curricula, the research found equal proportions of responses indicating ‘None’ or ‘Regular’ (Chart 10). The academic levels at which HIV/AIDS-content/issues entered curricula were shared equally between honours, 3rd year and 2nd year (Chart 11). The ways used to teach/learn about HIV/AIDS were equally distributed as ‘Community engagement/Service learning,’ ‘Project,’ ‘Lecture’ and ‘One of many issues’ (Chart 12).

One academic explained: “Applied theatre all over the world has a strong emphasis on HIV/AIDS education, which is both a blessing and a curse. Many learners have been on the receiving end of some pretty dire HIV/AIDS-drama-education events at school and I’m sure you can recognise them, they’re quite didactic, and they’re preachy. There’s a lot of need
for applied theatre projects that deal with HIV/AIDS in real and creative ways. And certainly some of our honours students have researched how drama is used to interrogate issues of HIV/AIDS. But because students are quite alienated from HIV, and because there have been so many bad examples of applied theatre projects using HIV, they don’t often take the topic up…. At the postgraduate level, students do practice in communities, in women’s groups, the local prison, with street children — and HIV/AIDS always comes up as an issue.”

One of the Drama department’s projects is the community theatre company Ubom! For the Rhodes–HEAIDS project the company wrote short plays about HIV and AIDS, entitled ‘Risky Business,’ which were performed for students and staff at the university. An academic elaborated: “Ubom! is a channel through which we can address some of the needs in local communities. For instance, through Ubom! we worked with Hospice, which was having an identity crisis, particularly in the township, where everyone saw the white car and they said ‘Oh well, that person’s got HIV.’ Stigma was associated with Hospice, and people didn’t understand what the organisation was doing. So we went into high schools to explain the role and function of palliative care at Hospice, but also to open up spaces where young people could start talking about death and dying. And it was a really, really interesting project. Theatre is a very important catalyst for young people to actually start talking about what’s happening around them all the time.”

Another academic described how HIV/AIDS enters the taught curricula by way of plays that students study: “Tony Kushner’s ‘Angels in America’ uses HIV/AIDS as a way to think through national politics in the American context. So inevitably I deal with the history of AIDS, its discovery, its discourses, and the sense of where the metaphors and stories of this virus come from — and deconstructing some of the narratives. ‘Trainspotting’ by Irving Walsh is another example. It focuses on drugs, but AIDS is a smaller aspect of that play. In practicals and postgraduate seminars we look at various choreographers and contemporary performers around the world; some autobiography looks at HIV/AIDS issues and the sense of dealing with loss, which can inform the creative process. And in terms of my practice as a choreographer I’ve made work loosely based on loss and HIV/AIDS.”

**English**

HIV/AIDS was addressed in the English department’s curricula only on a ‘Sometimes/Ad hoc’ basis (Chart 10). Honours, 3rd year, and 1st year were the levels at which HIV/AIDS-content/issues entered curricula (proportionally 33% each) (Chart 11). By far the most common teaching–learning platform for the topic was ‘Awareness-implicit’ (67%) (Chart 12).

One academic commented: “There is a false perception that this department, because it teaches literature, particularly English literature, is unrelated to issues of our place and our time. I know from my experience and seeing what my colleagues do that the texts and lectures are rooted in the here-and-now and in the South African situation. Because we are not Politics or Sociology or Science there’s this perception that we operate out of an ivory tower. It’s absolute nonsense.”

Another added: “Take Defoe, for example. One of his texts is the journal of a plague — it looks at the way in which the epidemiology of disease worked in London during his lifetime. It throws up interesting questions about AIDS and how we might deal with a pandemic of any kind in our own times. Those kinds of comparative studies are more illuminating, more challenging, more interesting than saying, ‘Oh, we’ve got to have a novel or poems about AIDS’ — which in many ways are a bit like some of the more
politically orientated literature — it throws up pretty much what you already know, the familiar, and that’s pedagogically unfruitful for me.” A viewpoint broadly representative of academics in the department was that “HIV/AIDS enters our purview as part of the broader canvas of life, and whether or not it is directly addressed depends very much on the extent to which good writing is produced about it.” A course entitled Millennial Urban Identities in South Africa was planned for the 2009 curriculum: “That will look at K. Sello Duiker’s book Thirteen Cents, set in Cape Town, and Phaswani Mpe’s book Welcome to our Hillbrow, set in Jo’burg. Both authors died of AIDS, so no doubt the issue will come up.”

**English Language and Linguistics**

Although HIV/AIDS-content/issues regularly entered only 17% of the curricula in this department (Chart 10), 33% was made up of ‘Core’ offerings (Chart 12). ‘Example’ and ‘One of many issues’ (also proportionally 33% each) were the other teaching–learning platforms used. HIV/AIDS-content/issues were addressed during 1st year, 3rd year and honours (each 33%) (Chart 11).

The Linguistics programme comprises Theoretical and Applied Linguistics courses. HIV/AIDS has no fit in the theoretical coursework, which focuses on foundational and procedural knowledge. But Applied Linguistics examines language in context, and it is here that HIV/AIDS-content/issues entered the curricula.

The core HIV/AIDS-content offering in this department is a one-week honours course on Discourses of Disease: “We examine AIDS denialism in Africa, and South Africa’s response to HIV/AIDS, all from a discourse analytic perspective. What do the discourses tell us about ideologies? Why has our response in South Africa been so slow?” The course runs concurrently with another entitled Language, Social Practice and Identity, so HIV/AIDS is looked at within a context of discourses of disease and identity. “Students have about five readings for that week and four of them are on HIV/AIDS.”

In a course called Professional Communication, HIV/AIDS is not directly addressed, but issues are sometimes raised in the context of themes such as culture, gender and racism.

A gap identified by one academic is in a course called Language and Gender: “HIV/AIDS issues could be incorporated as textual analysis, looking at how discourse is engendered in the community.”

**Fine Art**

Academics reported the frequency that the topic of HIV/AIDS entered curricula in the Fine Art department as ‘Sometimes/Ad hoc’ (60%), ‘Regular’ (20%) or ‘None’ (20%) (Chart 10). The level at which HIV/AIDS-content/issues entered was predominantly at 3rd year (67%), and in equal proportions at 2nd year and 4th year (each 17%) (Chart 11).

‘Awareness-implicit’ was the most commonly used teaching–learning platform (36%), followed by ‘Example’ and ‘Project’ (each 18%) (Chart 12).

HIV/AIDS is mostly dealt with in the History of Art courses. One core course, which is not offered regularly, is a 3rd-year course examining visual representations of HIV in society and how these construct narratives of the virus and people living with HIV. The academic elaborated: “It’s about power and the body: how you state yourself and claim ideological and physical space with your body.” A different course on Power and Society, largely to do with African contexts, examines the way bodies are stereotyped. It also has a section on community art, specifically art by black artists. The academic explained: “We look at modern mural artworks. One of the books we use, by Sabine Marshal, is on art work related
to HIV/AIDS. And Sue Williamston has a whole series on HIV/AIDS that I use to illustrate the link between art and history, when graffiti and mural paintings where an important part of protest art in South Africa. And then there are the political cartoons — like the photograph of Hector Petersen redrawn to represent HIV/AIDS as the new struggle.”

Studio practice, when focused on HIV/AIDS, can be problematic. One academic explained: “We encourage students to refer to their personal experience. It would be quite sensitive if a student...was HIV-positive. I’ve never received an art work in which the student made a declaration like that. One of the things that becomes quite tricky, and one of the problems with the Studio Practice, is when young training artists try to make didactic statements that are outside of their immediate experience — it can become ‘preachy.’ So HIV/AIDS can come up in quite a problematic form — one we wouldn’t want to encourage.”

However, there are other less direct ways in which visual representations of HIV/AIDS issues enter Studio Practice. One academic commented: “In the past I have been involved in various projects with HIV/AIDS-awareness components. I can’t say that I have specifically integrated it into courses, but I’ve certainly used some of those projects as examples. I encourage students to respond to things that they feel passionate about or that are relevant, in terms of social, political motivations.” Another added: “There’s a very nice link between photographic theory in the 70s and Susan Sontag who writes on HIV/AIDS and illness. In the briefing for that course I talk about illness in South African society. But course content is not prescriptive — rather, HIV/AIDS issues emerge naturally, from the group itself.”

**History**

In terms of how often HIV/AIDS was addressed in the History department curricula, academics most often reported ‘None’ (40%), followed by ‘Regular,’ ‘Sometimes/Ad hoc’ and ‘Seldom/Quick mention’ (each 20%) (Chart 10). Most HIV/AIDS-content/issues entered at the 3rd-year level (43%), followed by 1st year (29%), and then honours and postgraduate certificate/diploma [Summer School] (each 14%) (Chart 11). The teaching–learning platform most used for addressing the topic was ‘Elective’ (38%) (Chart 12).

An honours-level course on HIV and AIDS in South Africa looks at key aspects of the topic, with an emphasis on historical analysis. The academic leading the course explained: “There are a range of theoretical and practical angles: Why are historians not writing about this? How do we understand HIV as a gender pandemic? The course provides a space for students to write on areas that they’re passionately interested in, and there have been some interesting papers: on the military and HIV; on the apportioning of blame for illness — which can be traced historically; on the gendered nature of how people with HIV or [clinical] AIDS are portrayed in the media and, more specifically, filmed; and on international trade regulations and the pricing of drugs.”

A 3rd-year elective called Health Disease and Society explores critical perspectives on the economics of politics and the social structures of ill health. It starts with ideas of medical science, and then looks at the rising dominance of Western medicine: “We explore examples from over a long period of time, mostly from southern Africa. The section on HIV/AIDS begins with an introduction to its early history in the country, but also poses questions about global, regional and local specificities. There is a specific section on the Eastern Cape and how civil society organisations engage with HIV/AIDS.”

A module on slavery in South Africa, which is part of a course on 19th-century history, has no specific reference to HIV/AIDS, “But we discuss ideas about people’s locations, their ability to move, the types of relationships people are forced into because of political
changes. We interrogate questions like ‘How [could] female slaves guard themselves against falling pregnant by their owners?’ And we can see that being replayed nowadays in a different way — for instance in the connections between sex work and HIV/AIDS.”

HIV/AIDS-focused modules for the Rhodes International School (called Summer School) formed the foundation for the honours course. In collaboration with CADRE — the Centre for AIDS Development, Research and Evaluation (a research affiliate of Rhodes) — a course was designed that puts together ideas on Western science and medicines, the history of HIV/AIDS, and what’s happening now: apartheid healthcare structures were one theme explored. Essays covered a range of topics: whether HIV/AIDS should be a notifiable disease or not; what lessons can be learned from the successful response to HIV/AIDS in Uganda; issues of masculinity and how those may drive new HIV infections; the military’s response to HIV; and also the level of HIV risk among lesbians, which is a much neglected topic.

Within the 1st-year course on Independent Africa, HIV/AIDS issues are “very critical.” Here essays focus on the causes of the HIV/AIDS pandemic in independent Africa, its consequences, and how governments and civil society mobilise against the spread of HIV.

**Journalism and Media Studies**

HIV/AIDS-content/issues entered this department’s curricula most often at 3rd- and 4th-year level (proportionally 35% each) (Chart 11). The frequency with which HIV/AIDS was addressed, was most often reported as ‘Sometimes/Ad hoc’ (33%), ‘None’ (27%) and ‘Seldom/Quick mention’ (20%) (Chart 10). The teaching–learning platforms most used were ‘Elective’ (27%), ‘Project’ (23%) and ‘Scenario/Case study/Story’ (18%) (Chart 12).

In this department the curricula are aligned to a guiding and overarching theme, which changes every year or so. At the time of the research the theme was ‘poverty,’ but none of the 13 academics who were interviewed reported referring in their courses to the direct links that exist between poverty and HIV/AIDS. Despite this, HIV/AIDS-content/issues entered several courses.

In Television Journalism an insert was produced for the Critical Media Production course, which is informed by theories of development and democracy relating to journalism. The 4th-year design course has a component called ‘Five days of Activism’ in which students had to produce a poster every day, in a space of two hours, and it had to address socio-political issues that they were interested in or passionate about. The lecturer commented: “One or two of them take up HIV/AIDS as an issue, but it’s not something that I make them do.” Another lecturer, who was no longer involved in Design specialisation, recalled having given students an exercise to design some form of media addressing the question: “How do you get people to take AIDS prevention seriously without stigmatising people who are HIV-positive?”

This theme was carried through in 4th year by TV specialisation students, where one student had focused on HIV/AIDS advocacy work with NGOs. The lecturer commented: “Her five-minute piece — which was quite delightful — was purely about AIDS and AIDS survivors — in this case a couple who have gone through a lot of difficulties finding a niche for themselves in the community. All they want is to have a child — they are so in love and really happy together — and every night they debate how they are going to manage stigmas around HIV-positive people who decide to start a family.”

In a course about Radio, the technical and practical aspects of broadcasting are taught. Students learn how to create radio packages and shows on a number of set topics, such as
body and mind, ‘whiteness,’ and material culture. The lecturer remarked: “Students have occasionally done shows about the Rhodes community. One aspect that came up concerned students who have HIV/AIDS and whether they feel accepted in the community or not…. HIV/AIDS may also come up when students are assigned stories or when they propose stories to fulfil the requirements of the course. But it isn’t really integrated into the construction of knowledge in the course.”

An academic who teaches writing said: “I’ve certainly mentored individual students through stories on HIV/AIDS in 3rd-year and 4th-year courses, but it’s up to the students to decide their topic areas.” One class of postgraduate diploma students decided to mobilise around HIV/AIDS Awareness Week. The lecturer explained: “They decided to all go for HIV testing and then do stories on the experience. They approached Grocott’s Mail [Grahamstown’s community newspaper] and asked whether staff would also be prepared to go for testing. Of course this was done in a quiet, confidential space. The idea was to do a survey on how many people out of 40 people working at Grocott’s Mail would be prepared to have a test. I was quite discomforted by the whole project because obviously there’s potential for trauma. But, you know, the Sunday Times for over a year now have run a page on [HIV] testing and they offer prizes for testing — the whole idea is to advocate by example, and a lot of high-profile people are tested regularly. In the end we got a double-page spread in Grocott’s where people wrote about their experience of testing. It was a huge bonding experience and a positive turning point in the course.” Presumably students would have been able to bring to this experience some of their learning in the 3rd-year Media Law and Ethics course, which examines, among other things, ethical issues surrounding the coverage of HIV and AIDS.

At the master’s level, the Media Research Methods courses are “very much about teaching methods and methodology, so there’s not a huge amount of space…. Quite a number of students have done their thesis on the way in which HIV/AIDS is represented in the media. Or where there have been public campaigns on HIV/AIDS, they’ve examined how AIDS messages are designed, broadcast, and received by audiences.”

**Music and Musicology**

HIV/AIDS-content/issues rarely entered this curriculum, but when it did, it was on a ‘Regular’ basis, but only as ‘One of many issues’ (Charts 10 and 12). This occurred only in a short series of lectures on the sociology of music at 1st-year level.

Curricular content in this department focuses on two main factors — theory and the mastery of instrument/s. It is an elite33 discipline led primarily by the need to master foundational and procedural knowledge.

Some lecturers mentioned counselling students, or at least listening empathetically, when students presented with HIV/AIDS-related problems of a personal nature which disturbed their ability to perform academically or musically. In these instances, some students had talked through issues of sexuality and substance use, which are both linked to high HIV-risk behaviours.

**Philosophy**

HIV/AIDS-content/issues were reported as entering the Philosophy curricula with an equal frequency of responses in the categories ‘Fairly often,’ ‘Sometimes/Ad hoc’ and ‘Seldom/Quick mention’ (each 14%), but most of the time HIV/AIDS did not enter

---

33 Bernstein, 1975; 1999.
curricula at all (57% ‘None’) (Chart 10). The topic of HIV/AIDS was addressed mostly at the 1st-year level (57%), followed by 3rd year (29%) and honours (14%) (Chart 11). Two teaching–learning platforms were used for this in the department: ‘Example’ (67%) and ‘Scenario/Case study/Story’ (33%) (Chart 12).

Philosophy courses at Rhodes focus on the acquisition of foundational and procedural knowledge. In a comment broadly representative of academics in the department, one noted: “Philosophy is a very theoretical discipline. There is less emphasis on applied philosophy where HIV/AIDS content and issues have the potential to slot in more easily.”

There are instances where issues about HIV/AIDS, and particularly HIV/AIDS research, are referred to in courses — such as in Moral Philosophy, Ethical Theories, The Good Life and Autonomy. The lecturer remarked: “HIV/AIDS mainly enters courses as examples, generally as negative examples of highly politicised and ideologically driven — or at least ideologically layered — research, which makes for troublesome science.” Another academic used a paper he wrote on ‘Testimony from Science’ to interrogate “so-called scientific, expert opinion and testimony on HIV/AIDS which was used to promote ‘the party line’ in the Mbeki era. That poses a really interesting epistemological question.”

Another academic commented: “In Medical Ethics, autonomy is an important notion, so either as a 3rd-year option or at a postgraduate level I have been using a paper on international HIV/AIDS research and the autonomy of subjects within the research. But I can’t say I chose it just because it was about HIV/AIDS.” Another lecturer concurred: “At 1st-year level, media examples are brought in to illustrate theories and it’s quite likely that I’ve brought in HIV/AIDS examples, but only because they illustrated concepts well, not because they are associated with HIV/AIDS.” In the past there was a graduate and undergraduate course on love and sex, which examined issues of promiscuity and fidelity. The lecturer explained: “HIV/AIDS might have got a mention as a consequence of certain sorts of practices or attitudes, but the course was not focused in on itself on HIV/AIDS.”

**Political and International Studies**

The frequency with which HIV/AIDS-content/issues entered this department’s curricula was mostly on a ‘Regular’ basis (40%), with the responses ‘Sometimes/Ad hoc, ‘Seldom/Quick mention’ and ‘None’ mentioned equally (20% each) (Chart 10). HIV/AIDS was addressed most at the honours and 3rd-year levels (proportionally 33% each), with the topic occurring next most often during 1st year and taught master’s (each 17%) (Chart 11). ‘Elective,’ ‘Scenario/Case study/Story’ and ‘One of many issues’ were the most common teaching–learning platforms (each 25%), followed by ‘Lecture’ and ‘Project’ (each 13%) (Chart 12).

In a postgraduate course on Politics of the Body, HIV/AIDS is an obvious issue and comes up often. The lecturer noted: “We had a very good paper by a student, on stigma, and a portion of that paper has been published. Another student did work on virginity testing and part of that has been published too.”

The course on African Studies is concerned with the ‘big-picture.’ The lecturer explained: “We deal with questions like ‘How do you study Africa?’ and ‘What is Africa?’ Those kinds of questions do not lend themselves to a specific HIV/AIDS focus.”

The 1st-year Political Philosophy course includes a component about people taking responsibility for their own decisions: “We have a big debate every year about if somebody knew all the facts about, say smoking, and then went ahead and smoked, should the state support their emphysema problem? Another example to use is HIV, because the students
have very strong views about that. It gives us an opportunity to really talk — ultimately I want them to think that we behave in a humane way to people irrespective of any choices they may have made.... Another question we deal with is, ‘When is civil disobedience permitted?’ And there I look at the TAC [Treatment Action Campaign] case of saying that it is permissible to bring antiretrovirals into the country illegally if the health department is not forthcoming with treatment. So that raises questions about whether or not it is permissible in a democratic state to disobey the law.”

The Comparative Politics course includes a section on democracy and democratisation, but HIV/AIDS is not dealt with as a stand-alone topic. Instead: “It is treated as part of a basket of problems that confront a country and have serious implications for democracy. If I look at the health challenges in post-apartheid South Africa and how that links in democratisation, then obviously HIV/AIDS will be one of the major sub-topics of health policy.... Our case studies are chosen to illustrate the political implications of the pandemic. For example, what the policy implications may be for different governments. In the South African course we would ask, ‘How do we engage with the policy of the South African government towards HIV and AIDS? How has it succeeded? How has it failed? And how it has been dealt with?’” The lecturer recalled one “long honours essay where the student addressed HIV/AIDS in the context of the TAC.”

The TAC also provides content for another lecturer who uses the TAC example as a tutorial topic, but as the lecturer pointed out, “It’s not that I’ve consciously thought ‘I’m going to include HIV’ — it’s just that I’m always thinking of topical examples, so it comes up rather than being chosen by design.”

**Psychology**

HIV/AIDS-content/issues entered the Psychology department’s curricula most often on a ‘Regular’ basis (41%), followed by ‘None’ (35%), and then ‘Seldom/Quick mention’ and ‘Sometimes/Ad hoc’ (each 12%) (Chart 10). HIV/AIDS was addressed mostly at the taught master’s coursework level (36%), followed by honours and 2nd year (each 21%), 3rd year (14%) and 1st year (7%) (Chart 11). HIV/AIDS was mostly addressed was via ‘Scenario/Case study/Story’ and ‘One of many issues’ (each 21%), followed by ‘Elective’ (16%) (Chart 12).

Courses for in-training clinical and counselling psychologists at the master’s level consistently addressed HIV and AIDS. One academic said: “There are no constraints to the inclusion of HIV/AIDS in teaching and learning — it is incorporated easily as part of the human condition.” Interns work at the Psychology Counselling Centre, which serves the student body; and in cases where longer-term therapy is needed the Psychology Clinic serves students as well as clients from the wider Grahamstown community. One academic elaborated: “A lot of our work in Clinical and Counselling Psychology is to prepare students to deal with clients. Once they start seeing clients in the clinic, they work under supervision — sometimes in groups of five, sometimes in pairs. They discuss whatever issues clients bring — so HIV/AIDS, safe sex, and things like that will naturally come up. For example, when someone has been raped, there will be issues to do with whether the person has been properly examined and had an HIV test, and so forth.”

Psychology is one of the few departments offering core modules in HIV/AIDS. In one module, Clinical and Counselling master’s psychologists in training are introduced to the newest knowledge on biomedical aspects of HIV. One lecturer pointed out: “Students need to understand HIV/AIDS quite well in terms of the progress of HIV infections, antiretroviral treatment, and so on.” The module is delivered by an academic from the department of...
Microbiology, Biochemistry and Biotechnology — one of the few examples of inter-departmental collaboration for HIV/AIDS teaching and learning at Rhodes. The lecturer continued: “I think students enjoy the course. I’d be very surprised if any of them thought it was unnecessary — it’s undeniably important in working as a psychologist, especially as a counselling psychologist, although clinical psychologists working at Fort England, for instance, are confronted with it quite a lot too.” Another ‘Core’ offering comprises a package of four classes, each 2.5 hours long, during which DVDs featuring HIV-positive people in four different countries are shown. Students see how HIV affects the lives of these people — how they got infected and how they cope with and manage the disease. The DVDs are followed up with classes on how to do pre- and post-test counselling.

The Community Psychology course involves a ‘Project’ — usually writing up a case study. One academic commented: “During 2007, cases came from the Raphael Centre [a local HIV/AIDS NGO]. In 2008, students focused on some of the disadvantaged schools the university is working with.”

Also at the master’s level, students learn about a wide spectrum of neuropathological conditions and their assessment. In this course the focus is primarily on fundamental and procedural knowledge. HIV/AIDS is addressed, as the lecturer explained: “Many HIV-positive people have been shown to have dementia, which is a cerebral disease, so it falls automatically into the course content…. But I don’t provide a special focus on it — obviously there are multiple different types of neuropathological conditions and some are highlighted more than others…. In the years I’ve been here no student has chosen to assess someone with HIV.”

In the master’s course on Family Therapy, HIV/AIDS is dealt with as part of a cluster of conditions and diseases. And in Ethics and Practice Management (another master’s degree course) students deal with disclosure and confidentiality, which are “integral to working with people affected and infected by HIV.”

The honours-level Research Methodology course concentrates on ontology, epistemology, and methodology and is not generally issue-focused. One lecturer remarked: “There is room for teaching about HIV/AIDS in terms of getting students to think about or design their own research project, or to think about how they’d go about researching HIV/AIDS issues. But the way in which the course is structured — in terms of the qualitative modules being electives — means that a smaller number of students take up qualitative work, where there is more scope for HIV/AIDS to come in. The quantitative module, on the other hand, is compulsory, and although I’d like to incorporate HIV/AIDS more, the range of topic areas is relatively limited.”

A lecturer teaching Psychopathology did request assistance to gather HIV/AIDS-related texts and statistics to use in a practical on a child therapy. The HEAIDS researcher obliged, but was not able to offer assistance with running the practical as it would have required someone with experience in the field. HIV/AIDS-content/issues did enter other honours courses in the department — but not as a ‘Core’ focus. Rather, HIV/AIDS was dealt with as one of many diseases or conditions that can impact the individual at the psychological level.

HIV/AIDS is described as being “quite a big issue” in the 2nd-year Social Psychology course. However, because there was a strong focus on HIV/AIDS at the 1st-year level and students “got quite a good grounding in issues such as race, poverty, gender and HIV/AIDS, and because a 2nd-year General Psychology course on gender also teaches students about HIV/AIDS,” the lecturer chose not to repeat that content, but rather to examine xenophobia, which was a particularly topical issue at the time.
At the time of the research, Organisational Psychology lecturers reported little HIV/AIDS content in the taught curricula. One academic said: “The curriculum is quite full so there’s not much space for that.” And although there were honours projects in the past that focused on HIV/AIDS, no students elected to do research in this field during 2008. The only place where HIV/AIDS is regularly addressed in the coursework is in relation to workplace policies and programmes. One module included a visit by students to the Eastern Cape branch of a multinational company, but it appears that it was not particularly well selected: “HIV/AIDS is not really a problem in that factory.” There is room to expand the HIV/AIDS focus in Organisational Psychology, and one academic expressed a wish to do so.

**School of Languages**

HIV/AIDS was addressed in 50% of curricula across the School of Languages, mostly in the frequency category ‘Seldom/Quick mention’ (25%), with the categories ‘Often’ and ‘Fairly often’ making up the balance (each 13%) (Chart 10). Second-year level was the most common entry point for HIV/AIDS-content/issues (36%), followed by 1st year (27%), then 3rd year and honours (each 18%) (Chart 11). ‘Awareness-implicit’ was the most common way in which HIV/AIDS-content/issues entered curricula (50%), followed by ‘One of many issues’ (29%); the balance was made up by ‘Scenario/Case study/Story’ (14%) and ‘Lecture’ (7%) (Chart 12).

A constraint mentioned in the School of Languages as well as in the Department of English Literature has to do with reservations about the quality and availability of HIV/AIDS-focused texts.

An academic teaching Xhosa told of one class task which was “to compare writers from the olden days in terms of the themes they focused on and how those have changed. One of the books we studied has a character who is a playboy. In class the issue was raised that a playboy was not so dangerous in days gone by because there was no HIV — a playboy could have many girlfriends then, without bringing them into mortal danger.”

In Afrikaans and Nederlandse Studies at the undergraduate level (in 1st year) a course on Literature and Ecology links up with HIV/AIDS issues, specifically in terms of the disequilibrium that the HIV epidemic causes in the ecosystem. But this is dealt with in a “passing way” and as one of many issues. In 2nd year, Koos Prinsloo’s work is read; Prinsloo died of AIDS and incorporated HIV/AIDS-topics into his stories. At the honours level, two texts were read that have HIV/AIDS as part of their story: “One is a Dutch novel written by a gay author who died of AIDS. The interesting thing is that HIV/AIDS is never mentioned by name. The other text is a very recent Afrikaans novel by Eben Venter, called Horrelpoot — it’s just been translated into English and is getting quite a lot of media attention. Also interesting is that Venter’s brother died of AIDS, and, again, that AIDS is not mentioned by name.” Another academic added: “A constraint is that Afrikaans texts position HIV/AIDS as gay and white, which is not relevant to the trajectory and nature of the [epidemic] in Africa, and more specifically in South Africa. No doubt other texts will emerge in time. But even when we work with the few available texts, the larger life issues and critical engagement with the writing take priority over discussions on HIV/AIDS.”

In Classical Studies HIV/AIDS does not feature as a theme, except indirectly when discussing gender in, for instance, Roman poetry which reflects “the psycho-social ways that society organises itself and changes. And there students encounter different attitudes towards sexuality.” Another lecturer added: “HIV/AIDS is not addressed directly. But I do encourage students to look at possible parallels between situations in the ancient world and life nowadays. Certainly there are medical themes that come up — the obvious being
epidemics. In Classics One we look at the great plague in Athens, which was described in great detail by someone who survived it. He goes into the medical side of it, but more interestingly, the social dynamics and the effect it had on people. So there we do invite students to look at the present. And increasingly there is more material on health-related issues in our discipline.”

French courses focus on “fundamental knowledge and none of texts we use refer or are related to HIV/AIDS.”

Academics teaching German also concentrate on teaching the fundamentals of the language, and on translation, neither of which open out opportunities to incorporate HIV/AIDS-content/issues. A possibility is to add some HIV/AIDS focus to a Cultural Studies component — particularly in the context of the recent upsurge in HIV infections in the UK and Europe, including Germany. One lecturer noted: “This has come about mainly because Germans don’t take HIV/AIDS seriously for themselves anymore. They think that this is either an Asian or an African problem or a homosexual or intravenous drug-user-related problem.”

Modern Fiction includes a short course (in 2nd year) on gay approaches to literature: “It rattles students a lot, although they are fascinated. HIV/AIDS is not central, even here, because the focus is on gender issues, as opposed to disease. There is also a specific field called ‘the literature of intervention’ — it’s like industrial theatre. And there we would explore a play about HIV/AIDS — for instance the famous piece ‘Angels over America.’ We also do an overview of the novel, emphasising the last couple of 100 years. When addressing post-modernism, Foucault’s insights come to the fore. He died of AIDS and wrote on things like the clinic and unsafe sadomasochistic sexual practices. But again, there wouldn’t be a formal incorporation of AIDS as a theme.”

**Sociology**

HIV/AIDS was most often addressed in the Sociology department’s curricula on a ‘Regular’ basis (38%), followed by ‘None’ and ‘Seldom/Quick mention’ (each 25%), and ‘Sometimes/Ad hoc’ (13%) (Chart 10). Honours and 3rd year were the most common entry levels for HIV/AIDS-content/issues (each 33%), followed by 1st year and 2nd year (each 17%) (Chart 11). ‘Scenario/Case study/Story’ and ‘One of many issues’ were the most common teaching–learning platforms (each 20%), with the balance made up of ‘Elective,’ ‘Project’, ‘Example,’ ‘Lecture,’ ‘Awareness-implicit’ and ‘Core’ (each 10%) (Chart 12). ‘Use of HIV/AIDS data’ was not reported.

The Sociology department is one of a few in the university with a ‘Core’ course with a strong HIV/AIDS focus. As part of a pilot HEAIDS project, the topic of HIV/AIDS was infused into a Research Methodology course for ‘General Sociology 3’ students. Students were organised into groups, based on their choice of one of six research topics under the broad theme ‘life in a time of risk.’ The topics were: substance use, crime and violence, racism and xenophobia, health, finance and environment, and emotional issues. Students had to incorporate an HIV/AIDS focus into whichever topic they chose (which qualified this intervention as a ‘Core’ offering). The students were given relevant, up-to-date texts and their learning of HIV/AIDS content was supported and monitored by the HEAIDS curriculum researcher in collaboration with the Sociology lecturer delivering the course. A course evaluation found that only 10% of the students did not find learning about HIV and AIDS interesting. In addition, the students reported good progress in their understanding of research methodology. Their projects were of a high standard, reflecting solid critical engagement with issues of risk and HIV/AIDS.
HIV/AIDS is “part and parcel of a 2nd-year course on the Sociology of Health and Illness. Here students learn about how social factors affect health and how social responses affect one’s experience of illness. Obviously, Sociology of Health and Illness is not only about HIV/AIDS. To focus exclusively on HIV/AIDS could be counterproductive from the point of view of other illnesses being sidelined: that’s one negative aspect we are encountering in South Africa.”

A course on Social Change has a module on Social Movements and Music: “We include some background on the TAC [Treatment Action Campaign] and then look at what some musicians have done. We listen to music about HIV/AIDS and discuss what works and what doesn’t. For instance, if you want to reach people in rural KwaZulu-Natal, what language do you sing in? The course aims to get students thinking about music in the context of social movement theory. In 3rd year, a Sociology of Education and Popular Culture course examines entertainment education. HIV/AIDS comes up as one example in relation to ‘Tsha Tsha’ [a TV programme based on research by CADRE, a research affiliate of Rhodes]. Again the focus isn’t on HIV/AIDS itself but on how messages are communicated. Maybe school children would rather hear about HIV/AIDS via a musician or a hip TV programme.” The department also offers an introductory course on the Sociology of Music to students in the Department of Music and Musicology — in which HIV/AIDS enters as one of many issues.

Lecturers for Industrial Psychology reported little relevance of HIV/AIDS to undergraduate and honours courses although related issues did arise “tangentially, in examples.”

Some lecturers expressed reservations about including HIV/AIDS-content/issues in curricula. There is concern that contradictory messages could be communicated, giving rise to confusion in students’ understandings.
3.3.4 Law Faculty

Table 4: How often HIV/AIDS was addressed in the Law Faculty’s curricula

<table>
<thead>
<tr>
<th>How often HIV/AIDS-content/issues were addressed</th>
<th>Fairly often</th>
<th>None</th>
<th>Often</th>
<th>Regular</th>
<th>Seldom/Quick mention</th>
<th>Sometimes/Ad hoc</th>
<th>Values within categories = Percentage proportions of frequency of HIV/AIDS being addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>73</td>
<td>0</td>
<td>20</td>
<td>6.6</td>
<td>0</td>
<td>Note: The different categories are not mutually exclusive; some academics reported covering HIV/AIDS in more than one course/module, and to different extents, depending on the courses or modules they were teaching.</td>
</tr>
</tbody>
</table>

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.

Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed.

Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting) but not with a strong HIV/AIDS focus.

Seldom/Quick mention = HIV/AIDS referred to rarely or ‘in passing.’

None = HIV/AIDS-content/issues not addressed at all.

HIV/AIDS-content/issues rarely entered the Law Faculty curricula (73% ‘None’). But when HIV/AIDS was addressed, academics reported that it was most often on a ‘Regular’ basis (20%). The only other category for how often HIV/AIDS was included in curricula was ‘Seldom/Quick mention (6.6%)’ (Table 4).

Table 5: Levels at which HIV/AIDS was addressed in the Law Faculty’s curricula

<table>
<thead>
<tr>
<th>Levels at which HIV/AIDS-content/issues were addressed</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>4th year + 5th year</th>
<th>Honours</th>
<th>Postgraduate diploma/Certificate</th>
<th>Master’s – taught</th>
<th>Doctorate – taught</th>
<th>Values within categories = Percentage proportions of levels at which HIV/AIDS is addressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>37.5</td>
<td>0</td>
<td>62.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Note: The different levels of categories are not mutually exclusive; some academics included HIV/AIDS content at more than one level of their teaching.</td>
</tr>
</tbody>
</table>

In keeping with the structuring of curricula for Law degrees, most HIV/AIDS-content/issues entered courses/modules at the 4th-year level (62.5%); the balance entered at the 2nd-year level (37.5%) (Table 5).

In the Law Faculty, most HIV/AIDS-content/issues were dealt with using ‘Scenario/Case study/Story’ (35.7%) as a teaching–learning platform, which is consistent with the nature of the profession. The next most common platform was ‘One of many issues’ (21.4%), followed by ‘Project’ (14.3%), and then (at 7.1% each) ‘Elective,’ ‘Example,’ ‘Lecture’ and ‘Community engagement/Service learning’ (Table 6). The faculty had no ‘Core’ offerings with an HIV/AIDS focus, nor was the topic dealt with by means of ‘Practical/Tutorial,’ ‘Awareness-implicit’ or ‘Use of HIV/AIDS data.’
Table 6: Ways in which HIV/AIDS was addressed in the Law Faculty curricula

<table>
<thead>
<tr>
<th>Ways in which HIV/AIDS-content/issues were addressed</th>
<th>Core</th>
<th>Elective</th>
<th>Example</th>
<th>Lecture</th>
<th>One of many issues</th>
<th>Practical/Tutorial</th>
<th>Project</th>
<th>Scenario/Case study/Story</th>
<th>Use of HIV/AIDS data</th>
<th>Values within categories = Percentage proportions of teaching methods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness-implicit</td>
<td>0</td>
<td>0</td>
<td>7.1</td>
<td>7.1</td>
<td>21.4</td>
<td>0</td>
<td>14.3</td>
<td>35.7</td>
<td>0</td>
<td>Note: The method categories are not mutually exclusive; some academics reported using more than one method across different courses/modules.</td>
</tr>
<tr>
<td>Community engagement/Service learning</td>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lecture</td>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One of many issues</td>
<td>21.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical/Tutorial</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>14.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scenario/Case study/Story</td>
<td>35.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of HIV/AIDS data</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Core = Courses/modules with a dedicated HIV/AIDS focus.

One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

Awareness-implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.

Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.

Project; Elective; Community engagement/Service learning; Practical/Tutorial; Scenario/Case study/Story = Conventional meanings of the terms. (Note: Story refers mostly to Journalism and Media Studies students who investigate/work with/report HIV/AIDS stories.)

In Criminal Law, HIV/AIDS-content/issues entered curricula in relation to laws pertaining to rape, and consent to intercourse versus consent to intercourse when one doesn’t know if someone has HIV and they fail to disclose an HIV-positive status. In addition students look at the new Sexual Offences Bill and its provisions in terms of compulsory testing of offenders for HIV. One constraint is that there is not much HIV/AIDS-related case law to study. One academic commented: “There is the odd case that one comes across, for example one about two homosexual men: the one finds out after intercourse that the other has HIV and beats him to death. So the court must decide whether it was provoked or not. And students are quite opinionated on their views about whether withholding of information about one’s HIV status should negate consent when it comes to intercourse. Also, when there was that big constitutional case on the extension of the definition of rape, I could also bring in an HIV aspect as a discussion point. A lot of the students in my classes thought of rape more in a social context and in a moral context, but not really in terms of the criminality of the conduct and how the law sees that type of thing. So I do try and come up with HIV/AIDS scenarios for students to debate.”

HIV/AIDS issues also feature in Labour Law. One example mentioned had to do with discrimination in the case of Hoffman v SAA: “Hoffman would have become a cabin attendant on SAA but he failed the medical test — he was HIV-positive. He took it to court on the basis of unfair discrimination. It was a protracted court case that ultimately came down heavily on his side: SAA were forced to employ him. SAA had put up all sorts of terrible arguments, for instance that cabin attendants would need to deal with the injured in the case of an air crash, and if he was injured he [could] transmit HIV…and the chances of that happening are just so remote that the court was highly dismissive of the argument. SAA
also said they were in competition with other airlines worldwide, which were saying they
don’t employ HIV-positive cabin attendants. The court was highly dismissive of that as well — it’s not that easy for human rights to be weighed up against commercial rights.” He
continued: “It might be that for certain jobs a case of discrimination would be harder to
argue; for example, it might well be that a surgeon shouldn’t be HIV-positive. So that’s a
debate — part of the bigger question of inherent requirements of the job, which is quite an
important area of law.”

Employment equity is another field in which HIV/AIDS issues are relevant. As one
academic explained: “Equity is much more than just affirmative action. It’s dealing with
discrimination, and HIV/AIDS comes into that in a big way.”

The Children’s Act of 2005, which came into force in July 2007, has a section dealing with
contraceptives and consent to HIV testing. The academic involved in teaching that area
said: “Because it’s so new I’m dealing with the legislative provision rather than legal
applications of the Act.”

An interesting debate for students is provided in the area of Customary Law. Students were
given an assignment on the contentious issue of virginity testing, as practiced in southern
Africa. The academic who runs the course explained: “The reason for virginity testing in
African communities is communities realise that there is no cure for HIV. So some choose
to preach abstinence, and in order to know whether this has been adhered to, they test their
kids. This has been attacked in the media, which took the stance that what the parents are
doing is barbaric, a violation of human rights according to the Children’s Act. Yet they are
trying to prevent the spread of HIV. In the context of customary law, it was unlawful to
have sexual intercourse with an unmarried girl because that would be an infringement of not
only the rights of that girl, but also the right of parents to receive lobola when the girl gets
married. We think that in terms of the constitution people are entitled to raise their kids
according to their culture, but this perception is under attack: Should custom be done away
with?”

The Theory of Constitutional Law deals with how constitutions work, so there is no clear fit
with HIV/AIDS. But HIV/AIDS does enter the curriculum in the area of human rights,
specifically in relation to the provision of antiretrovirals and the right of access to medical
services. Here a variety of judgments are examined, many relating to the work of the TAC.
One academic commented: “At Wits [University] they have a course on AIDS and the law.
So there’s definitely scope for that here, but there’s no capacity to take it on at the
moment.”

The only opening in Company Law is in the area of social corporate responsibility: “In
2007, students had to write an assignment on corporate governance, and two students (both
of whom were involved in HIV/AIDS organisations on campus) elected to write on the duty
of companies to be involved in AIDS projects. There is little applicability to HIV/AIDS in
Private Law in the field of Law of Contract, which deals with general principles and
concepts. One slender gap is in the Law of Insurance where the Promotion of Equality and
Prevention of Unfair Discrimination Act stipulates that no one can be deprived of the
opportunity to be covered by insurance because of a positive HIV status, so that risk cannot
be avoided via legislation. But this is no longer a controversial example because in 2000
Parliament said that any hedging on the part of insurance companies is not acceptable, that
they are obliged to service HIV-positive clients and cannot discriminate against them. So really it is interesting only in the context of discussions about risk.”

In Administrative Law one of the constitutional principles of public administration deals with good human resources management. One academic explained: “There is one little paragraph on taking a more proactive approach to implementing the HIV/AIDS framework and ensuring that an effective HIV/AIDS-related health and counselling infrastructure is in place. So that is one example that can be used. But the focus in the course is more on the legislative provisions that promote service delivery; we don’t actually focus on HIV/AIDS.”

While Intellectual Property does not deal directly with HIV/AIDS, there is some discussion on one “hot topic” in Patent Law — access to drugs for treating HIV/AIDS and the controversy surrounding the pricing of pharmaceuticals.

HIV/AIDS-content/issues are reported to have no relevance to several Law courses, for instance Legal Theory, Law of Evidence, Copyright and Trademarks, and Law of Succession, which is about the administration of deceased estates. The topic of HIV/AIDS does not enter into Commercial Law, Company Law or Corporate Law, which deals with business structures. As one academic explained, “It’s contractual, it’s commerce.” For example, Civil Procedure “is about the nuts and bolts of how to sue — court process pure and simple. It’s not law as in ‘what the law is,’ but what to do.” The Ethics and Professional Responsibility course deals with professional ethics and makes no mention of HIV/AIDS. Nor is the topic broached in Life Partnerships and Persons; an academic explained: “We deal with all sorts of other issues — choice in termination of pregnancy is one — but we don’t deal with HIV.” HIV/AIDS issues could enter social security law, but being a very small faculty Rhodes does not offer electives in that field.

Other constraints to addressing HIV/AIDS in the Law curricula reside in the size of the faculty, the service nature of the profession, and the fact that most of the curricula are set by governmental institutions. However, HIV/AIDS is often addressed informally by students via a Legal Activism group. And much good work — albeit not curriculum as defined in this research — is carried out by the Legal Aid Clinic — an affiliate of the Law Faculty.
3.3.5 Pharmacy Faculty

Table 7: How often HIV/AIDS was addressed in the Pharmacy Faculty’s curricula

<table>
<thead>
<tr>
<th>How often HIV/AIDS-content/issues were addressed</th>
<th>Fairly often</th>
<th>None</th>
<th>Often</th>
<th>Regular</th>
<th>Seldom/Quick mention</th>
<th>Sometimes/Ad hoc</th>
<th>Values within categories = Percentage proportions of frequency with which HIV/AIDS is addressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>0</td>
<td>0</td>
<td>9.1</td>
<td>72.7</td>
<td>18.2</td>
<td>0</td>
<td>Note: The different categories are not mutually exclusive; some academics reported covering HIV/AIDS in more than one course/module and to different extents, depending on which courses or modules they were teaching.</td>
</tr>
<tr>
<td>Often</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Ad hoc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seldom/Quick mention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Values within categories = Percentage proportions of frequency with which HIV/AIDS is addressed.**

**Note:** The different categories are not mutually exclusive; some academics reported covering HIV/AIDS in more than one course/module and to different extents, depending on which courses or modules they were teaching.

| Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year. |
| Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed. |
| Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting), but not a strong HIV/AIDS focus. |
| Seldom/Quick mention = HIV/AIDS referred to rarely or 'in passing.' |
| None = HIV/AIDS-content/issues not addressed at all. |

Pharmacy displayed the highest HIV/AIDS curricular content among the university’s six faculties. It also showed the highest proportion of HIV/AIDS-content/issues being addressed on a ‘Regular’ basis (72.7%). ‘Seldom/Quick mention’ was the next most-cited category (18.2%), followed by ‘Often’ (9.1%) (Table 7). In terms of how often HIV/AIDS was addressed in the Pharmacy Faculty curricula, no lecturers reported according to the categories ‘None,’ ‘Fairly often’ or ‘Sometimes/Ad hoc.’

Table 8: Levels at which HIV/AIDS was addressed in the Pharmacy Faculty’s curricula

<table>
<thead>
<tr>
<th>Levels at which HIV/AIDS-content/issues were addressed</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>4th year</th>
<th>Honours</th>
<th>Postgraduate diploma/Certificate</th>
<th>Master’s – taught</th>
<th>Doctorate – taught</th>
<th>Values within categories = Percentage proportions of levels at which HIV/AIDS is addressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>5</td>
<td>25</td>
<td>20</td>
<td>35</td>
<td>0</td>
<td>NA</td>
<td>5</td>
<td>10</td>
<td>Note: The different categories are not mutually exclusive; some academics included HIV/AIDS content at more than one level of their teaching.</td>
</tr>
</tbody>
</table>

| Values within categories = Percentage proportions of levels at which HIV/AIDS is addressed. |

**Postgraduate diploma/Certificate =**

| Doctorate – taught = |

| Doctorate – taught = |

Most HIV/AIDS content was offered at the 4th-year level (35%), followed by 2nd year (25%), 3rd year (20%), taught doctoral coursework (10%), and least of all during taught master’s and 1st year (each 5%) (Table 8). (Pharmacy offers no postgraduate certificate/diploma.)

Pharmacy was the only faculty in the university offering HIV/AIDS content at the taught doctoral coursework level.
Table 9: Ways in which HIV/AIDS was addressed in the Pharmacy Faculty’s curricula

<table>
<thead>
<tr>
<th>Ways in which HIV/AIDS-content/issues were addressed</th>
<th>Awareness-implicit</th>
<th>Community engagement/Service learning</th>
<th>Core</th>
<th>Elective</th>
<th>Example</th>
<th>Lecture</th>
<th>One of many issues</th>
<th>Practical/Tutorial</th>
<th>Project</th>
<th>Scenario/Case study/Story</th>
<th>Use of HIV/AIDS data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

Values within categories = Percentage proportion of teaching methods used.

Note: The method categories are not mutually exclusive; some academics reported using more than one method across different courses or modules.

Core = Courses/modules with a dedicated HIV/AIDS focus.

One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

Awareness-implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.

Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.

Project: Elective; Community engagement/Service learning; Practical/Tutorial; Scenario/Case study/Story = Conventional meanings of the terms. (NB: Story refers mostly to Journalism and Media Studies students who investigate/work/report HIV/AIDS-related stories.)

Pharmacy was one of only four faculties offering ‘Core’ courses/modules relating to HIV/AIDS. This method of presenting HIV/AIDS content comprised 12% of the faculty’s methods used to address HIV/AIDS — the greatest proportion among the faculties (see Chart 6).

The most common platforms for addressing HIV/AIDS-content/issues in Pharmacy were via ‘Community engagement/Service learning’ and ‘Lecture’ (each 16%) (Chart 6). Next most used were: ‘Core,’ ‘Practical/Tutorial,’ ‘Project,’ ‘Scenario/Case study/Story’ and ‘one of many issues’ (proportionally 12% each). ‘Awareness-implicit’ and ‘Use of HIV/AIDS data’ were not reported as a means to address the topic.

Although ‘Lecture’ was one of the most-used teaching–learning platforms, one academic pointed out: “Students get their notes before my lectures so they don’t have to come to the lecture for the sake of notes — it’s what happens during lectures that adds value…. The entire course is based on country examples, and on the first day of lectures I ask students to tell me their country of origin and which countries they would like me to quote examples from. Then I go and look up appropriate references and take that information back to them. I aim for personal relevance by using something close to their hearts, because if I don’t touch their hearts, I can never reach their minds.”

‘Community engagement/service learning’ occurs in several courses. One academic explained: “In 2006 we decided to get involved with SciFest for the first time — it focuses mainly on school children — and we held quite a few ‘talkshops’. At that point Pharmacy students were involved on a volunteer basis, and one out of seven student groups chose to focus on an HIV-related area. At that time there was a lot of publicity around the myth that if you have sex with a virgin it’ll cure you of HIV. The exhibit went so well that we decided to get more involved in 2007 and made it an elective for 4th-year students. Again we had
quite a few different groups, focusing mostly on chronic conditions — HIV/AIDS being one of them. We worked together with Computer Science, which devised a special programme for us — an interactive PowerPoint presentation. It was great fun because the children just love computers. We also had posters and models of different chronic conditions. There was an isiXhosa translator too, who explained how it all worked to people who weren’t computer literate. We actually pilot-tested it all in a mix of private-sector, public-sector, and model-C schools in Grahamstown. Then we had pre- and post-intervention questionnaires, so our students had hard data for their reports. It was a lot of hard work but we made it fun.”

‘Community engagement/Service learning’ was also used in the taught doctoral coursework where students, who are trained pharmacists, work in Eastern Cape public health facilities. They go on ward rounds with doctors: this opens up opportunities for students to make patient-by-patient recommendations on best drug therapies and adverse drug reactions, including those related to HIV and AIDS. Links between local public health services and the Pharmacy Faculty are strong. One academic described a course in which groups of four to six students are taken to Settlers Hospital: “We try to raise students’ awareness of stigma by asking them ‘Why isn’t there a sign outside?’ We show them what sort of documentation the nursing sisters use for people on antiretrovirals, the medication diaries that patients keep, and the documentation for ‘down’ referrals [referrals from the hospital to a clinic]. Students are shown the ARV clinic — its name is Masonwabe, which means ‘Let’s be happy’ — so we discuss that. There is also discussion of practical things: some ARVs need to be kept in a fridge — so in a hospital pharmacy there may be a need to push for more fridges. In short, we relate theory to practice.”

In the Primary Health Care course, HIV/AIDS is routinely addressed. One academic explained: “Students learn about oral candidiasis, herpes, chronic diarrhoea, skin infections related to HIV, as well as nutrition, and mineral and vitamin supplementation. Then there are the different infections like shingles and STIs [sexually transmitted infections] — you can contract HIV much easier if you have an STI. And of course, there’s the link between HIV/AIDS and TB. They must also know about protocols for PMTCT [prevention of mother-to-child transmission of HIV] and breast feeding. We do immunisation as well, especially making sure that children are immunised so that they’re not going to be as susceptible to other conditions if they are HIV-positive. There’s also protection of pharmacists: the danger of needle-stick injuries and the types of needles used to prevent that happening.”

The use of role play as a teaching/learning method was not often encountered during the research, but when instances of it did occur, it was placed in the category ‘Scenario/Case study/Story.’ One academic said: “In role play students choose one medicine which appears on the South African essential medicines list. Their task is to do with how they could replace it with a new medicine or how they could rename the old medicine. It’s about communicating the concept of the selection of medicines and linking that to what happens in the field. This involves critical arguments regarding ethical promotion of medicines — because millions of dollars go into every new medicine that is created — pharmaceutical companies are not based on charity, they have to recover their investment. How, and how much, a medicine is promoted are important ethical questions. The rest of the class must argue: ‘Where’s your logic? How do you base your logic on safety, efficacy, quality and cost? How do you bring those criteria to fit in and still make a rational decision?’” Another ethical issue dealt with is generic HIV/AIDS drugs — according to trade-related intellectual property rights, since 2005, no developing countries can produce a drug by just copying it.
HIV/AIDS-content/issues also entered curricula at the level of research: “We have at least one or two groups working in the area of HIV/AIDS. The research takes place over three terms and there are about 80 students — five to a group. It's time-consuming work because I have to coordinate everything: putting students into groups, having exercises on group dynamics, and then giving workshops for every aspect of research — right from drawing up a social contract to agree on how they will perform within the team, to technical issues such as how to design a questionnaire, conduct focus group discussions, present information in PowerPoint slides, on a poster and orally. Of course they also have to write a research report. In one project we looked at VCT [voluntary counselling and testing] for HIV status at Rhodes University; we assessed user-friendliness and quality of service delivery according to standards set by WHO [the World Health Organization] — so they have to familiarise themselves with global benchmarks for VCT.” Other research projects examined students’ attitudes to HIV/AIDS and students’ use of condoms. In one course the chairperson of the Pharmacy and Therapeutics Committee at the district level was bought in to assess student presentations on topics identified by health officials as priority research areas.

Some curricula in the Pharmacy Faculty are less HIV/AIDS-focused than others. The physiology component of the curriculum deals with immunology and immune processes — but HIV/AIDS immunology is only covered ‘in passing.’ But even in courses concentrating on fundamental rather than applied knowledge there is usually a degree of focus on HIV. One lecturer remarked: “I must admit, in the Chemistry of Drugs I don’t focus very much on HIV/AIDS. But at 4th year we deal with drug design, and antiretrovirals [ARVs] fit in there as one class of drugs. We look at the reasons for why the drugs are designed the way they are, their method of action, and how the structures can be modified to make them more potent or have fewer side effects.” In Pharmacokinetics during the final year, students learn about how the body, in different disease states, influences the way drugs work, and this includes a short section on the interaction of ARVs with other drugs.

Pharmacy is one of three faculties where students’ HIV/AIDS-related learning is formally assessed. One academic remarked: “I always include case studies in exams, and at least one of those is about HIV or ARVs. There is also an oral at the end of the year, which counts for fifteen percent [of the mark]: some questions are HIV-related or ARV-related because that’s our emphasis — understanding HIV and being able to help people from a pharmaceutical point of view.” Another lecturer commented: “I always have one question of twenty marks which is a ‘seen’ question. I believe in this kind of transparency because in my vision I am training people to implement things. I am not training people who can recollect things. Students know how they are going to be assessed and they know which references I would like to see. Say for example, the seen question is about how TB has become the world’s leading cause of death in the 21st century and how close to one-third of people with HIV are infected with TB: the issue is, what needs to be done? They have to critically evaluate monitoring and evaluation in the collaborative treatment HIV programmes — show insight into the leading issues and policy frameworks. And they have to argue!”

Obviously foundational knowledge and procedures are focal points of teaching and learning for the profession. But fostering humanitarian sensibility is also integral to Pharmacy practice as taught at Rhodes. As one academic put it, “Creating social awareness of and moral responsibility towards society as healthcare professionals is a big part of what we do.” Another added: “We have to prepare students to work ethically, legally and competently…. Pharmacists are not only in the profession to sell products. We are doing national research to try and change that mindset, which is outdated and unhelpful. Our focus is very much on the person, be it your patient or your client — and not just in terms of their
sickness but also in terms of promoting their health. Students learn that as pharmacists they have many skills to offer: being able to analyse data, being able to interpret and to advise. If you spend an hour with someone explaining their treatment protocol to them, you earn nothing for it, excepting the satisfaction of a job well done.” Some pertinent examples were offered by one academic: “In one of our courses we interview an HIV-positive person — luckily we have a staff member on campus who is living openly with HIV and who willingly participates. We are trying to show students how to deal with the person. In another assignment students must design a dosing schedule for ARVs for someone who is illiterate. In both cases students are alerted to the fact that they are dealing with people — not just medications — and people have problems which need to be related to. Also students must learn that it’s a chronic disease not a death sentence.” This latter perspective is held by most academics in the faculty; a common sentiment was that “the sooner we recognise HIV/AIDS as just another chronic disease the sooner stigma will diminish.”

That the Pharmacy Faculty is populated with academics who are inspired teachers was clearly demonstrated by the many interesting course outlines and innovative ways of teaching that guide curricula and their delivery. In a comment broadly representative of many of the academics who were interviewed one said, “No salary can equate what I put into this.”

3.3.6 Science Faculty

How often HIV/AIDS was addressed:

In terms of how often HIV/AIDS was addressed in the Science Faculty’s departments, the highest proportion of responses fell into the category ‘None’ at 49%. The next highest proportion was in the category ‘Regular’ (25.5%), followed by ‘Sometimes/Ad hoc’ (11.8%), ‘Seldom/quick mention’ (7.8%), and ‘Fairly often’ (5.9%) (Chart 4).

Levels at which HIV/AIDS was addressed:

The bulk of HIV/AIDS-content/issues were presented during undergraduate study, specifically during 3rd year (30.4%), and less so during 1st year and 2nd year (both at 19.6%) (Chart 5).

At the postgraduate level the highest proportion of HIV/AIDS content occurred during honours (26.8%), and a small proportion occurred in taught master’s coursework (3.6%) (Chart 5). The Science Faculty reported no HIV/AIDS content in taught doctoral coursework.

Teaching–learning platforms for HIV/AIDS-content/issues:

Science was one of four faculties offering ‘Core’ HIV/AIDS-related courses/modules — which comprised 4% of teaching–learning platforms for HIV/AIDS content in the faculty (Chart 6). It was also the only faculty to use all the different teaching–learning platforms to address HIV/AIDS.

In this faculty, ‘One of many issues’ was the most common (22%) way of teaching/learning about HIV/AIDS, followed by ‘Project’ and ‘Example’ (both 12%), then ‘Practical/Tutorial’ and ‘Awareness-implicit’ and ‘Elective’ (each 10%). ‘Scenario/Case study/Story’ accounted
for 8%, followed by ‘Lecture’ (6%), ‘Use of HIV/AIDS data’ (4%) and ‘Community engagement/Service learning’ (2%) (Chart 6).

More detailed information about HIV/AIDS content in the Science Faculty curricula is given for each of the departments and displayed in Charts 13, 14 and 15 below.
Chart 13: How often HIV/AIDS was addressed in the Science Faculty’s departments

Science departments: How often HIV/AIDS is addressed in curricula

Proportionally - how often HIV/AIDS is addressed

Values within categories – percentages of how often HIV/AIDS is addressed within a department

Note: The different ‘how often’ categories are not mutually exclusive: some academics report covering HIV/AIDS in more than one course/module and to different extents, depending on which courses/modules they are teaching.

<table>
<thead>
<tr>
<th>Department</th>
<th>Fairly often</th>
<th>None</th>
<th>Often</th>
<th>Regular</th>
<th>Seldom/Quick mention</th>
<th>Sometimes/Ad hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biochemistry, Microbiology, Biotechnology</td>
<td>17</td>
<td>17</td>
<td>50</td>
<td>50</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Botany</td>
<td>17</td>
<td>17</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td>67</td>
<td>67</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Computer Science</td>
<td>25</td>
<td>25</td>
<td>50</td>
<td>50</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Environmental Science</td>
<td>100</td>
<td>100</td>
<td>75</td>
<td>75</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td>50</td>
<td>50</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Geology</td>
<td>40</td>
<td>40</td>
<td>75</td>
<td>75</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Human Kinetics and Ergonomics</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Ichthyology</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Physics &amp; Electronics</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Zoology &amp; Entomology</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Regular = HIV/AIDS-content/issues intrinsic and course/modules are generally repeated each year.

Often and Fairly often = HIV/AIDS not intrinsic to content, but is routinely mentioned/discussed.

Sometimes/Ad hoc = HIV/AIDS dealt with occasionally (when convenient and fitting), but not with a strong HIV/AIDS focus.

Seldom/Quick mention = HIV/AIDS referred to rarely or ‘in passing.’

None = HIV/AIDS-content/issues not addressed at all.
Chart 14: Levels at which HIV/AIDS was addressed in the Science Faculty’s departments

Science departments: Levels at which HIV/AIDS is addressed in curricula

Proportionally - levels at which HIV/AIDS is addressed

Values within categories - percentages of levels at which HIV/AIDS is addressed within a department

Note: The different level categories are not mutually exclusive: some academics covering HIV/AIDS at more than one level depending on which of their courses/modules they are teaching.
Chart 15: Ways in which HIV/AIDS was addressed in the Science Faculty’s departments

Science departments: Ways of addressing HIV/AIDS in curricula

Proportion of the use of particular teaching methods

Values within categories = percentages of method.

Note: Method categories are not mutually exclusive: some academics report using more than one method across different courses/ modules.

Core = Courses/modules with a dedicated HIV/AIDS focus.

One of many issues = HIV/AIDS is addressed holistically. Rather than being given an exclusive focus it is seen as one of many, often interlinking, issues worthy of attention.

Awareness - implicit = Connections exist between teaching/learning content and HIV/AIDS, but these are not spelt out and students must realise the links themselves.

Example = HIV/AIDS-related examples used in teaching/learning content, but HIV/AIDS is not necessarily a primary focus.

Lecture = Single lecture or a short series of lectures focusing mainly on HIV/AIDS.

Use of HIV/AIDS data = Students learn by using existing HIV/AIDS datasets.

Project; Elective; Community engagement/Service learning; Practical/ Tutorial; Scenario/Case study/ Story = Conventional meanings of the terms. (Note: Story = Refers mostly to Journalism and Media Studies students who investigate/report HIV/AIDS-related stories.)
Biochemistry, Microbiology and Biotechnology

In terms of how often HIV/AIDS-content entered this department’s curricula, the highest proportion was reported in the category ‘None’ (67%), with the balance divided equally between ‘Regular’ (17%) and ‘Sometimes/Ad hoc’ (17%) (Chart 13). HIV/AIDS was mostly often addressed at the 3rd-year level (50%), and next during 2nd year (30%) and then honours (20%) (Chart 14). The most popular way of addressing HIV/AIDS was as ‘One of many issues’ (40%), with ‘Elective,’ ‘Lecture’ and ‘Practical/Tutorial’ accounting for lesser, equal proportions (20% each) (Chart 15).

An academic teaching undergraduate-level biochemistry said: “I teach the fundamentals of science, and when you teach fundamentals you can relate it to any living system, and importantly, relate it to what you’re passionate about. Right up front I encourage students to have their own interests in science and I choose examples that match their interests — it might be HIV, it might be cancer. HIV does come into nucleotide metabolism, because some of the drugs they use are nucleotide drugs which would affect replication. But that’s something that would just be mentioned by-the-by for those who are really interested.” In a course on DNA and RNA, another academic used lectures to discuss the structure of AZT and how it works, but said that “there is little time left to expand on HIV.” It was not unusual, however, for students to approach the academic informally to ask questions on the topic — sometimes arising out of deep interest, sometimes arising out of personal experiences of being affected by HIV. Another academic commented: “One has to respect the virus in terms of its machinery — it’s very clever. In discussing the virus you can teach students to look at science not only as hypotheses and sets of ideas, but also the way you see and interpret. If two people examine the same set of data, their conclusions, derivations and future work will be different. That’s important because we often look at data as being factual — it can only be seen one way — but there are many ways of looking.” The subject of HIV influences work in practicals: “From the point of view that we start teaching students about blood. The standard prac’s that we did fifteen, ten, even five years ago, we’ve had to phase out — and that’s not only us, it’s around the world, because some prac’s use infectious things, and the moment someone is immune-compromised, there’s a problem. So we’ve had to redesign the way we do our prac’s.”

An academic teaching Microbiology succinctly stated: “If HIV doesn’t fit with us, it doesn’t fit anywhere. Our students are very well informed about the biology of the virus.” In 3rd year, HIV falls under Eukaryotic Molecular Biology, and is also taught as part of a course in gene therapy. HIV enters 2nd-year Microbiology coursework and is also discussed in the honours course.

HIV/AIDS is not taught in Biotechnology: “There are perfectly good sensors that have been developed for HIV. We are looking for sensors for lesser-known cancers, diseases associated with depression, imbalances in various neurotransmitters which can lead to accelerated aging, Alzheimer’s, Parkinson’s, as well as toxins which can cause disease processes, hepatitis — that kind of thing.”

In one of the rare interdepartmental collaborations on HIV/AIDS teaching, an academic from Microbiology delivers lectures on the virus to master’s students in the Psychology department.

Botany

Although HIV/AIDS is largely not addressed in this department (‘None’ 67%), HIV/AIDS-content/issues were reported as entering curricula as ‘Sometimes/Ad hoc’ and ‘Regular’
(each 17%) (Chart 13). Mostly this occurred during 1st year (50%), followed by 2nd year and honours (each 25%) (Chart 14). ‘Project,’ ‘One of many issues’ and ‘Example’ were the platforms used (each 33%) (Chart 15).

Teaching and learning in Botany is focused on foundational and procedural knowledge; as one academic stated, “Our students are dealing with botanical concepts and practices.” HIV/AIDS-content/issues have little relevance to the taught curricula here.

In a 1st-year course on Evolution, students learn about Darwinian theory and apply it to a number of thematic areas, for instance “fishery conservation, genetic engineering, disease, TB, and HIV in particular. The resistance of the virus to some drugs is an excellent illustration of evolution. Some humans have a natural resistance to HIV — so that’s an example of natural selection shaping human life.”

When 2nd-year students learn about plant use and biological invasions they use population-growth equations. The academic explained how HIV serves as an example: “In the one year, there were 50 000 [HIV-infected] people recorded and a year later it was 70 000. So calculate what the growth rate of infection is and what would the number of infected people be one year later. When would the whole population be affected? And what was wrong with this estimate? They’re supposed interrogate the reliability of estimates and reflect on what exponential growth requires.”

Honours students in Botany encounter HIV/AIDS content when learning about DNA.

**Chemistry**

In terms of how often HIV/AIDS-content/issues entered curricula in the Chemistry department, the highest proportion was reported in the category ‘None’ (38%), but with equal proportions cited as ‘Fairly often’ and ‘Seldom/Quick mention’ (each 25%). HIV/AIDS content was dealt with on a ‘Regular’ basis in 13% of curricula (Chart 13). Most HIV/AIDS content occurred at the 1st-year level (29%), and during 2nd and 3rd year (each 21%), followed by honours and taught master’s coursework (each 14%) (Chart 14). The most commonly way to teach/learn about HIV/AIDS was as ‘One of many issues’ (25%), and next as ‘Elective,’ ‘Practical’ or ‘Project’ (each 17%) (Chart 15).

In Organic Chemistry, HIV/AIDS was a dominant topic across curricula taught to the “whole tribe of different people at 1st year — pharmacists, biologists, chemists, physicists. I use antiretrovirals as an example of drugs interacting with proteins.”

Postgraduate students from honours upwards were reportedly “made very much aware of HIV.” Topics for projects and essays were based on individuals’ interests and research, but students were asked to present their findings in group seminars that can be “informative to the whole group.” There were also honours, master’s and doctoral projects researching the synthesis of ARVs (i.e., making organic compounds). At the highest academic level there were about three or four students involved with making antiretrovirals. The department has a project on HIV subtype-C, which from a chemical perspective is the uniquely South African strain of the virus.

There was less fit between the topic of HIV and Inorganic Chemistry, which has do with matter, how matter behaves, and analysing and quantifying that.

In Physical Chemistry, “You would not expect a direct application related to HIV, but one can reflect on how processes take place within the metabolic set-up.”

An academic explained that in Analytical Chemistry, “You need to have different diagnostic kits for different aspects of HIV and AIDS — the blood, the urine, food
composition, and so forth... so one can draw examples from HIV and AIDS in terms of application of chemistry on the diagnostic level and also in terms of monitoring progress of patients. There are also issues like new techniques which profile different proteins within the system. All of that can be taught within the area of analytical chemistry."

Of course, Chemistry students must learn about laboratory safety. One lecturer remarked: “One thing we do in our pracs is that if someone cuts him or herself on broken glass, we treat it as if everyone could be HIV-positive — it’s a set protocol. When people arrive with gloves, masks and Jik [bleach], those who cut themselves can get quite shocked that they should be considered as HIV-positive. And that’s a reality check. Obviously the blood is not so dangerous after lying around on the floor, but it’s more the impact that we do and the way that we deal with it that make students stop and think, ‘Boy, am I HIV-positive?’ And you know every staff member and most students went for testing when HEAIDS conducted its seroprevalence study at Rhodes — so we are all aware of HIV and our responsibilities in that regard.”

Another academic commented: “We’re preparing people to go into industry so we do things that are industrially relevant, which includes HIV [and] ARV drug development. But we also mention malaria drug development, TB, and so forth — all of these are really important to people who would be going into the chemical industries. I don’t think it would be appropriate to focus on one thing too much.”

**Computer Science**

All academics in the department pointed out that there is no natural fit between HIV/AIDS-content/issues and the fundamental and procedural knowledge that Computer Science students must acquire. This is not to say that HIV/AIDS is ignored; as mentioned earlier, a short series of lectures dealt with HIV/AIDS in the context of support group forums and blog sites. Computer Science also assisted Pharmacy with the development of a programme for SciFest. Although voluntary work does not fall into the definition of curriculum as used in this study, it seems pertinent to mention that academics in the Computer Science department brought their skills to the wider Grahamstown community in numerous outreach projects.

In terms of how often HIV/AIDS was addressed, the greatest proportion of responses fell into the category ‘None’ (50%), and next ‘Seldom/Quick mention’ and ‘Sometimes/Ad hoc’ (each 25%) (Chart 13). The only level at which curricular interventions were made was in 1st-year courses (see Chart 14). ‘Elective,’ ‘Project,’ ‘Scenario/Case study/Story’ and ‘Awareness-implicit’ were the teaching–learning platforms used for HIV/AIDS-content/issues in equal proportions (Chart 15).

**Environmental Science**

In terms of how often HIV/AIDS-content/issues entered the taught curricula, academics reported equal proportions in the categories ‘Fairly often’ and ‘Sometimes/Ad hoc’ (Chart 13). HIV/AIDS was mostly addressed at the honours level (40%), with the balance shared equally between 1st-, 2nd- and 3rd-year levels (each 20%) (Chart 14). The teaching–learning platform most used for HIV/AIDS content was ‘One of many issues’ (67%), followed by ‘Example’ (33%) (Chart 15).

One academic noted: “As environmental scientists our work is to look at integrated systems. So we are looking at human-environmental linkages all the time — anything that influences one or the other is relevant. And of course HIV/AIDS is highly relevant. At the 2nd-year
level we work mainly at getting students to understand the concepts, whereas at 3rd-year it’s more practical, more tools orientated — it’s more a matter of ‘These are the issues, these are the problems, how do we manage?’”

This is a research-intensive department and academics reported that findings from research projects that investigate the interface of HIV/AIDS and the environment filter down to enrich the taught curricula. An academic described one such project: “We produced a big report in 2008 for the Natural Environmental Research Council of the UK and the ESRC, which is the Economic and Social Research Council. It’s called ‘Links between Ecosystem Services and Poverty Alleviation: Situation Analysis for Arid and Semi-arid Lands in Southern Africa.’ HIV/AIDS appears everywhere in the report: livelihoods, mortality, HIV/AIDS as a driver of change, and many other instances of where and how HIV/AIDS impacts on and interacts with the environment.”

Although work toward a master’s degree by thesis falls outside the definition of curriculum used in this research, it seems pertinent to mention that interesting postgraduate research in Environmental Science has contributed to knowledge in the HIV/AIDS field.

**Geography**

Academics in this department reported that HIV/AIDS was most often addressed in curricula on a ‘Regular’ basis (75%), with the remaining 25% falling into the category ‘None’ (Chart 13). The majority of HIV/AIDS-content/issues entered in 3rd-year curricula (43%), followed by honours (29%), with 1st year and 3rd year each contributing a 14% proportion (Chart 14). ‘Scenario/Case study/Story’ and ‘Practical/Tutorial’ (each 22%) were the most popular teaching–learning platforms for HIV/AIDS-content/issues (Chart 15).

The department is one of the few in the university with a ‘Core’ HIV/AIDS offering (11% of teaching–learning platforms used); the 44% balance of ways of addressing HIV/AIDS was shared equally between the methods ‘Project,’ ‘Example,’ ‘Use of HIV/AIDS data’ and ‘Awareness-implicit’ (Chart 15).

Geography was one of the few departments in the university with ‘Core’ offerings wherein HIV/AIDS issues and content are integral. The 1st-year course Introduction to Global Development contains a module on demographic processes. Although the course examines population change at a global level, in understanding sub-Saharan Africa students have to learn about the impact of HIV/AIDS. Accordingly, HIV/AIDS is included formally in the curriculum. The module also has a practical component where HIV/AIDS prevalence simulations are used to illustrate the links between theory and practice. The lecturer commented: “Students are more receptive when you model HIV/AIDS in simulations, particularly if you model the spread of the virus as aggressively as happens in reality. Students know a lot in terms of the knowledge that comes with conventional HIV/AIDS education, but when we do the simulations they are usually quite surprised. HIV/AIDS is not really looked at formally at honours level, although there again it does come into simulations, because I run those with all my students at all levels.”

Human and Urban Geography is taught from 1st year through to honours. Students learn about human interaction in the urban environment and how that has a spatial influence; this is quite a broad field of study and covers “different city structures, migration of people, mobility of people, how the economics of a city influences the distribution of things, poverty levels, job creations, and so forth. Looking at urban development and how cities grow, or social justice and migration, for instance, it is not possible to ignore HIV and AIDS.”
In the 2nd-year course on Rural and Urban Structures, development in SADC countries is studied. Students learn about “how urban geographies differ from one country to another and the human development index that comes into play — HIV/AIDS is a factor there. And in rural development processes HIV/AIDS is one of the key socio-economic drivers — so obviously we look at its impact on rural livelihoods.” HIV/AIDS content also enters at the 3rd-year level in a course on Environment and Development in Africa.

When students in 3rd year and honours learn about GIS computer-based mapping they encounter “a lot of information available on the location and distribution of HIV/AIDS. Different types of maps are used as examples — one would be maps showing levels of [HIV] infection in African countries. Just as I might use population statistics, I use HIV/AIDS statistics to teach.”

**Geology**

HIV/AIDS was not addressed in this department’s curricula as there appears to be no natural fit between Geology and HIV/AIDS-content/issues. Although there is a potential connection to mining management, one participant noted that would be best addressed in the Management department.

**Human Kinetics and Ergonomics**

Academics reported that HIV/AIDS-content/issues most often entered curricula on a ‘Regular’ basis (40%), with ‘Seldom/Quick mention,’ ‘Sometimes/Ad hoc’ and ‘None’ making up the balance (each 20%) (Chart 13). HIV/AIDS was mostly addressed at the honours level (36%), followed by 3rd year (27%), with 1st-year and 2nd-year levels accounting for the least proportions (each 18%) (Chart 14). ‘One of many issues’ and ‘Example’ were the most common platforms used for teaching/learning about HIV/AIDS (each 22%). Notably, ‘Core’ offerings comprised 11% of the platforms used for the topic — as pointed out earlier, core HIV/AIDS courses were uncommon in the university’s curricula. The remaining 44% of teaching–learning platforms was shared equally between ‘Community engagement/Service learning,’ ‘Elective,’ ‘Scenario/Case study/Story’ and ‘Awareness-implicit’ (each 11%) (Chart 15).

In the Physiology course at the 1st-, 2nd- and 3rd-year levels, and in the Advanced Exercise Physiology course at honours level, the impact of HIV/AIDS on working performance, from a physiological perspective, is taught didactically and in the form of discussions and readings — the topic of HIV/AIDS is a compulsory part of the modules.

The honours-level course on Macro-Ergonomics looks at many workers in the environment: “HIV/AIDS is a factor in terms of occupational hazards and precautions, the consequences of HIV/AIDS for organisations and workers, such as [in terms of] performance limitations and issues arising in relation to the healthcare system. Hidden and social dynamics of HIV/AIDS need to be discussed in quite a lot of detail. In terms of projects, students choose the areas they wish to research, so sometimes issues to do with HIV/AIDS comes up in their research and sometimes it doesn’t. In 3rd-year courses HIV/AIDS enters curricula in discussions on fatigue and endurance, and how those would need to be managed.”

“Obviously the whole contextual side of things that I do, Ergonomics within Industrial Development Countries, the whole cycle of the average workers socio-economic circumstances, you know there’s the poor housing, poor income, poor education, that affects the health — the health is impacted upon by HIV/AIDS and that obviously results in a
reduced work capacity, which again affects…work output, which again prevents him or her from increasing their socio-economic status.”

In the honours-level module on Ergonomics Risk Assessment students are equipped with practical skills to conduct risk evaluations on work stations in different industries: “Students must know how to assess people who work within an industry and the tasks they perform. And because HIV/AIDS affects people’s work capacity, that needs to be taken into consideration when saying ‘Worker A in this particular job is completely overtaxed because it requires a higher cardiovascular input, and because of his or her reduced work capacity due to HIV/AIDS, there’s obviously a miss match.’” Another academic added: “If we design work stations, or we engineer work in cases where work performance is diminished by HIV/AIDS, we have to consider the possibility that the company — going into the future, may have to have many more work stations.”

One academic noted that students could be more extensively taught about how companies can manage late HIV-status disclosure by a worker, because this impacts on the human resources aspect of business: with sudden staff attrition it becomes difficult to plan and manage production effectively.

**Ichthyology and Fisheries Science**

Most academics reported the frequency that HIV/AIDS is addressed in the taught curricula in the department as ‘None’ (75%), with the remaining 25% citing the category ‘Regular’ (Chart 13). HIV/AIDS-content/issues entered the curricula in equal proportions at the honours and 3rd-year levels (Chart 14). The only teaching–learning platforms used to address HIV/AIDS in the department were via ‘One of many issues’ and ‘Awareness-implicit’ (Chart 15).

One academic commented: “We are primarily a biological science department, and in terms of the teaching curriculum we primarily focus on the necessary techniques and skills (writing, analytical, numerical) to do research and manage aquatic resources sustainably. A special place for HIV/AIDS in the Ichthyology and Fisheries Science curriculum is not appropriate. We do some multidisciplinary research with colleagues in other departments, where social, socio-economic, economic and legal aspects are involved.”

Although HIV/AIDS is not allocated a special place in the department’s curricula, in the Ecological Techniques, Co-management, Fisheries Management components of the ichthyology honours programme it was explained, “The impact that HIV/AIDS has had on long-term planning in fishing communities and their perception of sustainability is integrated into the co-management course. In addition, students are made aware of appropriate ways to deal with HIV/AIDS ‘accident risks.’”

**Mathematics**

In terms of how often HIV/AIDS-content/issues were addressed in the Mathematics curricula, a 20% proportion fell to the category ‘Regular,’ 20% to the category ‘Sometimes/Ad hoc,’ with the remaining 40% in the category ‘None’ (Chart 13) HIV/AIDS-content/issues were dealt with at the honours and 3rd-year levels (see Chart 14). ‘Lecture,’ ‘Project,’ and ‘Use of HIV/AIDS data’ were the teaching–learning platforms used (each 33%) (Chart 15).

HIV/AIDS-content/issues are not at all relevant to pure mathematics. But in the applied mathematics course on epidemiology 3rd-year students learn about modelling the behaviour of infectious diseases. The lecturer commented: “Last year there was a small project and
one of the students chose to model an aspect of HIV. This year I will be putting forward projects for them to do, and a couple of those will be related to HIV/AIDS.” As the lecturer pointed out, in order to model HIV/AIDS, students need a good basic understanding of it.

In 2007, a specialist lecturer in the mathematical modelling of HIV was brought in from the University of Cape Town (UCT) to give postgraduate students a course on the epidemiological modelling of HIV/AIDS. He has subsequently left UCT to form a consultancy so it is no longer easy to have him return to teach at Rhodes. The Rhodes lecturer explained: “The model he introduced was via a system of linked differential equations which described how the HI virus grows in terms of population dynamics. He also explained how the HI virus grows within the human body, and the progression of the disease until death. So based on knowledge of the rates of change of these factors (their quantities) you form linked differential equations and then solve them.”

**Physics and Electronics**

This discipline concentrates on teaching fundamental or foundational knowledge and procedures. Academics in the department reported no logical fit between HIV/AIDS-content/issues and disciplinary knowledge. HIV/AIDS-content/issues only entered the department’s curricula informally at the level of laboratory safety.

**Zoology and Entomology**

Academics in Entomology reported that HIV/AIDS-content/issues have no fit with the disciplinary knowledge students need to acquire in this department.

Zoology curricula do not include any focus on HIV/AIDS.
4 RECOMMENDATIONS: THE WAY FORWARD

It would be helpful to have a more permanent support system for individual academics interested in including HIV/AIDS-content/issues in their curricula. Additional funding has been allocated by HEAIDS, which in the short term will enable the follow-up of individual requests for help identified during the research. But a more sustainable system of support would be needed to support and expand the curricular response in terms of facilitating more inter-departmental and inter-institutional links, optimising and promoting HIV/AIDS curricular interventions, and identifying new opportunities for these. Many academics mentioned the scarcity of supervisors able to work with those postgraduate students who opt to conduct HIV/AIDS-oriented research. An increase in institutional linkages could help address this constraint.

Regarding identifying new opportunities, the curricular mapping process would need to be repeated at regular intervals — preferably every five years. It would be both costly and time-consuming to repeat the methods followed in this research, therefore a well-designed survey would be a suitable approach. It was obvious at the start of this research, however, that a survey would not have generated enough data from all disciplines and departments since not enough people responded to calls for participation. A possible option would be to make responding to the survey mandatory, as opposed to voluntary. This would require clear directives from top management.

At the departmental level, several academics identified areas where they could and would like to see more infusion of HIV/AIDS-content/issues into curricula. These longer-term possibilities are discussed under each of the departmental descriptions (section 3.3: the Micro view) and are not repeated here. The university-wide mapping process identified several potential infusion projects that could be attended to immediately:

- Industrial Psychology indicated an interest in running a lecture, or series of lectures, focusing on HIV/AIDS in the workplace interventions. Synergies with the Management Department can be explored as they are also interested in workplace programmes.
- Anthropology expressed interest in workshopping ideas for student research projects.
- English Literature requested a literature review of all peer-reviewed publications on HIV/AIDS in South African literature.
- Philosophy asked for peer-reviewed articles on ethics relevant to HIV/AIDS and the theories currently being taught in the department.
- Statistics requires access to local HIV/AIDS datasets. These are available, but clearance will need to be obtained from various stakeholders before these can be released for (only internal) use as a teaching resource.
- The Department of Accounting was interested in acquiring additional literature on HIV/AIDS and tax.
- The Department of Politics was interested in literature on the political economics of HIV/AIDS.

In terms of teaching−learning platforms, ‘Project,’ ‘Elective,’ ‘Community engagement/Service learning’ and ‘Scenario/Case study/Story’ are problem-oriented teaching−learning platforms. They compel students to grapple and engage with curricular content as opposed to being passive recipients of information, which they may or may not
transform into knowledge. Use of these platforms requires students to hone their capacity for critical as well as creative thinking. While use of these platforms is relatively high across the curricula and faculties at Rhodes, it would be beneficial to increase the frequency with which they are used. The ‘Use of HIV/AIDS data’ as a teaching–learning platform was rare: proportionally occurring 3% across the whole university. Ample high-quality HIV/AIDS literature exists from social, biomedical, epidemiological and other fields of study, and many texts contain data in some form (often not raw). It would be fruitful to devise more tasks that require students to integrate data from different fields of study. For instance, this could mean introducing a biomedical or epidemiological aspect to social studies and vice versa, and thus go some way to transcending disciplinary divides.

It was only in ‘Core’ HIV/AIDS-focused modules, electives and projects that students’ grasp of HIV/AIDS-content/issues were subject to formal assessment. If students are to take HIV/AIDS curricular content and issues seriously, more formal assessment will be needed.

Several other universities offer professional degrees that are HIV/AIDS-focused. Few academics recommended that Rhodes expand its offerings. Nonetheless, HIV/AIDS-focused courses at a postgraduate level are a new ‘niche’ market; this warrants at least some investigation, particularly given the high prevalence of HIV/AIDS in South Africa — and by association, the considerable need for HIV/AIDS-competent practitioners across a wide range of sectors in the Eastern Cape.

The primary driver of the university’s curricular response in the Science and Law faculties was disciplinary knowledge. In the Humanities, Education and Commerce faculties the response was driven primarily by individuals interested in HIV/AIDS. Both factors contributed to the Pharmacy Faculty’s response. Accordingly, disciplinary knowledge and individual initiative were the two main leaders of the curricular response among Rhodes academics. As mentioned, SHARC leads the response on the student front. Existing leadership structures, such as the HIV/AIDS Task Team and the Human Resources Division, were hardly mentioned, which suggests a need to improve their visibility. Leadership (particularly leadership from the ‘top’) is repeatedly mentioned in the higher education literature as being central to successful HIV/AIDS responses. But the findings reported here show that success at Rhodes is based mainly on leadership from the academic ranks. While this is laudable, it does have implications for continuity: when academics who choose to teach about HIV/AIDS leave the university, there may not be anyone else in their department interested in or willing to continue their HIV/AIDS curricular interventions. In the context of the university’s endorsement of academic autonomy — clear, consistent leadership and communicating the importance of addressing HIV/AIDS in the curricula will play an important role in sustaining the current level of response, and where appropriate, expanding it. An option would be for top leaders, in collaboration with deans, heads of departments and interested academics, to debate the need for and possibly formulate a more strategic approach to infusing HIV/AIDS-content/issues in the curricula at Rhodes.

REFERENCES


SARUA (see Van Wyk & Pieterse, 2006).

