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## Exploring the views of academic staff on HIV/AIDS integration into the curricula: a case study of the University of Fort Hare

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### ABSTRACT

As a clarion call by Higher Education HIV/AIDS programme (HEAIDS) to South African universities, entrenching, integration and infusing the teaching and learning of HIV/AIDS in the curriculum of universities prove to be a sustainable solution to changing risky behaviour and attitudes of university students towards HIV/AIDS. The majority of students in South African universities lack general awareness and education in HIV/AIDS. This raises the need to produce graduates who are knowledgeable and have a positive attitude regarding HIV/AIDS. A pilot study on HIV/AIDS curriculum integration at the University of Fort Hare involved academic staff was done. A qualitative case study approach was used to describe the process and effectiveness of the curriculum integration process. The data collection was through evaluation forms, reports and a focus group interview. Data were analysed using content analysis. Guskey's model for professional development was followed to understand the process and effect of curriculum integration. Initially, the academic staff anticipated that the HIV/AIDS curriculum integration process would result in credit overload for students, time constraints and increased workload. Later, most academic staff affirmed the benefits of being involved in the project such as improving teaching and facilitation styles and research.

### KEYWORDS

Curriculum integration; HIV/AIDS; HEAIDS; academic staff; capacitation

## Introduction

Statistics South Africa (2019) reported a decline in HIV prevalence among youth aged 15–24 from 6.7% in 2002 to 5.5% in 2018; alarmingly, the rate reportedly increased to one-fifth for women aged 15–49. Mabaso et al. (2018) reported that the prevalence of HIV/AIDS, especially for young women between 15 and 24 years is persistently increasing in South Africa despite different approaches and strategies employed to fight the scourge. Most age groups affected by HIV are in Higher Education Institutions (HEIs) in South Africa. A Rapid Assessment Survey of HIV/AIDS curricula response in HEIs conducted in 2010 (HEAIDS, 2010) indicated that while different institutions applied different approaches to teaching HIV/AIDS-related matters, some put little effort in the HIV/AIDS curriculum integration process. This led to the recommendation to integrate HIV/AIDS into the curricula of HEIs.

The HEAIDS programme championed the above-mentioned recommendation by introducing a 2-year pilot programme on HIV/AIDS curriculum integration in HEIs. The first strategy was the training of academic staff in the HIV/AIDS curriculum integration programme. Like most South African universities, the

University of Fort Hare (UFH) embraced this initiative and participated in the HIV/AIDS curriculum integration programme from 2015 to 2017. However, each university had a different focus area and approach to curriculum integration. The UFH opted to integrate the HIV/AIDS curriculum through collaboration among three units, namely, Life, Knowledge and Action (LKA) unit from the Transdisciplinary studies, Nursing Science Department from the Faculty of Health Sciences and Faculty of Law. It is important to describe the process and effectiveness of the curriculum integration project specifically focusing on the views of academic staff involved in the programme.

### *The collaborative approach of three different units*

The scourge of HIV/AIDS pandemic cannot be adequately addressed within a single or cognate university discipline; there is an urgent need for collaboration of different departments/units in curbing the challenge (Tanga, De Lange, & van Laren, 2014). The fluidity of the HIV/AIDS integration was possible because of the collaborative and transdisciplinary approach employed by the three units. Collaboratively, the

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distinct units held workshops and training on the HIV/AIDS integration pilot programme; however, each unit employed different strategies. Depending on the objectives of each unit, the social, medical and legal perspectives of HIV/AIDS were discussed across disciplines.

### *The Centre for Transdisciplinary Studies*

The Centre for Transdisciplinary Studies offers a compulsory first-year peer centred course called Life, Knowledge and Action (LKA). The course is a humanising pedagogy, rooted in principles of dialogue, debate, social engagement, *ubuntu* and meaning-making. LKA is not a taught course but facilitated to promote the interface of knowledge, reflection and contemporary struggles and predicaments faced in everyday lives and choices made by young people concerning these societal plights (Keet & Porteus, 2010). The learning takes into account thoughts, beliefs and experiences (expresses the consciousness) of first-year students, thereby raising the transdisciplinary ethos in the University.

Through mutual learning, students express their versions of reality in classrooms, thus building an intellectual community (Garutsa & Mahlangu, 2014). In a bid to reach out to the larger UFH community and stem the tide of the HIV/AIDS pandemic, LKA becomes a fertile ground and vehicle of consciousness. Approximately 2850 first-year students pass through the LKA semester programme. Notably, the first-year students are mostly adolescents, who are vulnerable to HIV infection, fuelled by the physical, psychological, emotional and social features of adolescence (Asante & Oti-Boadi, 2013). Research has shown that young adults, especially women aged between 15 and 24 years, are twice likely to be infected compared with men of the same age group (The Joint United Nations Programme on HIV/AIDS, 2018). This is the age group prevalently accessing higher education institutions, hence the importance of using the curriculum to mitigate the scourge of HIV/AIDS.

Prior to the dialogue of HIV/AIDS curriculum integration, the LKA curriculum was divided into six thematic topics, where HIV/AIDS content was taught in theme 6. The integration of HIV/AIDS curriculum into other themes, other than theme 6 seemed impossible at the beginning of the pilot programme because it adds more content to the 'already' overloaded curriculum. Continuous academic staff capacitation by the HEAIDS personnel and HIV/AIDS specialists played a crucial role in unpacking content, trends, studies and different facilitation styles. Thus the HIV/AIDS curriculum was merged into other themes such as theme 5, which addresses poverty, inequality and development in South Africa. The integration brought to light the reluctance and the accompanying resistance by academic staff regarding the inclusion of HIV/AIDS into

HEIs curricula and the debate of 'how' to integrate it with unrelated, non-medical and less scientific curricula. The methods of curriculum integration in LKA included participatory methodologies: learner-centred discussions on various HIV/AIDS topics, case study approach where students were grouped and provided with HIV/AIDS-related scenarios/cases to solve and voice their thoughts, use of visual learning and screening HIV/AIDS documentaries. Through a series of workshops, the LKA academic staff were taught how to engage students on HIV/AIDS topics without being too scientific. LKA is, therefore, a suitable platform to address HIV/AIDS-related matters, given that almost all first-year students at the UFH are required to take the course.

### *Nursing Science Department*

The Nursing Science Department within the Faculty of Health Sciences, by its nature, teaches nursing-related content, inclusive of HIV/AIDS as part of the curricula. The HIV/AIDS curriculum is infused in all the courses for the B Cur programme (1st to 4th year level) while there is a stand-alone postgraduate diploma programme. Although the academic staff are familiar with HIV/AIDS curriculum content, many had neither collaborated nor been involved in transdisciplinary teaching or research projects. Besides, due to age, cultural issues and other reasons, many still found it difficult to discuss HIV/AIDS current issues such as mitigating the stigma and issues around Lesbians, Gay, Bisexual, Transgender and Intersexual (LGBTI) communities.

There is a need for nurses to address their prejudices to address sexual and social stigma, especially for special communities such as LGBTI (Lim, Brown, & Kim, 2014). Furthermore, new nurse cadres need to be able to render patient and family centred care. Viewed in this perspective, there was the dire need to empower the academic staff from the nursing science department through a workshop on reflective and participatory pedagogy. Evaluations were done on the attendees because exploring the views of academic staff on HIV/AIDS integration into the curricula is vital.

### *Faculty of Law*

The Faculty of Law was involved in the HIV curriculum integration pilot project due to interest shown by some academic staff in HIV/AIDS projects. The HIV/AIDS curriculum has a vast range of legal aspects. These aspects cover topics such as access to healthcare services for special groups such as the LGBTI and sex workers; access to treatment for all (with special reference to consent during testing, disclosure, confidentiality and discrimination). Discrimination based on an HIV status is equivalent to race, gender or disability-based discrimination (Klarsfeld, Booysen, Ng, Roper, &

Tatli, 2014). Thus there is a need to mitigate the impact of stigma and discrimination among communities. Therefore, the production of graduates who are well versed in HIV/AIDS knowledge, skills and attitudes would ensure that communities are legally represented against these social ills.

Even though the HIV curriculum is embedded in the Law discipline through human rights, regulation and constitutional imperatives, there are challenges in the strategic assessment of the content to ensure validity, authenticity and measurability. Other challenges include time constraints, staff resistance, increased workload and content overload. A conscious decision to infuse the HIV curriculum into 1st to 4th year selected modules, a mixture of clinical skills and substantive law modules was aimed at mitigating some of these challenges. Another teaching approach was the use of legal cases for case studies to ensure relevance, commitment and growth in knowledge, skills and attitudes for the academic staff and students. The Faculty of Law academic staff attended workshops for capacitation in methods of integration and the process of integration. Evaluations were done after each workshop on academics' views on HIV/AIDS integration.

### Research objective

The main aim of this study was to describe the process and effectiveness of the integration of HIV/AIDS into the curriculum, based on the views of academic staff at the University of Fort Hare.

### Research questions

The research questions framed were:

1. What are the views of the academic staff concerning the integration process of HIV/AIDS into the curriculum at the University of Fort Hare?
2. How effective was the integration process of HIV/AIDS into the curriculum at the University of Fort Hare?

### Literature review

Although education has proven to be central in offering important guidelines on protection against HIV/AIDS (United Nations Educational Scientific and Cultural Organisation, 2011), it is also crucial to explore HIV/AIDS curriculum integration in institutions of higher learning, which is rarely experimented (Jonker, 2011). Academic responses to the HIV/AIDS pandemic in HEIs have been very slow and many institutions are still silent on creating space for HIV/AIDS in their curricula (De Lange, 2014; HEAIDS, 2010). Wood and Pillay (2016) emphasise the compelling need for HEIs to respond to the HIV/AIDS pandemic through

academic activities such as curriculum integration. Through such integration, HEIs would serve as key-spaces and instruments driving change and addressing issues of HIV/AIDS in both universities and communities served by universities (Tanga et al., 2014).

HEIs are the thread knitting and integrating communities and education systems through their core pillars, namely, research, teaching and learning and community engagement. Each HEI comprises various institutions/faculties/departments/units within itself, and because complex issues such as HIV/AIDS pandemic cannot be adequately dealt with within single or cognate disciplines, the collaboration of different departments/units becomes key in facilitating the integration of HIV/AIDS into curricula (Tanga et al., 2014). At the University of Fort Hare, the pioneers in HIV/AIDS curriculum integration were the LKA, a compulsory first-year course, Faculty of Law and Nursing Science department. The academics have a crucial, pro-active and reactive role to play concerning HIV/AIDS (Jonker, 2011), hence the current study focusing solely on the views of the academics on HIV/AIDS integration process.

Wood and Pillay (2016) did a critical overview study of internationally published work on HIV/AIDS higher education curriculum integration. They identified two modes of integration. The first one is *mainstream*, which is a 'sector-wide response to the pandemic of which curriculum integration is only one aspect'. The second one is *Institutionalisation integration*, which 'refers to how each institution chooses to respond to the pandemic as long as it is framed within an HIV/AIDS policy' (Wood & Pillay, 2016). This paper adopts Wood and Pillay's (2016) definition of integration as the 'inclusion of HIV/AIDS-related outcomes in the formal curriculum rather than institutional wide responses'. This approach does not only tackle prevention but offers an understanding of HIV/AIDS holistically. Wood and Pillay (2016) indicate that curriculum integration can be in two forms: (1) a stand-alone HIV/AIDS module and (2) infusing HIV/AIDS curriculum into various modules. UFH used the infusing method as it allows for lecturers from different courses to share teaching and facilitation methods, hence promoting collaborative teaching methods. Gill and Di Monte-Milner (2017) conducted a study on HIV/AIDS curriculum infusion into the Interior Design curriculum of the second-year module of a 3-year Diploma at the University of Johannesburg. The study concluded that the method was effective as students developed a holistic understanding of HIV/AIDS-related matters.

### Methodology

A qualitative approach following a case study design was used to explore and understand the views of academics involved in the HIV/AIDS curriculum

integration and the effectiveness of the process (Rubin & Babbie, 2013). A case study design was utilised as it enabled academics to express their views freely. It also allowed in-depth understanding and analysis of the effectiveness of the process of integration of HIV/AIDS into the curriculum at the University of Fort Hare. The target population was all academic staff in the Faculty of Law, Centre for Transdisciplinary studies and Nursing Science Department. Purposive sampling was used to select academic staff who would participate in the study on the integration of HIV/AIDS in the curricula. The sampling choice is supported by Arseven (2018) who argues that the strength of purposive sampling is to derive an in-depth understanding of a case. The researchers selected individuals that could best understand the central purpose of the study (Polit & Beck, 2017) which included people who attended the workshops and project committee members. The sample consisted of 66 participants (Nursing Science:  $n = 25$ ; LKA:  $n = 30$ ; Faculty of Law:  $n = 11$ ).

Evaluation forms and reports were developed at different stages of the integration project: at the inception, implementation and the consolidation phases. The inception phase focused on the foreseen benefits of the integration, possible challenges and possible methods of integration. The implementation phase focused on the reflection of the integration process, challenges and progress. Lastly, the consolidation phase focused on reflecting on the overall performance of the pilot stage.

Polit and Beck (2017) emphasise that the use of an embedded case study design allows the use of multiple data collection techniques, hence the use of open-ended evaluation forms, evaluation reports and a focus group to collect data. The evaluation forms were distributed to academic staff during workshops held by the piloting units, and the Teaching and Learning Centre compiled the evaluation reports for monitoring and evaluation, guided by Guskey's model for professional development. To ensure the process had intended outcomes, the Guskey model of professional development was followed (Guskey & Jung, 2013) as explained below in Table 1. Each level is explained about the input, process, output and outcome to understand the process involved and the effect of curriculum integration. The model suggests that educators change their beliefs by changing their teaching practice and reflecting on the results of those practices (Guskey & Jung, 2013).

As a data collection tool, focus group interviews focused on views around the effectiveness of the HIV/AIDS curriculum integration process. For data analysis, content analysis was used (Moretti et al., 2011). Ethical approval was obtained from the University of Fort Hare's Research Ethics Committee.

## Findings

### *Inception phase*

The inception phase focused on the context, purpose of integration and the intended outcomes of the project. Participants in the deliberations during the workshop were influenced by previous experiences in HIV/AIDS-related programmes. As members of the pilot programme, participants showed genuine interest to improve people's lives, knowledge empowerment and vision to improve the quality of graduates. The deliberations at the inception stage were made through dialogue, presentations and discussions among stakeholders to give a clearer understanding of the approaches that could be used by the three units selected to pilot the programme. Suggestions on approaches of HIV/AIDS curriculum integration included: having a standalone HIV/AIDS module in the Faculty of Law, increase the HIV/AIDS content of the readers/modules in the LKA and the review of curriculum on the already existing HIV/AIDS modules in the Nursing Science Department. The anticipated challenges by stakeholders were: time constraints, increased workload of infusing HIV/AIDS syllabus into the existing syllabi and possibly, the resistance of staff members to change. The suggestion of a stand-alone Law module could result in credit overload on students. These challenges could be overcome by further discussions, encouragement through capacity-building efforts, reviewing the curricula, increasing the content in readers so that class time could be minimised and by further research and dialogue. The foreseen benefit of the integration was to improve the quality of graduates with greater competence and lifelong behavioural change. The integration of HIV/AIDS curricula would increase academic knowledge, open doors for research, reduce infections and eliminate stigmatisation.

### *Implementation phase*

The implementation phase provides highlights of the integration process. Workshops were conducted to focus on developing self-awareness, self-worth, knowledge on the disease at a broader context and empowerment of facilitators on how to apply strategies to curb the spread of HIV/AIDS on their families and wider communities. At this stage, evaluation questionnaires were used and they sought to find out the different teaching/facilitation methods adopted by different academics, the challenges faced at this stage and ways of overcoming them. Information received was rich and contextualised into real-world situations. In this stage, academics reflected that HIV/AIDS integration advanced their teaching and facilitation styles and renewed their motivation to fight

**Table 1.** Guskey and Jung (2013) levels of professional development model with the process of HIV curriculum at UFH.

Guskey levels of professional development	Input measures	Process measures	Output measures	Outcome measures
1. Participants' reactions	Workshop for buy-in	Discussion and dialogue Evaluation	Fears, concerns, and resistance	Willingness to change and implement HIV/AIDS curriculum integration
2. Participants' learning	Meetings with a small group and units to clarify issues Workshops on models of integration and participatory pedagogy	Discussion and dialogue Interrogation of the programme impact Evaluations	Agreeable models of integration and participatory pedagogy	Identified areas of intervention for each unit
3. Organisational support and change	Release of academics to attend meetings and workshops  Supportive visits by HEAIDS representatives	LKA: HIV-learning objectives for two modules added Faculty of Law: identified modules for infusion of HIV curriculum NSD: becomes more reflective in teaching HIV content	Added objectives in the LKA modules Case studies formulated Scenarios more reflective of current HIV drivers	Infused HIV/AIDS curriculum integration across all three units with clear objectives and teaching strategies
4. Participants' use of new knowledge and skills	Use of new teaching strategies Use of additional HIV/AIDS content (inclusive of cognitive, attitude and behaviour) Use of additional assessments strategies	Change in teaching strategies LKA: participatory and reflective teaching Faculty of Law: case studies specific to HIV/AIDS content NSD: participatory and reflective teaching	Learner guides infused with HIV/AIDS content Moot court Cases inclusive of HIV/AIDS	Boosted confidence in understanding and engaging HIV/AIDS content Biases and stereotypes among academics reduced Transdisciplinarity Collaboration
5. Student learning outcomes	Involved in debates View videos/movies (ITC) Involved in health talks during CBE	Engaging issues of stigma, discrimination, stereotyping and HIV/AIDS drivers through these engagements	Stigma and stereotypes reduced as LGBTI community is understood better HIV/AIDS drivers such as Blesser/Blessie relationships understood	Change in Knowledge, Attitudes and Behaviour of students thus benefiting students personally and professionally

the HIV/AIDS pandemic through teaching and learning. The teaching and facilitation styles adopted included role-play, dialogues and debates, presentations and group projects. The integration process also made them reflect on their prejudices and gave them the responsibility to assist their communities by raising awareness, giving practical advice and promoting responsible citizenry. Some felt that new knowledge on HIV/AIDS had strengthened their research skills. The implementation stage saw academics' attitudes towards integration change. They became more receptive and started showing interest in the integration. This suggests that the process was not as gruesome as anticipated and the benefits of integration were now visible at this stage. The major challenge articulated in this stage was that not all workshops could be conducted collaboratively across the three units due to time constraints. Some academics suggested that workshops could be more effective when conducted collaboratively so that academics learn from each other.

### Consolidation phase

The consolidation phase was an overall reflection of the integration process in the form of a focus group interview. At this stage, participants were conveniently selected from the three different units involved. The study found out that, following academic staff

capacitation workshops, their attitudes towards curriculum integration changed. When asked about their perceptions of the integration process, one participant said, *'What had seemed like a mountain has now been simplified'*. Most academics felt that their capacitation had a direct and indirect positive influence on students who are part of the solution in the prevention of the spread of HIV/AIDS in different communities. Some participants felt that most university students could benefit from the integration of HIV/AIDS into the curriculum through knowledge gain and behavioural change. The integration process updated academics on the latest information on HIV/AIDS and stirred their desire to conduct interdisciplinary studies on HIV/AIDS. Some academics felt that the integration promoted 'knowledge refreshment', instructional and classroom modification to change the learning environment and classroom routines, thus promoting self-initiated activities for both students and academics. Students displayed increased competence in navigating various strategies to address the social problems related to HIV/AIDS on their own. HIV/AIDS integration into syllabi further promoted reflection, active participation and crucial discussions in a safe and neutral space.

### Collaboration process

The collaborative approach facilitated an ongoing transdisciplinary relationship amongst the three

distinct units. Despite operating in one institution, different departments usually have different goals, so collaborative efforts have enabled various units to work closely together. At the inception stage of the integration, workshops were held collaboratively with all the three units' representatives present. Academic staff across the units assisted each other in coming up with the best facilitation methods for each unit concerning each programme's teaching and assessment methods. A focus group interview was conducted at this stage. The questions asked were evaluatory as they sought to assess the impact of the integration process. Participants were asked if the integration process impacted their teaching methods, process and content, the possible impact on the students and the challenges encountered in the process. When asked about the impact of integration, a focus group participant D said, *'This information is very important because as nurses we also work in the communities where people are unaware of HIV/AIDS as they do not have enough knowledge'*. Participant A said, *'I thought I knew about HIV/AIDS, but I realised there is a lot to learn. The content explained in detail about HIV/AIDS'*. Participant F said, *'Coming from the law perspective, I must say I learnt that knowledge has no boundaries'*. Participant B indicated that *'The content itself changed my stigma and stereotypes about HIV/AIDS'*.

When engaged on the potential benefit of the integration on students, participants affirmed that the benefit was immense, not only for students but for wider communities as well as students are seen as vehicles between HEIs and communities. They have a responsibility of educating the communities where they come from. A focus group participant C indicated that *'Students will benefit a lot. In fact, they are the bridge between knowledge and their communities. With the information that they get from the university, they can also teach their communities'*. Participant A said, *'I think all the universities must have it because they will have a better understanding of HIV/AIDS. It could be to change their sexual behaviour and their lifestyle that is associated with contracting HIV/AIDS'*. An overarching challenge indicated by most participants is work overload. Participant D said, *'Work overload. HIV/AIDS issues e.g. statistics change constantly. There is always new information about HIV/AIDS in the media. So, one has to be constantly up to date on HIV related matters and that requires research'*.

These findings are consistent with the findings of De Lange (2014) on HIV and AIDS academic curriculum in higher education's importance of institutional context, flexibility and continuous professional growth. Furthermore, the importance of a collaborative approach as it facilitates participatory, reflexivity and neutralises the feelings of segregations. The University of Fort Hare has benefited immensely on this

project as other collaborative research and community engagement projects have sprouted.

## Conclusion

HIV/AIDS curriculum integration at UFH started with negative and pessimistic views from the academic staff, with fear of perceived additional workload and challenges for the students. Continuous engagements with the academic staff from the three units involved in the HIV curriculum integration yielded positive spin-offs, both expected and unexpected benefits. These benefits included improved instructional modifications, academics' knowledge and prejudices on HIV/AIDS challenged through reflective approaches, strengthened interdisciplinary research and work relations and advanced facilitation. These all contributed towards a shift from teaching to facilitation. The unitary approach to curriculum integration promoted an ongoing transdisciplinary relationship amongst academic staff. They are not only specialists in their fields but are knowledgeable about what other units specialise in and invite one another to co-lecture different courses. If implemented properly, HIV/AIDS curriculum integration in HEIs could provide a unified front in South Africa's goal of managing the disease and ensuring the development of graduates who are well-versed in HIV/AIDS knowledge, skills and attitudes.

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## Declaration of interest statement

There are no competing interests which are perceived to be relevant to the published content for all the above authors.

## Data availability statement

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

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