

Equipping educators to address HIV and AIDS: A review of selected teacher education initiatives

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Abstract

Teacher educators, school principals and teachers are potentially well positioned to play a pivotal role in changing the course of the HIV and AIDS epidemic. The purpose of this article is to focus on a spectrum of educational initiatives in sub-Saharan Africa and South Africa which are designed to equip educators to be informed about, and to manage, HIV and AIDS in their personal and professional lives. Criteria for inclusion in the review are that the HIV and AIDS education endeavours must be operational (already functioning) and experience-based (have been experienced first-hand by the author). The review begins with a reflective account of two major undertakings: (a) an e-learning course for teacher educators in sub-Saharan Africa and (b) South Africa's Higher Education HIV/AIDS Programme. Thereafter, the review considers a range of academic pursuits currently involving in-service school teachers and principals studying at a South African university. These include (a) two Advanced Certificates in Education; (b) doctoral studies; and (c) a new short learning programme. In reflecting on these various innovative but 'do-able' offerings, the article concludes that experiential and context-specific action-based learning and research into the social and educational aspects of HIV and AIDS can contribute to breaking the silence and reducing stigma while, at the same time, equipping educators to provide care and support for infected and affected learners and colleagues.

Keywords: HIV and AIDS, teaching educators, schools, education initiatives, academic programmes, sub-Saharan Africa

Résumé

Les formateurs d'enseignants, les directeurs d'école et les enseignants sont potentiellement bien placés pour jouer un rôle crucial dans le changement du cours de l'épidémie du VIH/SIDA. Le but de cet article est d'attirer l'attention du lecteur à un éventail d'initiatives pédagogiques en Afrique subsaharienne et en Afrique du Sud, qui sont conçues pour permettre aux enseignants de s'informer sur, et de gérer le VIH et le SIDA dans leurs vies personnelle et professionnelle. Les critères d'inclusion dans l'étude consistent en ce que les initiatives d'éducation en matière de VIH et de SIDA doivent être opérationnelles (déjà en fonctionnement) et basées sur l'expérience (ont été vécues par l'écrivain-même). L'étude commence avec un compte rendu de deux initiatives majeures: (a) un cours e-learning pour les formateurs d'enseignants en Afrique subsaharienne et (b) le programme universitaire VIH/SIDA de l'Afrique du Sud (HEAIDS). Par la suite, l'étude passe en revue un éventail d'activités académiques auxquelles participent actuellement des enseignants et des directeurs qui étudient dans une université sud-africaine. Sont compris (a) deux certificats avancés en matière d'éducation ; (b) des études de doctorat ; et (c) un nouveau programme court d'apprentissage. En réfléchissant sur ces différentes offres innovantes mais faisables, l'article conclut que l'apprentissage expérientiel et spécifique au contexte, ainsi que la recherche sur les aspects sociaux et éducatifs du VIH et du SIDA, peuvent contribuer à briser le silence et à la réduction de la perception du VIH/SIDA comme une maladie honteuse, tout en préparant les enseignants à offrir soins et soutien aux collègues et élèves infectés et affectés.

Mots clés: Le VIH et le SIDA, la formation des enseignants, les écoles, les initiatives pédagogiques, programmes académiques, l'Afrique subsaharienne

Introduction

In 2000, the major theme that challenged the 13th International AIDS conference delegates in Durban was 'how to break the silence' around HIV and AIDS. According to the survey findings of HEAIDS (2010), at the turn of the century there was little in the way of HIV and AIDS education in schools and higher education institutions (HEIs) in sub-Saharan Africa. Denial and silence around HIV and AIDS created conditions for the epidemic to flourish, since the transmission and dissemination of HIV and

AIDS thrive on ignorance and misinformation. Furthermore, fear of stigmatization and discrimination often resulted in counselling and appropriate treatment not being accessed by those individuals and families who were infected or affected by HIV and AIDS.

During the past decade, educators have increasingly been expected to be well informed about HIV and AIDS and to act

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as 'agents of prevention'. There has been a growing professional obligation to teach learners about safer sex, healthy sexuality and HIV prevention. Educators, who may themselves be infected and deeply affected by HIV and AIDS, are expected to prevent discriminatory practices and actively counteract the stigmatization by others (Hoadley 2007).

In South Africa, such expectations are being acknowledged and supported by various teacher education policies and programmes. For example, one of the minimum standards in the criteria for National Review of Teacher Education, carried out by the Higher Education Quality Committee in 2006–2007, was expressed as follows:

Appropriate curriculum initiatives include a focus on HIV-AIDS, in order to develop an informed understanding of the pandemic and its impact on schooling, and to develop the competences to cope responsibly with the effects of the pandemic in learning sites. (CHE 2006 cited in HEAIDS 2010:2)

Equipping teachers

While the need to prioritize HIV and AIDS education for teachers is increasingly recognized, much more still needs to be done in terms of equipping teachers to address the epidemic. From its survey and analysis of Southern African reports and studies that address HIV and AIDS in higher education, the HEAIDS (2010) Report concluded that there is general agreement that more work for teacher trainees is required and that without preparing teachers to work in this area, there is a limit to what can be achieved.

This need for preparation of teachers was frequently referred to at a recent National Symposium in Port Elizabeth (NMMU & HEAIDS 2010; Mitchell, De Lange, Moletsane, Stuart, Theron & Wood 2010). Both Ptoch (2010) and Themane (2010) emphasized that teachers are not prepared adequately to deal with HIV and AIDS in the classroom. It thus becomes a matter of urgency to consider what can be done to better equip teachers to cope with the epidemic.

Purpose and methodology

The purpose of this article, therefore, is to draw the reader's attention to a spectrum of educational initiatives intended to help educators to be knowledgeable about, and to address effectively HIV and AIDS in their personal and professional lives. It is hoped that concerned policy-makers and practitioners will be encouraged by the implementation and 'do-ability' of this range of teacher preparation activities, and may be inspired to devise similar initiatives for teacher educators and school leaders in their own provinces and countries.

The approach adopted in this article is to describe and reflect on a variety of initiatives intended to equip teacher educators, school principals and teachers. Because the writer was involved in each of the endeavours – in various capacities – he is able to draw upon first-hand experiences, conversations, interactions and documentation (including field notes and evaluations) in forming his perceptions and interpretations.

In the case of Initiative A (the e-learning Capacity Building Course for Teacher Educators in sub-Saharan Africa), the writer participated initially as a student and later as its evaluator, producing two External Evaluation Reports (Holderness 2011a, 2011b). With regard to Initiative B, the Higher Education HIV/AIDS Teacher Education Project, the writer's experience was limited to that of being a teacher educator participating in the project. Thus, for this initiative, the review has also drawn extensively upon the reported evaluation findings of HEAIDS (2010).

For the remaining initiatives, C–F, the writer participated as a lecturer or 'reflective practitioner'. Thus, his experiences were ongoing and intensive and he was able to apply 'personal validation', generally in the form of self-evaluation, and 'social validation' usually involving other people such as students, colleagues and critical friends as well as institutional summative evaluations such as course/module assessments completed anonymously by students and external evaluation reports completed by academics at other universities (Whitehead & McNiff 2006).

The goal of the article is to describe, understand and share, rather than to explain and predict human behaviour. Its focus is more on describing the implementation process than on the outcomes of impact of an intervention (Babbie & Mouton 2001:357). It is therefore located primarily in a qualitative paradigm but with an additional purpose of advocacy. Its primary intentions are to 'inform' and to be 'useful to others' who are engaged in planning and implementing HIV and AIDS education for teachers and teacher educators.

Selection of initiatives

In order to be included in the review, the educational endeavours needed to meet certain criteria. First, they had to be *practice-based* in the sense of being currently operational or already implemented. This has the advantages of drawing attention to what is already underway and 'do-able', and allows for critical consideration of practical implementation issues. Second, they needed to be *experience-based*. Thus, the six initiatives selected were ones from which the writer could reflect on first-hand experiences: as a student and later project evaluator (Initiative A); as a teacher educator participant (Initiative B); as a lecturer and/or supervisor (the academic module initiatives, C–F). Third, the endeavours had to be located in the field of *HIV and AIDS education for teachers or teacher educators*.

The order in which the initiatives appear in the review reflects their wide-ranging, *cross-sectional* nature. Each endeavour can be located at different positions on two axes of continua: the 'vertical' and 'horizontal'. Along the horizontal dimension, the initiatives range from (a) one that addresses teacher educators in the African continent (InWent/University of the Western Cape (UWC)), through (b) a national project to (c) provincial/local initiatives of a single university. On the vertical dimension, the courses cater for various levels of teacher education: (a) those who train teachers (InWent and doctoral study), (b) school principals (the Advanced Certificate in Education (ACE) module for School Leaders on 'Managing HIV & AIDS'), and (c) serving teachers at both secondary and primary schools (which include all the remaining academic programmes).

It is the vertical dimension that is used to determine in which Part an initiative appears. Part I focuses on higher education initiatives, including those designed to equip *teacher educators*; Part II reviews initiatives that aim to equip school teachers and principals directly.

Part I: teacher education initiatives

This section describes two major initiatives that have aimed to address the HIV and AIDS epidemic through lecturers at tertiary institutions. They have encouraged teacher educators to move from positions of denial and silence to ones of providing proactive leadership, care and support to their student teachers and all those infected or affected by HIV and AIDS.

Equipping teacher educators, as opposed to teachers, may be regarded as taking an indirect and delayed approach. However, this 'long-term view' is essential as the epidemic is already more than 25 years old and currently causes more than 2 million deaths per year in sub-Saharan Africa (InWent & UWC 2007). It is widely acknowledged that teacher educators in Africa can and should provide an important link to saving lives and, quite literally, saving the future.

Initiative A: capacity building for teacher educators in sub-Saharan Africa

Another particularly bold and significant initiative to equip teacher educators in sub-Saharan Africa has been undertaken by InWent, Capacity Building International, working in conjunction with the UWC.

Rationale for the programme

This initiative has argued (InWent & UWC 2008) that the effects of HIV and AIDS in classrooms at all levels of education throughout sub-Saharan Africa are all too familiar. These include absenteeism and loss of teachers to illness and death, large and overcrowded classes at primary and secondary schools and learners leaving school to care for sick parents or siblings – never to return to their education. It also includes young girls taking on older men or 'sugar daddies' for financial support, learners being upset by the death of a teacher, parent or a peer, and a school's poor community being made increasingly poorer by the epidemic.

Amidst all these challenges, teachers themselves are called upon to expand their roles even further, to become caregivers, prevention officers, grief counsellors, HIV coordinators, school policy developers and more. HIV and AIDS threaten the lives and well-being of so many individuals, families and communities. Moreover, a long-term danger posed to all our societies by the epidemic is that it can undermine the core business of teachers – which is to teach (InWent & UWC 2008).

Clearly teacher educators have a pivotal role to play in changing the course of the epidemic – and one of the fundamental ways in which they can do this is by continuing to break the silence around HIV and AIDS in teacher training institutions, schools and communities, and by providing care and support to their colleagues, learners and peers.

Sub-Saharan involvement

By way of background to the InWent and UWC initiative, Coombe (2003) describes how the process of reviewing the teacher education programmes in Africa was initiated by InWent in 2003. She reports that a regional meeting was convened of 60 senior officials and representatives of governments, universities and other tertiary institutions, non-governmental organizations and unions. Professionals from countries such as Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania and Uganda met to discuss what teacher educators and teachers require in responding to the complex needs of learners and educators affected by HIV/AIDS.

Coombe reports that the consultation focused initially on teacher education (pre- and in-service). However, it was soon recognized that, in order to upgrade the coping and caring abilities of school teachers, the knowledge, attitudes and competencies of teacher educators in colleges and universities would also have to be addressed. Thus began a partnership that has grown in strength and numbers over the past 7 years, involving InWent and UWC. Already six cohorts of teacher educators from a number of African countries including Malawi, Kenya and Tanzania, have attended an intensive introductory course at UWC that has prepared and equipped them to continue and complete the online course, described immediately hereunder. For those who have successfully completed the modules, UWC has awarded credits equivalent to that of BEd Honours modules.

Blended learning course: teaching and the AIDS pandemic

A major focus of the UWC-InWent Capacity Building Course for Teacher Educators in Africa is indicated in its slogan: 'Breaking the Silence in Africa'. Officially entitled, 'Teaching and the AIDS Pandemic', the course aims to use an interactive blended learning approach to enhance the personal and professional capacity of teacher educators to train future teachers about HIV and AIDS. (See <http://www.ibe.unesco.org>; <http://www.wavuti.com>. Contact vergnani@uwc.ac.za.)

The course rests on the belief that teachers have a crucial role to play in 'ending the silence' and changing the course of the epidemic. By implication, teacher educators, who are the focus of the course, are essential to the process. Teachers and teacher educators are important agents for positive change in communities as they can shape and mould the attitudes, awareness and consciousness of the young people who will be the futures of our various African communities (InWent & UWC 2007).

Recognizing that HIV and AIDS are about people, and that the epidemic presents a complex and multi-dimensional challenge to us all, this Capacity Building Course reaches beyond biomedical models to helping teachers discover their own important roles in overcoming the epidemic. It recognizes the importance of overcoming the silence that accompanies the epidemic – since it is the silence that creates a fertile ground for continued spreading of HIV and AIDS.

The course is taken over a period of one academic year, during which time four modules are completed: (i) Introduction to AIDS and education, (ii) Schools, teachers and teaching and AIDS, (iii) Developing AIDS curricula for schools, (iv) Building responses to AIDS in schools and communities. Each of these modules earns 15 credits at the BEd Honours level.

The titles of some of the units that make up these modules give an indication how the teacher educators are encouraged to move from silence and denial to deep listening and helpful interaction. For example, the introductory 9-day, face-to-face session includes viewing and discussing videos on 'Deep Listening' and 'The Courage to Teach' (Palmer 1998). Thereafter, there are online modules entitled: The AIDS pandemic in context: gender, culture and identity; Being a good teacher; School case study visits; Developing AIDS curricula for schools; Building responses to AIDS in schools and communities; Developing schools into nodes of care and support for vulnerable children; Developing health-promoting schools; Becoming a truly reflective practitioner – my way forward.

During the course, there are opportunities for the teacher educators to discuss compassionately personal attitudes, fears, stigma, sexuality and death. Furthermore, concepts such as active and compassionate listening, care and support are introduced, as well as the five C's of the course: care, compassion, comfort, confidence and commitment (InWent & UWC 2008).

The course tries to ensure that what is learned leads to practical implementation in teacher training institutions, such as universities and colleges, as well as in schools. Thus, teacher educator participants are guided on how to apply the course content in their own workplace situations and teaching curricula. In addition, throughout the course, participants critically reflect on how the content is impacting on them personally.

The assessment of the teacher educator students is based on written assignments (submitted electronically), participation in on-line discussion forums, personal reflections, school research field studies and the ability to apply the course content to their own teacher education practices. Furthermore, after completion of the course modules, provision is made for regular online interaction with the other teacher educators from all the participating African countries.

Case study of one teacher educator cohort

By way of a snapshot example, here follows a short description of what was experienced by the third cohort of teacher educators – in which I was a student member. This group completed the InWent/UWC modules during the period from 3 September 2007 to 15 April 2008. The 31 teacher educators who comprised this group came from a number of sub-Saharan countries: 11 from Malawi (from Blantyre TTC, Kasungu TTC, Lilongwe TTC, Chancellor College and Mzuzu University); 1 from Mozambique from the University of Eduardo Mondlane; 2 from Namibia from the Windhoek College of Education; 1 from Rwanda from the University of Rwanda; 2 from the Nelson Mandela Metropolitan University in South Africa; 2 from the Evelyn Hone College in Zambia; with the largest contingent of 12 coming from

Tanzania and Zanzibar (10 from the TTCs of Bunda, Korogwe, Mpwapa, Mtwara, Morogor and Songea, as well as 1 from the Tanzania Institute of Education and 1 from the University of Zanzibar).

The course was designed to strengthen our capacity as teacher educators to ensure that the pre- and in-service teachers we educate gain the knowledge, skills and attitudes necessary to teach and lead in contexts increasingly affected by HIV and AIDS. In addition, we were expected to equip teachers to address stigma in their schools, become caring and compassionate educators and ultimately contribute towards breaking the silence in their communities.

In 2007–2008, an introductory face-to-face session of only 5 days' duration was held at the UWC. Thereafter, the teacher educators from the participating African countries returned to their homes where they studied what were then only two e-learning modules: 'AIDS in the African context' and 'Building AIDS-competent schools'. To complete these, students were expected to study for 10–12 h per week over a period of 14 weeks.

Because modules made use of e-learning tools, opportunities were created for us teacher educators to become well versed with discussion forums, using message boards and document pools and linking to reliable websites. The course was supported by a course tutor who remained in direct contact with the participants throughout each module and directed our questions to the course facilitators (experts) who had developed the content of the course.

Research by InWent teacher educators

During the InWent/UWC course, each participant is required to conduct a detailed field study of a local primary or secondary school. The research findings from these local school case studies feed back into, and enrich, the course as multi-country case studies. This investigation provides the teacher educators (course participants) with first-hand experience of how AIDS is impacting on schools and familiarizes them with what is required to manage an effective health-promoting school. The research exercise, which extends over both Modules 1 and 2, requires the teacher educators to gather information from their case study schools through using interviews, observations and documentary sources.

In Module 1, Unit 5, during their first school visits, the teacher educators investigate how HIV and AIDS are impacting on their case study schools, the teachers and teaching, as well as the learners. In Module 2, Unit 7, during their second school visits, they use interviews and a diagnostic tool to research how HIV and AIDS are integrated into the curriculum, how and by whom HIV and AIDS-related content is taught at their schools, and what the difficulties are that the teachers experience when teaching about sexuality and HIV and AIDS (InWent & UWC 2008).

In Module 2, Unit 8, during their third school visits, they examine their schools in terms of at least three of the issues listed below:

- Factors that support or undermine a culture of caring in the school
- Strategies to identify vulnerable children
- Strategies for care and support being implemented in and through the school
- Strategies for tracking and monitoring individual children as well as the care and support strategies that are in place
- Government and non-government role-players involved in the partnership to identify and support vulnerable children
- The way in which issues of access to information about individual vulnerable children and confidentiality are addressed.

In order to answer these questions, the teacher educators are required to interview the school principals and other relevant role-players at their case study schools. Through interacting in such research activities, the teacher educators soon learn that AIDS is primarily about people – and that there is benefit in ‘breaking the silence’. They also gain experience in listening attentively and discussing compassionately personal attitudes, fears, stigma, sexuality and death.

Recent programme developments

Based on the feedback of the participants, the above InWent/UWC e-learning course has been modified and expanded from two to four credit-bearing modules – each still bearing 15 credits at the BEd Honours level. Each module now comprises three units, each of which has activities and a single assignment – making a total of 12 assignments, that are marked by ‘experts’ and externally examined.

Furthermore, the initial residential session has been expanded into a 9-day interactive, face-to-face session in the Western Cape. This session introduces the InWent Global Campus learning platform (GC21) that carries the e-learning portion of the course. It also introduces content learning about HIV and AIDS and teaching, and engages participants in an experiential workshop on issues of gender norms and HIV. It is anticipated that, after interacting intensively for 9 days with counterparts from other institutions in other sub-Saharan countries, and thereafter engaging in e-learning discussion groups, the teacher educator participants will be able to speak more openly and write honestly about personal and professional issues and dilemmas relating to HIV and AIDS. In other words, as a result of participating in this programme, they are expected to have moved significantly from shyness and silence about HIV and AIDS to being able to inspire and support student teachers and colleagues at their teacher training institutions (Holderness 2011a, 2011b).

Initiative B: higher education HIV/AIDS programme

Various other important initiatives have been undertaken to enable teacher educators to take an informed and stronger lead in the struggle against HIV and AIDS. Most prominent in South Africa has been the Higher Education HIV/AIDS Programme (HEAIDS) Teacher Education Pilot Project. This project has been thoroughly reported elsewhere (HEAIDS 2010) and thus is referred to only briefly in this article.

The HEAIDS Teacher Education Pilot Project has included the development of learning materials to address HIV and AIDS in pre-service and in-service teacher education courses. The development of these materials involved organizations such as the South African Institute for Distance Education and the South African University Vice Chancellors Association as well as other stakeholders. A full version of the course material, ‘Being a teacher in the context of the HIV/AIDS pandemic’, was produced in 2006 and published 2 years later (SAIDE 2008).

In 2007, the ‘HIV and Teacher Education Pilot Project’ began and was guided by the HEAIDS Programme Coordinating Unit and the Programme Working Group, and was subsequently endorsed by the Education Deans’ Forum. According to the HIV and AIDS in Teacher Education: Evaluation Report of a Pilot Project in South African Higher Education Institutions (HEAIDS 2010), a total of 6485 pre-service and in-service teachers benefited from the pilot implementation in 23 teacher education programmes in 2008, and a further four which commenced in 2009.

The extent to which the project may have enlightened and influenced student teachers in South Africa’s HEIs is the subject of the overall evaluation report of the HIV and Teacher Education Pilot Project (HEAIDS 2010). Over the past decade, there are clear indications that South African HEIs in general have become increasingly active in providing HIV and AIDS education. It is expected that initiatives such as this HEAIDS Programme and the InWent/UWC Project (described above) equip teachers to be more informed about HIV and AIDS, and more supportive towards colleagues, learners and community members, struggling to cope with the epidemic in their personal and professional lives.

Part II: principals and teachers

This section of article reviews specific HIV and AIDS programmes and modules offered to school principals and teachers at a particular South African university.

Initiative C: ACE HIV and AIDS for teachers module – exposure to reality of HIV and AIDS

The ACE ‘HIV and AIDS for Teachers’ (HAT) contains 10 modules. The programme, which is taken part-time over 2 years by in-service teachers, is referred to as the ACE (HAT). One of the modules, of particular interest to this review, is entitled ‘Exposure to the Reality of HIV and AIDS’, and is taken by the students in their 2nd and final year. This ‘service learning’ module requires them to spend at least 30 h in placements where they can interact with people living with HIV and AIDS. For the most part, these placements are at non-governmental organizations such as orphanages and AIDS havens, and can also include home visits.

Research

The students are required to write reflective journals on their site-based visits and in so doing become acquainted with the challenges of HIV- and AIDS-infected and -affected persons – the grief, despair, stigma and extreme loneliness – as well as their capacity for great courage, resilience and appreciation of respect and care. During their sometimes traumatic ‘exposures to reality’ at the various placements, the students interact with AIDS-patients of

all ages – and produce some poignant reflective accounts. They also communicate and compare their findings and responses with fellow students in the ACE class. It is through such simple ‘research-type activities’, that teachers often move noticeably from displaying reluctance and reticence to expressing a passionate commitment to engage actively with HIV and AIDS in their schools. As part of their response, the teachers demonstrate specific practical outcomes in their schools where they teach (such as creating food gardens to provide healthy nutrition) and devise ways to provide care and support to their affected learners and parents.

Initiative D: ACE school leadership and management module – managing HIV and AIDS in schools

Another stand-alone academic module, which is taken by school principals and senior teachers registered for the ACE (School Leadership and Management), is entitled ‘Managing HIV and AIDS in schools’. Given that over 40 students are usually registered at any one time for each of this ACE module, this has the potential to make a significant dent on existing denial and silence practices in schools – with regard to the epidemic.

Four research-based assignments

Each of the registered students is required to complete four small research projects – and it is an untested claim of this article, that these research undertakings have a strong impact not only on the teachers/principals concerned, but also on their schools. A brief description follows of each of the research activities (Wood & Holderness 2010a, 2010b).

Mini-research Assignment 1: school-based survey and analysis: Conduct an HIV and AIDS risk assessment of your school and community. Be sure to include other members of the School Governing Body and the School Management Team in this investigative survey. After analysing the results, make a presentation to your staff/parents at a school meeting on ‘The risks facing our school and community with regard to HIV and AIDS’. Include the results of your baseline survey – to show how your school is at risk (e.g. unsafe places, such as toilets) – as well as recommendations on what could be done to reduce the risk factors.

Assignment 2: documentary research analysis: Investigate the HIV and AIDS policies of a few other schools and then, in collaboration with colleagues at your school, create ‘An HIV & AIDS policy for our school’.

Mini-research Assignment 3: school-based survey: After reading the article, ‘Life or lunch, what do we choose?’, design, conduct and report on a simple survey entitled: ‘How the teachers in our school feel about HIV/AIDS. What are their beliefs/worries/fears?’ Make some recommendations for actions to address some of the problems revealed by your findings.

Research Assignment 4: action research project: Conduct a brief action research cycle to answer the question:

How can we ensure that our school is a centre for care and support for learners affected by HIV and AIDS?

Through participating in these kinds of school-based research endeavours, the researchers (school teachers and principals) become more at ease in discussing HIV and AIDS issues, even with relative strangers – such as the principal and teachers at the case study school. The researchers can also gain a deeper understanding about what it means to manage the epidemic in a compassionate and proactive manner.

Initiative E: doctoral studies

At higher academic levels, such as masters’ and doctoral degrees, the empowering effect of self-reflective practitioner research on the researchers themselves can be even more noticeable. This has certainly been the case with three completing doctoral candidates whose theses were submitted at the same South African university between December 2010 and January 2011. In each case, the professional and personal growth of the candidates was expressed and observed, and benefits to their learners and home institutions were substantiated with evidence in the text.

Two of the doctoral students (Didloft 2010; Geduld 2010) undertook action research studies that aimed to enhance the self-esteem of their learners in their marginalized communities. The studies provided validated evidence that many of their learners developed more positive self-images for self-actualization. With this enhancement of self-esteem can come long-term benefits in the learners’ personal lives, quality of relating, academic performances and future careers. A healthy and positive self-image can also assist the learners to resist peer pressure and to be more assertive and goal-directed when urged to participate in sexual activities that could put them at risk of contracting the HIV.

The third doctoral study was by a teacher educator in Lesotho (Ntaote 2011) and specifically on ways of assisting Lesotho teachers to offer care and support to orphans and vulnerable children. One can anticipate that this graduating student, whose research involved her in interactions with numerous teachers and HIV-infected and affected people, will be able to have a profound and sustained effect on her student teachers in Lesotho.

Initiative F: short learning programme in HIV and AIDS

Finally, a newly developed short learning programme (SLP) was launched in February 2011 as a combined effort of the two South African universities (UWC and the Nelson Mandela Metropolitan University (NMMU)). The course (Wood, Holderness, Lees & Vergnani 2011) comprises two modules, each lasting 2 days. Module 1, entitled ‘HIV and Me’, consolidates and extends the teachers’ knowledge about HIV and AIDS, and develops their understanding of the consequences of the epidemic for themselves, their families, friends, communities and society. The second module, ‘Improving the Teaching of HIV and AIDS’, examines the components of HIV and AIDS education and gives the teachers opportunities to apply their new understandings of the epidemic in their own teaching, using interactive teaching strategies.

The first participants of the SLP were a school principal and nine teachers from a nearby township school. The beginnings of a

transforming empowerment became evident in these teachers as they participated in the SLP. The four course presenters (two from each of the participating universities) agreed that, through engaging in the 4-day SLP, the group of teachers appeared to have moved noticeably from awkwardness about HIV and AIDS to feeling impassioned and committed to combating the epidemic in their school.

Discussion

The above review has demonstrated that a wide variety of approaches can be used to help educators address HIV and AIDS in their schools. As a result of the six initiatives described above, six cohorts of tertiary teacher educators (from various sub-Saharan Africa countries) as well as fairly large numbers of school principals and teachers (who have studied modules and academic programmes on HIV and AIDS) have been supported and challenged in becoming more informed, communicative and engaged in addressing the epidemic in their personal lives, their educational institutions and even in their local communities.

In reviewing the various academic offerings, special attention was given to the nature and role of the various HIV and AIDS research-related activities undertaken by the students as part of their studies. It was found that, by undertaking investigative and reflective activities in context-specific situations (preferably their own schools), principals and teachers could be strongly motivated to provide proactive leadership in the fight against HIV and AIDS – and to provide care and support to HIV-infected/affected learners and colleagues at their schools.

However, systematic evaluations need to be conducted to assess the extent to which the educators, who have participated in such initiatives, go on and apply what they have learnt, when they return to their schools and colleges of education. Unfortunately, it is well known that potential obstacles, such as AIDS fatigue and complacency, unreceptive school environments and hostile community reactions, can deflect institutions from becoming places where learners, teachers, parents and community members speak openly and honestly about HIV and AIDS.

A number of constraining factors can seriously limit teacher education attempts to provide HIV and AIDS education. One is the need to have sufficient numbers of motivated and appropriately trained teacher educators. There are usually minimal incentives, and very few opportunities, for tertiary academics to further their studies in HIV and AIDS. Thus the InWEnt/UWC-blended learning and online programme for teacher educators in sub-Saharan Africa (described above) is a relatively rare, and therefore vitally important, offering. It is to the credit of the UWC that it has recognized the value of this initiative and accorded BEd Honours status to each of the modules.

Another constraining factor is the difficulty of gaining time and status for HIV and AIDS education in university, college and school curricula. Long-established, high-status subjects that are supported by examinations tend to take precedence in the curriculum and timetable; consequently HIV and AIDS education is frequently not given the recognition it requires and respect it deserves.

A further constant challenge in implementing HIV and AIDS education programmes relates to the confidential nature of much of the subject matter. For example, Initiatives C, D and E (described above) have required the educators to interact with adults and/or children infected or affected by HIV and AIDS. Given the rights of individuals not to disclose (nor to have disclosed) their HIV status, ethical considerations need to be carefully considered and applied. This can be off-putting to students who are considering doing research in this field; it can also constrain the site-learning arrangements for modules such as 'Exposure to Reality', described above in Initiative C. However, experiences gained over a period of years have convinced both the lecturers and students concerned that the extra effort required in making such arrangements and in fulfilling the ethical requirements has been well justified, in terms of equipping educators to address HIV and AIDS in their personal and professional lives.

Concluding insights

In terms of lessons learnt from the six initiatives, there are at least three underlying principles that emerge. One is that teachers appear to learn most effectively about HIV and AIDS when the learning content is appropriate, context-specific and embedded in their lived experiences. Second, the teaching methods need to be participative and actively engage the educators in relationship-based tasks. Third, it was demonstrated clearly in most of the initiatives, but particularly in Initiative B (HEAIDS) and C (the ACE HAT module Exposure to Reality), that educators can be profoundly influenced by experiential learning. For example, after completing their 30 h of lived experiences, or 'exposure to reality', in havens, shelters, and orphanages for AIDS-infected children and adults, many student teachers expressed a strong commitment to addressing HIV and AIDS in their schools.

With such initiatives in place in various regions of Africa, it can be argued that significant steps are being taken to prepare educators to 'manage' HIV and AIDS. Whereas before there was little spoken about the epidemic (HEAIDS 2010), and school principals in particular were prone to deny that there were any such problems in their schools and communities, the author's first-hand experiences in the above initiatives have indicated an increasingly open acknowledgement of the epidemic in all its complexities, and an eagerness to address the challenges proactively.

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