

# Integrating HIV and AIDS into the curriculum at the University of Pretoria

Time for transformation?

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UNIVERSITEIT VAN PRETORIA  
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# Integrating HIV and AIDS into the curriculum at the University of Pretoria: Time for transformation?

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## **FOREWORD: Vice-Principal: Institutional Planning and Outgoing Chair: Tuks AIDS Reference Group (TARG)**

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The research contained in this report reflects the University of Pretoria's history of involvement in HIV and AIDS as part of academic and extra-curricular programmes. There have been many role players in this work, amongst them the Centre for the Study of AIDS, now the Centre for Sexualities, AIDS & Gender. One of the founding principles of the Centre for the Study of AIDS was to see how best HIV and AIDS could be addressed as part of the academic programme. The recent name change came about, in part, to reflect the changing ways in which HIV and AIDS have been viewed, researched and taught across all faculties.

The report uses a variety of mainly qualitative methods to document a range of approaches, starting in the late 1990s and extending to the present. At the core of the report is a series of case studies that offer insights into the motivations for, and processes involved in, integrating HIV and AIDS into specific modules and various academic programmes.

It is clear from the report that the most important foundation for effective curriculum integration is the interest and creativity of individual lecturers. Institutional policy frameworks and leadership are important components in supporting staff to develop new curricula and research driven teaching.

Perhaps the most valuable message from the report is the importance of considering context in curriculum integration. This means understanding the evidence on prevalence amongst young university students and their peers, and in the society in which they will take their place when they graduate. It means, too, understanding the implications for young people of greater access to antiretroviral programmes and hence the shift towards HIV being seen as a chronic disease.

As the HIV and AIDS epidemics change and develop, the response needs to be more centrally located in the other complex issues that are being addressed by the students and staff. Debates about power, race, gender, class, sexualities, and the Institutional culture are fundamental to addressing HIV. We also need to support young people to understand how HIV and AIDS can transform their future and that of South Africa, and that they can be instrumental in shaping how HIV and AIDS can be prevented.

These are not simple considerations – they raise complex and fascinating questions rather than ready answers. That is the nature of critical education – to raise questions and debates and through these to create the space for answers to be sought and find new ways to engage critically with HIV and AIDS.

This research was supported by the Higher Education and Training HIV/AIDS Programme (HEAIDS) through funding from the Department of Higher Education and Training. I congratulate the research team on completing this study and for its contribution to the body of knowledge on curriculum innovation. I would also like to express my gratitude to members of TARG, Deputy Deans, Academic Staff and students who gave their time, assistance and input as key informants and research participants in this study.

**Prof Anton Ströh**  
**Vice-Principal: Institutional Planning and**  
**Outgoing Chair: Tuks AIDS Reference Group (TARG)**

**29 July 2016**

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The team consisted of:

- Rakgadi Mohlahlane – project co-ordinator and primary researcher
- Ray Lazarus – primary researcher and writer
- Pierre Brouard – proposal development, conceptual and editorial input, and
- Johan Maritz – proposal development, project monitoring and evaluation and project reporting

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- deputy deans responsible for teaching and learning in the faculties
- heads of departments, academic and other staff involved in curriculum development and academic support
- lecturers responsible for the courses identified as case-studies, and
- student informants.

Our review panel, for offering critique and help in formulating conclusions and recommendations:

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- Dr Fraser McNeill
- Dr Glen Ncube
- Prof. Annelize Nienaber
- Prof. Theresa Rossouw, and
- Prof. Rehana Vally

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- Colleagues at the Centre for Sexualities, AIDS and Gender
- Other University of Pretoria staff
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## EXECUTIVE SUMMARY

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This research arose in response to a call by the Higher Education and Training HIV/AIDS Programme (HEAIDS) for research and capacity building on integration of HIV and AIDS into curricula at higher education institutions. Although focused on the University of Pretoria (UP) as one site of tertiary-level HIV curriculum integration (HCI) and of particular relevance to UP itself, the study was also conceived as an opportunity to share UP's experience of HCI with other institutions of higher learning.

The backdrop for the research is continuing high levels of HIV infection in the South African population and heightened risk for young women. However, evidence of reduced prevalence among young people and lower rates of infection amongst university students at some institutions, together with progress in rolling out antiretroviral programmes (rendering HIV a chronic disease), have somewhat reduced the sense of urgency regarding the HIV epidemic, especially in settings such as universities.

This study set out to explore whether and how HIV and AIDS have been integrated into curricula at UP over the past 15 years and what the future of HCI might be. Recent student protests served to challenge the relevance of HCI, and emphasise the importance of considering how best to approach HCI, and how to relate HCI to issues such as power, race, gender and institutional culture.

To capture the variety of HCI at UP over the period, we used an inductive and mainly qualitative approach to explore notions of HCI, what forms it has taken, processes followed, evolution of curricula, challenges, lessons learned, resources needed, challenges to and achievements with regard to sustainability and staff support needs. We focused on undergraduate curricula, given their potential to reach larger numbers of students. Our methods included document reviews, key informant interviews (using thematic analysis to extract key themes), case-studies and workshops.

Amongst the issues highlighted by the report are:

- the importance of context
- the role of policy
- broader curriculum challenges and contestation
- questions regarding appropriate models of HCI, and
- the critical role of leadership in addressing HCI.

Recommendations arising from the study include that HIV still merits attention. However, HCI should reflect context, complexity and change. It should take account of intersections between HIV and factors such as race, class, gender, especially within the transformational imperative facing the tertiary sector. To capture these inter-relationships and demonstrate relevance to disciplinary subject matter, HCI should use nuanced and integrated approaches.

Clarity on institutional policies and how they inform HCI and related work is necessary. Institutional guidance, informed by broader policy frameworks within the institution and the sector, should aim to create a more enabling but still flexible framework for HCI.

Furthermore, for HCI to succeed, clear, authoritative and responsive leadership is necessary. Leadership should be informed by debates, critique and research so that HCI responds to, and evolves with, the shifting epidemic, and other social and intellectual demands. An enabling environment for HCI must be created, to include support and acknowledgement of those who engage in HCI and related transformation issues.

The research findings provide a useful springboard for internal discussions about HCI and the nature of curriculum development and evolution, including links with disciplinary subject matter, and with other pressing social challenges. They will also form the basis for broader sectoral engagement on these and other matters.





## CHAPTER 1: Introduction and overview

South Africa continues to be heavily impacted by HIV and AIDS. HIV prevalence remains high, with 2012 figures<sup>1</sup> showing a rate of 12.2% in the general population and 18.8% in the 15-49 year age group. Prevalence among young people (15-24 years) was lower at 7.3%. Whether this will translate into a decrease in prevalence in the adult population remains to be seen. Young women (15-24 years) remain particularly at risk, with the rate of new infections (incidence) more than four times higher than for young men in this age group. Clearly then, HIV remains a major threat.

This is not to deny great strides made in confronting the epidemic, particularly through programmes to prevent mother-to-child transmission of HIV and the roll-out of the largest HIV treatment programme in the world. These gains have as a corollary, however, that, at least for those not immediately involved or affected, some of the sense of urgency regarding the epidemic has waned<sup>2</sup>. This attitude is found too at universities, among students, academics and management, bolstered by research reporting that students at many higher education institutions showed lower rates of infection than their peers in the general population<sup>3</sup>.

Some would argue that HIV is, after all, now just a chronic disease like any other. Why then should we continue to treat it as something exceptional? Surely the need for curriculum integration, except perhaps in certain disciplines, has passed? Others would counter, however, that HIV and AIDS still pose major challenges to the South African economy and society. Graduates should surely be equipped to face and contribute to the solution of these challenges, implying that efforts should be made to address HIV and AIDS in the curriculum, even in disciplines where it may not at first glance appear relevant.

1 Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Zungu N, Labadarios D, Onoya D et al. (2014). *South African National HIV Prevalence, Incidence and Behaviour Survey, 2012*. Cape Town: HSRC Press.

2 This applies not only in South Africa, but also elsewhere in the world; see: Wainberg, MA, Kippax, S, Bras, C & Sow PS. (2015). *Has the world ceased to care about HIV? and what can we do about it?* *JIAS*, 18, 20818.

3 HEAIDS. (2010). *HIV Prevalence and Related Factors – Higher Education Sector Study, South Africa, 2008–2009*. Pretoria: Higher Education South Africa.

### The HEAIDS Call<sup>4</sup>

Research commissioned by HEAIDS has indicated variable quality of HCI and an expressed need amongst academics for resources to support HCI and capacity building to achieve HCI relevant to their disciplines. Expected outcomes of such support would be stronger professional and personal competencies in relation to HIV and AIDS amongst graduates. To answer these needs, HEAIDS called for proposals from higher education institutions for projects to initiate, extend or strengthen HCI, using any of a range of methodologies. The Centre for the Study of AIDS (CSA), a unit based at the University of Pretoria (UP), responded to this call on behalf of the university.

### The UP context

The University of Pretoria (UP) was founded as the Pretoria Centre of the Transvaal University College in 1908. Still colloquially often referred to as TUKS after its original name, it became an autonomous university by an act of Parliament in 1930. Under apartheid, UP was an Afrikaans-medium university, catering primarily for white Afrikaans-speaking students and generally seen as conservative in its educational and political orientation.

The university was opened to all races in 1989 and, in 2004, as part of the restructuring of South African tertiary institutions, the former Vista University's Mamelodi campus was incorporated into UP. The university remains committed to further increasing the diversity of the student body, while seeking to recruit students with the capacity to contribute to its goal of being a research-intensive university. It also acknowledges the need to address other transformation challenges, such as its staff composition, language policy and organisational and residence culture.

Currently, UP is one of three universities situated in Tshwane, Gauteng, the others being the Tshwane University of Technology (TUT) and the University of South Africa (Unisa). UP has nine faculties, comprising 137 departments, offering 179 undergraduate and numerous post-graduate programmes; there is also a business school. Faculties differ considerably in the number of constituent departments and

4 HEAIDS. (2014). *Integrating HIV and AIDS in Curriculum of HEIs. Call for proposals: DHET NSF 2014–2016*. HEAIDS.

## CHAPTER 1: Introduction and overview

students; within faculties, departments also differ along these dimensions.

At the time of this study (see also Table 1), UP had just under 60 000 students, just over half of whom were black (including coloured and Indian students, as well as black students from other African countries).

Table 1: University of Pretoria: Student profile, 2015<sup>5</sup>

<b>Students: total</b>	<b>59 514</b>
Undergraduate/postgraduate	61% / 39%
Contact/distance students	83% / 17%
<b>Of contact students:</b>	
Male/female	45% / 55%
Black/white	52% / 48%
International students/ students from SADC countries	8.7% / 5.6%
Students in residence	18%
Breakdown of students in residence: black/white	58% / 42%
<b>Undergraduate students by faculty</b>	
Humanities	4 436
Natural & Agricultural Sciences	4 670
Law	1 575
Theology	215
Economic & Management Sciences	6 628
Veterinary Sciences	875
Education	3 829
Health Sciences	5 160
Engineering, the Built Environment & Information Technology	7 813

Through its programmes (see Table 2), UP makes a substantial contribution to the development of tertiary-educated human resources in South Africa.

Table 2: Proportion of degrees awarded in South Africa by UP (2014)

Three-year bachelor's degrees	13.0%
Three-year bachelor's degrees	13.0%
Professional four-year bachelor's degrees	13.2%
Master's degrees	18.0%
Doctoral degrees	14.0%
Engineers (BEng degrees)	23.2%
Health-care professionals	15.4%
Natural scientists	15.3%
Veterinary scientists	100%

The university has a number of residences, but is unable to accommodate all students seeking residence places. Although racially integrated, traditions from the past (such as particular forms of first-year orientation, use of Afrikaans in many residence practices, gender stereotyping) persist, but are subject to debate and challenge.

### The UP project on curriculum integration

Despite the perhaps unpromising environment at UP in the early post-apartheid period, it has in fact had a long history of integrating HIV and AIDS into the curriculum and research. In its work in the early 2000s, the CSA – renamed the Centre for Sexualities, AIDS and Gender (CSA&G) in 2015 – commissioned various reviews of HIV and AIDS curriculum integration, research and other HIV and AIDS programmes across all faculties at UP in order to provide a basis for ongoing dialogue to promote HIV and AIDS curriculum integration (hereafter referred to as HCI). In addition, the CSA organised two successful cross-faculty research *indabas*, which showcased research work, some of which reflected HCI. Based on this history and experience the CSA was well placed to undertake work related to the HEAIDS call.

The objective of the current project is to review 15 years of HCI at UP across all faculties, focusing on processes followed, evolution of curricula, challenges, lessons learned, resources needed, sustainability achieved and staff support needs. The intention was to review the period 1999-2014; however, we extended this period to include the year 2015, during which the bulk of research was carried out, enabling us to give a more up-to-date account of HCI at UP.

The review used a primarily qualitative, mixed-methods approach, involving:

- Documentary sources, including university policies, faculty yearbooks and brochures, and records of earlier audits of HCI at UP
- In-depth interviews with key senior academic staff of the university
- In-depth interviews with academic staff who have developed and implemented HCI
- Interviews with and written comments of a limited number of students exposed to HCI, and

<sup>5</sup> Information provided by Hugo Mouton and Desmond Tsoeute, Bureau for Institutional Research and Planning, UP

## CHAPTER 1: Introduction and overview

- Additional information obtained from a series of workshops on HCI with staff.

For various reasons, as described in detail elsewhere in this report, certain of the methods originally proposed were not implemented (see Chapter 3).

Team members collaborated in writing up the research. Finally, conclusions and recommendations were formulated through consultation with some of our key informants and other stakeholders.

### #UniversitiesMustChange

In the second half of 2015, all South African universities, including UP, were to varying extents affected by a wave of protests, encapsulated in the slogan, [#RhodesMustFall](#), soon to be replaced by another with more immediate application: [#FeesMustFall](#). The protest movement rapidly came to challenge the structure and culture of universities, relating not only to issues of student fees and permanent employment for service workers, but also to the need for broader transformation of the universities. For many inside and outside the universities, the immediacy and sharp focus of student demands tended to banish to the side lines all other concerns, amongst them HIV and AIDS as an issue for students or curricula.

The critical question then may be *How do we approach HCI in the current context?* and specifically *How does HCI relate to other issues such as power, race and gender that are central to university transformation?* These are questions with which the CSA&G was already engaged, but which now more clearly demanded attention and to which we will return.

### Outline of report

Chapter 2 describes the background to and context of HCI, drawing on various reports and literature.

Chapter 3 outlines the methodology, describing the various approaches employed and some instances where it was necessary to depart from the planned methodology.

Chapter 4 reviews HCI at UP in the period up to about 2010, largely based on documentary sources.

Chapter 5 describes HCI at UP in the recent past and more particularly the present, again largely based on documentary sources, but supplemented by information from key informant interviews.

Chapter 6 presents a number of case-studies of HCI at UP, based largely on interviews with key informants involved in designing and/or presenting modules. A concluding commentary highlights some similarities and differences, and key themes drawn from the case-studies.

Chapter 7 summarises perspectives on HCI derived from key informant interviews with senior academic staff and with other staff involved in HCI initiatives.

Chapter 8 reports themes from workshops with academic staff.

Chapter 9 draws together key findings and commentary in the light of previous reports, as well as literature and contemporary thinking.

Chapter 10 outlines conclusions and recommendations.



## CHAPTER 2: Definitions, models and context of HCI

In this chapter, we attempt to situate HCI within a broader framework of curriculum change, understandings of HCI and wider developments in the university sector.

### What is curriculum integration?

In discussing HCI, some definition is necessary of what is meant by curriculum integration more generally. This in turn requires clarification of the terms curriculum, curriculum development and curriculum transformation. Powell and Sutherland (2014)<sup>6</sup> assert that there is no single definition of *curriculum*, with various conceptualisations overlapping or conflicting. They highlight that curriculum is often thought of narrowly as the objectives and content of a course (together with the associated learning and teaching methods). However, more critical views draw attention to the ways in which social and political factors influence curricula, for example, encouraging a more narrowly technicist focus or (less often) critical reflection on social and historical factors affecting a given field of knowledge.

Ornstein and Hunkins (2009)<sup>7</sup> view curriculum development as involving the planning, implementation and evaluation of curricula, as well as the people, processes and procedures involved. They draw attention to the often overlooked ways in which personal factors such as attitudes, values and feelings may affect curriculum development, not only in terms of what content is included or omitted, but also in terms of particular emphases or silences.

Curriculum development at its best is an iterative process, involving regular review and change to curricula. However, it is possible for curricula which were once cutting edge to become ossified in particular conceptions of a field of knowledge or modes of teaching and learning, or, alternatively, for aspects of a curriculum, although still relevant, to be discarded owing to pressures to include other, more recent (or fashionable) areas of knowledge.

*Curriculum transformation* then may be understood as referring to a more systematic process to introduce new knowledge or new forms of learning and teaching into an existing curriculum, or a wholesale shift in which significant parts of a curriculum or, indeed, a whole curriculum are replaced with a new focus or forms of teaching and learning. Student demands for ‘decolonisation’ of the curriculum arising from the [#RhodesMustFall](#) campaign are a clear example of a call for curriculum transformation.

*Curriculum integration* constitutes a specific form of curriculum development or transformation, which involves the introduction into an existing curriculum or the complete refashioning of a particular curriculum to accommodate issues or knowledge or skills – generally from a different field of study – not previously considered part of the given curriculum. A common motivation is that the curriculum should reflect on and equip students to face challenges in the ‘real world’ (and in particular, the workplace), where knowledge is not as neatly compartmentalised as it may be in many curricula. Similar definitions and motivations underlie proposals to integrate HIV and AIDS into university curricula and, as in other fields of knowledge, integration may take different forms (see also Models of HCI below).

Achieving curriculum integration is not, however, a simple matter, Powell and Sutherland (2014)<sup>8</sup> suggest. This is particularly so when proposed — or imposed — from outside historically structured disciplines in which academics are personally and professionally invested. Additional difficulties arise where curriculum integration requires inter-disciplinary collaboration across different paradigms, or when it requires changes to university structures, for example, with regard to discipline boundaries or to support for, and recognition or reward of academic staff. In this regard, the role of leadership (at the level of the university, faculty and department) and capacity development needs to be stressed.

All the above apply with regard to HCI. Leadership is particularly important, given that academic staff may not immediately see HIV and AIDS as relevant to a particular discipline or its students; or other issues (for example, racism, poverty and inequality, gender-based violence, or substance abuse) may be seen as

6 Powell P & Sutherland L. (2014). *Institutional capacity-building for the integration of HIV and AIDS into the curriculum of universities in the public education sector*. Concept paper prepared for HEAIDS. Pretoria: HEAIDS.

7 Ornstein AC & Hunkins FP. (2009). *Curriculum Foundations, Principles and Issues*. Boston: Allyn & Bacon. Quoted by Powell & Sutherland. (2014). *Op. cit.*

8 Powell & Sutherland. (2014). *Op. cit.*

## CHAPTER 2: Definitions, models and context of HCI

equally or more important issues. Aside from these arguments, HCI may be resisted on the grounds of other pressures on staff, and on teaching and learning time. Although unlikely to be openly voiced, the still stigmatised nature of HIV and AIDS may also lead to resistance. Leadership cannot be assumed and advocacy is often necessary to prod university, faculty and/or departmental management to 'buy in' to the need for HCI (HESA, 2007)<sup>9</sup>.

Students, too, may resist inclusion of HIV into the curriculum. 'AIDS fatigue' owing to the inclusion of HIV in the subject of Life Orientation in the school curriculum and poor teaching of the subject may be contributing factors. It has also been suggested that many university students do not see HIV and AIDS as relevant to their present interests and circumstances, or to their future professional lives<sup>10</sup>. For some students, other curriculum transformation issues — financial and other barriers to access to tertiary education, racism, gender issues, institutional culture — may be seen as more pressing (as mentioned in Chapter 1). Unless clear links are made to both disciplinary subject matter and broader concerns, and unless teaching is innovative, HCI may not be seen as meriting a place in the curriculum or as contributing meaningfully to students' professional and personal development.

Given the space, departmental or faculty 'champions' have often assumed an important role in initiating and sustaining HCI (HEAIDS, 2010)<sup>11</sup>. Indeed, a combination of leadership, 'champions' and the development of supportive networks (described as a 'top down/bottom up' approach) has been described as particularly facilitative of strong levels of engagement with HCI (HESA, 2007)<sup>12</sup>.

Other factors that may facilitate academics engaging positively with HCI include its coinciding with research interests or offering opportunities for research; support

for collaboration and partnership across disciplines in developing and implementing HCI; access to existing assets (such as campus HIV units) or to additional resources (e.g. specialist training) to support HCI; and funding to cover additional costs (including necessary administrative support) associated with implementation of a new approach.

Appropriate capacity development of academic staff and managers is critical. According to Powell and Sutherland (2014)<sup>13</sup>, capacity development should deal not only with issues that are common across institutions, but, more importantly, address the specifics of an institution, using a participatory, critical approach. Ongoing support from curriculum specialists and academic leadership is essential.

### Models of HCI

HCI can be viewed along a number of intersecting dimensions:

#### Objective: personal or professional?

Models tend to vary in the extent to which the intention is to impact on students' personal or professional understanding of HIV and AIDS.

- **Personal:** The target is students' personal knowledge of HIV and AIDS (and perhaps relevant attitudes and behaviours) in order to reduce their HIV risk.
- **Professional:** The aim is primarily to develop students' academic knowledge and understanding of HIV relevant to their discipline and its context, with personal impact seen as secondary or incidental. In practice, staff may include some information on HIV and AIDS to inform the discipline-specific focus, while students may raise personal concerns, either directly or in the guise of generic issues, and staff may (come to) see it as important to address these concerns.

#### Form of integration

Integration varies in the extent to which HIV and AIDS are linked to disciplinary subject matter and/or broader issues. Modules may focus narrowly on HIV and AIDS, with little or no reference to disciplinary subject matter or wider concerns; or there may be more extensive blending or infusion of HIV and AIDS into disciplinary subject matter and/or linkage with

<sup>9</sup> HESA. (2007). *Integrating HIV and AIDS Realities into South African Higher Education Curricula: Case-studies in Mainstreaming*. Pretoria: Higher Education South Africa.

<sup>10</sup> HEAIDS. (2002). *The Creation of a Critical, Compassionate Citizenry: The Inculcation of HIV/AIDS Curricula into South African Higher Education*. Pretoria: Higher Education South Africa.

<sup>11</sup> HEAIDS. (2010). *Creating Space for HIV and AIDS in the Curriculum – A Rapid Assessment of Curricular Responses in South African Higher Education Institutions*. Pretoria: Higher Education South Africa.

<sup>12</sup> HESA. (2007). *Op. cit.*

<sup>13</sup> Powell & Sutherland. (2014). *Op. cit.*

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broader concerns. Common variations<sup>14,15,16</sup> are:

- *Stand-alone modules* (sometimes referred to as 'AIDS 101' modules), focused primarily or exclusively on basic information about HIV and AIDS and ways to prevent HIV infection: Stand-alone modules may be directed at students across all faculties (e.g. all first-year students), or all students within a particular faculty or department and are generally compulsory. In either case, the content bears little or no relationship to the specific disciplines students are studying.
- *Brief reference to HIV and AIDS*: This may be by:
  - noting HIV and AIDS as an issue relevant to the primary focus of a module, but without providing much detail, or devoting much time to the topic (e.g. HIV mentioned as a possible health and safety issue in a particular industry); or
  - using information about HIV and AIDS for illustrative or demonstration purposes in a module without any immediately obvious link to HIV and AIDS (e.g. using HIV data to demonstrate how to create and interpret graphs in mathematics).
  - To constitute a legitimate form of HCI, such references, although brief, should not be merely token, but should convey a sense that the subject matter is legitimate and deserving of interest.
- *Add-ons* ("bolted on" in the words of a HEAIDS report<sup>17</sup>) to existing courses or modules and taking the form of units on HIV and AIDS linked to and relevant to the primary course. The units, usually single lectures, are often given by a guest lecturer (e.g. a lecture on managing HIV and AIDS in the construction sector).
- *Discipline-relevant integration into a 'carrier' course* where HIV and AIDS are clearly relevant (e.g. certain courses in the health and social sciences, education, or that deal with ethics or human rights):
  - HIV and AIDS are addressed as a legitimate topic within the carrier course, in some instances as a major focus (alongside

other topics), or dealt with in a more limited way (although still being more than a brief reference for illustrative purposes).

- *HIV and AIDS as the discipline-related central focus of a course or module* (often with 'HIV' in the title), designed to demonstrate application of the discipline to HIV and AIDS and usually requiring that students develop a good understanding of the epidemic, and in some cases its impact on society and links with related issues (e.g. gender). This form of HCI differs from the next in the extent of blending and integration with disciplinary subject matter.
- *Infusion*: HIV and AIDS are integrated into and blended with disciplinary subject matter in a way that is attuned to the intellectual and professional needs of the discipline and encourages learning about HIV and AIDS in the service of the primary discipline.
  - HIV and AIDS are thus used to illuminate theories, concepts and methods of the discipline and/or demonstrate the application of the discipline to HIV and AIDS (e.g. HIV and AIDS stigma used as a basis for discussing human rights law; HIV and AIDS counselling used to demonstrate principles of counselling in psychology or social work; HIV and AIDS as one of a number of critical diseases in various branches of health care).
- *Infusion beyond HIV*: Infusing HIV and AIDS into curricula in a way that promotes an in-depth, contextual understanding of the epidemic and its impacts on society but also, through the lens of HIV and AIDS, develops students' awareness of broader contemporary social challenges such as poverty, inequality and violence, thus deepening their understanding of their discipline and its context.

### Content

Tending to parallel the above, the approach taken may focus narrowly on information, attitudes and practices (so-called KAP, most common in stand-alone modules), discipline-related content, or adopt a broader perspective that takes account of structural and contextual factors and related issues (e.g. gender, sexualities, power relations, poverty/inequity).

### Methods

- Informal, *ad hoc* reference to HIV and AIDS.
- Formal component of module or programme

14 Crewe, M & Nzioka, C. (n.d.). *Tertiary sector approaches* (Module 4.6). In IIEP/ Mobile Task Team on the Impact of HIV/AIDS on Education. *Educational Planning and Management in a World with AIDS*. UNESCO/IIEP.

15 HEAIDS. (2010). *Op. cit.*

16 Carbonatto C. (2015). *HEAIDS: HIV and AIDS curriculum integration workshop. 13-14 August 2015*. Unpublished PowerPoint presentation.

17 HEAIDS (2010). *Op. cit.*



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(lectures, seminars, tutorials, practicals or tutorials referencing HIV and AIDS).

- Research, generally by postgraduate students or staff, but sometimes also involving undergraduate students as research assistants or field-workers, may also offer opportunities for HCI, with outcomes of research feeding back into teaching curricula.
- Curricular- and research-related community engagement, allowing the practical application of discipline-specific knowledge and skills related to HIV and AIDS in the service of identified community needs.
- Extra-curricular engagement/development, undertaken on a voluntary basis for purposes of self-development, or to extend students' understanding of HIV and AIDS.

### Level of study

Integration may take place at undergraduate or postgraduate levels, with some arguing that issues related to HIV and AIDS are too complex to allow HCI at an undergraduate level, even at an intermediate (second or third year) or senior (fourth or final year) level.

### Administrative features

- Core (compulsory) or elective course option.
- Credit-bearing study assignments or projects (including community outreach projects).
- Non-credit-bearing (usually extra-curricular) course or project (including community outreach work); although generally not recognised for course credits, may be presented as evidence of certain qualities (e.g. initiative, commitment) on a CV in applications for post-graduate study, or employment.

### Personnel

- Individuals within departments ('champions'), responsible for the design and teaching of courses that incorporate HIV and AIDS.
- External specialists, providing a stand-alone module, or one that is 'bolted on' to a relevant course.
- Interdisciplinary team teaching, involving staff from different disciplines providing input within their spheres of expertise to make up for deficits in knowledge of HIV and AIDS (and in some cases, appropriate pedagogical approaches) amongst discipline specialists.

The various forms of integration may also in some instances be combined to create an option that is more relevant for a particular programme, discipline, faculty or, indeed, the university as a whole<sup>18</sup>.

### Contextual factors and debates

HCI takes place within a complex environment, in which multiple factors exert an influence. These factors include knowledge of, and attitudes towards HIV and AIDS (affecting academics and students as much as the general public); the quality and reliability of information regarding the South African epidemic; the stage of the epidemic; the availability and quality of treatment, with its capacity to extend dramatically the longevity of people living with HIV (PLHIV); the relative prioritising of treatment versus prevention; the priorities and political interests of donors; the positions and policies of government; and, as already highlighted, wider developments such as the 2015-16 student protests.

To illustrate the above, reference may be made to shifts in perceived prevalence of HIV and AIDS amongst university students. Early on there were severe limitations in the data and modelling; as a result "...initial predictions were often of an apocalyptic nature..." (Vass, 2003, p.188)<sup>19</sup>. Figures for sub-sectors of the population and in particular, the higher education sector, were particularly unreliable. Rates among university students were generally assumed to parallel those for the age group 15-25 years in the general population. Thus, a 2000 study estimated the infection rate amongst undergraduate and postgraduate university students at around 22% and 11% respectively, projected to increase to about 33% and 21% in 2005 (Abt & Associates, 2000<sup>20</sup>). Vass's report a few years later (2003) stressed the limitations of existing data, but nevertheless quoted similar figures: 20% projected to rise to 30%, figures that were repeated in a HEAIDS report in 2004. These figures contrast with those found in a HEAIDS survey of HIV and AIDS in South African higher education institutions several years later

18 Carbonatto (2015). *Op. cit.*

19 Vass, J. (2003). *The impact of HIV/AIDS. In: HSRC. Human Resources Development Review 2003: Education, Employment and Skills in South Africa*, Ch.8. Cape Town: HSRC Press and East Lansing: Michigan State University Press.

20 Abt & Associates. (2000). Report of study commissioned by South African government (no reference). Quoted in: CHE. (2001). *Annual Report 2000-2001*. Pretoria: Council for Higher Education.

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(HEAIDS, 2010 )<sup>21</sup>. Although some aspects of the study's design and implementation are open to criticism (for example, how representative the sampling was of all students), it does provide a very different and more nuanced picture of prevalence amongst students. An average prevalence of 3.4% was found (and 3.8% among sexually experienced students, who made up the majority of the sample). There was considerable variation between provinces (ranging from a low of 1.1% in the Western Cape, to a high of 6.4% in the Eastern Cape), as well as between institutions in the same province. Female students were shown to be at much higher risk than males, while younger students (being less likely to be sexually active) were less likely to be infected than older students.

It can be assumed that the high projections early on played a role in galvanising universities to respond. In contrast, the more recent figures, indicating rates amongst university students lower than those in the general population, could encourage complacency, with some arguing that the later figures suggest there is no longer a need for HCI. Others might say that given other contemporary 'epidemics' – racism, poverty and inequality, gender-based violence and substance abuse – it is inappropriate to continue to prioritise HCI.

The urgency given to wider curriculum transformation by the 2015-16 student protests has focused attention (much of it in the print media) on the critical question of *"Whose knowledge gets privileged and why?"*<sup>22</sup>. There has been heightened critique of the colonial, Eurocentric and non-African emphasis of university curricula more than 20 years after the advent of democracy in South Africa. While some see change as applying primarily to non-scientific subjects such as those in the humanities, social sciences, law and theology, others would agree with Garuba<sup>23</sup> that *"Every curriculum in every discipline – be it in geology or medicine, history or chemistry – assigns value to its objects of study and withdraws it from others, which could be thought of as belonging to the same domain"*. Hence all subjects should be reviewed with a view to introducing South African and African perspectives, not just as an add-on, but as a primary focus. While many would agree with

the sentiment, others caution that there is a risk of throwing the baby out with the bath-water – discarding valuable insights and knowledge deemed to be 'colonialist' or 'Western' through failing to see their *'entanglement'*<sup>24</sup> with local knowledges. Moreover, there is concern about top-down insistence on change infringing academic freedom and autonomy, and failing to recognise specific academic competence in deciding curriculum content and teaching and learning approaches. What is clear, however, is that higher education institutions cannot afford to be complacent, that the challenge from students should be seen as an opportunity to re-think curricula — in dialogue with colleagues within and across disciplines and with students.

### Conclusion

Many of the issues and dilemmas touched on above resonate with those encountered in HCI over the past 15 years. Thus, rather than seeing wider transformation as inimical to HCI, there is the possibility of mutually enriching engagement both about what works and where pitfalls lie, and how to link HCI to broader transformation issues and debates.

With regard to the place of HIV in the curriculum, it could be argued, firstly, that in South Africa, with its high rates of HIV infection, transformation of universities and university curricula demand greater rather than less attention to HIV and AIDS. Secondly, there is still a need to prepare graduates, as a critical human resource, for the personal and workplace realities of a country with high rates of HIV in the general population.

*How* HCI takes place should, according to this line of thinking, take account of the changing nature of the epidemic and the greater current understanding of ways in which important contemporary issues, such as those mentioned above, impact on HIV and AIDS.

HCI must then take account of a complex environment, necessitating multifaceted and well-thought out approaches that will enable graduates to contribute meaningfully to addressing the impact of HIV and AIDS and related issues on society.

21 HEAIDS. (2010). *Op. cit.*

22 Shay S. (2015). *Dismantle colonialism's assumptions*. Mail & Guardian, 19 June 2015.

23 Garuba H. (2015). *What is an African curriculum?* Mail & Guardian, 23 April 2015.

24 The term is used in various ways, with a common thread of inextricable and often invisible links between ideas or phenomena that may be seen as distinct. See: Nuttal S. (2009) *Entanglement: Literary and Cultural Reflections on Post-apartheid*. Johannesburg: Witwatersrand University Press.



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In setting out to make sense of more than 15 years of HCI at UP (1999-2015), we took as our starting point that we would find different and contradictory notions of what constitutes HCI and its desirability or feasibility, and, accordingly, of how it has been or might be realised. Our approach was, therefore, necessarily inductive, seeking to provide an in-depth account, from which we would be able to draw out both common threads and divergences in the pattern of HCI at UP.

In order to capture this variety, we used mainly qualitative approaches to gain a sense of how HCI is conceived, what forms it has taken, processes followed, evolution of curricula, challenges, lessons learned, resources needed, challenges to and achievements with regard to sustainability, and staff support needs. Because the larger numbers of students taking undergraduate modules may increase the potential impact of HCI, we focused mainly on the undergraduate curriculum.

The research study and methods were approved by the Ethics Committee of the Faculty of Humanities. All participants gave informed consent to their participation, and to recording and transcription of interviews.

### Identification of key informants

The research relied heavily on key informants for most of the information and opinions that form the primary material for the study. A snowballing approach was used, with access to key informants (KIs) facilitated through university structures and networks:

- The Director of the Department for Education Innovation was approached, both to secure her support for the project as a whole and for a broad overview of teaching and learning, including HCI, in the university. She and the Departmental Manager: Community Engagement responsible for managing the university's extensive community engagement programme in turn suggested other possible KIs.
- The Deputy Vice Chancellor (DVC): Academic responsible for Teaching and Learning (also formally responsible for this project), through the Deans of Faculties, facilitated access to Deputy Deans responsible for teaching and learning (DDs (T&L) or their equivalents, some of whom had a different title). The latter were identified as well-

placed to provide an overview of teaching and learning (including HCI) in their faculty, identify possible case-studies and facilitate a survey of HCI within their faculty.

The response to the DVC's requests was generally positive. However, one Dean said the Faculty was inundated with requests of a similar kind and suggested the researchers rather make contact directly with staff of the Faculty; they were subsequently able to identify the Head (HOD) of one of the key departments within the Faculty as an alternative informant. In another faculty, which did not have a DD (T&L) or a similar post – apparently because of its relatively small size – an HOD was delegated to liaise with the researchers.

- Possible case-studies were identified by various KIs who then facilitated access to the academic staff responsible for the modules. Other case-studies were identified through campus networks and the academic staff approached directly. All those approached readily agreed to participate in interviews for the case-studies.
- The case-study KIs in some instances advised us to consult with other academic staff, particularly where the latter had been involved in the initial development of a module. In some cases, they provided information regarding formal or informal feedback from students on the case-study module, or identified students they saw as capable of providing informed comment on the modules.
- Deans and DDs (T&L) circulated information and helped to recruit participants for workshops designed to offer academic staff the opportunity to reflect on HCI at UP or to build capacity for curriculum integration in identified areas (see further below).

### Methods used in the study

Some of the methods we had intended to use proved not to be feasible in the proposed form and had to be dropped, or substantially amended. The methods are described below, including departures from the project plan.

### Review of documentary sources

The review of documentary sources, including university policies and records of earlier audits, provided information on university policies and

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similar documents relevant to HCI, as well as the early period of HCI at UP.

- University policies relevant to HCI and similar documents were identified by KIs and/or by computer search of university and faculty websites, using words such as “policy”, “HIV” and “AIDS”.
- Records of earlier HCI audits such as minutes of meetings, reports, draft documents, were obtained from staff of the CSA&G who were involved in those audit processes or had records from that time. In some cases, records were missing or incomplete; hence KIs who had been involved in the processes at the time were asked to review and comment on relevant sections of the draft summary in an attempt to develop a more complete and accurate account.

The document review was carried out largely as intended. A limitation was that the documentation of audits of the earlier period was somewhat patchy; it is possible, too, that we may have omitted certain relevant university- or faculty-level documents. The record should thus be seen as indicative rather than comprehensive, nevertheless giving a good sense, if not a detailed and complete account, of HCI at the time.

### *Key informant interviews*

Key informant (KI) interviews provided information on current HCI, as well as insights into thinking about curriculum transformation and HCI, including opportunities and obstacles. A list of informants is provided in Appendix A.

### *Department of Education Innovation*

In the interviews with the Director and the Manager: Community Engagement in the Department for Education Innovation, we used open-ended interviews to gain an overview of the likely place of HCI in the various faculties and departments. The interviews yielded valuable insights into structures and processes relevant to curriculum development and community engagement, including with respect to HCI.

### *Deputy Deans for Teaching & Learning (DD (T&L) and Heads of Department (HODs)*

As indicated above, we interviewed DDs (T&L) in seven of the nine faculties. The interviews were guided by an interview schedule (see Appendix B1); a copy of the main questions was sent to the KIs in advance to facilitate their preparation

for the interview. They were also sent a copy of the proposed Faculty survey questionnaire (see Appendix B2); hence, there was generally also some discussion of this in the interview. The interviews lasted about 1½ hours each.

In the faculties where we were not able to interview a DD (T&L), we adapted our approach in interviewing alternative informants, both HODs. In one case, we used a modified version of the interview schedule designed for the DDs (T&L), with more focus on the specific department. However, discussion was not restricted to the department only and the KI, a longstanding and senior Faculty member, was able to provide us with information not only about his own department, but also to some extent across the Faculty. In the second faculty, owing to pressure of work, the HOD was available for only a brief interview, primarily focused on the nature of information required for our research. Coincidentally – hence his being delegated by the Dean – he was in the process of conducting a mapping exercise of modules offered by the Faculty and could therefore fairly easily obtain and forward information relevant to HCI.

The KIs were generally keen to share information about their Faculties (or Department) and to discuss in general the place of HCI in the curriculum. Many of the KIs had had informal discussions with Faculty members to obtain additional information which they shared with us at the time of the interview or subsequently.

### *Other informants*

We also interviewed academic and support staff who had been involved in HCI at UP over a lengthy period of time. These informants were able to provide information not only on earlier initiatives, but also to offer comment on the evolution of HCI at UP over time. Case-study informants also often commented on issues beyond the specifics of a module, providing another strand of information relevant to this chapter. In addition, other informants, who became aware of or were alerted to the project, provided information on HCI within their departments or faculties (see also below, *Survey of current HCI within faculties*).

Across the various categories of KI, we were, of course, able to interview only a relatively small number and limited range of informants — on the one hand, senior members of faculties and

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departments – and, on the other hand, staff who were to a greater or lesser extent ‘champions’ of HCI. In addition, the location of the project in the CSA&G and the fact that it had the direct support of a member of the university executive undoubtedly influenced informants’ responses to varying extents. Perhaps most obviously, many assumed that the research was intended to promote rather than essentially to document HCI at UP, eliciting in some cases a sceptical response, in others a perhaps overly positive reading of what was being done. Nevertheless, the fact that most of our informants were senior academics, often in positions of authority in their faculties or departments, ensured that any initial caution was generally replaced by forthright expression of opinion. The insights the KIs provided were, of course, influenced by their own views on HCI and the extent to which they were informed about HCI within their sphere of responsibility. Nevertheless, the commonality (but also variety) in their views contributes to a sense of credibility about the findings.

### Analysis of KI interviews

The KI interviews were transcribed verbatim and entered into Atlas-ti for analysis, which was carried out by the two primary researchers. After initial reading of the transcriptions of one interview, a preliminary set of codes was identified. These codes were discussed by the researchers, revised and a definition for each code developed. The codes were then, in an iterative process, applied to the first interview and to further interviews. The researchers at first worked together on an interview, but later analysed different interviews separately; in the latter cases, the researchers then reviewed each other’s analysis and resolved differences of interpretation in discussion. In the process, where new light was cast on a particular code, it was sometimes necessary to revise definitions of codes and then review application to earlier interviews for consistency.

Once the above process was complete, the researchers reviewed the list of codes and their definitions and identified a set of overarching themes. The researchers then wrote a synopsis of the themes; where similar themes were expressed in the course of case-study interviews, these were also integrated into the synopsis (see Chapter 7). Themes are illustrated by selected quotations, which, to protect the confidentiality of KIs, have identifying information removed and are not attributed.

### Survey of current HCI within faculties

Our project plan had called for the DDs (T&L) to facilitate a survey of current HCI within their faculty. Most KIs, however, advised against conducting a formal survey, suggesting it implied a demand for HCI and anticipating resistance from academic staff on the grounds of academic autonomy. In the circumstances, we felt that insisting on the survey would be counter-productive both in terms of obtaining reliable information and for any longer-term promotion of HCI. There were also alternative sources of information which, although not comprehensive, could contribute to an overview of HCI in the present and recent past. Accordingly, a formal cross-faculty survey was not undertaken.

Some DDs (T&L) did, however, carry out an informal survey, largely along the lines suggested by the survey questions which had been sent to them for distribution and made the information collected available to the research team. This information was later confirmed and supplemented as for the information provided in the KI interviews.

Given the lack of formal survey information, we undertook a rapid appraisal of HCI in UP curricula by means of a computer-based search of all the faculty yearbooks, using the search terms, “HIV” and “AIDS”. The Yearbooks provide summary information for prospective students about modules and courses offered in a faculty, including information such as module name and number, department offering the course, and (in all but one yearbook), a brief statement of content. Where information on a module conflicted with other sources of information, e.g. from the DDs (T&L), it was checked with the alternative source and, where possible, with the lecturer offering the course.

The limitation of this approach is that yearbook descriptions may not refer to HIV or AIDS, even when the topic is in fact addressed in some way, but not explicitly mentioned, or when alternative information would indicate otherwise. For example, the Faculty of Health Sciences Yearbook descriptions of modules on *Pregnancy & Neonatology and Disorders of Childhood* do not directly refer to HIV or AIDS, despite information from the DD (T&L) – and knowledge of the field – indicating that these modules do include HIV. Some academic staff noted similar omissions with respect to their departments in a provisional summary circulated at staff

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workshops ('Collegial Conversations') and were then able to provide supplementary information. Furthermore, most instances involving integration in the form of 'brief reference' to HIV and AIDS (see Chapter 2) are not captured in the very condensed yearbook descriptions. In our rapid appraisal, therefore, where such alternative information was available, we have included it in our appraisal; however, there may well be other instances of HCI of which we are not aware. Despite the shortcomings, the rapid appraisal does help to give an impression of the nature and extent of HCI across faculties at UP.

### Case-studies

We elected to use case-studies as a source of in-depth information on the variety of HCI at UP. As indicated above, case-studies were identified through interviews with DDs (T&L) and via campus networks. In seven cases, the lecturer responsible for the module or course was interviewed on at least one occasion (usually for a period of one to two hours). In some cases, other staff who had been involved in the development of the module or course were also interviewed to provide additional information.

The interviews with the case-study KIs were generally carried out by the two primary researchers working together, using an interview guideline (see Appendix B3); the second researcher was not available for one of the interviews. Additional informants were interviewed concerning the specific area where they could provide information, but remaining open to the possibility of other useful information emerging. The interviews were supplemented by information from documentary sources, principally study guides for the modules. The interviews were transcribed verbatim and used by one of the primary researchers to develop case-studies following a standard framework developed in the course of writing. All the case-studies were reviewed for accuracy by the other primary researcher and for clarity by another member of the research team.

A draft of the eighth case-study was written by a member of the research team who had been involved in the development of the course. The draft was edited and reworked by one of the primary researchers for clarity and completeness of information and to make for easier comparison with the other case-studies.

The case-studies inevitably reflect the views of the KIs, as understood by the interviewers. They are, we believe, sufficiently detailed to allow readers to gain a rounded perspective of what each of them involves, as well as their strengths and challenges.

### Focus group discussions (FGDs) and interviews with students

The project plan called for FGDs with students who have been exposed to HCI to gauge their response. We planned to undertake the FGDs with students enrolled in some of the case-study modules in the second half of the year and after concluding KI interviews and much of the drafting for the case-studies, so as to be able to use the student interviews to reflect on issues arising from the former. In the event, it proved difficult to recruit students at this time of year, apparently owing to imminent examinations and then by the disruptions occasioned by protests about student fees and university transformation.

We attempted to compensate for this significant departure by conducting individual interviews with student KIs identified by some of the case-study KIs; rather than being 'typical' students, the students were purposively selected as capable of providing informed comment on the modules. The identified students did not always respond to our invitation to interview them; the two who did provided valuable insights into the relevant modules. These have been integrated into the relevant case-studies.

We interviewed the two students, using an adapted form of the interview schedule (see Appendix B4a and b) developed for the FGDs. The interviews were relatively brief, taking about 30 minutes. The students interviewed<sup>25</sup> were confident and clearly appreciated being asked to give their opinions. They were able to identify positive and negative features of the modules and could comment on their own response to the modules, as well as those of their class-mates, based on their own perceptions, as well as their having asked a few class-mates to give their views on the course. We did not perceive any self-censorship on the part of these students.

For two modules, we were also able to use students' written evaluations of the modules provided by the KIs, in one instance in the form

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Both students elected to remain anonymous.

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of anonymous comments on standard feedback forms, in the other invited open-ended feedback. There are, of course, limitations to these forms of evaluations, owing to the inevitable bias towards positive comments (especially when not anonymous, or derived from a small class and addressed to the lecturer who will be marking their examination papers). Further caution is necessary in the case of a limited selection from large numbers of comments (as in one of the modules). However, we believe the written evaluations do convey as a minimum a sense of students' 'public' assessments of the modules and, we would argue, especially in anonymous evaluations, a genuinely honest appraisal, as shown by both positive and critical comments by the same individual. It is not, however, surprising that most students tended to emphasise the positive aspects; what was of interest therefore was which aspects they chose to highlight and any commonalities between students.

Information from the interviews and the student evaluations is not presented separately in the report, but integrated into the 'Student response' section of the relevant case-studies.

### Workshops with academic staff

Three workshops were held with academic staff identified by their HODs, in consultation with their DDs (T&L). The workshops were an opportunity for academic staff to reflect on 15 years of HCI at UP – to explore similarities and differences in how HCI had been implemented across the different faculties and between disciplines, to share practical ways of integrating HIV through case-studies and to identify areas of needs for capacity building in HCI. The workshops were thus intended both to gain further insights for the investigative aspect of the project and to initiate discussion about HCI and support that might be needed to take the process further. The workshops are titled 'Collegial Conversations', highlighting their intention not to impose on academic staff particular views on HCI.

Faculties were grouped into three clusters for the workshops:

- Cluster A: Law, EMS and Education
- Cluster B: Humanities and Theology, and
- Cluster C: Health Sciences, Veterinary Sciences, EBIT (Engineering, the Built Environment and Information Technology) and Natural and Agricultural Sciences.

The workshops each involved presentations regarding the background to the project, an information update on HIV and AIDS, one or more relevant case-studies and participant discussion (see Workshop programme, Appendix C).

The workshops concluded with a discussion of the way forward, including opportunities for capacity building and mutual support.

The workshop facilitators (members of the research team) made notes on the discussion at the workshops, which were then summarised (see Chapter 8).

### Formulation of final report

The final report was produced collaboratively by members of the research team.

### Limitations of the study

Certain limitations are mentioned above with regard to the various methods employed in the research. In addition, our location as a research team in the CSA&G, with its history of involvement in HCI at UP and its particular understandings of HCI in the current context, inevitably framed our overall approach, as well as the specific questions we asked and how we asked them, particularly in interaction with our various key informants. Finally, our analysis and understanding of what we heard and read was, as with any research, inevitably refracted through the frames of reference of this study and the biases of the research team.

### Conclusion

Despite limitations — the most critical being lack of substantial student comment — the use of a variety of methods has, we believe, allowed us to develop a nuanced view of HCI at UP over more than 15 years. These findings are reported in the following chapters.





## CHAPTER 4: HCI at UP: the first decade (1999-2010)

Information on the first decade of HCI at UP is summarised here, based on various documents, as well as on KI interviews, and contemporary reports and minutes of meetings.

### Early HCI at UP: Challenges, focus areas, processes and activities

Before 1994 and in the early post-1994 years, despite growing evidence of the impact of HIV and AIDS on society, South African universities were generally slow to respond, or responded in an *ad hoc* and uncoordinated way. Aside from faculties and departments such as Health Sciences and Social Work that were directly confronted by the challenges posed by HIV and AIDS to their disciplines and their graduates, universities generally failed to acknowledge the need – let alone take steps – to institutionalise HIV and AIDS into their vision, policies and curricula.

UP was no exception. However, in 1999, the Centre for the Study of AIDS (CSA)<sup>26</sup> was established at the university as the first stand-alone unit on a university campus. An important part of its mission was to assist the university to develop an appropriate response to HIV and AIDS. The CSA's Director had no illusions about the difficulty of the task:

*Institutionalising HIV and AIDS as a university response is far more complex than offering counselling services or establishing research programmes. It involves turning the whole university around to recognise the threat of HIV and AIDS both to the university and the society in which it is located, and to respond to it in a holistic and complete way. It involves addressing the essence, culture and power of the institution and it challenges the relationship between the institution and the society.<sup>27</sup>*

The UP HIV and AIDS programme attempted to address these challenges by focusing on five key areas:

- Fostering a culture of critique, specifically developing a rigorous and theoretically informed understanding of the epidemic as it plays out in the South African context, with an emphasis on the social rather than

only the biomedical, to form a basis for challenging assumptions about HIV and AIDS

- Developing students' theoretical and intellectual understanding and capacity to deal with HIV and AIDS in their future professional careers
- Developing an extensive, collaborative research programme, involving both cross-disciplinary work within the university and collaboration with external research partners
- Involving students in service provision to communities and fellow students (counselling and media), and
- Developing a workplace programme and support services to address the needs of staff related to HIV and AIDS.

The programme was strongly supported by senior university and faculty management, as well as by student leadership. An inter-faculty committee was established, composed largely of invited champions within the faculties. Its mandate was primarily to promote HCI and research on HIV and AIDS across all faculties and departments. Through its efforts, HIV and AIDS were introduced into a number of curricula, either as formal components or more informally, and new research was initiated. An interesting aspect of early work was that it was not only 'obvious' faculties such as Health Sciences, Social Work or Psychology that engaged, but in fact, staff from the hard sciences and technological faculties (e.g. Veterinary Science, Engineering and Agriculture) were often at the forefront of work on HIV and AIDS.

A major achievement was the development of a home-based care kit as an inter-disciplinary project involving Engineering, Law, Medicine, Dentistry and the Departments of Economics, Nutrition, Visual Arts and Education. Students participated in community surveys that informed the development of the kit, while both staff and students were involved in the design and testing of the kit and educational materials. The significance of this project lay not only in the successful creation of the kit, but also in that it drew in a range of faculties and departments, including many with no obvious links with HIV and AIDS. It showed that students and staff from diverse disciplines could be involved in HIV and AIDS educational activities.

<sup>26</sup> Later, in 2015, renamed the Centre for Sexualities, AIDS and Gender (CSAG).

<sup>27</sup> Crewe, M. (1999). *"They roam the landscape like packs of leaderless dogs": AIDS - activism and the role of the universities*. Paper presented to the Heads of Commonwealth Universities, 8/9 November, Durban. (p.1)

## CHAPTER 4: HCI at UP: the first decade (1999-2010)

Alongside and feeding into work on curricula, were a number of other initiatives. Research into HIV and AIDS was strongly promoted. Academic staff and postgraduate students undertook research, in certain instances contributing to departmental research programmes extending over a number of years. Undergraduate students also participated in the research as field workers, giving them both intellectual and practical exposure to HIV and AIDS as a legitimate object of study in their discipline.

A regular AIDS Forum was introduced in 1999, which provided an opportunity for UP staff working on HCI and research on HIV and AIDS to present their work to peers, receiving recognition as pioneers and encouraging others to follow suit. The Forums also hosted presentations on topics related to HIV and AIDS by respected academics and activists such as Olive Shisana, Charleen Smith, Richard Delate, Harry Moultrie, Jonathan Berger and Clem Sunter, the high profile of the presenters serving to highlight the importance of work in this area. Although well attended in early years, towards the end of the decade attendance declined and it was decided to end what had been a very successful forum for the exchange of ideas on HIV and AIDS.

Extra-curricular volunteer programmes in HIV-related peer counselling, peer education and community outreach were developed by the CSA, aimed at social mobilisation of students. The programmes involved in-depth, critical education on HIV and AIDS and promoted active citizenship in the field of HIV and AIDS and more broadly. The programmes initially targeted students in leadership positions, but also attracted other students drawn to the safe opportunity for discussion of HIV-related issues such as sexuality, relationships and diversity. Despite the lack of direct links with curricula, students took back into their academic courses the insights and skills, both intellectual and in personal, they had acquired as CSA volunteers. The CSA also supported other extra-curricular initiatives: in 2000, for example, donor funding<sup>28</sup> enabled the CSA to train members of the UP Chorale to facilitate peer programmes on HIV, including in the course of choral events at other universities. The CSA also gave input to training of mentors for the university's mentorship programme for first-year students.

The CSA was instrumental in highlighting the need for, and suggesting approaches to HCI. In addition, researchers and students undertaking course-related assignments were able to draw on the knowledge and experience of senior CSA staff and use the resources of the CSA.

The Inter-Faculty Committee met regularly in 2000, but attendance was inconsistent and at times the committee was dormant. It seemed that, apart from a strong core of passionate individuals, the committee fairly soon lost its sense of urgency and, in 2001 Inter-Faculty Committee meetings ceased. However, building on the experience of the first few years, a renewed effort was made in 2002 to revitalise the commitment of the university and amongst faculties.

A number of faculty co-ordinators were employed through the CSA<sup>29</sup>, their brief being to document current HCI and research on HIV and AIDS at UP (see further below), to support faculties and departments in their HIV curriculum work and to foster discipline-specific and interdisciplinary research. In their curriculum-related work, the faculty co-ordinators promoted an approach of integration and infusion (see Chapter 2). In some cases, as an initial step towards fuller integration, the faculty co-ordinators directly assisted departments by providing short introductory lectures on HIV and AIDS 'bolted onto' a relevant disciplinary module.

HIV-related research was encouraged in various ways, including through provision of top-up funding from donor sources in certain instances. Faculty co-ordinators assisted academic staff and postgraduate students in various disciplines to conceptualise research and to access relevant literature and other resources. In some instances, they also helped to co-ordinate large-scale research projects, such as a study on the impact of HIV and AIDS on agriculture and food security in South Africa, under the auspices of the UP Department of Agricultural Economics, Extension and Rural Development, in collaboration with the University of the North.

28 United Nations Development Programme (UNDP) South Africa.

29 With funding from the European Union Commission through the South African Department of Education and Higher Education South Africa (HESA).

## CHAPTER 4: HCI at UP: the first decade (1999-2010)

When donor funding for the faculty co-ordinators ended, it was left to faculties and departments to continue the work of HCI largely on their own. A number of faculties and departments sustained HCI and research on HIV and AIDS with remarkable persistence and success. These have tended to be those where the impact of HIV and AIDS is most acutely felt (for example, Health Sciences, Education and Social Work). However, other faculties and departments, such as Engineering, Construction, and Drama, also persisted with HCI.

HIV-related research has continued across a number of disciplines. In 2009 and 2010, research *indabas*<sup>30</sup> were convened to allow UP researchers in the field of HIV and AIDS to share their findings, explore avenues for possible collaboration between natural, social and health sciences; and address the challenges encountered by researchers. At both events, a range of faculties and departments were represented and presenters included staff, as well as students in their final years of undergraduate studies, or graduate students pursuing masters and doctoral studies at UP. It was clear that participants valued the opportunity to share their research and were challenged to cross disciplinary boundaries both in the *indabas* (leading, in some cases, to their subsequently engaging in inter-disciplinary research on HIV and AIDS). The intention to continue the *indabas* foundered on a lack of further funding to support preparatory research and the conference itself.

In the latter years of this period, the CSA continued to be acknowledged as the university unit responsible for advising on HIV and AIDS, including HCI. However, as responsibility for HCI has shifted more to faculty and departmental levels, the CSA assumed a more informal support role, providing input when requested into planning, course content and, at times, delivery of 'bolted on' courses and through faculty members of its advisory body, the TUKS AIDS Reference Group (TARG).

### Policy on HIV and AIDS

Parallel to the above processes was the development of UP's policy on HIV and AIDS<sup>31</sup>, which was drafted in 2001 and updated in 2003. The policy formally commits the University to ensuring a sustained education and prevention programme across the campus and in all faculties, reaching both undergraduate and postgraduate students. It affirms support for the development of volunteer-based counselling and support programmes. There is commitment to creating a safe environment on campus and to challenging the racial, cultural and patriarchal attitudes and behaviours that contribute to inequality, vulnerability and the risk of HIV infection. Particularly relevant to HCI, the policy commits the University to make efforts to raise the level of understanding of HIV and AIDS in all aspects of its work, including curriculum innovation. However, it is perhaps suggestive of the relative importance assigned to the policy that, even after its 2003 updating, its status remains recorded as being an 'interim policy'.

The policy seems to straddle a stand-alone emphasis on the personal implications of HIV and AIDS and a broader approach that emphasises the contribution of structural and contextual factors – tending, however, to lean towards the former. Support for volunteer-based counselling and support programmes might imply acknowledgement of the value of extra-curricular engagement, or simply of the value of peer support for students in dealing with HIV and AIDS at a personal level. These emphases to some extent reflect the period when the policy was formulated and its lack of updating since then.

### Audits of HCI: early to mid-2000s

Amongst the responsibilities of the interfaculty co-ordinators was to conduct audits of HCI and research on HIV and AIDS at the University. Their findings, supplemented by the recollections of staff actively involved in HCI at the time (summarised in Appendix D), indicate that, in the early to mid-2000s, a number of faculties and departments made efforts to integrate HIV and AIDS into curricula, often at both undergraduate and postgraduate levels. In a number of instances, departmental 'champions' were largely

30 In 2008 the Higher Education Programme on AIDS (HEAIDS) received a grant from the European Commission (EC) to scale up HIV and AIDS interventions in South African universities. Funding from HEAIDS made it possible for UP to convene two successful research *indabas* in 2009 and 2010.

31 [http://www.up.ac.za/media/shared/409/aids-policy\\_zp84968.pdf](http://www.up.ac.za/media/shared/409/aids-policy_zp84968.pdf)

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## CHAPTER 4: HCI at UP: the first decade (1999-2010)

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responsible for driving HCI, often reflecting and impacting on their own research interests.

Amongst the offerings, a short-lived component of the compulsory first-year orientation programme was the only example of a typical stand-alone course, focused mainly on the personal. An extra-curricular, voluntary course, in contrast, went beyond the basics and the personal to offer a broader contextual approach to HIV and AIDS. The models used in disciplinary courses were primarily aimed at professional (rather than personal) learning. Integration generally took the form of: HIV and AIDS used briefly to illustrate or provide an example of a general principle; a unit on HIV and AIDS an add-on ('bolted on') to an existing course; discipline-relevant integration as a legitimate topic in a carrier course; or (more rarely) infusion into course to illustrate discipline-specific theories, concepts and methods and/or their application to HIV and AIDS. On the other hand, while HIV and AIDS had been integrated into a remarkable spread of courses, it is debatable whether any could be described as reflecting an approach 'beyond infusion' as defined earlier (see Chapter 2).

### Conclusion

In the first decade of HCI at UP, despite challenges, considerable resources and support at senior levels within the university saw a spread of HCI across all faculties, using a variety of models. A policy on HIV and AIDS developed at the time remains in place today. In the latter years of this period, however, with fewer resources available and less explicit high-level support, the task of sustaining HCI was left largely to faculties and departments.



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## CHAPTER 5: HCI in recent years (2011-present)

This chapter starts with a review of recent university policies and initiatives relevant to HCI and then reports findings of a rapid appraisal of current HCI at UP (with the latter supplemented by information from informal surveys conducted by some KIs).

### The university policy context

While no HIV-specific documents like the HIV/AIDS policy have so far been developed, that document remains in place (though still with the status of an 'interim policy'). Other recent more general policy documents referring to curriculum development are, however, relevant to the issue of HCI.

### Vision 2025 and related documents

In 2011, after intensive research and consultation amongst university stakeholders, UP released its strategic plan<sup>32</sup> for the next 15 years. The university's vision, set out in the document, is to be *"a leading research-intensive university in Africa, recognised internationally for its quality, relevance and impact, as also for developing people, creating knowledge and making a difference locally and globally"* (p.5). The university proposes to *"pursue excellence in teaching and learning"* (p.11) and to *"strengthen the University's impact on South Africa's economic and social development"* (p.11). *A key strategy is to promote "optimal synergies ... between research and teaching to inform inquiry-led curricula at undergraduate and postgraduate levels, and between research and professional programmes and qualifications"* (p.7).

The Academic Plan<sup>33</sup> expands on the above, stating that *"a primary function of the university [is] to produce skilled graduates in line with the needs of the South African economy and society, to give students an holistic education that will equip them to function optimally in a fast changing world, and to impart values that will engage the many challenges of a developing context and young democracy"* (p.14).

To achieve these goals, there is a stress on ensuring that curricula are enquiry-led, that is, encourage students to ask questions, know where to look for relevant information, explore different perspectives, find evidence

to support or contradict, and synthesise what they have learned. A *blended learning* approach is encouraged – one that combines traditional teaching and learning methodologies (lectures, seminars, tutorials) with e-learning and in which service learning/community engagement provides opportunities for research and practical application of learning. The importance of scholarly teaching is stressed – teaching that encourages critical questioning of established knowledge, leading to the development of new insights and discoveries. Teaching should also, crucially, *take account of the differences in learning histories and levels of preparedness amongst students*. Thus it is essential that curricula are designed to provide all students with effective opportunities to learn both the content of the subjects they are studying and how to convey their understanding.

Curricula and how they are taught are expected to contribute to a unique set of *graduate attributes*, including those required of graduates as they enter the world of work (so-called "day one" competencies). While it is recognised that not all graduates will demonstrate all the attributes fully, they provide an aspirational target for both teaching staff and students. Attributes relevant to this review of HCI include that graduates will demonstrate intellectual curiosity, be able to conceptualise issues and synthesise knowledge in creative ways and have a broad knowledge of theory and practice relevant to their disciplines. Alongside these intellectual and practical competencies, it is hoped that graduates emerge with a sense of social responsibility, respect for human rights and dignity, sensitivity to civic, cultural and environmental issues, and a commitment to behave ethically and with integrity. This combination of intellectual, practical and personal attributes should enable UP graduates, as *"reflective practitioners"*<sup>34</sup> and citizens of a developing country, to contribute to creating innovative solutions for contemporary challenges.

Although generic in nature, these documents could undoubtedly be said to be relevant to HCI, given that HIV and AIDS, despite advances in prevention and treatment, are still prevalent in South and Southern Africa. HIV and AIDS remain

32 University of Pretoria. (2011). *Strategic Plan: The vision, mission and plan of the University for 2025*.

33 University of Pretoria. (2012). *Academic plan and its impact on the university's shape and size: UP2025*.

34 Boud D, Keogh R, & Walker D. (1985). *Reflection: Turning experience into learning*. London: Kogan Page. Quoted in McClure, P. (n.d.) Reflection on practice. A resource commissioned by the Making Practice Based Learning Work Project. [www.practicebasedlearning.org](http://www.practicebasedlearning.org)

## CHAPTER 5: HCI in recent years (2011-present)

an important social issue and contemporary challenge that invite innovation and critique in the interests not only of promoting health, but also of promoting human rights and dignity. Ensuring that graduates are enabled both personally and professionally to 'make a difference' in the epidemic might well be seen as an important graduate attribute. Moreover, the way in which UP took on HIV and AIDS curriculum development and innovation in 1999 positioned the institution to use HIV and AIDS as an opportunity to be responsive to broader social, economic and development challenges facing South Africa and the region.

### The role of the CSA/CSA&G within the university

The CSA played a critical role in the early years of HCI at UP and, in its new guise as the CSA&G, continues to be seen as an important resource guiding the university's HIV and AIDS response, while still providing support to faculties and departments on request. As reflected in its recent change of name to the CSAG, the Centre itself has continued to explore and develop its understanding of HIV in context, with a focus particularly on structural drivers of the epidemic and links with related social issues. Recent changes in the university structure and the CSA&G being re-positioned as a unit within the Humanities Faculty may offer new opportunities for promoting curriculum change, encouraging the university to respond to shifts in the epidemic and to other key social challenges by adopting an approach that goes 'beyond HIV'.

### Faculty and department-level initiatives

Key informant interviews with Deputy Deans for Teaching and Learning in the various faculties indicated considerable caution about in any way prescribing to academic staff what or how they should teach within their particular spheres of interest and expertise. Exposure to innovative models of teaching and learning could, however, prompt staff to review and renew their approach to teaching and learning, both within and across faculties. We include here a few examples of such initiatives.

### Prof. D Meyer: "an ambassador for science"<sup>35 36</sup>,

Reference was made earlier (see Chapter 4) to the teaching and learning approach championed by Prof. Meyer, while HOD of the Department of Biochemistry (2012-2014)<sup>37</sup>. Her approach provides an example of innovation relevant not only to science education in general, but particularly to HCI.

Prof. Meyer's approach involved using "*the challenges of society as the vehicle through which to teach chemistry, biochemistry, and other scientific disciplines, because it makes it relevant to students, it encourages deeper learning and eventually has better performance as a result.*"<sup>38</sup>

Her approach was in line with and drew on the work of an organisation named SENCER (Science Education for New Civic Engagements and Responsibilities)<sup>39</sup>, with which she had developed links. Based in the United States of America, SENCER aims to improve science education (particularly at undergraduate level) and, at the same time, to build capacity in the broader community and society by using "*critical local, national and global challenges... to make science more real, accessible, 'useful' and civically important*". Its approach is strongly influenced by the ideas of the philosopher, William James, in particular his view that subjects that may not be of immediate interest (to students) can be made interesting when associated with those that are<sup>40</sup>. SENCER promotes a community of practice amongst academics using these ideas through workshops, events and internet sharing and hosts a bank of teaching materials providing a powerful resource for academics wanting to use the approach.

Not only did Prof. Meyer use this approach in her own teaching, but she introduced colleagues to the approach. In 2014, she (together with Prof. Potgieter (DD (T&L), NAS), organised a symposium involving academics from UP and various sister universities to introduce them to the SENCER approach and to motivate its use.

35 As described by a colleague, [http://www.up.ac.za/en/biochemistry/news/post\\_2061517-goodbye-to-ambassador-for-science](http://www.up.ac.za/en/biochemistry/news/post_2061517-goodbye-to-ambassador-for-science)

36 This account relies heavily on a key informant interview with Prof. M Potgieter, DD (T&L) in the NAS Faculty.

37 Prof. Meyer is no longer at UP, having taken up the position of Executive Dean of the Science Faculty at the University of Johannesburg in 2015.

38 KI interview, Prof. M Potgieter, DD (T&L), NAS.

39 <http://www.sencer.net/About/aboutus.cfm>

40 A view that may be particularly relevant to the question of how to overcome 'AIDS fatigue'.



## CHAPTER 5: HCI in recent years (2011-present)

Prof. Meyer was clearly a vocal and competent advocate, not only of the SENCER approach, but also of HCI. Her departure could well have resulted in a waning of these emphases. However, a continuing influence may perhaps be read in the way in which the current HOD, Prof. WD Schubert, describes the Department of Biochemistry on the departmental webpage<sup>41</sup>:

*The Biochemistry Department at UP promotes the ideal of 'useful citizenship' ... Our research addresses real world problems (malaria, HIV/AIDS, tuberculosis, hypertension, cancer etc.) and trains critical thinkers and problem solvers.*

### The Faculty of Health Sciences: Learning and practising medicine in the context of HIV<sup>42</sup>

It is no surprise that HIV and AIDS are included in curricula of the Faculty of Health Sciences (see further below). Prof. Diane Manning, DD (Education) in the Faculty of Health Sciences asserted that:

*HIV is embedded throughout our curriculum and our curriculum is embedded in an HIV environment because of the reality of South Africa... You practise medicine in the realm of HIV – it's what we do, it's not a different thing from what we normally do...*

Taking this position into teaching has meant integrating HIV and AIDS into specific subject areas and disciplines within the health sciences, and also into the practical training that forms such an important component of curricula in the health sciences.

A major project involves student placements in ward-based outreach teams that work in municipal health services<sup>43</sup>. The placements are longitudinal, with students returning to the same setting repeatedly over a period of time, allowing them to become integrated into the teams and the communities. The result is that students are exposed organically to the reality that many patients may have HIV or AIDS and that they should factor this into their engagement with them: the questions they ask, the tests they

41 <http://www.up.ac.za/en/biochemistry/article/42926/message-from-the-hod>

42 This account relies heavily on a key informant interview with Prof. D Manning, DD (Education) in the Faculty of Health Sciences.

43 Bam N, Marcus T, Hugo J, & Kinkel H-F. (2013). Conceptualizing Community Oriented Primary Care (COPC) – the Tshwane, South Africa, health post model. *Afr J Prm Health Care Fam Med.* 5(1), Art. #423, 3 pages. <http://dx.doi.org/10.4102/phcfm.v5i1.423>.

consider, possible diagnoses, the treatments and support that may be appropriate. In a related initiative at a PHC clinic, students, including medical and dental students, occupational therapists, speech therapists and so on, work together in multidisciplinary teams. *"So they learn how to manage a patient – it could be any patient, but it could be an HIV patient – in the context of the role of the different health care professionals"*<sup>44</sup>.

Students bring to the clinics knowledge from formal courses, but also learn informally from immersion in a community affected by diseases such as HIV and TB. *"By being with those people, the learning happens in a less formal way – it's not a textbook or a lecture, it's just in talking to a patient that some of the learning will occur; or talking to family members or to the other health care professionals who are treating that patient"*<sup>45</sup>.

It is not assumed that students will simply absorb such learning 'by osmosis'. The informal learning is supported by a tutor attached to every group, whose function is to help students draw the links between the formal and informal learning and practice. Students also have to document their experiences and learning in logbooks and complete assignments that extend and test their learning.

While Health Sciences curricula necessarily include HIV and AIDS, this example shows HCI within a learning context that provides for the linking and practical application of diverse fields of knowledge. Other disciplines could consider whether there are similar opportunities within their own fields of knowledge.

### HCI as an example of innovation

HCI initiatives themselves have offered models of ways to integrate relevant social topics into curricula. A number of our case-studies — in particular, in Social Work and Law – have illustrated how academics with an interest in teaching and research on HIV and AIDS have influenced their colleagues' approach to teaching.

### Current HCI at UP: Rapid appraisal

As discussed above (see Chapter 3), the intended survey of HCI over the last 4-5 years was not undertaken as planned. Instead, as described more fully earlier, we collated information on modules currently being

44 KI interview, Prof. D Manning, DD (Education), Faculty of Health Sciences.

45 *Ibid.*

## CHAPTER 5: HCI in recent years (2011-present)

offered that reflect some degree of HCI. The information was derived from interviews with various key informants and, in particular, a search of faculty yearbooks for 2015. The search was focused on undergraduate modules, because they reach larger numbers of students. The detailed tabulated information is presented in Appendix E. A summary of the findings is provided below (see Table 3).

*Table 3: Rapid appraisal of HCI at UP: Undergraduate modules*

Faculty	Departments with HCI modules	Approx. no. of modules*
Economic & Management Sciences	Economics, Human Resource Management; Communication Management; Tourism Management	12
Education	Early Childhood Education; Educational Psychology; Science, Mathematics & Technology Education; Humanities Education	6
Engineering, Built Environment & Information Technology	Mining Engineering; Construction Engineering; Community-based Project; Service Course (Humanities)	6
Health Sciences	Health Systems & Public health; Family Medicine; Physiotherapy; Nursing Science; Dietetics	20
Humanities	Social Anthropology; Psychology; Sociology; Social Work; Criminology; Speech-Language pathology & Audiology; Centre for Sexualities, AIDS & Gender	13
Law	Procedural Law; Mercantile Law; Jurisprudence; Public law	9
Natural & Agricultural Sciences	Plant Sciences; Microbiology & Plant Pathology; Biochemistry	3
Theology	Dogmatics & Christian Ethics; Practical Theology	2

\* Refers only to modules identified; note methodological limitations referred to elsewhere.

The number of undergraduate courses identified as showing some form of HCI totalled 71<sup>46</sup>. This is probably an underestimate of HCI at UP, primarily because (as discussed in Chapter 3), the lack of reference to HIV or AIDS in the title or description does not mean that they are not covered in a module, either as a brief reference, or in greater depth.

Only Veterinary Science which, at least until about 2003, had engaged strongly with HCI, did not record HCI in some form. All other faculties referred to HIV and AIDS in some modules. However, there were clear differences between faculties in the extent to which HCI involved only brief reference or a more substantial form of integration. These differences to some extent reflected the frequently cited distinction between faculties — more accurately, departments or disciplines — which are seen as ‘obvious’ as opposed to less obvious sites for HCI in the sense of relevance.

To illustrate, in the Faculty of Economic & Management Sciences (EMS), often seen as a faculty with few opportunities for HCI, there is only brief (and informal) reference to HIV and AIDS in a module on Economics, but more substantive integration into a carrier course dealing with Human Resource Management. In the Education Faculty, in contrast, virtually all modules showing HCI involve discipline-related integration into a carrier course. In the Faculty of Engineering, the Built Environment and Information Technology (EBIT), there were examples of ‘bolted on’ guest lectures, but also two examples involving discipline-related integration into a carrier course, one being a service course, while the other is a compulsory practical component. Unsurprisingly Health Sciences largely involved discipline-related integration into carrier courses. However, it was clear that a number of areas (e.g. Infectious diseases, Obstetrics & Gynaecology, Paediatrics) were not picked up in the rapid appraisal because of the lack of explicit reference in the title (or even the module description) to HIV and AIDS. In Humanities, it was generally social science- or health-related disciplines that showed HCI, mostly integrated into a relevant carrier course, and less often a central focus. No reference to HCI was found in ‘less obvious’ Humanities disciplines such

46 The search did incidentally identify a number of courses at the postgraduate (particularly Honours) level, in line with the view of some KIs that the complexities of HIV can be more easily addressed at a postgraduate level.

## CHAPTER 5: HCI in recent years (2011-present)

as English Literature<sup>47</sup> or indeed Afrikaans, African Languages or Modern European Languages. The Law Faculty presents a number of modules demonstrating HCI, generally via discipline-related integration into a carrier course. Similarly, a few modules in Natural & Agricultural Sciences show discipline-related integration into a carrier course. Finally, in Theology, perhaps rather surprisingly, brief reference to HIV and AIDS was made in one module, while another used discipline-related integration into a carrier course.

Most of the modules in which there was reference to HIV were compulsory core modules, at least for the primary degree, although in some instances these modules were electives for other degrees. As to the form of HCI (see Chapter 2), with the exception of an extra-curricular course (see below), we found no examples of stand-alone modules. Instead, there were a number of modules making brief reference to HIV and AIDS and a few instances of 'bolted on' units (usually a single, guest lecture). There were also a few instances where HIV and AIDS were the discipline-relevant central focus of the module. Most common was discipline-relevant integration into a carrier course (in some instances, as a major focus), or infusion. In all these courses the HIV content, whether brief or in-depth, was discipline-relevant (professional) and did not directly address personal aspects of HIV and AIDS. (This is not to say, as a various key informants made clear, that ad hoc comments in regard to the latter might not have been made by lecturers; however, this was not integral to the module.) Finally an extra-curricular course<sup>48</sup> – thus by definition not offering integration into the curriculum – did nevertheless suggest ways to take infusion beyond HIV.

The overall impression, then, is of HCI within many curricula at UP, including both obvious and less obvious faculties and departments. Although not in all cases a substantive part of a module, it does appear that knowledge and understanding of HIV and AIDS relevant to a discipline are recognised as necessary in many curricula. Furthermore, it should be noted that, even in this limited review, the process of gathering information on HCI prompted KIs to consider ways that HIV and AIDS might

be included in curricula. Such musings could potentially result in new initiatives on HCI.

### Conclusion

It is clear that HCI at UP has persisted into a second decade. Certain university policies could be seen as offering support for HCI, while faculty-level and department-level initiatives, usually driven by champions, offer motivation and models. The result is a range of modules across faculties and departments that demonstrate some degree of HCI. The next chapter will outline in more detail some examples of good practice.

47 Where, as remarked by a KI, the poetry of Thom Gunn, including most obviously *The man with night sweats* (Faber & Faber, 1992), might have been a focus.

48 One of our case-studies, the Entry-level Course offered by the CSA&G.



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## CHAPTER 6: Doing HCI: Case-studies

Case-studies offer the possibility of conveying the diversity and multidimensionality of real-world experience. In using this method, we wanted to convey a sense of the range of HCI at UP, with a view to sharing the experiences of their creators and presenters, while providing opportunities for others to consider the applicability or not of similar approaches in their own practice.

As discussed more fully in Chapter 2, we identified examples of HCI in undergraduate modules, which we felt merited their being presented as case-studies. The primary criterion was the perception that the module in question demonstrated an innovative approach, was an unusual site for HCI, and/or had other characteristics, such as longevity, despite challenges to its being sustained. The case-studies are based on in-depth interviews with a key informant (KI) — generally the originator or current convenor of the course — supplemented by the views of other informants and information from documentary sources.

The case-studies represent a spread across a number of faculties. Some faculties are represented by more than one case-study. Some faculties are not represented. In one faculty this was because no examples of current HCI were identified. In others there were examples possibly meriting a case-study, but a KI's lack of availability or time constraints prevented our conducting interviews as a basis for writing up a case-study.

To assist in reading the case-studies, we draw attention to a few of the conventions adopted in describing the modules:

- Despite the drawback of repetition, we have used titles and names to refer to the originator/convenor or the case-study modules and other informants. Not only does this avoid the clumsiness of a third person account, but it properly conveys credit due.
- Quotations from tape-recorded interviews are used extensively. Quotations are presented in italics, followed by the initials of the speaker. Shorter quotations are inserted into the text; longer quotations are placed in boxes.
- Some terms may present some difficulty for readers:
  - “Module” and “course” tend to be

used interchangeably. The former currently seems the preferred term within documents detailing curricula and is often used as shorthand for the title. However, many informants refer to the latter in conversation, perhaps because it sometimes more readily conveys a sense of content or process.

- To avoid confusion, the term “compulsory” is used when all or a subsection of students must take a course; this contrasts with “core” which more readily conveys a sense of the subject matter being intrinsic to the discipline.
- Each case study ends with a commentary that includes a table summarising key features of the module, using dimensions outlined in the discussion on models of HCI (see Chapter 2).



### Case-study 1: An oblique approach to HCI

#### Module title: Perspectives on Contemporary Society (HAS 110)

**Faculty:** Faculty of Engineering, the Built Environment & Information Technology (EBIT)<sup>49</sup>

**Department/Unit:** School of Engineering

**Key informant:** Mr Jimmy Pieterse [JP] (Course co-ordinator and lecturer)

**Other informants:** Prof John Sharp [JS] (Co-Director: Human Economy Programme, Faculty of Humanities); Prof Ronny Webber-Youngman [RW-Y] (HOD: Mining Engineering); Mr Pierre Bredell (Lecturer, Mining Engineering); Dr Martina Jordaan (Lecturer and co-ordinator, Community-based Projects, EBIT Faculty)

#### Overview

The module, HAS 110, aims to give first-year engineering students “an introduction to some of the key debates in the social sciences about the characteristics and challenges of contemporary society”<sup>50</sup>. The intention is to encourage students to develop a deeper understanding of the world around them. HIV and AIDS are integrated into the module primarily in one component of the

<sup>49</sup> The module is a service course for engineering students taught by lecturers from the Faculty of Humanities.

<sup>50</sup> Faculty of Humanities. (2015). *HAS 110: Perspectives on Contemporary Society. Study Guide, 2015*. University of Pretoria.

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module, a case-study of the Treatment Action Campaign, where issues such as patterns of vulnerability and risk and access to treatment are used to illustrate and draw together key themes dealt with in the module.

### Programme context

The Faculty of Engineering, Built Environment and Information Technology (EBIT) offers locally relevant and internationally competitive programmes in its various fields at both undergraduate and graduate levels. Students who succeed in obtaining a place on one of the programmes can expect to receive high-quality teaching from lecturers, many of whom are leaders in their fields. Its resources for teaching and research are excellent, in part as a result of close links with industry.

The School of Engineering, located in the EBIT Faculty, is one of the largest of its kind in the country in terms of student numbers and offers programmes in all the major engineering disciplines, such as chemical, civil, electrical, mechanical and mining engineering. The School has strong partnerships with industry and its programmes are highly regarded, both nationally and internationally<sup>51</sup>.

Engineering curricula may not be seen as an obvious site for HCI. However, industries in the field of engineering – particularly in sectors such as mining and construction engineering – have been and continue to be impacted by HIV and AIDS, affecting the availability, turnover and quality of labour, operational matters such as employee benefits, productivity and output quality, and opportunities for development and expansion. Increasing mechanisation may indeed reduce the burden of HIV and AIDS owing to the historical reliance of these sectors on a largely unskilled, migrant labour force at high risk of contracting HIV. However, in the case of the construction sector, there remain risks which could affect the availability even of experienced supervisory, managerial and professional staff, *“given requirements for a nomadic ‘on-site’ lifestyle, living away from families in temporary accommodation with few recreational facilities, for long stretches of time”*<sup>52</sup>. In the mining sector, despite progress in providing comprehensive antiretroviral treatment to HIV-positive employees, the ability to address

HIV risk and ensure effective treatment is undermined by, amongst other factors, cross-border flows of miners and the living conditions of miners and mining communities at mines<sup>53</sup>. Thus it may be argued that HCI is entirely appropriate in curricula of engineering disciplines. The manner in which this has taken place is illustrated by a case-study of a module which is compulsory for all engineering students.

HCI in the School of Engineering at UP appears to have been an indirect consequence of decisions of the Engineering Council of South Africa (ECSA), a statutory body established to regulate the engineering profession. Amongst ECSA's core functions is the accreditation of engineering training programmes at universities and other institutions of higher learning.

ECSA provides a number of documents specifying exit-level outcomes and standards to guide Engineering faculties and departments in meeting requirements for accreditation of their training programmes. One such outcome (Exit-level Outcome 7) is that students should be able to *“demonstrate critical awareness of the sustainability and impact of engineering activity on the social, industrial and physical environment”*<sup>54</sup>. This outcome is further defined as referring to *“...[c]omprehension of the role of engineering in society and identified issues in engineering practice in the discipline: health, safety and environmental protection; risk assessment and management and the impacts of engineering activity: economic, social, cultural, environmental and sustainability.”*<sup>55</sup>

It is difficult to establish what prompted ECSA's decision to include this outcome. However, Mr Pieterse suggested that ECSA may have recognised that a broader education could encourage in engineering students a greater awareness of the social context in which engineers operate and help to equip them for the non-technical, managerial roles that many of them eventually take on. Likewise, the HOD of Mining Engineering also stressed the centrality of the managerial role of mining engineers and the critical importance of people rather than technology in getting the job done.

53 Mail & Guardian. (2013). Fighting HIV underground. <http://mg.co.za/article/2013-03-22>

54 Engineering Council of South Africa. *Qualification Standard for Bachelor of Science in Engineering (BSc(Eng))/ Bachelors of Engineering (BEng): NQF Level 8*. Document E-02-PE. Revision 4. 31 July 2014. P.6.

55 *Ibid.*

51 Information from the EBIT Faculty and School of Engineering web pages. Accessed July 2015.

52 AIDS Brief for Sectoral planners and managers: Construction sector. <http://www.heard.org.za> (n.d.)

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*We refer to ourselves as 'people engineers' because mining engineers really work with people most of the time and have all the other engineering disciplines working for them... so we're basically looking at the people part of the whole thing. [RW-Y]*

In order to promote outcomes and competencies such as those mentioned above, university Engineering programmes are required to include not only modules addressing core foundational and technical knowledge and skills, but also 'complementary studies' in various non-Engineering disciplines. The latter include amongst others "the humanities, social sciences or other areas that support an understanding of the world in which engineering is practised"<sup>56</sup>. ECSA requires that complementary studies carry a minimum of 56 credits, but does not prescribe specific content or methodology; so it is up to Engineering faculties at the various universities to decide how to implement the requirement. The inclusion of complementary studies, like other areas of Engineering curricula, is assessed during regular accreditation reviews carried out by ECSA.

*It's impossible to cover all eleven outcomes in every module and that is where the complementary studies came in – it's in addition to the technical component, but it adds value to the package in terms of group work, management and leadership. [RW-Y]*

Given the broad phrasing of ECSA directives, specific reference to HIV and AIDS would not be expected. However, given the impact on the practice and sustainability of most, if not all, Engineering specialities, HIV and AIDS could be addressed both in core Engineering modules such as risk management and as a contextual factor in complementary studies.

In fact, it appears that, in Mining Engineering at least, a great deal of reliance is placed on students learning about HIV and AIDS through being exposed to mining company education, testing and treatment programmes during their vacation work placements. Despite some assumptions in this regard, HIV and AIDS are not currently addressed to any significant extent in the core module (PMY 423) on risk management, which instead addresses primarily those risks which could be seen as more directly amenable

to identification, assessment and control – or at least mitigation – by mining engineers<sup>57</sup>. A Faculty-wide, compulsory community-based project module (JCP 203), with aims similar to those promoted by ECSA, on the other hand, includes a brief, stand-alone, computer-based assignment on HIV and AIDS as part of an orientation to project work aimed at meeting community needs, while also offering opportunities for learning and the development of project and life skills<sup>58</sup>. Links between either of these modules and HAS 110, the subject of this case-study, appear to be non-existent.

### Development process

HAS 110 was developed following a request about five years ago by Prof. Roelf Sandenbergh, then Dean of the EBIT Faculty, to Prof. John Sharp, then Deputy Dean of Humanities, to develop a module that would broadly meet the requirements of ECSA in relation to developing students' understanding of the context of engineering practice. It was thus a 'service course', that is, a module offered by staff of another faculty to Engineering students "with no direct bearing on the technical skills that they have to acquire in order to be engineers, but that is deemed important enough for them to have to sit through it" [JP]. The original module was designed and initially ran under the direction of Prof. Sharp, but is currently co-ordinated by Mr Jimmy Pieterse.

*The idea was that the university experience should be more than just vocational training. It should challenge the preconceived notions that you come in here with... The danger, especially when you deal with very technical stuff, [is that] students get trained very well how to do a certain job, but have no engagement really with other things ... It's hard to make sense of the social world if what is in your tool-bag is only Newton's Laws. So this is aimed at just giving them some of these tools – in however rudimentary a form ... [to] get them thinking that that these things are worth thinking about. [JP]*

Prof. Sandenbergh's role as Dean of EBIT and an influential member of university management was critical in getting the initiative going. He could readily approach a senior member of another faculty to assist in developing the

<sup>56</sup> Engineering Council of South Africa. *Background to Accreditation of Engineering Education Programmes*. Document E-01-P Revision 3. 31 July 2014.

<sup>57</sup> Personal communication, Pierre Bredell. July 2015. The current research project seems to have prompted a rethink, with the possibility that HIV and AIDS will in future be covered via an add-on guest lecture.

<sup>58</sup> Personal communication, Martina Jordaan. January, 2015.

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module and had the authority, within the broad parameters of ECSA requirements, to give Prof. Sharp a free hand in designing the module: “Basically, it was John’s brain-child” [JP]. Prof. Sandenbergh also provided leadership in the School of Engineering within his own faculty: “He was quite far-sighted – he backed this, whereas a lot of his staff thought [it was a] waste of time” [JS]. At the level of the university, he was able to persuade management to agree to provide the additional funding needed to cover the costs of the module (see below). The fact that Prof. Sharp was Deputy Dean of Humanities at the time the module was first developed and also a Professor in the Department of Anthropology and Archaeology no doubt helped him to identify and recruit lecturers to teach the various specialist areas that make up the module (see further below).

The focus of HAS 110 has shifted somewhat over time, reflecting in part the interests of the lecturers teaching components of the module at any given time. Mr Pieterse, as the current co-ordinator (nominally based in the Department of Anthropology and Archaeology), has also shaped the module.

*John [Sharp] was very involved – we had many sessions where we spoke about how it’s going, what we might do to improve, that kind of thing – but after the first year went well, I’ve been given relative freedom [to develop the course further]. Through experience of teaching, I came to have a better sense of needs, not only of students, but also of how to form a curriculum that would speak to as broad a range of topics as is possible, whilst keeping a golden thread running through it all the time... There are things that are the same, but a lot has changed. [As a result of] my experience of teaching, seeing what students think about, how they tend to think about these things and tailored that to those needs. [JP]*

### Content and specifics

As indicated above, HAS 110 is one of various complementary studies required for ECSA accreditation of UP’s Engineering programmes. Its primary aim is to expand students’ understanding of the context in which engineering is practised by introducing them to some of the key social science debates regarding the characteristics and challenges of contemporary society.

*Everything we speak about has some bearing on their lives personally and as engineers, or would-be engineers – all the talk about AIDS, all the talk about race and class and ethnicity and the world of work, about citizenship – it all has bearing on how they might better begin to understand the world around them and their place in it. [JP]*

Areas addressed include: Africa in prehistory as an example of early globalisation; ‘race’ in contemporary society; rural and urban unemployment and inequality; heritage in the urban context and in relation to mining; the social crisis on the Platinum Belt; social movements, multinationals, and the state; and issues relating to equality for sexual minorities. Cross-cutting themes refer to globalisation, race and ethnicity, poverty and inequality. Thus, with regard to race and ethnicity for example, students are introduced to “*how this works – in social geography, in the world of work, [and] in terms of epidemics, in all kinds of ways they had perhaps not thought about in the past*” [JP].

The component addressing linkages between social movements, multinationals, and the state does so through an in-depth case-study of the Treatment Action Campaign (TAC) and its campaigns relating to access to antiretroviral treatment. Relevant statistics from UNAIDS, surveys by the Human Sciences Research Council and the Department of Health’s antenatal prevalence surveys are presented to highlight differences in vulnerability and risk for HIV infection, both internationally (and specifically relatively higher rates in South Africa) and along race, class and gender lines within South Africa. These statistics highlight structural features of the epidemic (such as poverty, inequality, race and gender). At the same time, they provide the context for the rise of TAC and its mobilisation both locally and internationally, thus raising issues related to globalisation (in this case, related to the multinational pharmaceutical industry).

*The TAC is a case-study... of how local grassroots organisation could influence not only governments, but also international policies... big pharmaceutical companies and that kind of thing – [to show] that globalisation is not only one-directional, there are a multitude of interchanges and sometimes small, well-organised grassroots organisations can indeed have larger societal impacts, while also... talking about HIV, its impact in South Africa ... showing statistically why this is such a pressing*



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*issue... [getting] them to think about the most pressing social issue of our time and what gave shape to it and what continues to do so. [JP]*

The case-study assumes that students will generally have been exposed to basic information on HIV transmission, risk, prevention and treatment at school and in the media – hence these aspects are not discussed in any detail. However, if misconceptions are apparent, or questions asked, efforts are made to provide clarification and, where necessary, to refer students to appropriate resources.

Thus, according to Mr Pieterse, neither the module as a whole, nor the component in which HIV and AIDS figure, is primarily 'about HIV and AIDS'. Rather HIV and AIDS are dealt with indirectly, providing a context for discussing broader social and theoretical issues and raising questions related to HIV and AIDS that are relevant to the future professional lives of Engineering students.

### Specifics

HAS 110 is a highly structured, compulsory, 8-credit module (equivalent to roughly 80 hours), which runs for a semester (11 weeks).

The module is primarily lecture-based, with two lectures per week. The first, based on prescribed readings (see below) is given by a specialist in a particular content area. The fact that there is generally only one or at most two lectures on any content area means that the lecturer "*often-times flies through a lot of the material, because there are a lot of bases that need to be covered*" [JP]. A second, follow-up, contextualising lecture is therefore given by Mr Pieterse to clarify and amplify key points and to provide continuity across lecturers and topics. The follow-up lecture ends with a question-and-answer session which is used to highlight key issues and address questions and uncertainties; it also provides a measure of how much students have understood of the lectures thus far.

There are prescribed readings for each week, made available on the UP intranet, to which students have access. The readings are carefully chosen, peer-reviewed articles, book chapters or extracts, of not more than 25 pages each; they are used as a basis for the first lecture and referred to again in the follow-up lecture.

Despite the limited exposure to the various topics possible through lectures and readings, recourse to the internet is not actively encouraged.

*I encourage them to stick to the relevant prescribed readings and suggested further readings... [because] when, for instance, you speak about race and social construction and the science of race, the internet can be a very strange place and at this juncture in their academic development... I don't think they can discern as well what is absolute nonsense [but] perhaps packaged nicely on the internet... It's not that we discourage them to look broader, just, for the purposes of being assessed, stick to the readings. [JP]*

Possible test and examination questions are provided in the Study Guide. The size of the class makes it impractical to run tutorials for revision of lecture material and preparation for examination. As an alternative and to give students practice in writing essay-style answers they are encouraged, as a weekly voluntary homework assignment, to write essays on one or more of that week's questions. The questions are also given some attention in the Q&A session at the end of the follow-up lecture: "*How they might approach the homework question, what would be good ideas, what would be bad*" [JP]. The students' essays are reviewed by the markers who provide written feedback to students.

Assessment is by means of two 1-hour tests and a 2-hour examination at the end of the module. Both test and examination questions require essay-type answers. Tests offer a choice of four questions, of which a student must answer two, each marked out of 50. Examinations offer a choice of 4 out of 6 questions, each marked out of 25. The weighting of the components in the final mark takes account of assumed improvement over the duration of the course in students' ability to understand the material and write coherent essays: the first test, 20%; the second test, 30%; the examination, 50%. The average pass rate each year is around 75-80%.

### Staffing and other resources

As stated above, HAS 110 is a service course, taught by lecturers from outside the School of Engineering and EBIT Faculty.

*[Could Engineering do it itself – teach the course?] In a very simple sense of the word, I suppose they could. I think, however, they are better off having*

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*social scientists teach social science. In the same way I'm thoroughly convinced that if we wanted our students in Humanities to do Maths, someone who's properly trained would be best able to teach it. [JP]*

According to Prof Sharp, the question of who to involve as lecturers on the module has been critical, given the unique challenges of teaching on the course. These include: a very large number of students (approximately 1 500), divided for practical purposes into four lecture groups, thus requiring each lecture to be repeated four times, combined with a student audience not immediately interested in or persuaded of the relevance of the module.

Lecturers must, therefore, have high levels of competence in their subject matter (including being able to introduce topical illustrative material to keep the content interesting and relevant for the students). Even more important than subject competence, lecturers must have the capacity to put across the subject to large and generally somewhat unreceptive (if not actively hostile) groups of students. In these circumstances, being able to capture and hold the audience's attention is critical. This limits the topics that can be included to those that lecturers with the necessary capacities are prepared to offer.

*Usually these [service] courses are total disasters, precisely because they're handed over to some part-timer, who has to go and stand there [and lecture]... [Or] they have their own [non-specialist] person doing it and it's a failure. Sometimes someone [a member of staff] says "No, I don't want to do it, it's a waste of my time - I'll put some [postgraduate] student in there to do it". But a student **cannot** handle a lecture where there are 800-900 students... It almost doesn't matter what you say - it's **how** you say it, you've got to be a pop star for 45 minutes!... So you can't say 'I'm determined at all costs to have something on any specific topic'. You've got to say: 'Who are the good lecturers, what are they interested in, what are they prepared [to do]? [JS]*

The module is thus taught by an inter-disciplinary team of lecturers from the Social Sciences and Humanities, as well as staff from various research units. The current team includes lecturers from Anthropology & Archaeology, Sociology and Political Sciences, from the Capital Cities Project, and the Centre for Sexualities, AIDS & Gender. A lecturer from the English Department assists by introducing

students to the art of writing essays. Many of the lecturers appear to see social value in addressing societal and contextual issues with engineering students and have shown commitment to teaching their component of the module over a period of years. Mr Pieterse as course co-ordinator credits collegiality amongst the group for much of the success of the course.

The course co-ordinator is a key resource for the module and is responsible for ensuring a coherent programme. In addition to providing the follow-up lectures previously mentioned, the current co-ordinator, Mr Pieterse, presents the TAC case-study referred to above. He also has to liaise with and sustain the involvement of existing lecturers; if necessary, identify and recruit new lecturers to take over from those who are no longer available (e.g. no longer have the time or inclination to be involved, are on sabbatical, or have left the university); recruit, guide and supervise a team of post-graduate students (mainly from the Social Sciences) to mark tests and examination papers; make readings available to students on the university's Intranet system; ensure the return of marked essays and test papers to students; and be available to students to help them deal with any difficulties related to the module.

In fulfilling these varied roles, Mr Pieterse's academic background in History and Anthropology (and hence links with staff of those and related departments), together with familiarity with the Social Sciences more broadly, have been important. Arguably, his ability to engage with and manage large classes and willingness to repeat each of his follow-up lectures four times each week has earned him the respect of colleagues and made him a highly valued asset. With regard to HCI specifically, he brought with him academic interest and competence in the field of HIV and AIDS developed prior to his being appointed to this post and has successfully integrated it into the course.

The specialist lecturers on the team The specialist lecturers on the team undertake their work in HAS 110 as part of their university function, for which they are already remunerated. For an initial four years, the co-ordinator was employed on contract by the Humanities Faculty and, together with the markers, paid from an

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annually renewed grant covering temporary appointments in the Humanities Faculty.<sup>59</sup>

*These courses are very expensive: [the co-ordinators] are hired by the university to offer this course, which is additional – they’re not [permanent] staff members, so that adds up to a fairly tidy sum, which the university agreed [to pay]... We’ve said this course could travel, it could be sold [to other departments], but then you’ve got to have more people specially hired to do this... This is a Rolls-Royce course and it costs a lot of money but if you want to make it work, you’ve got to spend the money. [JS]*

Despite the size of the class, there is no provision for administrative support, which therefore also falls to the co-ordinator. Reflecting his prior and continuing association with the Centre for Sexualities, AIDS & Gender (CSA&G), Mr Pieterse has fortunately been able to make use of students undertaking part-time administrative work at the Centre, where he also has his office.

### Student response

In the four years the module has been presented to date, close on 6 000 students have attended. There has not been any formal evaluation of the module by students, largely because the staff directly involved have neither the time nor the resources to process an evaluation by roughly 1 500 students a year. In the School of Engineering, lecturers responsible for groups of first-year students have given informal feedback – always positive – on the module as a whole, picked up from meetings with class representatives and interactions with individual students. Mr Pieterse’s perceptions as co-ordinator, are also relevant:

*Initially [each year], they look at it and go “Naahh”, but they sit up quite quickly when you scratch a couple of these dynamics and show them how they work, the social dynamics and what they mean, how they point to the fault-lines and all kinds of cracks in society. So, if you do it well, they do tend to sit up and listen... A lot of them clearly are going to think, “We’ve got very busy schedules, why bother us with things that try to challenge our understandings of the world? We’re here to be engineers...” Some love it, some are apathetic, some really don’t want to be there. It’s perhaps those [the latter] that you want to try to influence*

<sup>59</sup> The grant also provides for a second co-ordinator for HAS 120, focused on Arts-related subjects, that runs in the second semester.

*in some small way... The odd couple of students have come through and said that they really find this [course] interesting. I’ve had a couple of letters from parents, too, to that effect. [JP]*

The efforts made to ensure relevance of all components of the module – including the component that refers to HIV and AIDS – presumably contributes to positive responses. However, as Mr Pieterse points out, expectations of a generally positive response to this compulsory, non-technical module, would be misplaced: “It’s the nature of the game: it’s a service course.” As regards the component dealing with HIV and AIDS, the novel and indirect way in which the topic is addressed may limit the likelihood of a typical response of ‘HIV and AIDS fatigue’. In fact, it is possible that students who do not engage with the topic, do so not so much because it touches on HIV and AIDS, but more because the module as a whole falls outside a narrow focus on the core curriculum and because of a failure to grasp its relevance to their future professional lives. Nevertheless, there are clearly differences amongst students in their attitudes and shifts over the duration of the course, or when a particular topic sparks an interest that was previously absent.

An interview with one of the HAS 110 students<sup>60</sup> largely supported many of Mr Pieterse’s perceptions. In his view, most students did not see the module as relevant to learning to become engineers and found it difficult to engage with its non-technical subject matter. The majority did not attend lectures regularly (perhaps 30% did). Some found Mr Pieterse’s lecturing style dry and not easy to follow. Many did not know how or did not think it worthwhile to engage in debates in class (perhaps not convinced that the lecturer and their peers were really open to debate). Rather than reading the prescribed readings critically in order to inform their own opinions, many tended to try to memorise what they took to be key points. Many merely copied essays (or key points from the essays) written by other students.

<sup>60</sup> As indicated in Chapter 3, the student informant was not typical of the class, but was purposively selected as someone able to comment meaningfully on the module. He described himself as “leergierig” [eager to learn] and said that another student had joked that he was “insane” because of his interest in both the scientific aspects of engineering and the humanities angle of HAS 110.

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There were, however, students (of whom our informant was one) who enjoyed the course because it opened up new areas of knowledge (e.g. about the significance of Mapungubwe in history, or the existence of the TAC and its role in effecting access to antiretroviral treatment) and encouraged a critical approach to various topics. In contrast to many others, he found the class debates informative and enjoyable. He learned to read critically and make the information “his own”. He also learned to write essays that put forward an argument and a point of view. He appreciated Mr Pieterse’s sense of humour and was stimulated to extend his reading beyond the requirements of the module.

Our informant felt that students would enjoy the course more if they attended lectures regularly and joined in the debates that form part of the course work. He suggested it would be helpful to start module by orienting students on how to approach the course (similar to the lecture on how to write an essay); for example, suggesting how to engage in debates. A greater range of teaching and learning approaches, (e.g. videos/interviews with key people or personal stories) would help to engage students. Given students’ reluctance to engage with readings, it might be better to use extracts from articles to expand their understanding of a topic. Finally, essay topics (which should change from year to year) should explicitly require students to combine information from lectures and readings (extracts) and, perhaps, apply it to a problem issue.

An interesting sidelight on the question of the effect of the module noted by Mr Pieterse, is the potential influence of his having an office at the CSA&G. Students therefore come to the CSA&G for consultations with him, or to collect their essays and tests from the reception area of the CSA&G, which is staffed by other young people. This means, he said, that as *“they see the things on the walls, the media and so on, so to some extent, even if you’ve come to talk about the work, curriculum integration happens organically”* [JP].

Mr Pieterse confirmed that students have occasionally raised personal issues related to HIV or sexuality with him. He speculated that *“I might have been the first person they’ve seen on campus to openly talk about stuff and the subject matter, of course, would also, I think, guide them my way instead of to other people”* [JP]. Although he has an understanding of relevant issues, because

he lacks specific skills in counselling, or as a nurse, he would refer to appropriate resources on campus, such as the CSA&G staff or peer counsellors, or to the campus health service.

### Commentary

HAS 110, a compulsory module for first-year Engineering students, includes only one component that deals with HIV and AIDS and then, indirectly, as one of a number of lenses on broader issues such as globalisation, race and ethnicity, poverty and inequality. The module has been presented for four years and to date has reached about 6 000 students. Their response has been varied: minorities either fully engage with the module, or participate only grudgingly, if at all; the majority perhaps find interest in some topics only, but are exposed to ideas that they may only later come to value and use in their working lives. Introducing a wider range of teaching and learning methodologies (e.g. videos, or interviews with key figures mentioned in the lectures) might perhaps enhance student engagement.

The following table summarises key features of the module.

Table 4: HAS 110 key features

Dimension	HAS 110
<i>Objective: personal or professional?</i>	Professional: developing an understanding of critical social issues relevant to Engineering Personal impact incidental
<i>Form of integration</i>	Infusion through use of HIV-related case-study to illuminate central concepts
<i>Content</i>	Broad perspective, exploring structural and contextual factors impacting on the discipline
<i>Methods</i>	Lectures, prescribed readings
<i>Level of integration</i>	Undergraduate (1st year)
<i>Administrative aspects</i>	Compulsory; credit-bearing
<i>Personnel</i>	Interdisciplinary team of specialists from outside the discipline (Engineering) contribute components of module, with one lecturer primarily responsible for component integrating HIV and AIDS

Although it is clear that HAS 101 is a recognised part of the curricula of the School of Engineering, the fact that it is presented and paid for under the direction of another faculty does distance the School from the course: ‘out

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of sight, out of mind' perhaps? Comments from various stakeholders in the School suggested that there may be assumptions and misconceptions about what the module actually covers and the extent to which it includes or focuses on HIV and AIDS and in what way. The fact the post of co-ordinator was for a number of years a contracted one and located in another department, suggests some ambivalence on the part of the School of Engineering and its departments, regarding the value and longer-term place of the module.

The role of key individuals, including a previous Dean of the EBIT Faculty and a Deputy Dean of Humanities, in the development of the module should be noted. The latter played a critical role in formulating the broad model for the module, recognising the need for and recruiting competent specialist lecturers, and recruiting and mentoring the current co-ordinator. The latter's background and expertise have clearly been critical in bringing HIV and AIDS into the module, albeit indirectly.

In conclusion, despite Mr Pieterse's strong opinion that this module is not 'about HIV and AIDS', HAS 110 offers new ways of thinking about HCI. Firstly, it shows that courses that address HIV and AIDS only indirectly, may in fact contribute to thinking on the topic. Secondly, the module, by locating HIV in a broader set of themes, may address resistance to talking about HIV in the student body, whether related to 'AIDS fatigue' or discomfort of some kind. By making direct and indirect links within the module, students are drawn to make new, interesting and intellectually stimulating connections. Thirdly, the module, by addressing contemporary social challenges, shows the link between HIV and 'the social': that how a society functions in all its complexity not only makes certain individuals and communities more (or less) vulnerable to HIV, but also affects how HIV impacts on these individuals and communities (including how they may resist its impact), thus highlighting points of social and structural weakness and strength.

HAS 110, in showing the interwoven complexity of personal, social and structural forces, is an interesting example of how HIV and AIDS can be addressed in a more integrated, subtle and oblique way. For these reasons, it deserves study.

### **Case-study 2: Lessons from life**

#### **Module title: Supportive Learning Environments (OPV 222)**

**Faculty:** Education

**Department/Unit:** Educational Psychology

**Key informant:** Dr Maximus Sefotho [MS] (Lecturer responsible for co-ordinating course)

**Other informants:** Prof. Max Braun (Deputy Dean: Teaching & learning, Faculty of Education); Prof. Liesel Ebersöhn (Director: Unit for Education Research in AIDS); Prof. Ronél Ferreira (Head: Department of Educational Psychology)

#### **Overview**

OPV 222 aims to expand and deepen students' understanding of childhood and approaches to education in South Africa. It introduces students to theories underpinning strength-based approaches to creating supportive learning environments for children in the classroom, school and broader community. The module draws extensively on two long-running departmental research projects to demonstrate the practical application of key theoretical principles.

#### **Programme context**

The Faculty of Education at UP comprises five academic departments. It has 22 000 students, including distance education students, as well as students from other faculties taking relevant modules offered in the Faculty<sup>61</sup>.

Schools and teachers have often been 'nodes of care and support' for children infected with or affected by HIV and AIDS. Education faculties could thus be seen as key sites for HCI. However, professional teacher bodies, in particular the South African Council for Educators (SACE), responsible for registration of teachers, are not seen as promoting the inclusion of HIV and AIDS in the curriculum.

The UP Education Faculty has no specific policies and guidelines on HCI. Nevertheless, according to Prof. Braun (Deputy Dean for Teaching & Learning in the Faculty), "*Lecturers are challenged to put things into contexts that are real as part of their teaching*". Given the

<sup>61</sup> Information from the Education Faculty web pages. Accessed August 2015.

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extent of the South African epidemic and its impact on children and young people, this could open space for the inclusion of HIV and AIDS in Education Faculty curricula.

The Department of Educational Psychology, the site of this case-study, hosts a significant research programme on HIV and AIDS involving both staff and postgraduate students. The Unit for AIDS Research (ERA), under the directorship of Prof. Liesel Ebersöhn, conducts research on how education systems act to *“mediate the effects of HIV&AIDS-challenges in the lives of children, their families and teachers”*<sup>62</sup>. Working within a framework that uses resilience as a key heuristic and explanatory notion, the research explores the contextual links between HIV and AIDS and other stressors such as poverty<sup>63</sup>.

Until the late 2000s, the research programme, given its location within a department that offered primarily post-graduate modules, had relatively limited impact on undergraduate teaching. However the Department of Educational Psychology has increasingly become more involved in undergraduate teaching, including through piloting the forerunner of OPV 222.

### Development process

OPV 222, a second-year module, evolved from and replaced an earlier third-year module, OPV 364, at the time a core module for the Bachelor of Education (BEd) programme, but also taken as an elective by students pursuing degrees in other faculties. The purpose of the OPV 364 module was *“to facilitate students’ knowledge and understanding of positive approaches to childhood and education”*<sup>64</sup>. HIV and AIDS were dealt with in theme 3, the wellbeing of children in South Africa, specifically the unit dealing with health and wellness promotion.

OPV 364 was redesigned as part of an overall restructuring of the BEd programme, where all modules were re-conceptualised and developed to complement each other.

62 *Ibid.*

63 In 2014, Prof. Ebersöhn was largely responsible, together with colleagues in the Faculty, for bringing together colleagues from a range of other Faculties, to initiate an interdisciplinary and cross-faculty Centre for the Study of Resilience at the University of Pretoria.

64 Jonker C. (2011). The experiences of students participating in an HIV/Aids Teacher Education Pilot Programme. Thesis submitted in partial fulfilment of the requirements for MEd. Educational Psychology, University of Pretoria.

Dr Sefotho, who joined the Department of Educational Psychology in 2010 and whose specialisation is in Learning Support, Guidance and Counselling, was, together with colleagues<sup>65</sup>, given responsibility for reviewing and adapting OPV 364. Input was also obtained from the Department of Basic Education (DBE) with its focus on ‘inclusive education’.

The new module, OPV 222, focused on ‘learner support’, specifically attempted to anticipate and align with the real-life challenges facing future teachers in providing support for learners. There was thus strong emphasis on *“the translation of theory into practice”* [MS], i.e. ways in which relevant theories and concepts can be applied in the provision of support for vulnerable learners in real-world contexts.

A significant change related to the range of challenges shown as contributing to vulnerability. Thus while HIV and AIDS remain important, the new module broadens the range of challenges dealt with. This appears to reflect in part concerns that the emphasis on HIV had led to relative neglect of other learner support needs, for example, learning and sensory disabilities (a particular interest of Dr Sefotho), and that the imbalance needed to be redressed.

HIV and AIDS remain, however, an important component of the module.

*HIV and AIDS are a reality of our lives, whether we like it or not, and we can’t let it go to sleep within the curriculum. If we do so, we are actually disadvantaging the teacher who has to be constantly aware of the presence of the epidemic and by extension, the learner and the community out there. [MS]*

It was recognised, moreover, that many of the approaches developed to support learners infected or affected by HIV and AIDS could have application in other areas. Specifically, examples from two long-running departmental research projects on ways to provide support for HIV-affected learners and communities (see further below) could be used to demonstrate both ways to build resilience with regard to a wider spectrum of problems and the practical application of theory.

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### Content and specifics

The module aims to broaden students' knowledge and understanding of strengths-based approaches to creating supportive learning environments for children and to introduce students to ways to create learning support beyond the classroom and school system, using the example of community education of adults relevant to their needs, at the same time building a supportive learning environment for children in the community.

*Drawing from [the concept of] inclusive education used by government, the idea is to expose students to the realities of what to expect in schools, in communities, especially the most marginalised communities, where mostly you'll find that, over and above HIV/AIDS, there are a plethora of problems that are all related. So the idea is to equip students as to how to support learners who might need more attention than your regular school-going kid in a school that is well-functioning. The kind of case that we use is the most extreme, for example, children in farm schools, children studying in mud schools [or] under trees – also out-of-school children like those guiding their 'blind' parents and asking for contributions on street corners, or children from child-headed households – so that the students have a picture of learners who need support and have been sensitised to see and ask themselves the question: "How can I support this learner?..." Central to the module is to train students to become proactive in problem-solving, because it's not every time that schools will have resources... So the question is how do they engage their critical thinking skills to come up with something that will help them to solve problems on the ground?... We use the bio-ecological approach, the model of Bronfenbrenner, [using] the systems approach where a school is not isolated from communities, from everything else that surrounds it. So we don't channel them only to look at the school but also beyond that to say: "I cannot only support this child while they are in class, what about when they are out there, what is it that we can do?" [MS]*

The module is structured around three themes<sup>66</sup>:

- **Theoretical foundations:** This theme introduces different theoretical approaches to learner support, specifically the bio-ecological theory of Bronfenbrenner, the asset-based approach and solution-

based approaches, all of which emphasise strengths within the context of the school system and its community (see also above).

- **School-based support:** This theme introduces the inclusive education policy and guidelines for inclusion; school guidance encompassing developmental, social, emotional and career guidance; and notions of the well-being of children, and ways to protect and empower them within the school system.
- **Community-based support:** This theme outlines conceptual issues and methods, processes and phases of community engagement (including linkages with indigenous knowledge systems) and encourages application of concepts to material presented in the first theme.

It is primarily in the third theme that HIV and AIDS are addressed: *"HIV is infused into [the community-based support theme] because that is where we actually emphasise issues dealing with HIV and AIDS" [MS].*

The methodology used in the module is described by Dr Sefotho as constructivist.

*We don't want to be seen to be the custodians of knowledge. These students come from diverse backgrounds and they have their own experiences and those are what we want to use in the classroom to generate discussions and have a cross-fertilisation of ideas, rather than rote learning, just giving people information... We see the lecturer as the facilitator of learning and the student comes on board as the co-constructor of knowledge. [MS]*

Despite its focus on practical application of theoretical concepts, the large numbers taking the module make it difficult to involve students themselves to any significant extent in practical projects. The strategy adopted to help students understand how key concepts and theories can be applied in practice thus relies on the following:

- A key text that reports and draws on school-based intervention research with teachers undertaken by two senior departmental staff members<sup>67</sup> is used as a means to illustrate and expand on theoretical material.
- Practical teaching placements as part of students' overall training as

<sup>66</sup> Department of Educational Psychology. *Supportive Learning Environments. OPV 222. Study Guide. (2014).* Developed by Sefotho MM & Human-Vogel S. University of Pretoria.

<sup>67</sup> Ferreira R & Ebersöhn L. (2012). *Partnering for Resilience.* Pretoria: Van Schaik.

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teachers provide an opportunity to apply learning from the course.

- Activities and exercises (set out in a learning guide<sup>68</sup>) are intended to prompt students to reflect on relevant issues. For example, questions encourage students to engage critically with prescribed readings, or to understand key concepts through applying them to their own lives, or through activities such as interviewing community members, or undertaking a mapping exercise in the community in which their practice teaching takes place.

Through their engagement in the abovementioned ways and subsequent reflection, feedback and discussion, it is hoped that students will develop a deeper understanding of, and capacity to apply key concepts and theories.

### Specifics<sup>69</sup>

The module is a second year, 20-credit course, offered in the second semester (4 lectures per week for 14 weeks). It is open not only to Education students (for whom it is a compulsory core module), but also to students from other Faculties. It is often taken by students, such as Psychology students, to serve as a credit relevant to a career in the field of education. As a result, there are more than 1 000 students, with classes offered in various venues, on both the Education and main campuses of the university.

Supporting materials include:

- a study guide<sup>70</sup> outlining the organisational framework of the module (including expected learning outcomes for each theme and its sub-units)
- a learning guide<sup>71</sup> in the form of a workbook or study companion, which provides additional explication of key concepts, illustrative case-studies, activities and the like to support and expand students' knowledge and understanding of supportive learning environments

- a reader containing prescribed readings, and
- the text by Ferreira & Ebersöhn mentioned above<sup>72</sup>.

Additional materials are provided from time to time on the university's intranet system (ClickUP).

Assessment is through assignments, a semester test and a final examination, weighted as follows:

- A semester mark (counting 50% towards the final mark) based on:
  - An individual academic assignment, weighted at 20%
  - A group academic assignment, weighted at 30%
  - A semester test, weighted at 50%
- A final examination (50% towards the final mark).

Students need to obtain a minimum semester mark of 40% to write the examination.

The individual assignment requires a report of no more than 3 pages (including references) on a set topic outlining the practical application of one or more concepts dealt with in the module. As an example, in 2014, the assignment asked students to describe practical application of a solution-focused approach to address lack of motivation amongst students in supportive learning environments.

The group assignment, to be undertaken by 5-7 students as a group, requires a report of no more than 6 pages. In 2014, students were required to decide on a specific context in which effective learning is compromised and learner support thus required; they were then to motivate why support was considered necessary and describe ways to provide practical support, as well as a community intervention to supplement the practical intervention.

The semester test involves multiple choice and short-answer questions, sentence completion and short essay-type questions.

68 Department of Educational Psychology. *Supportive Learning Environments. OPV 222. Learning Guide*. Developed by Human-Vogel S & Loots T. University of Pretoria.

69 Department of Educational Psychology. *Supportive Learning Environments. OPV 222. Study Guide*. (2014). *Op cit*.

70 Department of Educational Psychology. *Supportive Learning Environments. OPV 222. Study Guide*. (2014). *Ibid*.

71 Department of Educational Psychology. *Supportive Learning Environments. OPV 222. Learning Guide*. (2014). *Op cit*.

72 Ferreira & Ebersöhn. (2012). *Op cit*.



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### Staffing and other resources

Because of the large student numbers, their spread across campuses and with classes separately in English and Afrikaans, the course is taught by both full-time permanent and part-time contracted staff members (the latter paid from the departmental budget rather than from any special budget). There are usually around three or four lecturers, each taking two groups of around 100-150 students. Lecturers are guided in their presentations by the various resources made available to students.

A tutor is available by appointment to assist students with content issues or study skills. Before the semester test and final examination, the tutor also visits the various classes to discuss issues students may wish to raise in preparation for a test or exam.

Apart from his role in developing the module, Dr Sefotho as the module co-ordinator is responsible for overseeing the teaching of the module and for revising (where necessary) and providing copies of the study and learning guides. However, all lecturers involved contribute to the study materials and outcome of the module.

### Student response

Given the large numbers, it is not feasible to have an in-depth evaluation of the module by students. Many students have, however, given positive feedback on the module, commenting in person or by e-mail on the impact of the course on their capacity as teachers and on their lives more generally. More immediately, lecturers involved in the course are able to observe how students (sometimes with the encouragement of a lecturer) learn to apply what they are learning in their practice teaching.

Given the content of OPV 222, it is not surprising that some students approach lecturers about personal issues. Students in need of support are referred to the university student support services.

### Commentary

OPV 222 is a second-generation version of a module demonstrating HCI, in which HIV and AIDS are seen as one of a number of challenges to learners and to the development of supportive learning environments. It

integrates HIV and AIDS primarily through reference to research on community-based applications of theories and concepts to which students have been exposed.

The following table summarises key features of the module.

Table 5: OPV 222 key features

Dimension	OPV 222
<i>Objective: personal or professional?</i>	Professional: developing an understanding of key theories/ concepts through learning about their application in a community setting. Personal impact incidental
<i>Form of integration</i>	Infusion, primarily to illustrate key theoretical concepts and their application in community-based settings
<i>Content</i>	Discipline-related exploration of ways to mitigate the impact of various challenges (including HIV and AIDS) impacting on vulnerable learners; broad perspective, taking account of structural and contextual issues beyond the individual, student, learner, teacher, or school
<i>Methods</i>	Lectures, prescribed readings, activities and exercises, practical teaching placements
<i>Level of integration</i>	Undergraduate (intermediate level)
<i>Administrative aspects</i>	Compulsory (for BEd students); credit-bearing
<i>Personnel</i>	Permanent staff supplemented by contracted part-time lecturers, co-ordinated by senior staff member; additional student support from a tutor

The module has its roots in the research endeavours of a number of senior staff. Their ongoing research on HIV and AIDS and education and their standing in the Faculty no doubt contribute to sustaining HCI in the curriculum.

The course has a wide reach, as it is open not only to Education students, but also to students in other faculties; annual numbers total more than 1 000. In the case of Education students, it speaks directly to the challenges they will face as educators in creating supportive learning environments. Amongst these challenges are the ways in which the HIV epidemic impacts on learners and communities. The fact that the issue of HIV and AIDS is presented largely through the lens of research on real-life

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application of key theories and concepts helps to side-step the possibility of 'AIDS fatigue'.

Given large student numbers, the resources required for the module (particularly lecturing staff) are fairly substantial (although not if viewed on a per student basis). Having large numbers has also necessitated the development of materials to guide the contracted lecturers and support independent learning by students; the learning guide deserves special mention for using a variety of content and formats to encourage students to explore and apply new learning.

The way in which HIV and AIDS are included in this module has shifted somewhat, to allow attention to other challenges, such as disability alongside HIV, in a module dealing broadly with facilitating supportive learning environments. The change may to some extent reflect a shift also – particularly following the wider roll-out of the antiretroviral treatment programme – in both educational circles and more broadly in the priority given to HIV and AIDS, specifically, the extent to which HIV is seen as *the* critical social problem in South Africa. However, HIV remains a central concern of the module, which thus provides an interesting perspective on the ways in which HCI can be sustained over time and through shifts in perceived relevance and emphasis.

### **Case-study 3: Sustaining HCI**

#### **Module title: Specialisation Areas (in Social Work) (MWT 321)**

**Faculty:** Humanities

**Department/Unit:** Social Work & Criminology

**Key informant:** Dr Charlene Carbonatto [CC]  
(Lecturer and originator of the course)

**Other informants:** Prof. Rehana Vally [RV]  
(Deputy Dean: Teaching & Learning, Humanities)

#### **Overview**

MWT 321 is designed to introduce third year students to three specialised areas of social work: health care, mental health care and people with disabilities. Within the section devoted to health care, HIV is used as a key example to illustrate broad principles of social work in healthcare settings.

#### **Programme context**

The Faculty of Humanities comprises 18 academic departments, covering a diverse array of languages, arts and social sciences. It also includes a number of centres, units and institutes with a more applied focus. The Faculty is committed to promoting critical intellectual enquiry and assisting in the development of South Africa's human resource capacity through producing knowledgeable and skilled graduates in the fields of languages, basic and core social sciences and the arts<sup>73</sup>.

Within the wide range of disciplines in the Faculty, some may be seen as offering either a more or rather less 'obvious' 'home' for teaching related to HIV and AIDS. Social Work as an applied social science would be seen by many as an 'obvious' site for HCI.

The Department of Social Work & Criminology trains social work students, conducts research and engages in community activities aimed at understanding and dealing with the impact of social problems, such as crime, child abuse, and, specifically relevant to this report, HIV and AIDS. The Department describes itself as *"cognisant of the inter-relatedness of the socio-economic and political context and how it impacts on society and in particular vulnerable groups... [and] committed*

<sup>73</sup> Quotation and information from the Faculty of Humanities web pages. Accessed July 2015.

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to promote social justice and social change<sup>74</sup>. Social work training at UP has a history extending back to 1929 when a lecturer in social work was appointed at the then Transvaal University College (TUK). The current Bachelor of Social Work (BSW) degree involves four years of study. In order to be admitted to the second year, 60-65 students are selected according to academic achievement, psychometric tests and a personal interview which carry an equal weight.

As stated above, Social Work may be seen as an 'obvious' site for HCI: "You **cannot** teach Social Work without ...including HIV and AIDS in your curriculum" [RV]. Moreover, although not specifically required for registration as a professional social worker in South Africa, the South African Council for Social Service Professions, in its Policy Guidelines on conduct, ethics and rules for social workers, has included specific reference to ethical professional services for those infected and affected by HIV and AIDS<sup>75</sup>, implying an expectation that social workers will be informed in this regard. Certainly at UP, there has been a long history of engagement with HIV and AIDS, initially largely as the initiative of one lecturer, although later extending to other lecturers in the department (see below). It is the long duration and breadth of the engagement that makes this case-study of particular interest.

### Development process

MWT 321, a third-year module, was developed from an earlier fourth-year course, MWT 453. The latter was developed by Dr Carbonatto in the late 1980s, following her return from studying in the USA and appointment to develop undergraduate and postgraduate courses related to social work in health care<sup>76</sup>. Having been exposed to work in the field of HIV in the USA with its more concentrated epidemic, she immediately saw the importance of including HIV in the social work curriculum in a country then already showing alarming

increases in the rates of infection<sup>77</sup> which fed into what became a generalised epidemic.

*I wanted students to be more open-minded, to see things more broadly and to reduce the stigma – because at that stage, there was still a lot of stigma, so that was one of the main focuses that I had; and, of course that they should become HIV-literate – learning what HIV is all about, because it was quite unknown then – so that when they finished the course as social workers, they should at least have an openness to working with this condition and feel comfortable... [CC]*

Dr Carbonatto, seen as the departmental expert in what was then called medical social work, was given a free hand in designing a module on Specialist Fields (MWT 453), which introduced fourth-year students to social work in health and mental health. These were specialised fields in contrast to the generic emphasis in training up until that point. Students now began to learn about medical conditions such as cancer, diabetes, renal failure and HIV – the conditions, their psychosocial implications and relevant social work interventions. As part of the module, students were expected to do individual assignments, selected from a wide range of topics provided by the lecturer.

The fourth-year module ran for 23 years, but, during a wider overhaul of the social work curriculum, a decision was made to move the Introduction to Specialised Fields to the third year and to change its scope. The reasons had less to do with the content of the module itself than with a re-conceptualisation of the fourth year to take account of the particular demands of that year, which leave little time to engage with primarily academic activities. Specifically, in the fourth year, students' major involvement is a practical, hands-on, fieldwork internship (4 days per week), with a fifth day set aside for undertaking research for a long research report. Moving the module earlier in the programme would, it was decided, give students the opportunity to learn more about the various possible fields of work to prepare them for their final year internship and subsequent careers. It would also allow for a module on research methodology to be moved to the final year, where it would feed directly into students' own research reports. Thus, in 2011, MWT 321 replaced the fourth-year module.

74 Quotation and information from the Department of Social Work & Criminology web pages. Accessed July 2015.

75 South African Council for Social Service Professions (n.d.). HIV infection and AIDS: Policy Guidelines of the SA Council for Social Service Professions. In: *Policy guidelines for course of conduct, code of ethics and the rules for social workers*. Annexure B. <http://www.sacssp.co.za/Content/documents/EthicsCode.pdf>. The code on HIV and AIDS was apparently added in about 2006 (C. Carbonatto, Personal communication).

76 Although the focus of this report is on Dr Carbonatto's contribution at an undergraduate level, she also introduced postgraduate teaching on HIV.

77 Sher R. (1989). HIV infection in South Africa 1982-1988 – a review. *SAMT*, 76, 314-318.

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### Content and specifics

MWT 321, similar to MWT 453, provides an introduction to social work in health care and mental health care and, in addition, to working with people with disabilities, with each of these broad areas dealt with in just seven lecture periods each. The module is shared between Dr Carbonatto and a colleague, with the former responsible for the section on health care. In this section, students are introduced to social work in health care and to the notion of the health-care team, using various commonly encountered conditions, such as physical trauma, rape, cancer and HIV, as examples to illustrate general concepts.

*Being a social work department, our focus has to be on the psychosocial issues – that's the main focus of what we deal with. I can't just present the medical conditions: we have to focus on how would we as social workers intervene with these psychosocial issues that there might be... Obviously, you first have to know the condition, the medical aspects of the condition, but then you have to know: what is the social impact, what are the influences, what are the experiences and how do we as social workers intervene? So it is always the two parallel issues running: the medical viewpoint, but also the psychosocial... [CC]*

To illustrate and extend students' understanding of concepts and approaches to intervention, HIV is then dealt with in greater depth in 3 lectures.

*I start off with where they are in terms of their knowledge, what their questions are, uncertainties... Then I do a bit about interventions with [HIV-positive] individuals, focusing on the psychosocial... I try to spend a lot of time on the social and cultural drivers of HIV – I spend more time on that than anything else – because I think that's one of the most important things for them as young adults to know... In a nutshell, I focus on HIV, on social-cultural drivers, briefly on treatment, the effects and living with a chronic disease... that it's just like living with any other chronic disease. [CC]*

Dr Carbonatto's approach to teaching is creative, flexible and highly interactive: question and answer sessions, debates, DVDs, experiential work, psychodrama, 'discovery', and group activity are some examples.

*I use PowerPoint slides, to try to spark questions; or I would ask them, following the slides, 'What do you think about this?' Or I'd use a case example*

*and say, 'If you had this situation, how do you think you would deal with it?' So I always try to get interaction from them. Initially [in the semester], they're quite quiet, but as we go on, they start becoming more relaxed and open and asking more questions... When I focus more specifically on social and cultural drivers, I think that to them is the most interesting part and that's when most of the questions come ...*

*Another thing that they find very interesting is what I call it my surprise box: I take a lid from a Typek box and I put in it an opened condom, a femidom, some testing kits and a dental dam and I pass it around the class and say they must look in it and say whether they've seen all these things and what they are for. I get quite a lot of questions from that, number one: what is the dental dam? Some of them would put it over their face when I tell them what it's for – they find it interesting. So I start off with that when I start with HIV – I start off with the facts and while I'm talking about the facts, I circulate the box and then they start asking questions: 'What's this for? How does this work?' ...they are stimulated to ask questions." [CC]*

The interactive style of the 'lectures' allows students to raise and discuss issues that they have encountered outside the lecture hall, in their practical work, or in the community. This adds personal, practical and problem-solving dimensions to their learning and that of their fellow students.

*[Sometimes] they ask questions and you can hear they've been exposed to certain things. For example, they'll talk about a situation where someone was stigmatised in the community and how would they then have to deal with it, or examples of someone who was dying. They always come up with quite relevant aspects, because, as from their second year they start working with clients, so by the time I see them in third year – and it used to be fourth year – a lot of them have already had exposure to HIV, either directly or indirectly with their clients. So they often relate to situations of their own workload or practicals... [CC]*

The fact that much of the discussion is ostensibly in service of professional goal – to help clients – has the advantage of giving students some distance from the material dealt with, allowing them to interpolate their own personal questions and concerns into the discussion and to have their assumptions and prejudices challenged.

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*I also see it as my little bit in terms of reproductive health and educating students as young adults in terms of their sexual behaviour – that I have a role to play to make things stick, that they can remember and that it can help in their own personal knowledge and decisions that they have to make. A lot of them, when they ask questions, you can see it's the first time they've heard some of these things – they're surprised. [CC]*

### Specifics

MWT 321 is a compulsory, 15-credit module (equivalent to roughly 150 hours), which runs for a semester. There are 21 lecture periods (40 minutes each), of which the first seven deal with social work in health care, including HIV; the remaining lectures cover social work in mental health care and with people with disabilities. A list of prescribed readings is provided; additional readings are also recommended from time to time.

Because of the reduced scope of the health-care component (in comparison with MWT 453), students no longer complete individual assignments, but are expected to contribute to a group activity in class. They are also expected to undertake self-study, particularly to improve their knowledge of HIV and other medical conditions and treatment (including the challenges of adherence), and to explore and better understand questions related to stereotypes, myths, stigma, and the gender and cultural issues that act as social drivers of HIV in South Africa.

Outcomes specific to the health care component are to demonstrate knowledge, comprehension and application of social work in health care, the multi-disciplinary team (including allopathic, alternative and traditional/indigenous providers) and areas of practice in social work in health care. Specifically for the area of HIV and AIDS, students should demonstrate an understanding of the basics of HIV and AIDS, and the needs and counselling of those affected and infected throughout the course of the disease.

Assessment is by means of a semester mark and an examination, each counting 50% towards the final mark. Assessment covers all three components of the module and the two lecturers vary the form of assessment across the components. In the case of the health care component, assessment is by means of a written test, aimed mainly at assessing knowledge

(including “tricky HIV knowledge issues” [CC]), but including a question which involves application to a case, i.e. how they would approach the case. (The other components are assessed by means of a group and an individual assignment.)

### Staffing and other resources

As indicated above, Dr Carbonatto, returning to UP with specific expertise in the field of social work in health care and a heightened awareness of and interest in HIV, was the primary mover in introducing HIV into the social work curriculum. She credits the support she received from her HOD at the time and from later HODs, as well as from the then Centre for the Study of AIDS (CSA), with whom she continues to have a mutually stimulating relationship.

Although she remains the main driver of HCI within the Department of Social Work, Dr Carbonatto is quick to acknowledge her colleagues' contributions: “All my colleagues, at some point in their lectures, no matter what they're lecturing about, would refer to HIV in some way... it's something we often use as an example or talk about”. This reflects in part the nature of the discipline, which ensures that, through their work, academics and practitioners are confronted with and understand the need to prepare students to cope the reality of a high prevalence of HIV amongst their clients.

However, interest and increasing expertise amongst departmental colleagues also grew more organically. For example, staff found themselves having to respond to students' questions, often arising from their practical work starting from second year. Logistical pressures also played a role.

*With our Masters students, in terms of our workload, I wouldn't take on all the students who did the [HIV] coursework that year for [supervision of] their research, because it would be just too much work for me to do. So at the end of the year, we look at what the students' topics are [across coursework programmes]... We put it all on the table and look at who [of the staff] would be interested in what and divide it up. So maybe I get five of the 10 students [on the course] and the other five would be divided up amongst the other colleagues... [for example], students started doing something like HIV orphans and then that would go to the colleague that works with children, but it's HIV [as well]; and another student would want to do something on HIV in the workplace and that would go to the colleague who does EAP*

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*[Employee Assistance Programmes]. I think that's how interest [among colleagues] started growing, initially coming more from the health students. [CC]*

More than two and a half decades of HCI in one form or another within the department has also contributed to an unusually high level of awareness and openness amongst staff, many of whom have themselves, or through their students, undertaken research on HIV in their primary field of interest and expertise.

### Student response

In the early days of MWT 453, HIV was still a controversial subject in South Africa, but students responded positively to the opportunity not only to learn about the condition, but also to discuss their thoughts, feelings and experiences related to HIV with a knowledgeable and open-minded lecturer, who was prepared to challenge conventional wisdoms of the time.

Despite its shorter duration, moving the module to third year has been positive in terms of responsiveness by the approximately 60 students per year taking the module. With a less pressured timetable than was the case with fourth-year students, Dr Carbonatto finds "the third years are more open for this topic and they ask a lot more questions and there's a lot more interaction than I used to have with the final years." Prior exposure to HIV in the school curriculum has the effect that "they always say, when we start, that they know everything, but as we go along, they say they're learning about things they didn't know". No doubt, Dr Carbonatto's efforts to keep the topic relevant and interesting, as well as the fact that it is filtered through learning about their professional role, play a role in maintaining their interest.

*I think they're open because they've been exposed to it [in their placements] and because I start off talking about various health issues that you could encounter in a hospital – they like hearing about all these cases – so by the time I get to the last three lectures [on HIV], I've got their interest already. Where I've now been focusing on abortion, cancer or whatever, it's [HIV] just seen as one of the conditions I deal with. [CC]*

Some students do, however, respond in a more personal way.

*When I start talking about symptoms and transmission and treatment, I've had situations where students get up and leave the class and I've wondered whether perhaps it's because it's too close to home. I've had situations when students come to me after class and ask me to help with personal situations... I've even had students who've come to tell me of their own [HIV] status. That to me is important, that I make them feel comfortable talking about the topic, which a lot of people think is something you wouldn't discuss with everyone... I think a lot of people feel more comfortable now than years ago, but there's still a lot of stigma. [CC]*

### Commentary

MWT 321 is a compulsory module, taken by all third-year social work students (about 60 annually), thus giving it wide reach within the department. A focus primarily on the professional implications of HIV and AIDS and the lecturer's flexible, interactive approach ensures that any initial resistance amongst students is generally rapidly replaced by interest and engagement.

The following table summarises key features of the module.

Table 6: MWT 321 key features

Dimension	MWT 321
<i>Objective: personal or professional?</i>	Professional: developing students' understanding of HIV and AIDS as it relates to social work in the health care field Personal learning an indirect, but important aspect
<i>Form of integration</i>	Addressed directly, as a legitimate topic within a carrier course
<i>Content</i>	Broad perspective: discipline-specific content seen in context of broader factors (social and cultural drivers); HIV seen in context of healthcare more generally
<i>Methods</i>	Lectures, interactive classroom discussion, group activities, prescribed readings, self-study
<i>Level of integration</i>	Undergraduate (intermediate level)
<i>Administrative aspects</i>	Compulsory; credit-bearing
<i>Personnel</i>	Course convenor

The inclusion of HIV in an undergraduate Social Work module more than 25 years ago was indeed a significant milestone, not only for the discipline, but as perhaps the first instance of HCI in the university as a whole (possibly

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excepting Health Sciences). The longevity of the initiative, extending to its rebirth as a third-year module, MWT 321, seems unprecedented.

The initiative owes much to its originator, not only insofar as it happened and has been sustained, but also as to the form that it has taken. Dr Carbonatto brought to the subject a strong interest and specific expertise in HIV within the broader field of social work in health care. As important is her broad and nuanced approach, aimed at ensuring that her students have a sound knowledge of the basic facts of HIV, that they have an understanding of HIV in its social and cultural context, that they develop appropriate social work skills to intervene with clients infected or affected by HIV – and that they are challenged on a personal level with regard to their own assumptions about HIV, including with regard to their own risk of infection and need to adopt protective behaviour.

The relevant professional body does not explicitly require the inclusion of HIV in the social work curriculum. However, the fact that its guidelines for professional conduct include reference to HIV confirms the importance of HIV and AIDS for professional social work and could be seen as an incentive for HCI. The demands on social workers in the field to have at least some competence in dealing with HIV and AIDS are another factor supporting HCI.

An important spin-off from the initiative has been that other academic colleagues now more often include reference to HIV and AIDS in their own courses and research, with the department as a whole as relatively aware and 'open' in its thinking on HIV.

This module offers an example of HCI through the use of HIV and AIDS as a substantive example to illustrate a general field. While its focus is primarily on developing professional competence, it indirectly challenges students' assumptions and prejudices about HIV and AIDS (including the extent to which they are at risk of infection). Perhaps its most important lesson is that, given an obvious professional need, a strong, passionate and creative driver, and a supportive academic environment and colleagues, it is possible to sustain HCI through changes in course structures and over a considerable period of time.

### **Case-study 4:** **A reflexive approach**

#### **Module title: Introduction to Social Anthropology (APL 110)**

**Faculty:** Humanities

**Department/Unit:** Department of Archaeology & Social Anthropology

**Key informant:** Dr Fraser McNeill [FM] (Lecturer responsible for course and for co-ordinating undergraduate teaching in the Department of Social Anthropology)

**Other informants:** Prof. Rehana Vally (Deputy Dean: Teaching & learning, Faculty of Humanities)

#### **Overview**

APL 110 aims to introduce students *“to the scope and method of Social Anthropology. Using contemporary themes connected to everyday life, [the] module seeks to provide a broad overview of studying human societies and cultures, covering themes such as religion and ritual, witchcraft and superstition, ideas of beauty, conspiracy theories and globalization”*<sup>78</sup>. HIV is included as a context in which a number of these themes are expressed.

#### **Programme context**

The Department of Archaeology and Social Anthropology at UP is located in the Faculty of Humanities (see Case Study 3 for more information on the Faculty). Historically, the discipline of Social Anthropology (then referred to as 'Volkekunde') was taught at UP in a way that reified and indirectly justified apartheid ethnic categories. However, the discipline has transformed and now offers a critical perspective on a diverse range of contemporary social issues.

Amongst such issues, HIV and AIDS might be seen as a relatively obvious topic for inclusion in modules dealing with issues such as culture, social roles, health and illness. Thus, according to Prof. Vally, *“where [for example] you have Sex, Culture & Society, or Health, Medical Anthropology, you cannot not do it”* [RV]; even in looking at Tourism, HIV and AIDS would be relevant, given the issue of sex tourism. However, certainly not all courses in Social Anthropology lend

<sup>78</sup> Department of Anthropology & Archaeology. (2015). *Anthropology (APL) 110: 2015. Introduction to Social Anthropology. (Study Guide/Course Outline)*. University of Pretoria.

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themselves to HCI. In any event, the decision regarding whether or not to include HIV and AIDS in any particular module would be dependent on the lecturer's objectives, interests and expertise. It thus appears that, until the development of the module described in the case-study below, HIV and AIDS were used in various modules primarily in an ad hoc way to illustrate general concepts and points of discussion, without a specific focus on the topic.

Five years ago, however, it was recognised that the introductory Anthropology course had become moribund (perhaps as a result of rapid staff turnover) and was attracting very few students (less than 100 first-year students). This had implications for the throughput of students to postgraduate levels. It was therefore considered necessary to revitalise the course so as to attract larger numbers of students and thus grow the potential postgraduate student base.

### Development process

The current introductory module, APL 110, was thus developed five years ago, when Dr McNeill joined the Department of Social Anthropology. It replaced an earlier version, which relied on a fairly traditional approach to teaching the subject, showing the development of the discipline through a focus on the methodological and theoretical contributions of the most important and influential figures in its history. In contrast, the current module uses a thematic approach, addressing various aspects of society theoretically and ethnographically, not only to introduce students to the discipline, but also to deconstruct conventional understandings and promote students' ability to think critically about the society around them. *"Essentially it becomes the study of social change and history and politics."* [FM]

Dr McNeill designed the module in a way that would, through the study guide and readings, facilitate its teaching by other lecturers if necessary. Nevertheless, within an unwritten expectation of producing a good course, Dr McNeill had a free hand in designing the module. *"Nobody tells you what to do – the curriculum is basically up to you... It was generally understood that I would do what I thought was best for the students."* [FM] This applied not only within the department, but also at faculty and university level, at least with respect to the content of the module – as opposed to its

structure (e.g. one to two semesters) or the name of a module, both of which required the approval of the Faculty Board and Senate. In Dr McNeill's opinion, 'benchmarking' through an external examiner or external review process was nevertheless essential to ensure that what was taught and how it was taught was of an acceptable standard – perhaps particularly so given that undergraduate teaching had relatively low priority compared with research.

As to an external body imposing a requirement to include certain topics or approaches:

*You have to be very careful of some kind of centralised process telling lecturers what to do. For example, if I'm going to be told what to teach on HIV, someone giving me a specific reading that I have to give to my students, who's choosing that and why?... Anyone who is passionate about his discipline is going to interpret that in a specific way. If I get a specific reading to teach and I'm told that I have to do that, then I'll teach it in a way that encourages students to think about it extremely critically. Telling people what to teach about anything is a fine balance... if there's some centralised process that starts to tell academics what to teach – that's not going to happen... [FM]*

The implication then is that the inclusion (or not) of HIV (or, for that matter, any specific topic) in the curriculum cannot be imposed from without and needs to be a decision of the course designer. In this case, Dr McNeill's own research interest in HIV and AIDS was an important factor. However, while allowing that another lecturer might see things differently, he is emphatic that, in his view, *"HIV was [and remains] one of the most important thematic areas that students should be critically aware of in South Africa today."* [FM]

Dr McNeill has two primary reasons for this view. Firstly, he cites the findings of the latest HSRC survey<sup>79</sup>, which showed less fear of HIV infection, largely because of HIV being perceived as no longer a fatal, but rather a manageable chronic disease. This development has both positive and negative implications at both an individual and societal level. On the one hand, it may be associated with a reduction in the stigma around HIV; on the other, it seems associated with decreased motivation to prevent infection, regardless of the personal or social and economic costs of

<sup>79</sup> Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, Onoya et al. (2014). *Op cit*.



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infection and treatment. The module perhaps offers students, at both the individual and professional levels, a more balanced view of the implications of HIV infection. Secondly (and particularly relevant to HCI), *“it is also a great ‘case-study’ as a teaching tool – you can talk about gender, economics, politics, symbolism, religion, etc., all through the lens of HIV.” [FM]*

### Content and specifics

In designing the module, Dr McNeill selected contemporary themes in order to make the study of Social Anthropology accessible for students and at the same time develop their ability to think critically.

*I picked various aspects: witchcraft; ideas of culture and why it's problematic; ideas of beauty and why they're socially constructed; globalisation and what it means... HIV and AIDS, because that's my own particular preference in terms of research, but also because it's just really important to get the students thinking critically about it; and then conspiracy theories – we finish off with that. So I think it's quite a well-rounded course. [FM]*

To keep the themes relevant to students' experience requires a flexible approach that links the themes to current events.

*All my lectures start off with a commentary on something that's happened in that week and then we tie it into the readings and ‘anthropologise’ stuff... because it has to be a serious, intellectually rigorous course. [FM]*

Examples of topical issues used to introduce themes and raise issues for critical dissection are: the controversy surrounding Brett Murray's painting, 'The Spear', as an entry point for discussing ritual process and symbolism; the 'RhodesMustFall' campaign at the University of Cape Town as a basis for discussing ideas of heritage, culture and globalisation; and the sex-change operation of a key character in the long-running reality TV series, 'Keeping up with the Kardashians' to discuss ideas of celebrity and post-feminism.

As can be seen, lectures are intentionally provocative, but with classes now much larger, it is in tutorials that students have the opportunity to engage more directly in discussion and debate. Students are also given a reading pack, but there is concern that they have neither the inclination, nor the necessary skills to engage critically with the texts.

*You have to breathe life into these readings... because students don't read... you have to teach them to read... So when we're going through the readings in the early lectures, I say to them, you need to work out what the main arguments are here – read the introduction and then read the conclusion, and if that's all you read, at least you've read something; don't be scared of it, try to be critical – just because it's written down, doesn't mean it's right – have an argument with it: what's wrong, what's missing, why? [FM]*

Research is used as another tool to engage students and develop their understanding of Social Anthropology and as to develop their writing skills:

*Their first assignment is based on Victor Turner and his classic theory of ritual and rites of passage. It's a really simple anthropological idea: ...a rite of separation – things change; ...a liminal phase in the middle; and... reincorporation into a structural position in society... [So] their first essay asks them to write about a liminal phase that they've been through, or somebody they know. So they have to straightaway think [and] talk to [someone] about what was the liminal phase there, what were the symbols and how did it work – so there's research involved in that. [FM]*

The UP Intranet ClickUP system is used to provide further stimulation and input, for example, sending links to relevant newspaper articles. Videos are used to introduce topics – for example, a video showing the first moon landing to introduce the subject of conspiracy theories; or to give students practical exposure to ethnography. YouTube clips are sometimes used to illustrate a theme – for example, deconstructing notions of culture by showing and discussing stereotypical representations of Africa as typified by spear, drum, masks, fire and blackness. Similarly, pictures are used in some segments of the module, for example, in the lectures on beauty. However, no PowerPoint presentations are provided – Dr McNeill's preference remains a 'chalk and talk' approach and specifically, drawing mind-maps to encapsulate the main points of a lecture.

Two weeks of the module are devoted to exposing students to the various ways in which anthropologists have understood the HIV and AIDS epidemic. In the first week, two lectures drawing on Dr McNeill's own

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research<sup>80</sup> introduce students to the notion of medical pluralism through reference to competing understandings of HIV and AIDS and the ways in which particular understandings of health and illness come to predominate or may be undermined in various settings.

*I start off by talking about the HSRC report and what that shows: condom use has gone down dramatically, multiple concurrent partnerships have gone up, fear has gone down and ARV use has gone up. So I put all these things up for them and say "What does this mean, what's happening here? Make an intelligent deduction" ... [The rest of the lecture] is based on the music of the peer educators that I've researched – because it's catchy. I do a comparison between peer educators singing their songs, trying to do [practise] biomedicine, and Zwilombe musicians – old men – through their own songs doing a social commentary on what the peer educators are doing. I play them my own recordings of these songs in Tshivenda and give them translations... So from that set of lectures they get this idea that there's more than one way to think about this thing [HIV] – medical pluralisms – ...and they [also] get something about the internationalisation of it. Why do peer educators do this stuff? Because the funders tell them to. Why do the funders do this? Because they've got their own preconceived ideas about HIV, and what are the unintended consequences of that? So that's the core of the HIV lectures, but that serves as a way to let me speak around it and talk about how things are changing. [FM]*

There is also reference to HIV in two further lectures dealing with conspiracy theories. Making use of a text titled *'Witches, Westerners and HIV'*<sup>81</sup>, these lectures start by referring to conspiracy theories relating to AIDS and Ebola. In these lectures, questions are raised about the widespread occurrence of conspiracy theories, about the relationship between conspiracy and transparency, and about links between conspiracy theories and economic processes globally and locally.

Given the likelihood that one or more of the students may be HIV positive, Dr McNeill is

80 McNeill FG. (2009). 'Condoms cause AIDS': Poison, prevention and denial in Venda, South Africa. *African Affairs*. 108, 353-370; McNeill FG & James DA. Singing songs of AIDS in Venda, South Africa: Performance, pollution and ethnomusicology in a neo-liberal setting. In Barz G & Choen J. (eds.) *The Culture of AIDS in Africa: Hope and healing through music and the arts*. Oxford University Press, pp.193-213.

81 Rodlach A. (2006). *Witches, Westerners and HIV: AIDS and Cultures of Blame in Africa*. Left Coast Press.

keenly aware of the need for sensitivity in broaching the subject of HIV and avoiding the possibility of further stigmatisation. He is also mindful of the fact that alongside students' expressed 'AIDS fatigue', their knowledge is often partial or mistaken; so he does in asides convey some basic information, including less commonly stressed facts, such as the generally low rate of transmissibility of HIV, as an aid to informed decision-making, while at the same time discouraging unprotected sex.

*In order to keep the module as a whole relevant over time, there have been shifts in content or how it is presented, references to Ebola and xenophobia being recent instances. In the case of HIV and AIDS, there is now greater stress on antiretroviral therapy and risks associated with poor adherence, linked to recent information suggesting greater risk-taking in sexual behaviour, especially among young people.*

### Specifics

This is a first-year module and runs in the first semester (14 weeks). There are two formal, 1-hour lectures per week. Each lecture is based on specific readings, which students are expected to have read before the lecture. The module includes lectures intended to develop students' ability to write essays and tests.

Compulsory tutorials start from the third week. Tutorial topics and questions are outlined in the study guide and students are expected to think through the questions and/or undertake preparatory tasks before the tutorials. Discussion is focused on the topics and questions, as well as the relevant prescribed readings. Tutors are available for consultation during set hours each week.

Assessment is based on the average of a progress mark and an examination mark. The progress mark is based on:

- two essays of 1 200-1 500 words each on topics posted on the UP Intranet (30% each), and
- a test, answering one of two essay questions to assess students' understanding of the material dealt with in the lectures and the required readings (40%).

Students need to achieve at least 40% in the progress mark to sit for the examination.

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### Staffing and other resources

Dr McNeill designed the module and provides most of the lectures, including those on HIV, drawing on his own research and writing in the area. Without this, it is doubtful that HIV would have been included in the curriculum. However, taking into account possible staff shifts and sabbaticals, Dr McNeill has taken care to design a module that can be taught by others, using the materials available – primarily the study guide and readings.

Nevertheless, given student responses (see below), it appears that it is not only the content, but Dr McNeill's personal openness that attracts and challenges students – something less easily replaced.

*The key to good lecturing at university is to make yourself vulnerable – you've got to have that little crack. If you just stand there [and convey the message] "I will tell you and you will listen to me" – that's not going to work... Presenting your own work to students, especially after you've just spent 3 months teaching them how to think critically and destroy the readings that they've got and then you say to them "OK, this is mine, this is the stuff I've done" and say to them in tutorials, "OK, destroy it, rip it apart – what's missing from this?" And they say, "OK, so it's the lecturer – he wrote this stuff" and it's on HIV as well – so they must think critically about it and not just because it's mine, think it's good. [FM]*

From time to time, Dr McNeill invites guest lecturers who have specialised knowledge of a particular field, or who would bring a novel angle to a particular theme. For example, in a previous year, a man who had spent time living with the Bushmen in the Kalahari gave a lecture dealing with the commodification of culture in order to preserve claimed traditional rights to the hoohoodia cactus. In the current year, a former head of ANC and state intelligence organisations talked about the often mundane realities behind the scenes of 'intelligence work', leading into discussion of the relationship between transparency and conspiracy.

The group of tutors – mainly Social Anthropology graduates – is a key resource, paid out of the departmental budget, thus limiting the number of tutors that can be employed and hence determining the size of tutorial groups. At about 30 students per group, the tutorial groups are

rather too large to ensure that all students have the opportunity to participate actively and so help to develop their ability to think critically.

Dr McNeill sees it as important to nurture and develop the tutors' own unique styles, but also to provide guidance on the focus of tutorials and what to avoid (for example, expression of stigmatising ideas about HIV in tutorials). There are weekly tutors' meetings in an informal setting to discuss and prepare for tutorials and for feedback on student difficulties, especially where a student appears to be struggling and may need additional input.

The time available for the module as a whole and for the HIV components specifically is an issue. Ideally Dr McNeill would have preferred a two-semester module, which would allow for more in-depth study of all the themes, including HIV. However, given limited time to present the various strands of thought within the department, this seems unlikely to change.

### Student response

All Social Anthropology students have APL 110 as their first encounter with the discipline, so numbers progressing through to later years speak to students' response to the module.

*We're the fastest growing Social Anthropology Department in the county. We went from having under 100 students in first year 5 years ago to having almost 500 now, so it's pretty much exponential growth... We needed to get the first-year course growing to get numbers – that trickle-down effect [which] we can only start to see now [with] 30 Masters students... So we're a pretty popular discipline these days. [FM]*

Not all students find that they want to study the subject further: "about 10% really get it... [But] as long as students can learn to think about the world round about them in a slightly critical way, that's fine, and I think that anybody who comes to lectures gets that." [FM]

For many students, it is not only the content, but Dr McNeill's personal style of lecturing that engages students, as attested to by strongly positive feedback, especially from students who have gone on to third year or Honours, with comments such as:

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- *You're the best lecturer I've ever had.*
- *I did Anthropology because of the way you teach it.*
- *Anthropology changed my life.*

With regard to HIV and AIDS, Dr McNeill was very clear that students are generally resistant to engaging with the topic.

*"They're bored by it, even though they don't know as much as they think they do. So I had to find a way to slot HIV in that would allow me to raise the main issues, but not in a 'This is AIDS' lecture' style... because students would switch off straight away – they've heard it all before..." [FM]*

The positive responses outlined above suggest that Dr McNeill has been able to reach at least some students, but he acknowledged that there is a spread of responses, with some remaining prejudiced and stigmatising, or poorly informed about HIV and AIDS.

As to whether students have approached him regarding personal issues, interestingly Dr McNeill reported that, while not making a direct approach, some students have used other opportunities, notably the first essay on liminality, to raise very personal issues such as an HIV-positive status, or being gay. In such cases, Dr McNeill generally offers such students (via e-mail) the opportunity to talk further if they wish, and, if they take up the offer, then refers the student to appropriate resources, such as the Centre for Sexualities, AIDS & Gender (CSA&G).

### Commentary

APL 110, a compulsory course for first-year Social Anthropology students, now reaching close to 500 students annually, uses various issues and themes to teach students about concepts and methods of the discipline, and in so doing exposes them to anthropological perspectives on those issues and themes. These include classic anthropological themes, such as ritual and religion, witchcraft and superstition, as well as contemporary issues, such as conspiracy theories and globalisation, which offer opportunities to promote critical thinking about social issues. HIV is one of the issues included, introduced through the songs of peer educators and the countervailing views of their local critics.

The following table summarises key features of the module.

Table 7: APL 110 key features

Dimension	APL 110
<i>Objective: personal or professional?</i>	Professional: developing an understanding of the discipline and the ability of students to think critically  Personal impact incidental, but nonetheless important
<i>Form of integration</i>	Addressed directly as a legitimate topic in a carrier course
<i>Content</i>	HIV and AIDS as one of a number of themes in a broad, discipline-specific approach, taking account of structural and contextual factors and with a view to deconstructing common understandings of contemporary issues
<i>Methods</i>	Lectures, tutorials, prescribed readings
<i>Level of integration</i>	Undergraduate
<i>Administrative aspects</i>	Compulsory; credit-bearing
<i>Personnel</i>	One lecturer primarily responsible for module as a whole and components integrating HIV and AIDS

APL 110 is primarily focused on teaching students about the discipline of Social Anthropology, with HIV as one of a number of lenses used in the process. To say this does not detract from the importance ascribed to HIV – as remaining a key social issue, one on which students and young people should have an informed and critical perspective. However, it is clear that without the lecturer's personal interest, knowledge and passion, HIV would probably not have been included in the curriculum in as significant a way.

With an open mandate to develop the module, there were few constraints on its design – and those primarily technical such as the name of the module, length and semester placement, which are subject to approval by various university committees. Indeed, curriculum design is predicated largely on the assumption that lecturers are best placed to make curriculum decisions in their specific area of competence. Beyond a broad academic responsibility to develop in students the capacity to think critically, the course was also not aligned with any externally imposed agenda requiring the inclusion of particular topics.

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The success of the course can be read from positive student comments and the increased number of students enrolling and continuing in Social Anthropology. With regard to HIV and AIDS, despite student resistance, the course appears to succeed to a large extent in overcoming 'AIDS fatigue'. Regular updating of topics and examples in order to remain current with contemporary social issues helps to sustain students' interest. Moreover, although Dr McNeill intentionally designed the module in a way that would facilitate its teaching by other lecturers if necessary, it is clear that his personal style – challenging and engaging his students, drawing out the relevance of the subject matter to their lives and concerns – is a key element in the success of the course as a whole and the section on HIV and AIDS.

APL 110 is an interesting example of HCI in that it uses contemporary issues and themes, including HIV and AIDS, to teach students about concepts and methods of Social Anthropology and in so doing exposes them to anthropological perspectives on those issues and themes. This reflexive approach demonstrates how HCI can feed into and contribute to students' learning about a discipline, while at the same time countering AIDS fatigue by opening up alternative perspectives and debate on HIV.



### Case-study 5: A multidimensional, contextual approach

#### Module title: Legal Problems of HIV and AIDS (RHV 410)

**Faculty:** Law

**Department/Unit:** Public Law

**Key informant:** Prof Annelize Nienaber [AN] (course convenor)

**Other informants:** Prof Anton Kok (Faculty of Law)

#### Overview

RHV 410 aims to give Law students a thorough understanding of the law relating to HIV and AIDS and of the context in which the law is applied. The intention is to provide good grounding in the legal aspects of HIV and AIDS and encourage a broad awareness of the social context of HIV, to enable graduates to respond appropriately to clients with HIV-related legal issues.

#### Programme context

The Faculty of Law comprises five academic departments. It also has Centres for Human Rights, for Child Law, and for Law and Medicine, which have made significant contributions to major debates during and since South Africa's transition to democracy. The Faculty has strong relationships internationally, with a special focus on Africa. Its aim is to equip students with the knowledge, skills and perspectives that will develop their leadership and critical thinking abilities and make them aware of their social and ethical responsibilities<sup>82</sup>.

Legal and constitutional challenges have played an important role in the field of HIV and AIDS in South Africa, at both a population and an individual level. Key examples include discrimination in the workplace, access to prophylaxis to prevent mother-to-child transmission of HIV, access to post-exposure prophylaxis (PEP) in the case of rape, and access to antiretroviral treatment.

Although many of the key legal principles in relation to HIV and AIDS are thus firmly established in law, at an individual level, ordinary

<sup>82</sup> Information from the Faculty of Law web pages. Accessed July 2015.

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people still face challenges, for example, in employment or access to health care, including PEP for rape survivors. It could, therefore, be seen as important that lawyers are aware of and sensitive to possible legal implications of an accused person's HIV status (for the accused or for a complainant) and equipped to give their client appropriate advice in this regard. However, since the relevant professional bodies do not, as a condition for registration as a lawyer, require knowledge of the legal implications of HIV, there is no encouragement from this quarter for Faculties of Law to include HIV and AIDS in their curricula.

At UP, it has been the initiative of individual lecturers that has brought HIV and AIDS into the legal curriculum in a number of departments and at both undergraduate and postgraduate level, the former being the focus here. The Department of Public Law, in particular, offers a number of modules that, in one or another form, deal with HIV and AIDS. Two of those are described in this series to illustrate contrasting approaches to HCI within the broader field of Public Law<sup>83</sup>. The first (Case-study 5) has HIV as its central focus, although firmly located within a broader social and legal context.

The module, which is an elective, was first developed by Prof. Frans Viljoen, then HOD of the Department of Legal History, Legal Philosophy and Comparative Law (since renamed the Department of Jurisprudence), drawing on his interest in and research on the legal problems of HIV and AIDS. When Prof. Viljoen went on sabbatical in about 1999/2000, Prof. Nienaber took over as course convenor. However, following the appointment of Prof. Viljoen as Director of the Centre for Human Rights and a new HOD for Jurisprudence, there were changes in the academic focus of the Department. As a result, Prof. Nienaber moved to the Department of Public Law, taking the module with her.

The move and other changes in the Department of Jurisprudence have, however, had implications for the module. Firstly, until 2011, a module, Introduction to Law, was offered by Department of Legal History, Legal Philosophy and Comparative Law. The module aimed to give first-year students a grounding in all

the sub-divisions of law, such as Private Law, Public Law and Constitutional Law and, at the same time, to teach relevant skills (e.g. how to read legislation and court cases). The module included a section on the legal problems of HIV and AIDS, which was supported by a chapter in the course textbook. The first-year module thus provided an introduction to the law relating to HIV and AIDS and encouraged an interest among students in the fourth-year elective module. The dropping of the first-year module thus closed an avenue for recruitment for the fourth-year module. Secondly, adding to the foregoing, the fact that Prof. Nienaber no longer teaches first-year modules further reduces opportunities to interest students in the fourth-year module. Finally, to accommodate the module's move to a new department and shift to the second semester, it is temporarily in abeyance for this year (2015), but will resume in 2016.

### Development process

As mentioned above, Prof. Viljoen designed the original fourth-year module, took it through the Faculty Board approval process and initially ran the course, starting in about 1996/1997. When Prof. Nienaber took over the course, she kept its structure largely unchanged initially, but later introduced various changes such as changing the module title to reflect current thinking on terminology ("HIV & AIDS" rather than "HIV/AIDS") and introducing other changes. After the move to Public Law, the module was moved to the second semester. Procedural changes – the title change, the shift to Public Law and the move to the second semester – required the approval of the Faculty Board; Prof. Nienaber, however, had full discretion over shifts in content. In its new location, the module fits well with other offerings in Public Law, such as medical law.

To counter the problems affecting recruitment mentioned above and in order to continue to attract students to the course, Prof. Nienaber is planning to undertake more active advertising of the module amongst students attending earlier undergraduate year courses before the next presentation of the module in 2016.

### Content and specifics

The content of the module reflects the view of its originator and the current course convenor that, to practise effectively in South Africa, it is essential that law students are exposed to the issues and law relating to HIV and AIDS.

<sup>83</sup> A third undergraduate module, Medical Law, is offered as an elective (usually taken by about 70 students). At a postgraduate level, an MPhil in the Theory and Practice of Medical Law and Medical Ethics is offered.

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*[In South Africa, lawyers need] a good grounding [in HIV] because it's going to touch every aspect of their practice, whether they do medical law and it's privacy issues, or Road Accident cases and it's something to do with life expectancy... lawyers **cannot** be good lawyers in South Africa unless they have a very good idea of the legal aspects of HIV... even if they don't know the [specific] answer, if someone arrives with a problem like they've been fired from work, or they've been subjected to pre-employment testing, that they at least know where to go and look – it rings a bell: "There is something about a Labour Court approval", etc. I really think it's important in a country such as South Africa. [AN]*

Beyond the specific legal aspects, the course also raises sociological and philosophical questions about how society functions and how it deals with challenges such as HIV and AIDS through the law. For example, *"How does the law and ethics deal with HIV? Why is it an exception?" [AN]*

Topics include up-to-date information on medical and scientific aspects; the origin, demographics and spread of HIV and AIDS; and issues related to gender, race, sexuality, culture, power and politics. The content changes somewhat each year, in order to keep it relevant to societal changes, for example, an apparent fall in discrimination in employment, but continuing inequality and discrimination in access to health care. The course also needs to reflect changes in case law and the literature relating to HIV and AIDS.

Finally, although not a central focus of the course, discussions in class often expose and challenge students' own assumptions and prejudices, such as that *"they are not at risk... they think because they're at a university and that the people that are with them are all well-educated, [that] protects them against getting infected". [AN]*

### Specifics

RHV 410 is an elective, 10-credit module (equivalent to roughly 100 hours) which runs for a semester. There are weekly meetings of 2 hours each; in addition, students are expected to spend significant time on reading, preparation for the seminars and related academic work (see below).

The course has two components. The first involves six lectures presented by the course convenor and invited guest lecturers who offer specialist input in their areas of expertise,

for example, medicine, epidemiology, and political science. Themes dealt with in the lectures include: the sociological context of HIV and AIDS; issues related to 'AIDS exceptionalism'; reasons for prevalence patterns; the influence of poverty, racism, and patriarchy on responses to HIV and AIDS; HIV and confidentiality; and the legal implications of various modes of HIV transmission.

In the second, students, under the guidance of the course convenor, each prepare and present a seminar and hand in a long essay on two topics chosen from a list drawn up by the course convenor: *"They have to go and research a problem... they have to independently go and find articles, write up their research findings and present it."* [AN] The seminars and essays draw on an extensive list of prescribed readings (available on the internet or via the UP Intranet or libraries). Students not presenting are expected to have read the prescribed readings and to participate actively in the discussion. The course convenor introduces the topic of each seminar, acts as facilitator during the discussion and at the end of each seminar, sums up, adds information and draws attention to related broader contextual issues. Typical seminar topics<sup>84</sup> include: HIV, AIDS and national and international human rights law; HIV, AIDS and the limits of privacy; HIV, AIDS and access to medical care; HIV, AIDS and criminal law; HIV status and HIV testing; and HIV, AIDS and medical experimentation.

Assessment is by means of a semester mark and an examination, each contributing 50% towards the final mark. It takes into account students' ability to convey understanding of texts and research in both written form and through oral presentation.

The semester mark is derived from:

- the two essay assignments (40% each, of which 10% is for the oral presentation and 30% for the written assignment), and
- a mark for class participation, for example, sharing of views, intelligent interaction with prescribed work and with fellow students (20% of the semester mark).

84 Department of Jurisprudence, Faculty of Law. (2014). *RHV 410 Study Guide: Legal Problems of HIV and AIDS*. Pretoria: University of Pretoria.

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The examination is an open-book take-home (24/48-hour) research assignment that covers most of the content dealt with in the module.

### Staffing and other resources

The course convenor is the primary resource for the course, responsible for shaping the course, recruiting a small number of suitable experts for specialist areas of the course, delivering some of the lectures, facilitating seminars and undertaking the assessments. She also has a key role in attracting students to the course.

The specialist lecturers have generally been fellow lecturers from the Law Faculty, or other university departments or units, hence undertaking the work as part of their university function and not requiring additional remuneration. If lecturers are no longer available owing to their being on sabbatical or moving to other universities, they have to be replaced, sometimes resulting in a slight shift in the course if their specific expertise cannot be replaced.

The convenor's own interests and perspectives are, of course, critical influences on the course. She has researched and written extensively on HIV and the law and brings this expertise into the course. Perhaps as important, her background in Literature and Literary Theory at Honours level before studying law has influenced how she understands law. Thus, rather than a narrowly legalistic approach, focusing only on what the law, including case law, has to say about HIV, she insists on the importance of *"the sociological and philosophical background of HIV... how society functions... how society responds and how the law responds and the limits of the law."* [AN] In this, moreover, HIV provides a lens to look at law and society more generally – something that she wants her students to grasp: *"Universities are well placed to look at these issues, because they are places where people are supposed to think and examine and interrogate."* [AN]

### Student response

Before the various module shifts outlined above, approximately 20-25 students registered for the module per year, although numbers have been as high as 30. Reflecting the consequences of the shifts, numbers registering were lower in 2014. A number of students in any event drop out of the course because of its heavy demands, both in terms of workload and the demands it places on reading, thinking and writing skills.

There have been varied responses to the module, with some very strongly positive, while others have found the module challenging and, in some cases, have not completed the course.

*The people [students] who stuck to it thought it was the most worthwhile thing that they did in their entire LLB degree... it made them think about the law, think about themselves as lawyers, and their role in society. Also that it's the only course where they had time to talk, to do independent research. There are also students who drop out... because of too much work, too much writing, having to do independent research... because they can't write... A test [as in other courses] is easy – you just write three or four sentences and it's done, but the moment you have to write a 15-page research essay, those people fall out. [AN]*

Bearing out the above, some of the students have commented as follows:

- *The course has taught me not only about HIV and the law, but also how to do in-depth research and improve my writing skills.*
- *The course allows students to access and utilise their public speaking, debating, analytical, critical thinking and writing skills.*
- *A course that changed my life – a MUST for every LLB student.*

### Commentary

RHV 410 is a fourth-year, elective module in the Department of Public Law, generally attracting about 20-25 students annually. It offers students a broad, contextualised perspective on the law relating to HIV and AIDS, simultaneously raising questions about the role of law in society. The fact that it is an elective – and a demanding one at that – limits the number of students it reaches, making it relatively resource intensive, despite its reliance largely on one staff member. Students who have completed the course value it for its in-depth approach to its subject matter and also for the academic and professional skills it imparts through its emphasis on research and written and oral presentation.

The following table summarises key features of the module.



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Table 8: RHV410 key features

Dimension	RHV 410
Objective: personal or professional?	Professional: developing students' understanding of the law relating to HIV and AIDS  Personal impact incidental
Form of integration	Central focus; addressed directly as legitimate topic for discipline
Content	Broad perspective: discipline-specific content as a lens to comment on contextual factors in relation to HIV, as well as the law more generally
Methods	Lectures, seminars, interactive classroom discussion, long essay, prescribed readings
Level of integration	Undergraduate (senior level)
Administrative aspects	Elective; credit-bearing
Personnel	Course convenor primarily responsible, but assisted by lecturers from own and other faculties

The module was introduced not as a result of any external influence or pressure, but as an initiative of staff members with an interest in the field of HIV and AIDS and the law, who felt strongly about the need to expose prospective lawyers to knowledge regarding the law on HIV and AIDS and in so doing to raise broader questions about both issues. The module has survived departmental shifts in focus and personnel, highlighting the important role of a few passionate individuals in initiating and maintaining HCI in the Faculty. A negative implication, however, is that, HCI in the Faculty remains largely reliant on these individuals and could disappear were they to shift their focus or move to another university. Thus, without faculty and university recognition and support, HCI may not be sustainable.

This module clearly fits within the broad rubric of HCI, offering a multi-dimensional approach to the subject matter. It contextualises HIV and AIDS, showing links to issues such as gender and sexuality; it uses HIV and AIDS as a lens to comment on the law and its practice; it offers students unique opportunities to develop professional and academic skills; and, while not a direct focus, it challenges students' assumptions and prejudices about HIV and AIDS (including the extent to which they are at risk of infection).



### Case-study 6: Opening up a broader discussion

**Module title: Criminal Law (STR/  
PBL 420)**

**Faculty:** Law

**Department/Unit:** Public Law

**Key informant:** Prof. Pieter Carstens [PC] (HOD: Criminal Law; lecturer responsible for developing and module; co-presenter of module)  
**Other informants:** Prof. Anton Kok (Faculty of Law)

#### Overview

STR/PBL 420 aims to give Law students a thorough understanding of the basic principles and practical application of criminal law, specifically the definitions and elements of various offences. Theories and forms of punishment as a basis for sentencing convicted offenders are also covered. The offences are dealt with thematically, referring to legislation and case law. HIV is dealt with under a number of themes relating to relevant legal implications (especially in the case of alleged perpetrators who are HIV positive), but also as a means to highlight central principles of criminal law.

#### Programme context

The Department of Public Law is situated in the Faculty of Law (see Case-study 5). The Department offers a number of modules dealing with HIV and AIDS. Two of those are described in this series to illustrate contrasting approaches to HCI within the broader field of Public Law<sup>85</sup>. The module described in the present case-study introduces students to concepts and provisions of criminal law and case law, including those relevant to HIV and AIDS. Although the latter are not the central focus of the module (as in Case-study 5), they are included not only so that students are aware of the relevant law, but also to illuminate general principles applicable in this branch of the law.

According to Prof. Carstens, the legal case, *Hoffman v. SAA* in 2000 provided a critical stimulus for HCI in the Faculty as a whole and specifically the Department of Public

85 A third undergraduate module, Medical Law, is offered as an elective (usually taken by about 70 students). At a postgraduate level, an MPhil in the Theory and Practice of Medical Law and Medical Ethics is offered.

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Law. Briefly, the case involved an appeal by Hoffman to the Constitutional Court against the refusal of South African Airways (SAA) (previously upheld by the High Court) to employ him as a cabin attendant. Despite his being found suitable on other grounds, SAA cited Hoffman's HIV-positive status as grounds for their refusal. The Court found that SAA's refusal of employ him solely because of his HIV status *"had impaired his dignity and constituted unfair discrimination and violated his right to equality"*<sup>86</sup>. SAA was therefore ordered to employ him.

The Hoffman case was ground-breaking in a number of respects. Firstly, the Equality clause (9(3)) of the Constitution does not in fact specify HIV status as a prohibited ground for discrimination. However, the Court's ruling meant that discrimination based on a person's HIV-positive status is now prohibited. Secondly and perhaps even more notably, *"at the height of AIDS denialism... for the first time, the Court took 'judicial notice' of what causes AIDS"* [PC] – in other words, the Court accepted as fact expert evidence on the virology and clinical stages of AIDS.

Other legal developments, including legislative changes, in later years have continued to ensure that HIV and AIDS remain relevant to the legal curriculum.

### Development process

The Hoffman case and other cases relating to HIV and AIDS provoked much discussion and debate within the Faculty of Law. References to HIV and AIDS and relevant case law were increasingly brought into teaching. *"The law is of such a nature that you can cover it – it's relevant – from whichever side you're teaching"* [PC], whether constitutional law, human rights law, criminal law medical law, labour law, jurisprudence and even insurance law, media law and international law. In the Department of Public Law, *"already in 2001 we were talking about it [in lectures] and research was being done, because we didn't have clarity from the Courts [as yet] on [the implications for] attempted murder and the HIV-positive sexual perpetrator."* [PC]

Further impetus to HCI in the teaching of Public Law arose from the passing of the Sexual Offences Act (SOA), 2007, and its Regulations (promulgated in 2010). The SOA introduced into

law a range of 'new' statutory sexual offences relating to non-consensual sex, for example, in addition to rape and sexual assault, compelled rape and compelled sexual assault. The new law also defined some of these offences differently; thus, whereas previously, men could only be victims of sexual assault and not of rape, the law now provided that both women and men could be victims of rape.

The radical changes to the law on sexual offences, an important area in Criminal Law, necessitated a major revision of the curriculum. *"It's an absolutely new development in the law of which we have to take cognisance. We have to expose our students to that in their training. You can't ignore it."* [PC] Given the HIV-related implications of the SOA and its Regulations, what had until then been somewhat ad hoc references to HIV and AIDS in the curriculum also needed to be included in a more systematic way.

Over time, evolving case law has also needed to be covered. Amongst these are the cases of *S v. Nyalungu* and *S v. Phiri*, both HIV positive and aware of their status. The first case related to whether the perpetrator's knowledge of his HIV-positive status was an aggravating factor in his commission of rape (*non-consensual sex*); in the second case, the question was whether failure to disclose the perpetrator's known HIV-positive status prior to consensual sex was relevant to the judgement. Both cases resulted in convictions for attempted murder, indicating the importance assigned by the Courts to a perpetrator's knowledge of HIV-positive status in the assessment and determination of liability in sexual crimes.

The module, *Criminal Law* (STR/PBL 420), dovetails with and builds on various earlier courses in the Faculty. Students will already in their second year of study have encountered the Hoffman case, referred to above, in Constitutional Law (PBL 210) and Human Rights Law (PBL 220), which deal with the South African Constitution and the Bill of Rights. Through this case they are exposed not only to its legal implications, but also to detailed information on the virology of AIDS, which the Court (as indicated above) took into account in reaching its decision and which is written into its judgement<sup>87</sup>.

86 Rugege S. (2001). *A summary of some cases on HIV/AIDS*. Law, Democracy & Development, 5(2), 237-241.

87 *Hoffman v. South African Airways* 2000 (11) BCLR 1211 (CC); 2001 (1) SA (CC)

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In the fourth year, a first-semester module, *Introduction to Criminal Law* (STR/PBL 410), provides a broad overview of the system and fundamental concepts of criminal law, as well as general principles of criminal law and elements of criminal liability, such as legality, unlawfulness, capacity and defences<sup>88</sup>. It thus provides a foundation for understanding the application of law to specific criminal offences.

### Content and specifics

STR/PBL 420 follows on from and examines how the general principles outlined in STR/PBL 410 apply in relation to both common law crimes and statutory crimes. These are presented under various study themes, including:

- incomplete crimes (e.g. attempted crimes)
- common law offences such as crimes against:
  - life (murder, culpable homicide)
  - bodily integrity (e.g. assault, rape)
  - reputation and dignity (*crimen injuria*, defamation)
  - sexual morality and family life (e.g. incest)
- statutory offences (e.g. public violence, high treason), and
- theories and forms of punishment for the purposes of sentencing.

Relevant legislation and case law are referenced for each theme<sup>89</sup>.

As with the other case-study (RHV 410) from Public Law, STR/PBL 420 takes as a given that HIV and AIDS are important topics in the law curriculum. Prof. Carstens outlined a number of reasons for this view, the first reflecting a philosophical position – that the discipline and practice of law is essentially about human beings and about contributing to a more humane environment, including for people infected or affected by HIV and AIDS.

*HIV and AIDS] strike at the very being of humanity. If you're HIV positive or you've got AIDS, then, as a human being, you are afflicted by something terrible. And because you don't live in isolation – you're not a Robinson Crusoe living on an island, you're living in a community – others [and thus the law] are affected. [PC]*

88 Faculty of Law. (2015). *Law Yearbook, 2015*. Pretoria: University of Pretoria.

89 Carstens PA & Stevens GP. (2015). *Study Guide: Criminal Law (STR 420)*. Department of Public Law, University of Pretoria.

The positive role that law can play in relation to HIV and AIDS is well illustrated for students by the implications of the Hoffman case for contemporary views on HIV and AIDS.

*The Hoffman case is instructive because it was at the height of AIDS denialism... that the Court actually took judicial notice of it – the virology, the whole genetic makeup of HIV. So it was settled by the law, politicians were not settling the matter – the law settled the matter. [PC]*

A second reason for including HIV and AIDS in the curriculum relates to what are seen as two important guiding principles for curriculum: context and relevance. In other words, does a given topic reflect and speak to the (social) context in which law is practised? Is the topic relevant to that context? In Prof. Carstens' view, HIV and AIDS undeniably reflect and are relevant to the South African social context with its high prevalence of HIV and the resultant challenges affecting many facets of society, including the law and its application.

*In sub-Saharan Africa, we have this huge problem [of HIV and AIDS] and we still have lack of access to health care and we still have discrimination and we still have many other ills of the society. Lawyers **must** know about it [HIV and AIDS] and must be made aware of it and must hopefully **do** something about it. If we don't do it, who will do it? These students are the future judges and lawyers and advocates and attorneys and legal advisors – they should carry the torch further. [PC]*

Thirdly, it is important to include HIV and AIDS in the curriculum, not only to familiarise students with the specific ways in which this issue is dealt with in legislation and case law, but also because of the light they cast on other issues which are important for students to understand. *"It's a conduit for many other arguments... you can draw many inferences relating to other issues as well"* [PC], for example, debates on confidentiality, the relative rights of different parties in a legal case, and possible precedents for other groups (e.g. people infected with other STDs) with regard to the rights that have been won or the legal consequences for people who are HIV positive. For this reason alone, Prof Carstens believes HIV and AIDS remain relevant to the legal curriculum.

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Given the above, the module introduces students to ideas concerning “criminal liability for the transmission of HIV in the context of crimes, specifically rape and incomplete crimes [i.e. attempted murder/assault] where there is non-consensual sex... [or even] consensual sex, but when the victim or complainant is not aware that the perpetrator is HIV positive.” [PC]. In this regard, the *Nyalungu* and *Phiri* cases mentioned above are obviously central. Further, they also allow for discussion of liability in contrary situations: where the victim is already HIV positive, or the HIV-positive perpetrator is an ‘innocent perpetrator’ who is not aware of their status. Aside from what transpired in the particular cases and what they imply for criminal liability related to HIV-positive perpetrators, these cases also allow for discussion of issues relating to consent more broadly (for example, whether consent implies blanket consent to whatever follows (*‘in for a penny, In for a pound’*)).

Students also need to understand the requirements to access PEP as set out in the Regulations to the SOA. In a case of alleged rape, the Regulations provide for testing of the alleged perpetrator without consent, provided the alleged rape has been reported to the police, the request is made within 72 hours of the alleged rape being committed and the complainant is not already HIV positive. “[As a lawyer] you have to be able to advise a client or victim of that [option] as soon as possible. That is [also] why reporting plays a very important role.” [PC] In discussion of the legalities, debates and case law concerning the relative status of various rights can be discussed – in this case, the right to privacy/confidentiality versus the right to life: whether or not an individual can be tested without their consent versus the right of another person to access prophylaxis against a potentially deadly disease.

Finally, they also need to grasp the potential impact of HIV-positive status on sentencing: “it makes a difference if you’ve committed a crime like rape and you knew that you’re HIV positive – you qualify in terms of the minimum sentencing requirements for a sentence of 15 years [even for a first offence].” [PC]

Prof. Carstens stressed (as did Prof. Kok) that, in dealing with these issues, it is important to avoid contributing to the stigmatisation, marginalisation and demonisation of people living with HIV or AIDS:

*“People still frown upon people with HIV, even in civil society without any criminal context whatsoever... [So] one takes trouble not to demonise HIV and AIDS, because it’s very easy to do that [in the context of criminal law]... You don’t want to discriminate against the HIV offender ... you don’t want to create the impression that HIV-positive people are all unreasonable or rapists or [involved in] criminal activity.” [PC]*

As indicated above, the approach to teaching STR/PBL 420 makes extensive use of case law, with seminal cases such as those of *Nyalungu* and *Phiri* (see above) set as prescribed reading for students, who are expected to be thoroughly familiar with them and able to reference them in answers to test and examination questions. Such cases also often give rise to classroom debates on the merits of the cases and lead into discussion on broader issues:

*“In the Phiri case there’s the question: if you give consent, do you give blanket consent? Because that’s an important defence in criminal law – [the issue of] consent. But despite the fact that there was consensual sexual activity, he didn’t inform her and she didn’t know about [his status] and it was common cause that if she had known about it, she would not have consented to unprotected sex. So there’s a discussion about that.” [PC]*

### Specifics<sup>90</sup>

STR/PBL 420 is a 10-credit module (equivalent to roughly 100 hours), which runs for a semester and is compulsory for LLB students.

There are three 40-minute lectures per week and one tutorial per month. Because of the important discussions and explanations of prescribed study material during lectures, attendance is compulsory for LLB students and monitored periodically, with a minimum of 70% attendance at monitored lectures required to write the final examination.

As indicated above, lectures are structured around various themes. In each theme, the following are covered:

- definition of concepts and doctrines
- description of the current law
- analyses of current legal rules

<sup>90</sup> Information from *Law Yearbook*, 2015. *Op. cit.*; Carstens & Stevens. *Op. cit.*

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- criticism of the current law where applicable, and
- consideration of law reform (where applicable).

Following the completion of each study theme, problem questions are presented to the class for discussion; these provide a means to help students develop their legal problem-solving skills.

Lectures are supplemented by an extensive list of readings, including two textbooks, relevant laws and case law. Most are available on the university intranet (ClickUP), while some can be found in the library. Students are expected to undertake the prescribed reading before lectures and to expand their knowledge and understanding by reference to additional readings.

Assessment is by means of two semester tests and an examination. Each test counts 50% towards a year mark for the semester. The year mark and examination mark each count 50% towards the final mark.

Tests and examinations assess three inter-related aspects of student performance:

- knowledge, as shown by an exposition of the relevant study material
- understanding, as shown by evidence of insight into the relevant study material, and
- application, as shown by explanation of the practical effect of legal principles and rules of law in given cases.

Given the critical importance of problem solving in legal practice, particular attention is paid to students' ability to apply knowledge and understanding in answering 'problem questions'. Stress is also placed on presenting material systematically, with accurate formulation and correct use of language.

### Staffing and other resources

The module was developed by Prof. Carstens in 2011, largely in response to the promulgation of the SOA and has been amended with input from a colleague, Dr Stevens, to take account of evolving case law since then. It is taught in collaboration with Dr Stevens and Mr Bester, another colleague in the Department of Public Law.

Prof. Carstens' passion to make an impact on students, to expand their horizons beyond a narrowly legalistic view of the profession, is evident: *"We would like to produce a kind of student here UP – a law student at least – who is competent, but knows the context and understands the relevance and is tolerant because they are well-informed."* [PC] For him, too, it is an essential part of his role to instil a sense of civic responsibility in students: *"It's part and parcel of my responsibility as a public educator."* [PC]

### Student response

As a compulsory course, all fourth-year students – approximately 450 – are required to take the course. Students respond with interest to the course, in particular themes that relate to the SOA: *"Crimes of a sexual nature really fascinate the students, because it's indicative of the human condition, so it's bound to attract, solicit certain controversial class debates and discussion."* [PC] There are, however, differences between the classes in English and Afrikaans in students' willingness to engage in debate (perhaps reflecting differences in upbringing and norms around sex, openness, authority and respect):

*With the English group, where you have the full ethnic and cultural diversity, they would challenge, ask questions, say, 'This is unfair!' – [for example, in discussing the Phiri case], someone said if she had consented, it's unfair that he was found guilty... The Afrikaans class are generally much quieter – it's not specific to this course; it's a marked thing in the whole Faculty of Law... The Afrikaans groups are generally quieter, they never challenge you, they just want to get on with it, get their credit and move on. The English group is much more verbal and vibrant, maybe because of the diversity factor there. [PC]*

With regard to the issue of 'AIDS fatigue', Prof. Carstens is adamant that students are not 'blunted' with regard to the topic, but are in fact very interested in it. However, he notes that students tend to be extremely cautious in how they speak about HIV and AIDS; specifically, students do not volunteer information about their own status, or that of people they know. Thus, despite their interest and apparent openness, stigma is clearly manifest in their behaviour.

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*The students in general are very cautious to speak out about the HIV status of anybody. That is still prevalent. They would laugh in an embarrassed way; there are no volunteers. The discussions are very generic: if this, if that, hypothetically speaking... In the context of HIV/AIDS, we often talk about equality and we talk about freedom, but there are still many institutional structures in place that erode that kind of openness. I think that many people – many students, at least in a classroom situation – shy away from it because they're scared they can be labelled. [PC]*

Many students face personal challenges, both material and emotional: *“Because things are so competitive and materialistic, there’s a large portion of our students who really struggle.” [PC]* Students do approach lecturers with personal problems, but in confidence, with an expectation of confidentiality. Problems that Prof. Carstens has encountered include pregnancies, STDs and suicidal thoughts, with HIV-related issues perhaps an underlying factor in some cases. Where possible, lecturers assist or refer them to others who can, for example, the campus psychological services.

### Commentary

STR/PBL 420 is a fourth-year, compulsory module in the Department of Public Law. It offers students an in-depth exploration of the basic principles and practical application of criminal law, specifically the definitions and elements of various offences, including sexual offences. HIV and AIDS are included, because of the legal implications of HIV-positive status for criminal liability and sentencing and the requirements for PEP, but also because of the ways in which legislation and case law relevant to HIV and AIDS can be used to highlight parallels with other issues and because they raise fundamental questions about society and about the role of law in society. The fact that the module is compulsory ensures that it reaches all final-year law students (about 450). Students generally respond positively to the course; however, the stigma still attached to HIV and AIDS appears to limit the extent to which many are prepared to engage in debates and discussion, even within the field of criminal law.

The following table summarises key features of the module.

Table 9: STR/PBL 420 key features

Dimension	STR/PBL 420
<i>Objective: personal or professional?</i>	Professional: developing students' understanding of criminal law relating to HIV and AIDS, specifically linked to the SOA.  Personal impact secondary, but important: to encourage students to see law and lawyers as playing a positive role in dealing with social challenges
<i>Form of integration</i>	Addressed directly, as a legitimate topic in a carrier course
<i>Content</i>	Discipline-specific, primarily focussed on criminal law, but drawing links with other branches of Law
<i>Methods</i>	Lectures, tutorials, prescribed readings (case law)
<i>Level of integration</i>	Undergraduate (senior level)
<i>Administrative aspects</i>	Compulsory; credit-bearing
<i>Personnel</i>	Course convenor primarily responsible, but assisted by other lecturers from Department of Public Law

Like the other case-study in the Faculty of Law (RHV 410), STR/PBL 420 was not developed because of external influence or pressure from legal professional bodies, university policy or the Faculty itself. Instead, it arose in an initially rather piecemeal way in response to important developments in case law regarding the rights of people living with HIV. A more decisive change to the curriculum was necessitated by the later promulgation of a new Sexual Offences Act. The changes to case law and legislation could not be ignored and were accordingly introduced into the curriculum, where it is also used as a 'conduit' for the discussion of other legal and social issues. Such discussion, it seems (and perhaps reflecting the time constraints of a packed module), remains fairly closely tied to the law, rather than opening to debates, for example, about the role of stigma or gender in limiting the choices of HIV-positive offenders.

The module reflects once more the important role of a passionate individual in initiating and maintaining HCI. In this instance, the key figure also happens to be the Head of Department,

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which must play a role in the fact that this department offers a number of modules that demonstrate HCI. As before, without support for HCI in the faculty and university, HCI may not be sustained should there be a change in personnel within the Department.

This module is clearly an example of discipline-specific HCI, with relevant content speaking directly to the academic and professional interests of aspirant lawyers. Even so, full use is made of the opportunities provided by legislation and case law to broaden the discussion to the legal implications for other conditions and groups and, where possible, to raise questions about the role of law and lawyers in society.



### Case-study 7: An opportunity to raise ethical questions

#### Module title: Molecular basis of disease (BCM 368)

**Faculty:** Natural & Agricultural Sciences

**Department/Unit:** Biochemistry

**Key informant:** Prof. Jan Verschoor [JV] (Department of Biochemistry); responsible (with Dr M. Beukes) for developing and presenting the module

**Other informants:** Prof. Marietjie Potgieter [MP] (NAS: DD T&L)

#### Overview

BCM 368 offers students the opportunity to learn about the biochemical mechanisms responsible for maintaining health and how they may be compromised to cause disease. The module promotes a scientific approach to the diagnosis, prevention and cure of disease. There is a strong emphasis on research ethics. HIV and AIDS are used as a key illustration of central concepts of immunology and ethical dilemmas associated with research.

#### Programme context

The Faculty of Natural and Agricultural Sciences<sup>91</sup>, made up of 16 departments, aims to provide leadership in the fields of basic natural and agricultural sciences and mathematics through high levels of research achievement and high-quality undergraduate and postgraduate education. Within the Faculty, the Departments of Biochemistry, Genetics, together with Microbiology, form a cluster. The three departments work closely together, including offering dual major Bachelor programmes. In the opinion of Prof. Marietjie Potgieter (DD: Teaching and Learning, NAS), this cluster offers a logical setting for teaching related to HIV and AIDS, as has indeed been the case for more than a decade, specifically in the Department of Biochemistry, where this case-study is located.

The Department of Biochemistry<sup>92</sup>, through its research and teaching, endeavours to promote 'useful citizenship'. Thus, lecturers and students alike are encouraged to engage

91 Information from webpage of Faculty of Natural & Agricultural Sciences. Accessed September 2015.

92 Information from webpages of Department of Biochemistry. Accessed September 2015.

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in critical thinking and problem solving about pressing, unresolved, real-world problems – diseases of poverty in particular, including HIV and AIDS, tuberculosis, and malaria – and in research with potential practical application, for example, new diagnostics, therapies and vaccines. This approach to teaching disciplinary content was strongly advocated by a former HOD, Prof. Debra Meyer: *“The principle behind it was to use the challenges of society as a vehicle through which you teach chemistry, biochemistry, and other disciplines, because it makes it relevant to your students, it encourages deeper learning and eventually has better performance...”* [MP]. A reflection of the Department’s engaged role is its contribution to the UP with Science programme, which is intended to nurture and support high school students with an interest and the potential to succeed in the field of science. At the same time, postgraduate students (under the guidance of academic staff) learn through their involvement as facilitators and mentors how to present scientific concepts in a way that makes sense to and may motivate an audience that is younger and less well-informed than their university student peers and lecturers.

Biochemistry and immunology are, of course, central to an understanding of HIV infection and its progression to AIDS and to developing diagnostic, treatment and vaccine prevention options. In Southern Africa, improved understanding of the implications of co-infection with HIV and tuberculosis is essential for the control of both diseases. The Department of Biochemistry at UP has made notable contributions in these areas. Prof. Meyer, referred to above, and a recipient of a National Science and Technology Forum award, for example, made use of classical analytical chemistry tools in the study of HIV and AIDS and has contributed to identifying potential vaccine candidates. Prof. Jan Verschoor, another former HOD (and the lecturer responsible for the module described in this case-study), heads a highly rated tuberculosis research programme, which has published widely and developed a number of patents in the areas of chemistry, biochemistry and immunology of mycolic acids in tuberculosis. Prof. Verschoor in 2014 received a Biotech Fundi Lifetime Contribution Award, for contributions in the field of Biochemistry over a period of 30 years, in particular for being the first person to establish the technology for monoclonal antibody production in South Africa. The Department of Biochemistry would thus

appear an ideal context for HCI: its component disciplines are central to the study of and response to HIV and AIDS and TB; these diseases have a logical fit with the Department’s emphasis on research and teaching linked to socially relevant problems; and a number of academic staff have received recognition for significant contributions in these fields, thus raising the profile of the Department within and outside the university. However, despite these factors and a long history, from the early 1980s until the present, the inclusion of HIV and AIDS – and indeed the teaching of immunology more generally – at undergraduate level has not been uncontested.

Some have argued that the discipline of immunology is conceptually demanding, more so when applied to the complexities of HIV and AIDS, and should be offered only at a postgraduate level. Prof. Verschoor, who has long championed the inclusion of HIV and AIDS in the Department’s programmes, has taken the position (supported by evidence of what is taught at other universities locally and internationally) that, although challenging, teaching immunology at undergraduate level offers students the opportunity to grapple with and master a complex set of ideas. Moreover, he believes that it is critically important to ensure that students – the next generation of researchers and producers of vaccines – are thoroughly prepared, both conceptually and ethically, for the work they may do.

With regard to HIV and AIDS specifically, Prof. Verschoor argues that not only do they offer a clear and relevant illustration of general principles, but national HIV prevalence figures – around 12% in the general population and higher in pregnant women – cannot be ignored. These figures imply not only that significant numbers of students are HIV positive or HIV affected, but that all students need to be prepared to function in an environment with high rates of HIV and AIDS.

*Can it be that you don’t talk about how you’re [students] going to operate in an environment where 12% of people are living with HIV?... Of course you must address it... they [students] must be prepared... I would have felt I’m not doing my job if I did not teach the students who are the next generation’s vaccine producers [about HIV and AIDS]. [JV]*



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Aside from the above, Prof. Verschoor's position on certain debates in the field of HIV and AIDS may in the past have contributed to a degree of academic unease on the part of some colleagues in the Department. For example, on the origins of AIDS, Prof. Verschoor questions aspects of the now generally accepted view refuting a link with trials of an oral polio vaccine in Africa in the late 1950s. Prof. Verschoor is also critical of current mainstream HIV vaccine development for its use of an HI virus envelope protein, which has been shown in the literature to have the potential to compromise the immune system by blocking intercellular communication between the cells that steer an immune response. In his view, the use of such a candidate vaccine could be dangerous, or at least ineffective, and thus ethically questionable. However, the fact that Prof. Verschoor encourages students to debate the arguments for and against these ideas seems to have been sufficient to outweigh any concerns there may have been about what students are taught. Thus, for now, HIV and AIDS remain firmly tied into the curriculum, with a new version of a long-running course being developed.

### Development process

As mentioned above, inclusion of HIV and AIDS in the curriculum for Biochemistry students has a long history. Prof. Verschoor was appointed as a lecturer in 1976; his brief was to develop a core module on the immunological aspects of biochemistry. Although he consulted with colleagues, it was left largely up to him how to design the course and what content to include.

When reports of the first recognised cases of AIDS appeared in the early 1980s in the USA, he understood the need to inform himself:

*I immediately started reading on that and the moment I thought I had a broad idea of what this was all about – not knowing the mechanism, but just knowing what it was about – I immediately incorporated it into the curriculum. [JV]*

He did so, not just because AIDS represented a remarkable new challenge in the area of immunology, but because it seemed to offer an excellent vehicle to demonstrate the application of key immunological concepts. It also offered opportunities to raise and debate research ethics, particularly with reference to research on vaccine development.

The module Prof. Verschoor had originated was later split into two: more fundamental immunology, dealing with key concepts (the 'vocabulary' of immunology); and more advanced immunology, showing the application of those concepts to various infectious diseases and to cancer. The former was taught by Dr Beukes and the latter by Prof. Verschoor. From 2015, a new version combining the two aspects into one module, *The molecular basis of disease* (BCM 368), is being presented.

The section of BCM 368 dealing with HIV and AIDS attempts to respond to gaps in students' knowledge and understanding that were identified in a brief classroom quiz early in the semester, for example, theories on the origin of AIDS, why AIDS only manifests many years post-infection, and issues in applying standard approaches in developing an HIV vaccine. The module is still 'a work in progress' at this stage, with flexibility to modify aspects in response to student feedback. For example, it was thought that the application of immunological concepts to HIV and AIDS would be dealt with in tutorials only. At students' request, a lecture was provided to help them to grasp the complexity of the topic.

### Content and specifics<sup>93</sup>

The course starts from the assumption that *"to understand disease, it is important to first understand how health is maintained... [thus] both normal and abnormal regulation of life-sustaining mechanisms"*<sup>94</sup>. The module is organised under three main themes, with practical sessions and tutorials used to demonstrate key concepts and issues. Briefly, the themes are:

- *Cells, molecules and mechanisms of innate and adaptive immunity* (including how the immune system is structured and develops, different kinds and mechanisms of immunity and the issue of auto-immunity). Practical sessions deal with "experimental design and execution of an immunoassay to test for a biomarker antibody of an infectious disease" (p.10), while, in a tutorial, students are encouraged to debate the ethics of research on animal and human diseases.
- *Infectious diseases: Evolution, prevention, diagnosis and treatment* (including

93 Information derived largely from: Department of Biochemistry, Faculty of Natural & Agricultural Sciences. (2015). *Study Guide: BCM 368 (Molecular basis of disease)*. University of Pretoria.

94 *Ibid.* p.7.

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host-pathogen co-evolution, vaccines, diagnosis and treatment of infectious diseases). Tutorials look, for example, at how to assess the performance of a diagnostic test for a disease, using measures such as ROC curve analysis, positive and negative predictiveness, sensitivity, specificity and accuracy.

- *Cell cycle regulation, cell signalling for activation, cell differentiation, cell death* (applied then to cancer). Tutorials are used to analyse, discuss and draw lessons from the experimental work on cancer carried out by a PhD student of the Department.

HIV and AIDS are used extensively to illustrate concepts.

*There's no better application than HIV/AIDS... It demonstrates just about everything – innate immunity, adaptive immunity and so on. So many things can be explained [illustrated] by it [HIV]. And then, of course, ethics – because you have to teach undergraduate students research ethics and so I brought in research ethics as well – what is ethical and what is not [in research, specifically on vaccines]. [JV]*

However, before dealing with the more complex immunology of HIV and AIDS, a less complex form of auto-immunity is discussed, namely Guillain-Barre Syndrome. *“By reasoning scientifically from simple to complex, students may get a better hold on the abstract theories of how immunodeficiency is brought about after viral infection.” [JV]* Hoffman's MIAMI model<sup>95</sup> of immune system regulation is then used to indicate possible mechanisms implicated in the development of auto-immunity, simultaneously allowing discussion of criteria to be considered when comparing competing scientific theories (e.g. simplicity, rigour, predictive power).

Discussion of local and international attempts to develop vaccines – historically, against polio and more recently against HIV – provides the opportunity to facilitate the achievement of a number of intended outcomes of the module. As indicated above, in referring to these issues, Verschoor's intention is not to persuade students to hold a particular view, but rather to encourage discussion and debate, the capacity

to consider information and controversies critically, to present the arguments for and against particular positions, and to be able to demonstrate an appreciation of the ethics of research and the responsibilities of researchers.

### *Specifics*<sup>96</sup>

BCM 368 is an 18-credit course (equivalent to roughly 180 notional learning hours), which runs for a semester. It articulates with a number of other modules in Biochemistry, drawing on knowledge and skills learned in other modules, while extending knowledge and skills into new areas. It is taken by students doing a double major in Biochemistry and other biological disciplines or Chemistry.

There are two 50-minute lectures and one 3-hour practical/tutorial per week. Additional tutorials are arranged if considered necessary. Attendance at lectures and practicals/tutorials is compulsory to ensure that students are exposed to and participate in the important discussions and explanations of prescribed study material during lectures.

Students are referred to sections of two major textbooks and are able to access additional materials – the lectures and review articles – on the UP intranet system (ClickUP).

Assessment is based on a semester mark and an examination mark, each counting 50% towards the final mark.

- The semester mark is split 70:30 between theory and the practical component. The theory component is the average of marks on two tests written during the semester. The practical mark is based on one practical laboratory report for detection of antibodies in samples and participation in nine tutorials.
- The examination tests both the theory and practical components of the module.

For admission to the examination, a semester mark of at least 40% is required. To pass the course, students must obtain a minimum of 50% for the practical component.

95 Hoffmann GW. (1990). A response to PH Duesberg with reference to an idiotypic network model of AIDS immunopathogenesis. *Research in Immunology*, 141, 701-7009.

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### Staffing and other resources

The course has been developed by Prof. Verschoor and a colleague, Dr Beukes. Both are involved as lecturers: Dr Beukes deals with the more fundamental aspects or 'vocabulary' of immunology, while Prof. Verschoor focuses on more advanced application to specific diseases and on research ethics.

Prof. Verschoor brings to the endeavour a passion and enthusiasm not only for the subject matter, but also for his work with students, particularly those who are prepared to grapple with difficult concepts and to engage him (whether they agree or disagree). However, as he is nearing retirement, there is a question as to whether or not his section of the module will be retained when he retires.

Prof. Verschoor also leads tutorials in the areas for which he is responsible; four postgraduate teaching assistants assist with the tutorials. Although they are expected to have read up on the subject matter of the tutorials, they generally do not yet have the capacity to explain difficult concepts in a way that the students will understand, they act primarily as facilitators of small group discussion of the topics, rather than as experts who have all the answers. Difficult issues are addressed by Prof. Verschoor in general discussion.

### Student response

Approximately 120 students take the module; in line with the demographics of the university, just under half are black students. As indicated above, the module brings together students pursuing a double major in Biochemistry and other biological disciplines or Chemistry.

According to Prof. Verschoor, students find immunology an interesting new subject, but, as might be expected, vary in the extent of their engagement with the module. This is reflected in their participation in the 3-hour tutorials, which take place on a Friday afternoon from 14h00 to 17h00. Perhaps as in most modules, the majority are there to do what they have to do to pass – that means staying until 17h00 to ensure their attendance mark, but participating in discussion to only a limited extent. A minority – perhaps 5% – skip some tutorials and participate little in discussion. The remaining 5% are engaged and interested, participating vigorously in discussion, in some cases even continuing the discussion until close to 19h00!

A high proportion of the most engaged students are black. Prof. Verschoor speculates that their interest may reflect not only a desire to make good use of their training opportunities, but also that they are more likely to be affected by HIV and hence to appreciate its relevance. More generally, however, because of the way HIV and AIDS are presented – primarily to illustrate, apply and thus clarify general principles – students do not appear resistant to the topic.

Another reflection of a generally positive response to the course is that a number of the more engaged students – as postgraduates, but, in some cases even as undergraduate – have taken up opportunities to participate in, and in some instances contribute to innovative research led by staff of the Department of Biochemistry.

An interview with a third-year BCM 368 student<sup>97</sup> both supported and called in question some of Prof. Verschoor's views on how students engage with the module. When he came to university, like many other students, his knowledge about HIV was poor, particularly with regard to understanding its origins and how it affects the immune system.

*Students often come to university from high school with poor or incorrect knowledge. High school does not really prepare students on HIV/AIDS. I personally had very skewed ideas about HIV, until I was exposed to information at university.*

After taking an extra-curricular course at university (see Case-study 8), our informant felt he had a good basic understanding of HIV, including its social aspects. When he found that HIV would again be covered in the immunology course, rather than feeling this might be a repetition, he appreciated the opportunity to develop a more in-depth understanding of the biochemistry of HIV. While most of his class-mates did not share this interest, they did not seem to have any strong objection to its inclusion in the curriculum; rather, it was just another of the scientific topics that they needed to try to master in order to pass.

<sup>97</sup> As indicated in Chapter 3, and as for Case-study 1, our informant was purposively selected as a student able to comment meaningfully on the module, rather than because he was typical of his class. For example, in addition to doing course-work, he was one of the small number of undergraduate students who joined a departmental research team. Moreover, unlike many of his classmates, he had a pre-existing interest in HIV.

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*They took it like any other module – it's something I'm learning about, not something I have to get personally involved in – it's something I have to do, I have to write a test or exam and pass and get the mark.*

What many students, including our informant, did share was a sense of the course being overly condensed, compressing into one semester learning about fundamental concepts and complicated theories and their application to a complex disease. The students had, in fact, suggested that the course should be split into two, with a more fundamental course offered at second-year level, with more complex aspects offered in third year (as in fact used to be the case until 2015). This would allow for more in-depth (and enjoyable) engagement with the subject matter of both years, in contrast to the present situation, where many students feel they have time only to focus on getting to learn (“*cram in*”) the essentials.

On a more immediately practical matter, our informant felt that tutorial debates would benefit from more active facilitation to ensure more focussed and useful discussion. This might also ensure less protracted tutorials, which, on a Friday afternoon, mean that many students would rather be elsewhere – in fact, if it were at all possible, shifting the tutorials to another day in the week would probably encourage more genuine interest and engagement, as opposed to the present rather resentful presence of many students only to qualify for attendance marks.

Our informant had clearly been influenced by Prof. Verschoor’s critiques of mainstream positions on the origins of HIV and vaccine development; however, he is also aware of the value of taking note of and debating contradictory positions, as demonstrated by Prof. Verschoor’s openness to debate and to hearing opposing views in tutorials (“*He makes it an interaction, not just a lecture, he asks us to give our inputs*”). For our informant, what was most significant about the course was the in-depth understanding he had been able to gain about immunology and about HIV, making him confident of being able to use his knowledge in a future career.

### Commentary

BCM 368 is a third-year course in the Department of Biochemistry, taken by about 120 students. It offers students the opportunity to graduate with a double major in Biochemistry, Chemistry or other biological disciplines. It is clearly a challenging module, both conceptually and for the demands it makes on critical, rather than only technical thinking. Given its demanding character, it is not surprising that there are varying responses to the course amongst students. While most view it as just another course, some respond positively to the opportunity not only to develop their scientific understanding and technical skills, but also to explore and debate important theoretical and ethical issues.

The following table summarises key features of the module.

Table 10: BCM key features

Dimension	BCM 368
<i>Objective: personal or professional?</i>	Professional: developing students' understanding of scientific and ethical issues relevant to immunology and biochemistry.  Personal impact secondary, except insofar as students are challenged to confront important ethical issues
<i>Form of integration</i>	HIV and AIDS addressed directly as a legitimate topic in a relevant carrier course; may involve research, or extra-curricular project-work
<i>Content</i>	Strongly discipline-specific; primarily focused on HIV and AIDS as a lens for learning about immunology and the ethics of biomedical research
<i>Methods</i>	Lectures, tutorials, practicals, prescribed readings
<i>Level of integration</i>	Undergraduate (senior level)
<i>Administrative aspects</i>	Compulsory; credit-bearing
<i>Personnel</i>	Course convenor primarily responsible for section of course dealing with HIV and AIDS; supported by teaching assistants

HIV and AIDS were included in BCM 368 (and its forerunners) in response to a recognition of the challenge that HIV and AIDS represented for immunology and because the subject offered an excellent vehicle to demonstrate the application of key immunological concepts. As in one of the case-studies in the Law Faculty (STR/PBL 420), HIV and AIDS have also provided

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a basis for considering ethical issues, here with reference to biomedical research, and specifically research on vaccine development.

The module yet again demonstrates the important role of a passionate individual (also a senior academic) in initiating and maintaining HCI. However, a change in personnel (such as Prof. Verschoor's retirement in a few years) could result in HCI being dropped from the module, highlighting that departmental, faculty and university support (or lack thereof) can affect whether or not HCI is sustained.

In conclusion, firstly, the module is clearly an excellent example of HCI within a carrier course, with HIV and AIDS content used to illustrate general principles and concepts of the discipline. Secondly, the fact that HIV and AIDS represent a real challenge for the discipline – theoretically, methodologically and ethically – may legitimate discussion of HIV and AIDS and assist in overcoming any resistance ('AIDS fatigue') amongst students. Thirdly, adding to the unique character of the module is its strong emphasis on not just the scientific and technical aspects, but also on the ethics of biomedical research, with HIV and AIDS again providing the context for this discussion. Finally, the fact that the course encourages students to explore the evidence and debate alternatives, communicates an important and perhaps seldom voiced message to future scientists, namely that, subject to examining the evidence, the scientific enterprise and its practitioners must be open to question.



### Case-study 8: Engaging with transformation

#### Module title: Entry-level Course, Future Leaders @ Work (FL@W) programme

**Faculty:** Humanities (course is open to students across all faculties)

**Department/Unit:** Centre for Sexualities, AIDS & Gender (CSA&G)

**Key informants:** Mr Pierre Brouard [PB], Mr Johan Maritz (respectively Deputy Director and Senior Manager of the CSA&G; both key resources in the development and regular updating/revision of the course)

**Other informants:** Sydney Montana, Tshepo Magudulela, Mpho Motiang, Robyn Luck

#### Overview

The Entry-level Course (hereafter referred to as ELC) is an extra-curricular, voluntary course, which uses HIV as an entry point to broader conversations about contemporary social challenges and to promote notions of active citizenship and collective agency.

#### Programme context

The Centre for the Study of AIDS (CSA) opened at UP in 1999, with a campus-wide mandate to develop institutional, local, regional and international responses to HIV and AIDS. The Centre was always semi-autonomous, operating under the guidance of a reference group across the university. Its work was informed by innovative theory and research, as well as experiences of engaging with communities of various kinds. *"It has always sought to understand the social and structural drivers and impact of HIV and AIDS, teasing out more complex aspects of what was sometimes seen as a purely biomedical phenomenon."* [PB] It collaborated with donors and agencies locally and internationally, developing a reputation for cutting edge thinking and work.

In 2015, in keeping with global, regional and local developments, the Centre re-positioned itself as the Centre for Sexualities, AIDS and Gender, with the vision of *"understanding power, exploring diversity, examining difference and*

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*imagining inclusivity*<sup>98</sup>. This change coincided with institutional changes at UP, which led to a repositioning of the CSA&G under the academic and administrative umbrella of the Faculty of Humanities, although it continues with its broad, cross-faculty institutional mandate.

The Future Leaders at Work or FL@W programme of the CSA&G is described by those involved in its development as going beyond the traditional approach to HIV and AIDS with young people. The latter approach, in the form of awareness raising, peer education and mobilisation, HIV testing, treatment access, and counselling and support groups, is thought of as necessary but insufficient to bring about meaningful change at individual or social levels. This is especially so if programmes fail to address gender inequalities, examine sexual and gender stereotypes, explore the social and systemic forces that shape student identities and sexualities, address the needs of communities from which institutions draw their students, and grapple with the social challenges in the broader society. In order to successfully address these critical tasks, there is also a need to transform tertiary institutions in terms of access, institutional culture and access to power.

In line with this view, the CSA&G *“is committed to research, theory and practice that attempts to address student issues and needs at individual, social and structural levels and which promotes their ownership of these issues.”* [PB] The FL@W programme thus promotes advocacy and lobbying, collective action, the unpacking and addressing of social norms, active citizenship, leadership building, mentoring and intellectual curiosity. In this way, the CSA&G sees itself as *“building a cohort of future leaders who can take forward the struggles around sexuality, gender, health and rights, armed with knowledge, skills and a collective commitment to inclusive societies which are safe for all their citizens.”* [PB]

The ELC is a gateway to this process as it is literally the ‘entry’ into the FL@W programme and its activities. It is seen as providing the intellectual and experiential backbone of the programme, preparing students for acting as informal and formal resources on HIV, sexualities and gender, in their own personal

and professional lives, but also in the formal activities of the CSA&G, including volunteer work on and off campus. In addition, the ELC is an adjunct to other work on HIV, sexualities and gender on the campus, both in the formal curriculum and through the community engagement work students are increasingly required to do, supporting (and sometimes challenging) current thinking and approaches to intervention.

### Development process

The ELC was first developed in 1999, in a collaborative fashion and guided by the social, political and epidemiological context at the time. In its initial form it was a conventional and very basic introduction to HIV and AIDS, with a shorter duration than its current form. The course covered the following areas/topics over five sessions:

- Basic HIV facts (origins, transmission, disease progression and signs and symptoms)
- Attitudes to HIV
- Options for prevention and ARV treatment
- Attitudes to safer sex
- Sexually transmitted infections
- What being an AIDS educator/peer educator involves
- How students are responding to HIV and AIDS
- An introduction to HIV counselling
- Attitudes to people living with HIV and AIDS, and
- How do we, as volunteers and UP students contribute towards mitigating the effects/ impact of the epidemic?

Thus, even at this stage, the course included a stress on psychosocial aspects of HIV and AIDS and, introduced the notion that students have a role to play in responding to the epidemic.

As time progressed, the epidemic shifted, the priorities of the CSA&G changed, and the desire to create a more consciously ‘active’ volunteer cohort grew, the course was adapted and modified. These changes were also informed by feedback from students attending the course, as well as the student trainers who offered the course (see further below), and input from staff who played an oversight role in the training. Many of these have themselves been former CSA&G volunteers.

98 Brouard P & Crewe M. (2014) *Proposal for the repositioning of the Centre for the Study of AIDS (CSA) as the Centre for Sexualities, AIDS & Gender (CSA&G)*. Unpublished proposal submitted to the Executive Committee of the University of Pretoria. 25 August 2014.

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The vision of the FL@W programme has always been to develop and promote leadership, active citizenship and collective agency, and the ELC is a part of this. The course is seen as an opportunity to actively engage with students, to promote personal and intellectual development and to locate HIV in a broader frame — that is to see HIV as driven by, and impacting on, personal, social and structural factors in the broader society. The ethos of the CSA&G, the FL@W programme and hence the ELC is to question exclusively biomedical framings of HIV and to examine a range of factors which co-relate to HIV.

The fact that the FL@W programme is funded externally by one consistent funder has allowed the CSA&G to retain control over the style, content and evolution of the course. This is true also for the ELC, which is a product of the research and experience of various staff members over the years. The FL@W programme itself has had three different managers, each of whom has brought their own experiences and ideas to the ELC. The ELC is a product of consultation and constant review of its relevance, on an annual basis, to which a wider range of staff and stakeholders contribute.

The ELC is regularly updated and is currently being assessed as part of a formal, internal evaluation<sup>99</sup> of the FL@W programme to determine its impact on students and its reputation among university stakeholders. It is hoped that the outcomes of the evaluation will provide further insights into the views of students (and others) on the ELC, its impact and ways it can be improved.

### Content and specifics

The ELC is an extra-curricular offering to students who sign up for the course on a voluntary basis. Its broad aim is to equip students with information on HIV, sexualities and gender and to promote openness, active citizenship and collective agency. Other objectives include the promotion of non-stigmatising attitudes, the development of non-judgemental attitudes, lessening of fears around HIV testing, exploration of the dynamics of behaviour change within a harm-reduction frame, stimulation of new and innovative

<sup>99</sup> The evaluation involves: Pre- and post-course questionnaires with student participants; interviews with former FL@W volunteers; focus group discussions with volunteers in various CSA&G sub-projects; interviews with various campus stakeholders.

thinking on HIV and AIDS and society, and development of a cadre of young leaders and active citizens. *“A student who emerges from the ELC is an open and aware person who is more inspired to pass on their knowledge and enthusiasm to others, and to ‘make a difference’ both personally and professionally.” [PB]*

The ELC is based on humanising and critical pedagogic principles, and uses experiential learning strategies. It sees the students as active participants in the sessions and encourages open and critical dialogue. As the presenters are themselves students (see below) with experience of the issues their peers are facing, and were themselves participants in the course, there is considerable attention to making the course meaningful, relevant and reflexive. It is located in a sex-positive frame and respects the sexual citizenship rights of students. The following text from a CSA&G document<sup>100</sup> is instructive:

*...The training is very engaging, participatory and a space for students to learn about HIV, sexuality, gender/power dynamics that affect relationships and condom use. We inspire students to implement critical thinking and advocacy in a fun and interactive manner. Students don't only bring their own knowledge and experience into the space but they also get to share that knowledge and experiences while being equipped and empowered with skills that will come in handy as they navigate through their everyday lives... [PB]*

It is difficult to completely separate the ELC from the other activities student volunteers might become involved in as it is their ‘total experience’ of the FL@W programme and its activities which are seen as contributing to the desired outcome. *“This outcome is an engaged and questioning citizen with a social conscience and a set of complex lenses with which to view HIV, sexualities and gender.” [PB]*

### Specifics

The course runs over nine weeks, with one 2-hour session per week and 10 different sessions per week to choose from, making it possible for students to find a session that fits into their academic timetables. The topics discussed over the nine weeks include:

- Attitudes around sex
- Sexual and reproductive health (and rights)

<sup>100</sup> CSA&G. (2015). *HIV like you've never seen it...* Extract from an unpublished flier advertising the ELC. CSA&G, University of Pretoria.

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- HIV transmission, life cycle, treatment and positive living
- Prevention options, safer sex practices, sexually transmitted infections, TB and other opportunistic infections
- Gender and human sexuality
- Stigma and discrimination
- The law and human rights
- Care, counselling and support services (on campus), and
- Democracy, citizenship, leadership and governance around HIV and AIDS.

The workshop-style sessions are supported by a regularly updated text<sup>101</sup>, (formerly the *Blue Book*, now commonly referred to as the *White Book*), which currently extends to more than 150 pages. It deals with the topics covered in the course, as well as some additional topics such as “children and HIV & AIDS” and “HIV & AIDS in the workplace”.

Students are recruited for the course through word of mouth and other marketing strategies (using conventional and social media). It is a non-credit bearing option but recognition of completion of the course (and subsequent training offerings of the CSA&G) is provided on request. Students often record participation in the course in their CVs, or in post-graduate study or employment applications as a marker of broader social awareness and involvement.

Students may end their engagement with the CSA&G at the end of the ELC. A number opt to volunteer more formally in a number of FL@W projects, including peer education, peer counselling and community outreach, and their engagement in these is subject to further training.

When required, or on request, it has been possible to combine the different sessions of the ELC into a single weekend workshop or longer sessions for groups of students unable to attend the standard scheduled sessions, or who require training for a specific outreach activity or project. Groups of students from various faculties, residences and societies have been accommodated in this manner.

### Staffing and other resources

The ELC is overseen and managed by CSA&G staff. The CSA&G team also includes counsellors and two psychologists who are able to offer formal and informal support to students (see further below).

The course is presented by CSA&G student volunteers who have themselves completed the course, in recognition of their agency, and to promote ownership and active involvement by students as emerging leaders and active citizens. They are formally trained as peer educators in separate training and also receive in-service training to keep them up to date with any new developments and to sharpen their training and facilitation skills. The trainers work in pairs to support each other and debrief regularly with CSA&G staff. Although trainers inevitably differ in their knowledge and skill, and bearing in mind the limitations of this form of evaluation (see Chapter 3), the following quotes from course feedback forms indicate some trainer characteristics noted (and valued) by various students:

### Student comments about trainers

- *They knew their stuff and presented it well.*
- *They were good at keeping time, making sure the session moves in a particular direction.*
- *They made the activities fun – sometimes maybe too much fun!*
- *They were open to input and information.*
- *They were professional but approachable.*
- *They were friendly, open-minded and dedicated.*
- *They treated everyone with respect and as equals.*
- *They respected differences in opinion in a non-judgemental way.*
- *They communicated everything with the utmost sensitivity.*
- *They did not shy away from and dealt with sensitive topics well.*
- *They made me want to return every week.*

As previously indicated, the FL@W programme is funded externally. It receives no formal funding from the university, but there are various forms of structural support to the CSA&G that enable the work to continue.

101 Brouard P, Maritz J & Lazarus R. (2013). *HIV and AIDS in South Africa 2013: Training and information resource manual*. Centre for the Study of AIDS, University of Pretoria.



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These include a waiver on office rental and internet costs, as well as formal funding of two senior staff members who run the CSA&G.

While the CSA&G does not receive funding from HEAIDS for the FL@W programme and the ELC, it has been in receipt of funding to support an HIV testing service in the CSA&G offices. This is an adjunct to the testing which takes place at the campus Student Health Service with counselling support by CSA&G volunteer peer counsellors (ELC graduates with further training in counselling).

The CSA&G has a strong collaboration and a mutually supportive relationship with the Department of Student Affairs, as both parties have an interest in student leadership, development, agency and wellness. The work of the CSA&G, including through the FL@W programme, is recognised by the University as making an important contribution to desired graduate attributes, HIV response and transformation.

### Student response

Since its inception in 1999, more than 8 000 students have been involved in the FL@W programme<sup>102</sup> and hence participated in the ELC. In recent years, up to 500 students have signed up for the course each year, with about 70% attending all 9 sessions. Comments on course feedback forms suggest that many students respond favourably to the ELC. The following selection of comments focuses on content, session format and impact:

### Student comments on the ELC

#### Content

- *I thought we were going to learn only about HIV and AIDS, but I learned much more.*
- *The course exposed me to new issues and allowed me to have a different perspective about HIV and AIDS.*
- *The content was relevant to me as a student and a young woman and it clarified most of the questions that I had.*
- *Some of the topics moved me or made me a little uncomfortable.*
- *It's hard to see how some of the ideas about active citizenship apply in South*

*Africa – there should be more focus on what we can do in this context.*

#### Session format

- *The sessions were interactive and allowed us to learn from each other.*
- *They created space to interact with people from different backgrounds and form solid friendships.*
- *The exercises stimulated teamwork and helped develop interpersonal and communication skills.*
- *The exercises allowed me to express myself, think critically and analytically.*
- *Sometimes there were too many exercises in one session.*

#### Impact

- *I gained confidence presenting to [small] groups and being open about my opinions.*
- *It taught me how to be tolerant of other people's views and accept my sexuality.*
- *It helped a lot of people get rid of the stereotypes they had.*
- *I came with the intention of just getting the certificate, but I ended up being emotionally involved and more open-minded. I'm a different person now.*

The comments tend to confirm that the location of the course in the CSA&G could lead prospective participants to assume that the course would be narrowly focused on HIV and AIDS. However, once engaged, students' experience is in fact very different and a powerful antidote to any 'AIDS fatigue'. The students seem to find the content and format of the course refreshing, student-centred, responsive and relevant. They value the broader lens of the course and its commitment to ideas of tolerance and active engagement as citizens. The extent of detail in many comments suggests that students also appreciate the fact that feedback is taken seriously and expect that consideration will be given to appropriate changes to the ELC.

Selected preliminary findings on the ELC of the FL@W programme evaluation<sup>103</sup> referred to above (Development process) provide other perspectives on the ELC:

102 CSA. (2013). *Future Leaders: A Centre for the Study of AIDS (CSA) Initiative*. Centre for the Study of AIDS, University of Pretoria.

103 Personal communication, Nicole Montanez, consultant on the FL@W programme evaluation, 30 November 2015.

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### FL@W programme evaluation:

#### Selected preliminary findings on the ELC-

- *The CSA&G is seen as a non-judgemental zone. This helps students feel comfortable discussing potentially culturally taboo topics freely. Allowing conversations around such topics as HIV and LGBTIQ (lesbian, gay, bisexual, transgender, intersex and queer) creates understanding and awareness, resulting in acceptance and sometimes advocacy.*
- *The ELC helps students grow both personally and professionally, developing skills such as listening, confidence and acceptance of different cultures and relationships.*
- *More time should be dedicated to discussions on gender and sexualities.*
- *To increase student awareness of the ELC, its content and approach, a good marketing strategy would be to advertise the course in Orientation Week. This could also help re-brand "the AIDS place" (dealing only with HIV and AIDS) as the CSA&G (dealing with a wider array of issues and in a different way).*

Challenges to engaging students in the ELC include student apathy, competing commitments (both academic and non-academic), 'HIV fatigue', and stigma and fear regarding engaging with HIV and related topics. Keeping students in the course is also not easy: despite the number of optional sessions per week, students may struggle to juggle their various commitments, making it difficult to manage absenteeism and other challenges.

Inevitably, the ELC raises personal issues for students. Some are already living with HIV and seek further support from the CSA&G, some reveal that they have family members living with or deceased from HIV and are assisted sensitively with this, and others decide to take up counselling to explore issues around relationships, sexuality and gender. Some choose to use the services of the Student Counselling service on campus but many choose to remain within the CSA&G space, drawing on the support of their peers and CSA&G staff, because they feel comfortable there.

### Commentary

The ELC is a core aspect of the FL@W programme of the CSA&G and is the 'gateway' for student volunteers to various activities of, and participation in the CSA&G. It is a creative example of how a basic HIV course can evolve into a more nuanced and sophisticated product that goes beyond conventional individualistic and largely biomedical approaches to HIV to offer a more complex framing of the epidemic and ways to meet its challenges. It locates HIV in a social context and questions notions of individual agency, seeing the social and the structural as key forces in personal agency and meaning.

The following table summarises key features of the course.

Table 11: ELC key features

Dimension	Entry Level Course (ELC)
<i>Objective: personal or professional?</i>	Primarily personal, but potentially impacting on students' understandings of their respective profession and professional obligations through the emphasis on encouraging students to become socially aware and engaged citizens in relation to HIV and other contemporary social challenges
<i>Form of integration</i>	Infusion beyond HIV: promotes in-depth, contextual understanding of HIV; uses HIV as a lens on social and structural factors and broader contemporary social challenges
<i>Content</i>	Broad range of topics, including biomedical, social, legal and political
<i>Methods</i>	Workshop-style peer-led sessions; supplementary reading; engagement in related project work
<i>Level of integration</i>	Open to all interested students, but primarily undergraduate
<i>Administrative aspects</i>	Voluntary; not credit-bearing
<i>Personnel</i>	Trained student volunteer trainers, overseen by CSA&G staff

The ELC provides an opportunity for the CSA&G to express its ideas and ethos, and its commitment to locating HIV in more complex frame. It is a key opportunity to engage with students and to hear what they are thinking and doing in relation to HIV, sexualities and gender and to use this knowledge in adapting CSA&G programmes and thinking.

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The ELC is for some students their first exposure to transformative ideas regarding contemporary social issues. It thus contributes to the notion of a more rounded and socially aware student and helps to produce more thoughtfully engaged young citizens. To some extent it also provides a platform to think about transformation more generally in the tertiary sector.

The course is generally well received by students. However, it remains challenging to find ways to present the ELC in novel, exciting and experiential ways, in a course of limited duration, and using student volunteers who after all have had only relatively brief training.

The ELC supports (and sometimes challenges) other approaches to HIV, sexualities and gender on the campus, both in the formal curriculum and in community engagement work. It perhaps deserves greater recognition and support within the University for its contribution to creating a cohort of students who think creatively both in and beyond their discipline.

It is clear that the ELC owes its unique form, content, longevity and ongoing innovation to key staff of the CSA&G. Although presented as a product of collaborative processes, 'champions' of original ideas, novel approaches and a questioning ethos have been and remain critical to its success. In turn, the space and flexibility available in a dedicated unit with a unique mandate within the University appear to have provided opportunities and support not as readily available for staff working elsewhere in the University.

In conclusion, while the ELC does not demonstrate 'HIV integration' in the usual sense of the phrase, its presentation outside mainstream curricula and the constraints of orthodoxy has allowed the development of a unique approach to engaging students on issues relating to HIV and through that, broader issues.

### Concluding commentary

The key informants for the case-studies provided fascinating insights into the development of the modules for which they are responsible. Those with longer-term involvement in HCI in their departments and at UP were often able to offer additional information on the history of HCI in their various departments, for example, details on dates and personnel who were initially involved.

The case-studies are presented as examples of a range of approaches in HCI. Seven of the case-studies share common features and themes, on which we reflect below. The eighth case-study, the entry-level course offered by CSA&G, is in a number of respects an outlier. For this reason we reserve comment on it, and comparison between it and the other case-studies until the end of this section.

### Curricular characteristics

- The case-study modules are spread across the undergraduate years, from first year to senior level, underlining that, contrary to some views, HCI does not have to be reserved for senior or indeed postgraduate levels.
- Most modules are compulsory and all are credit bearing. One of the modules in the Law Faculty is an elective, meaning that relatively few students are exposed to the course.
- With the exception of one module, none of the modules has HIV or AIDS in the title. Hence it would have been difficult to identify them from listings in official brochures or other documents giving information on courses offered by the university. Even the more detailed study guides for a number of the modules also mention HIV and AIDS briefly (if at all), again making it difficult to establish their content and presentation without an in-depth discussion with the lecturer responsible for the module.

### Nature of HIV focus

- All the modules proceed from the assumption that HIV and AIDS remain an important social issue on which students as future professionals and citizens should have an informed and critical perspective. It appears, however, that HIV and AIDS are increasingly presented as one of a number

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- of such issues, alongside others with which they often intersect (e.g. poverty, gender).
- All the modules emphasise the professional rather than personal. Thus, the primary focus is academic and discipline-related, with respect to both content and skills, including the ability to think critically. In contrast, promoting knowledge about HIV and AIDS, combatting stigmatising attitudes and challenging personal denial of risk – however important they are acknowledged to be – are treated as secondary. This is not to say that the personal is not addressed to some extent within the courses, albeit usually indirectly and sometimes informally (for example, in response to student comments) or by providing information relevant to HIV prevention).
  - The modules generally assume some prior knowledge about HIV derived, for example, from Life Orientation classes at school and media coverage. Students are also expected to make efforts to inform themselves through resources other than the lectures themselves. The modules are thus not primarily intended to inform students about the basic facts of HIV. However, lecturers do generally touch on basic facts (and in some cases, more complex issues related to HIV and AIDS) to ensure that students are on the right track and that misconceptions are addressed.
  - Most modules, rather than having HIV and AIDS as a primary or only focus, use the subject within a relevant carrier course as a lens to raise other issues, related to core disciplinary theories, concepts and skills, ethical issues for the discipline/profession, and/or broader social issues relating to the discipline. This does not imply that HIV and AIDS are dealt with superficially; rather the approach reciprocally enriches students' understanding of HIV and AIDS and promotes the sense that they are a legitimate concern of the discipline. In two case-studies, the form of integration could be said to approach infusion in the sense of being blended into disciplinary subject matter in order to illustrate theories and concepts, or demonstrate their practical application. In one instance where HIV and AIDS are the central focus, the module nevertheless uses the subject to raise broader societal and professional issues.

- In all but one case-study, although not the central focus, the modules directly address HIV and AIDS as a legitimate topic in the curriculum. In the case-study where HIV and AIDS are addressed indirectly (via an in-depth look at the TAC), the topic is still presented as a legitimate topic for discussion.

### Programme context

- Most of the modules have been running in their current form for approximately 5 years. A number, however, have their roots in earlier modules or in more informal references to HIV and AIDS prior to more formal integration, often prompted by critical events in the field of HIV and AIDS. An example of the latter is a module that has been running in one form or another for more than 25 years. In other modules, more informal or ad hoc reference to HIV and AIDS goes back to the 1980s or the early 2000s, with incremental shifts eventually resulting in more formal HCI.
- In none of the modules were HIV and AIDS integrated as a direct result of external prompting, whether from the department, the faculty, the university or an external professional body. Nevertheless, in one case, the 'service course' that indirectly references HIV and AIDS appears to have been developed to meet a broad directive of the relevant professional body. In another instance, the fact that the professional body has developed guidelines on HIV and AIDS could be seen as indirect support for HCI in the curriculum.
- Specifically, none of the case-studies appeared to have been developed explicitly with an eye to the University's goals and policies (see Chapter 2) with regard to promoting certain graduate attributes (e.g. critical thinking) and competencies (e.g. so-called "day one" competencies). These examples of HCI illustrate well how difficult and elusive curriculum transformation to particular ends can be, reflecting in part the 'hidden' curriculum, shaped by lecturer and institutional values and beliefs at an almost subliminal level.
- Demands for HCI, or insistence on inclusion of HIV and AIDS in a particular way, would probably have been counter-productive. Alongside passion for their discipline and for HCI within it, those responsible (the

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'champions' referred to further below) valued their autonomy as academics and were wary of and would probably have been resistant to attempts to direct them as to what they should teach or how they should teach it. This resistance would extend to any imposed requirement for HCI in general or that it include particular content or take a particular form. Even on professional courses, where professional bodies may set guidelines, it appeared that although lecturers may accept specification of expected outcomes, they still generally wish to be able to decide the details of what should be covered and how it should be taught.

- This is not to say that there was no external oversight. However, once appointed and in line with general academic practice, the credentials of a lecturer to develop a module within his/her area of expertise were largely taken for granted and formal approvals were primarily technical in nature, for example, module title, scope, the applicable level (graduate, or undergraduate and which year).
- Beyond very general guidelines (for example, to develop a course on a broad topic area (e.g. 'social work in health care', 'an introduction to social anthropology', 'complementary studies for engineering students') and at a particular undergraduate level, it was thus largely up to the lecturer, perhaps with some informal consultation, what to include in the course and how to present it.
- Departmental management was seen as trusting lecturers to do good work within their field of expertise – or sensitive to any imputation of infringing academic autonomy. In so doing, they provide space for innovation, but little (including resources) beyond that. A corollary, particularly in the case of the outsourced, 'service course', may be 'benign neglect' of the module and its presenter(s) and, over time, the development of incorrect assumptions regarding the aims and content of a module.
- The apparent lack of formal recognition or support for HCI in most of the case-studies has implications for the sustainability of HCI as academics move on to other posts or universities, or as their interests shift or as funding for additional resources dries up.
- It seemed that departmental management

often have little interest in, or real understanding of the implications of HIV and AIDS for their discipline or of the way they reflect key social issues. However, senior academics have in a number of instances played a critical role in initiating the modules. This included their having formulated or contributed to the initial version of the module, in some cases still being involved in presenting the module, or having recruited and mentored a successor currently responsible for the module. On the other hand, lack of support from senior colleagues has in some cases been an obstacle to continued presentation of a module.

- Collegial support is credited as an important (although not essential) enabling factor, whether in positive attitudes (or at least tolerance) towards a colleague's inclusion of HIV and AIDS, or in collaboration in producing teaching materials, or in team teaching. (There is also sometimes a reciprocal process where colleagues over time are influenced to view the inclusion of HIV and AIDS in curricula more positively, sometimes themselves beginning to include aspects of HIV and AIDS in their own modules and research.)

### Champions

- What is most strongly evident in virtually all the case-studies is the critical role of a 'champion': someone with an interest in and knowledge about HIV and AIDS (in a number of instances extending to a major research interest), who believes that HIV and AIDS remain an important issue in South Africa (alongside others, for example, poverty and gender).
- Allied to the above are personal qualities of the champion that contribute to success in overcoming obstacles to HCI and in presenting the module to students: passion, flexibility, creativity, drive, willingness to engage with others (especially students), and strong presentation and management skills (especially where there are large classes).
- Champions bear the risk of developing innovative modules, often with little departmental or collegial support (or even active opposition). In this regard, the generous response of the champions to the invitation to share their work highlighted the potential value and positive role of recognition and affirmation implied by the

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research team's interest in their work.

- Reliance on champions for HCI means that departmental restructuring, movement of staff (e.g. resignation, retirement) or shift in the champion's research or teaching interests could result in HCI being dropped from a module or programme; support at departmental, faculty and university level is thus necessary for HCI to be sustained.

### Student response

- Numbers taking the courses annually vary widely – from about 20 to 1 500. Large numbers limit opportunities to identify difficulties or resistance, or to engage with students in depth, especially when there are limited numbers of tutors owing to budgetary constraints.
- The extent of student engagement with any of the modules varies (as it undoubtedly does with modules on any subject matter). However, with respect to 'AIDS fatigue', the case-study modules appear to be reasonably successful in making space for discussion of the subject amongst at least a proportion of students taking a module. There are a number of possible reasons for this:
  - *Firstly*, but definitely not solely for this reason, the fact that the modules are generally taught by engaged and often charismatic champions, may undercut student resistance.
  - *Secondly*, the fact that HIV and AIDS are (with one exception) not the central focus of the module (to the extent of often not being mentioned in the module title or study guide) may disarm students and limit their resistance to an initial 'Ah, no!' when the subject is first mentioned.
  - *Thirdly*, rather than being presented as primarily a personal issue, all the case-study modules address HIV and AIDS as a legitimate and challenging subject with direct relevance to the discipline, thereby offering students a different incentive for engagement.
  - *Fourthly*, the connections drawn between disciplinary and social issues and HIV and AIDS expose students to perspectives that they might otherwise not encounter. Whether or not valued at the time, these perspectives may later offer graduates a different way to view the issues they encounter in the world of work.

### CSA&G's entry-level course

As mentioned above, the eighth case-study, CSA&G's entry-level course (ELC) is an extra-curricular, voluntary course, which uses HIV as an entry point to broader conversations about contemporary social challenges and promotes notions of active citizenship and collective agency. Participation is voluntary and carries no credits.

The primary objectives of the course are a mix of personal and what might be called activist – to develop students on a personal and individual level, to expand their understanding of the contexts of knowledge (with implications for their disciplines) and especially to encourage them to become socially aware and engaged citizens in relation not only to HIV, but also to other contemporary social challenges. Although not directly addressed, there is also a potential to impact on how students understand and perform their professional functions in future.

From the point of view of how HIV is integrated into the course – its form – the course is something of a hybrid, but is probably most appropriately described as reflecting 'infusion beyond HIV': it promotes in-depth, contextual understanding of HIV and uses HIV as a lens on social and structural factors and broader contemporary social challenges.

The course is seen to have benefited from its development within an institutional and funding context that allowed considerable autonomy for its developers to shape and adapt the course in response to shifts in the epidemic, feedback from students, and the changing priorities and vision of the CSA&G, specifically regarding the notion of active citizenship.

As with other case-studies, champions have played a role in developing the ELC. However, in this case, the CSA&G, as a unique component of the university, can be said to provide support for the champions that may be lacking elsewhere in the university.

### Conclusion

The eight case-studies present a variety of interesting options for HCI. Each has its strengths and challenges. They provide food for thought not only about the variety of approaches possible for HCI, but also about challenges facing HCI in this university and more generally.



## CHAPTER 7: Current academic perspectives on HCI at UP

This chapter, based on key informant interviews with senior academics and with other staff involved in or commenting on HCI initiatives, presents an array of divergent and sometimes contradictory perspectives on HCI – its nature, extent, appropriateness and constraints. Before presenting the key themes identified in the interviews, some qualifications are in order.

As stated, DDs (T&L), alternatively HODs, were the primary source of information for this chapter. However, given their role in providing high-level oversight and support for curriculum development and innovation (see below), our assumptions regarding the extent to which they would be informed about the details of curricula within their faculties (or departments) generally proved over-stated. Specifically with regard to HCI in their faculties/departments, most lacked detailed knowledge; as a result, their views were sometimes clarified, amplified, or contradicted by those of other KIs (for example, case-study informants).

Nevertheless, the DDs (T&L) and HODs were able to give a general overview of HCI within their sphere of operation and, in particular, to comment on possible opportunities for and obstacles to HCI in particular academic departments. However, most stressed that these were their own views rather than a faculty or departmental position and noted that their colleagues might see things differently.

For some KIs, their participation in this research provided perhaps the first opportunity to think about HIV and AIDS – ‘this AIDS thing’ – in relation to the curriculum. Other KIs were clearly more familiar with the terrain and used the most recent and appropriate terminology in relation to the HIV epidemic, and the place of HIV and AIDS in the curriculum. These individual differences amongst KIs in their knowledge of and interest in HIV and AIDS clearly affected what was presented as possible and feasible HCI for faculties and departments.

On the other hand, apparently sensing pressure to show openness to HCI, or prompted by the interview questions, KIs often shifted between seeing only very limited (or no) possibilities for HCI in their faculties/departments and bursts of creative thinking about ways in which curricula could indeed be modified to usefully include HCI – though often in faculties or departments other than their own. Despite the momentary

enthusiasm, the likelihood that these insights would be translated into curriculum change was – with a few exceptions – probably limited. Nevertheless, this suggests there are opportunities to be harnessed, perhaps as a result of this HCI research process.

### Factors affecting the potential for HCI

KIs stressed that just as curriculum development as a whole is complex, so factors affecting the potential for HCI are equally multi-faceted. These include factors at the level of the university and management, at the level of faculty or department, and those relating to lecturers themselves. We report on each of these sets of factors in turn:

#### University and management level

##### *How important is HCI?*

The extent to which the HIV epidemic is viewed as relevant and important at the university and management level could be expected to affect the extent to which HCI is realised. Many KIs had not, prior to this research, been aware of the university’s policy on HIV and AIDS (which in any event does not explicitly refer to HCI). A number suggested that the lack of a clear university-wide policy on HCI meant that staff lacked guidance on whether or how to proceed in relation to HCI. Similarly, at faculty- and department-level, where most decisions on curriculum are in fact made, KIs were not aware of any policies directly promoting or encouraging HCI. Nevertheless, as pointed out by one KI, documents such as the university’s Strategic Plan do provide indirect support for HCI. There was doubt, however, whether this was enough to ensure HCI.

It was in fact commonplace for KIs to raise the question of whether HCI is still necessary – or, at least, necessary in particular faculties or departments. Implying a particular view of what HCI entails, some KIs argued that students have had sufficient exposure at school level and do not need any more at university. Nevertheless, some KIs (often ‘HIV champions’ in their departments) felt that because HIV and AIDS remain a major social problem in South Africa, HCI is still relevant. Others, who had not previously given much thought to HCI, were prompted by the research interviews to adopt the view that it is indeed still important to integrate HIV and AIDS into the curriculum. These are issues to which we return further below (Curriculum design and HCI).



## CHAPTER 7: Current academic perspectives on HCI at UP

*You get the feeling it's gone off the boil a bit and yet it is still such an important condition, you can't just forget about it... but I think the need has changed [and] the nature of the material that we present has changed because the epidemic has changed.*

### Faculty and department level

#### *The role of senior faculty/department staff in promoting HCI*

Deans, deputy-deans, faculty committees and HODs may all play a role in promoting – or obstructing – HCI. Backing at this level can as a minimum open the way for discussion on HCI, or provide support for those who are attempting it. On the other hand, the likelihood of resistance to HCI was highlighted, along with the importance of follow-up to translate tentative support into commitment.

*There will be frowns, there will be questions and some of these debates will be messy and not quite what you thought they would be, but you have to stay the course, keep going, have follow-ups... You don't want the managers to be obstructing you – if they go through a study guide, to say HIV's got nothing to do with this subject, take it out. As an absolute minimum, the HODs, even if they think the topic is silly, at least they should not stand in the way of it [being in the curriculum].*

Deputy Deans (Teaching and Learning) and HODs might be seen as potentially in well placed to promote HCI. However, as alluded to above, KIs in these positions were generally cautious. Specifically, they were concerned not to appear to prescribe to discipline specialists what to include in their courses, something that could be seen as undermining or even policing academic staff and posing a threat to the academic autonomy of lecturers.

Rather, they generally saw their role as being involved mainly in high-level university and faculty decisions on the broad direction of curriculum content and teaching. In relation to academic staff, many saw their role particularly as promoting the use of newer teaching and learning approaches (e.g. blended learning, e-learning), rather than in working with content (such as HIV and AIDS): "I've never seen myself as having a specific role [with regard to HIV], because it's curriculum content and I don't get too much involved in that". The volume of administrative work was also raised as a factor that takes up the time

of DDs (T&L), limiting their ability to focus on curriculum transformation (including HCI).

In some instances, the research interview prompted a re-think of role in relation to HCI: "Having had this discussion, I can see it's not just about curriculum content, it's about the way it's taught, who's teaching it, how it's perceived and all those kinds of things", said one KI, implying the possibility of taking up the issue of HCI in the faculty. Indeed another KI felt that the role of DDs (T&L) could potentially be critical in enabling HCI within faculties through their acting as a "catalyst" and providing support to strengthen capacity in the academic team.

#### *Faculty/departmental differences in possibilities for HCI*

A key area of discussion with KIs related to whether a particular faculty was seen as having relatively good or more limited possibilities for HCI (whether or not these possibilities are realised). While some KIs felt their own faculties (or some departments within the faculty) could relatively easily and appropriately integrate HIV and AIDS into at least some modules, others saw limited possibilities for departments in their own faculty, (although they could often readily suggest opportunities in other faculties). Although there were conflicting views, examples commonly cited were: Humanities (good for some departments, especially in the Social Sciences) versus Economic and Management Sciences (EMS), Law versus Engineering, and Education versus Veterinary Sciences. In some cases, HIV was in fact assumed to be an essential component of particular curricula, particularly some professional courses, such as social work, education, psychology and medicine.

Even limited probing did, however, often throw up possibilities even within faculties and departments initially seen as having limited opportunities. Equally, in faculties seen as having relatively good possibilities, some departments were excluded as having no or very limited opportunities for HCI. It was thus clear that deciding whether faculties or departments had relatively good or limited possibilities for HCI was not a straightforward matter. Indeed, implicitly or explicitly, most KIs questioned to what extent HIV was in fact relevant across all faculties/departments – that is, whether it is correct to assume that all disciplines can and should infuse HIV into the curriculum.

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### Contestation

Across faculties and departments, there is significant contestation about the curriculum as a whole – not only in relation to HIV and AIDS – which presents obstacles to introducing yet another content area into already packed and demanding curricula. What should be taught, the weight assigned and how a subject should be taught are all contested areas. Two KIs from different faculties (the first with a three-year and the second with a four-year undergraduate programme) stated the issue as follows:

*KI #1: Curriculum space is definitely at an absolute premium. As it is, we have trouble sticking to the 360 credits that are prescribed for a three year programme... The point is what do we throw out to insert this [HCI], or do we add it to the total picture?... We are trying to scale down our curricula, but by removing unnecessary stuff from an academic perspective, [so] one would obviously prefer to include the absolute core of a specific module, rather than things which, however important, are not core to the specific discipline.*

*KI #2: Five years ago, we went through a cutting exercise. All our modules [for a 4-year programme] totalled 600-700 credits and [the professional body] only wants 560 credits. So we had to show how we would cut certain modules... we had to prove how we could incorporate the contents of one module into another module. It was quite a difficult exercise, because at university everybody suffers from "academic inflation" – every year, just add on and add on – eventually you have added on so much that you're killing the students in terms of value.*

Both instances highlight not only practical and administrative pressures, but also that curriculum design involves choices – tough choices – on what to include or omit, with core disciplinary knowledge necessarily having to be given priority.

### Approaches to promoting HCI

There was virtual unanimity amongst KIs that a top-down approach, making HCI a requirement across or within faculties and departments, (or even in some modules within some departments) would be counter-productive, alienating rather than engaging lectures and provoking resistance.

*If you do it top-down, you could get compliance, where on paper it seems like 80% of lecturers are doing something, but in a very cynical way, where they do something just not to be caught out – 'I wrote my report and I did my little bit' – but there's no real commitment.*

Some KIs noted the diversity of understandings there may be of HIV and AIDS and thus the importance of making room for different approaches to HCI. Flexibility and an openness to a variety of approaches, drawing on and recognising lecturers' own creativity, was thus stressed as an essential attitude in promoting HCI.

*We have to be very careful of some kind of centralised process telling us what to do. For example, if I'm going to be told what to teach on HIV – someone giving me a specific reading that I have to give to my students – who's choosing that and why?... Anyone who is passionate about his discipline is going to interpret that [reading] in a specific way... I'll teach it in a way that encourages students to think about it critically.*

Some KIs, thinking of how they might encourage HCI in a faculty or department, proposed making tentative suggestions to avoid in any way implying a requirement. One proposed "making lecturers aware that this is something that they may well want to include in their curricula [and] you'll at least get some of them who say 'I never thought about that, I've always been using examples about [X or Y], so why not [HIV]?'".

However, expressed sensitivity about lecturer autonomy, as implied above, would mean that whether or not the suggestion is taken up is left to the lecturers concerned. Such open-endedness could be counter-productive to entrenching HIV and AIDS in the curriculum. A number of KIs argued that the use of occasional examples, or ad hoc discussions, would probably not be sustained; instead it needs to be built into the formal curriculum: "If you 'curriculate' it and there is a specific section, then you know that at least in some way or another, that discussion will happen".

An alternative strategy to developing HCI suggested by a few KIs would be, as a first step, to approach lecturers teaching modules with content relevant in some way to HCI to discuss how HIV could be integrated into the module. Involving a 'champion' in this

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discussion would be helpful. The need for expert help from external resources (e.g. departmental champions, HEAIDS consultants, the CSA&G), at least initially, was stressed, as a means to improve capacity to teach on HIV. This might include brainstorming ideas, helping to design a module, perhaps initially presenting the module and conducting a train-the-trainer programme to assist lecturers to develop the expertise to present the module themselves. This more ambitious strategy, requiring the buy-in and co-operation of a range of stakeholders – not just the lecturers, but also various faculty bodies – is less easily implemented, often for the reasons outlined in the previous section (see Contestation).

On a more practical level, provision of funding for research related to HIV and AIDS, or teaching resources could be an incentive for HCI.

### Lecturer autonomy and capacity

We have touched above on the question of lecturers' autonomy (sometimes couched in terms of academic freedom) and the view that lecturers may resist directives seen as infringing on their prerogative as subject experts to design a module as they see fit, including whether it includes HIV and, if it does, how this is done. However, one KI pointed out that lecturers, while expected to be experts in their field of study, have generally not been trained in curriculum development; this could be a barrier to HCI, which requires a shift in orientation in order to integrate HIV and AIDS into a discipline where it may not be seen as core. Thus some lecturers may feel (and be) ill-equipped to incorporate what are seen as extraneous issues, which are therefore not covered, or only cursorily and then often dropped (*"flavour of the month, or year"*).

A number of KIs commented on the issue of a lecturer's personal interest in HIV, belief in the relevance of HIV and AIDS to what their students should learn, and capacity to incorporate HIV and AIDS into teaching and research: *"Lecturers include in their courses things that fit with the content of the course, where they have expertise and which they feel comfortable teaching"*.

A number of KIs stressed that lecturers' capacity, not only in the sense of knowledge of HIV and AIDS, but also their comfort/discomfort with the subject matter could play a role in whether and how HCI happens. Not all lecturers are at

ease in talking openly about HIV and specifically about sex in relation to HIV. Not all have the capacity to stand up in front of a large first-year class and discuss what many students may consider a sensitive (or *passé*) topic.

As discussed below (see Problematic HCI), there are many ways not to teach about HIV and AIDS – ways that may entrench incorrect knowledge and discriminatory attitudes. Cautioning against assuming neutrality in how HIV and AIDS are presented, one KI had this to say: *"Lecturing is not a neutral activity – there is often a 'hidden agenda'. What a lecturer says and does not say and how affects what students 'learn'"*. The implication is that there are some instances where no HCI is better than insisting that all lecturers should include it.

Mention was made of the consequences of staff changes, either owing to internal shifts in responsibilities and teaching areas, or to staff leaving the University to take up a post elsewhere or retiring. Such changes, especially if they involve 'champions', result in loss of capacity to teach on HIV and AIDS in the department. As a result, courses offered by the departing lecturer are dropped, or the successor lecturer is unable to sustain the HCI component, for reasons of capacity or comfort as outlined above.

A number of KIs referred to the issue of work overload, especially for lecturers dealing with large undergraduate classes, with very limited numbers of tutors to assist them. For lecturers in this position, integrating a new area and one seen as relatively peripheral may be too far a stretch. With respect to resources, lecturers new to the area, or for whom it is a relatively peripheral interest, may find it difficult to easily locate relevant readings and other materials.

Finally, some KIs mentioned that lecturers are seldom recognised for the effort required to develop or adapt courses (and to present them), particularly when this involves stepping outside narrow disciplinary boundaries. This is a familiar complaint in academic circles: that innovation and excellence in teaching are less highly regarded than research (and the funds research brings to the University). Lack of recognition may act as a disincentive to all but the most highly motivated to engage in HCI.

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### Curriculum design and HCI

KIs outlined a variety of factors and approaches that need to be taken into account in curriculum design. Many are of general application, but also relevant to and in some instances specific to HCI. In reporting these views, some reference will be made to the intersecting dimensions that we have suggested can be used to describe the various models of HCI outlined earlier (see Chapter 2).

### Personal vs professional/academic objective

One of the intersecting dimensions was the extent to which the intention of HCI is to impact on students' personal versus their professional or academic understanding of HIV and AIDS. Some KIs readily engaged with the notion of HCI as primarily capable of contributing to students' professional/academic development, although the ways in which this should occur varied (see further below). However, although our questions to KIs were often read as promoting HCI for professional/academic purposes, it was clear that some KIs nevertheless maintained a position that dealing with HIV and AIDS in the curriculum meant assisting students to develop knowledge and skills to deal with personal challenges related to HIV and AIDS – primarily to protect themselves from HIV infection. Other KIs tended to oscillate, grasping the nettle of how HCI could be made professionally relevant, only to revert to a narrower and seemingly easier focus on the personal. Amongst those advocating a focus on the personal, a number were nevertheless sceptical that such interventions would in fact lead to behaviour change, a view that was part of their rationale for questioning the value of HCI.

### Discipline relevance

There was fairly widespread agreement that HCI is more relevant to some disciplines (although this does not necessarily mean that HCI has in fact been implemented in those disciplines). In other disciplines, or even for faculties as a whole, HCI was perceived to be largely irrelevant or certainly not essential, even when, on reflection, KIs might nevertheless identify opportunities for HCI. This position was often justified on the grounds of competing demands on curriculum space and time (as discussed above).

*One would obviously prefer to include only the absolute core of a specific module, rather than things, which, however important, are not core*

*to the specific discipline... It [HCI] has to be very module-specific and academically relevant, rather than a curricular approach for the entire faculty.*

In many instances, the view that HIV and AIDS were not in any way relevant to a discipline was associated with – or led to – suggestions on ways to provide 'personal' knowledge (the basic facts, prevention and so on). One KI noted that 'personal' knowledge could in fact have disciplinary relevance through being used as an adjunct to the application of disciplinary knowledge in community projects or – even in students' careers after graduation – to support community-based initiatives around HIV and AIDS.

In a middle position, some KIs readily identified modules where HIV and AIDS could or already did appropriately deal with HIV and AIDS, using an essentially 'technocratic' approach – conveying information directly relevant to the module's focus and perhaps how to transmit this information to others, without much attention to links with wider social issues.

However, some KIs saw it as important and eminently possible to make room for HCI in curricula as part of a necessarily flexible and dynamic approach to a discipline and its teaching. In this view, the more traditional 'technocratic' approach to disciplinary subject matter – a narrow focus on central tenets, received interpretations and theories – needs to be supplemented (although not replaced) by a more critical and in-depth approach, which situates the disciplinary subject in real-world contexts and includes links to wider concerns such as poverty and gender and, indeed, HIV and AIDS. KIs advocating this position included not only those from the social sciences and humanities, but also from the sciences and technological and professional faculties.

### Social relevance

Another form of relevance mentioned as important for curriculum design is the extent of social relevance in the sense of whether or not there is a societal need to explore and make sense of a particular phenomenon. What demands attention due to its social relevance will differ between disciplines and over time. One KI stressed that social relevance should not be narrowly conceived, in particular, as referring solely to matters of

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local relevance, but should show links with global issues, at the same time exploring their implications for the local situation.

In this view, it is important to assess the extent to which it is (or remains) relevant to address HIV and AIDS in various curricula.

*In the context of social relevance you have to think what is it around you [that you need] to include in your curriculum. [In the Mbeki period] HIV was foremost, it was up there, it was in the newspapers, it was everywhere... Ten years ago, your curriculum might have had a 60% chunk of HIV/AIDS in it, [but] today it would probably carry 30%... If I were to take what is happening now around the statues [protests around Rhodes statue at UCT, Paul Kruger statue in Pretoria, etc.], that is raising a very different question – if I were to set up a curriculum for the next semester, I'm going to include that, because that is what is socially relevant now... HIV and AIDS will still feature [as long as] it is socially relevant, [but] if it becomes [like] a cold or flu, because we've managed to cure it, to deal with it, it's going to be a different thing.*

To ensure social relevance, academics need to avoid too narrow a focus on their discipline and instead remain in touch with the broader social and international developments relevant to their discipline. Where appropriate, it may be helpful, suggested one KI, to have an advisory panel to comment on the extent to which curricula remain relevant to particular stakeholders or more generally.

*You [must] stay in touch with what's going on out there, what's happening outside... [In our department] we've got a strong relationship with industry and that keeps us current – I know exactly what's happening out there, because I'm in touch with everything that they do – that's why what they do, I bring into my courses.*

A number of KIs suggested that it is not so much a question of excluding HIV and AIDS in favour of other perhaps more immediately socially relevant issues, but rather a question of how to address HIV and AIDS alongside the former: perhaps then a matter of emphasis. The example was given of using HIV and AIDS within a broader exploration of gender to illustrate how unequal power places women at a disadvantage in protecting themselves against HIV infection.

### Relevance to promoting desirable graduate attributes

A number of KIs were strongly aware of the need to promote not only competence in a disciplinary field, but also certain desirable graduate attributes (as also encouraged by university policies, see Chapter 5): *“isn't it our duty [as lecturers] to look at it more broadly, [to ask] what kind of graduates do we want?”* In this regard, some suggested that HCI could be harnessed to promote certain competencies and qualities in graduates. Examples mentioned included the ability to think critically about their discipline and social issues, having an awareness of and taking into account the broader social context of their discipline, being aware of social challenges, being aware of and capable of acting in terms of ethical ideals, avoiding acting in discriminatory ways, showing compassion, and showing leadership.

*[There is] a need to expand students' knowledge and understanding of HIV beyond the absolute basics so as to encourage behaviour that would protect them against HIV infection, but also enable them to “give back” to the community, through providing information, working against stigma and acting as role models in terms of their own behaviour.*

### Undergraduate vs postgraduate

There were differences of opinion regarding whether HCI is appropriate at undergraduate level, particularly when dealt with in-depth. Some felt that the subject matter is too complex to do it justice at undergraduate level and that it should be reserved for postgraduate study, usually as an elective. Others – especially but not exclusively those from faculties or departments offering professional courses in which knowledge of how to deal with HIV and AIDS is critical – felt that, at this stage at least, undergraduates must be exposed to the subject. These views have implications for the reach of HCI – to larger numbers of students, or to a more selected group.

### Form and content

Some KIs, even although they did engage with the notion of including HIV and AIDS in curricula in discipline-relevant ways, nevertheless still preferred an approach in which HIV and AIDS is dealt with outside of core disciplinary modules, thus generally focused on the personal aspects (see above). Suggested forms for the provision of 'personal' knowledge on HIV and AIDS included

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stand-alone modules, possibly as part of a first-year orientation programme, either compulsory or available for those needing assistance with various 'soft skills'. In some instances, extra-curricular options for increasing awareness were mentioned, for example, posters on campus, an SMS campaign, or introducing condom dispensers carrying messages on risks. Some KIs also referred to informal, *ad hoc* interventions by individual lecturers, to highlight personal risks such as excessive alcohol use, or failure to use condoms (relevant not only to HIV, but also to personal safety and unwanted pregnancy) at times of heightened risk such as Rag.

*You give them a bit of a pep talk: "Just be careful now." ...give them a bit of advice ...on an informal basis, these things may be said every so often, around Rag or something like that where there are bound to be all sorts of activities and you [students] might be less careful... just try and warn them a bit – you know, unwanted pregnancy and so on... but in a light-hearted general way... you talk to a class and you tell them to be careful, think of the ramifications if something like this happens, just be aware...*

Some KIs, although convinced of the need to go beyond the personal and in principle in favour of integration into disciplinary curricula, supported a flexible approach, using and creating other opportunities to engage students on HIV and AIDS in addition to HCI in formal curricula. Examples mentioned were compulsory discipline-relevant community or vacation work, or extra-mural projects with a link to HIV and AIDS.

KIs, who saw only limited possibilities for HCI within the curriculum itself, felt that, at least at undergraduate level, reference to HIV and AIDS should generally be restricted to the essential technical information required for the discipline; perhaps a brief reference ("just flag it"); "including an example [of a more general principle] every so often" or "as it comes up" in classroom discussion; a problem to be addressed in applying the discipline in a practical assignment; or an optional assignment.

A number of KIs, however, talked about more thorough-going HCI, noting that it could open up possibilities for a different way of discussing disciplinary subject matter. Thus some noted parallels with issues other than HIV and AIDS that have been integrated into disciplinary

curricula – or where there is an expectation within a faculty or department that this will be done. Examples mentioned were of links being drawn between disciplinary subject matter and gender, or health and safety: "Having it included, part and parcel, makes it much easier to get the comprehension and retention of that knowledge." Similarly, a number of KIs stressed the importance of drawing attention the links with other social issues.

*You don't only want to talk about HIV and AIDS, you also want to talk about other [things] – you want to talk about TB, for example, it also has its social implications, the social reality of TB. TB and HIV – they do share a similarity in how they affect the associates of the person who is infected with TB or who carries HIV/AIDS...*

An intriguing argument raised by a few KIs was whether apparently unrelated courses, which do not directly refer to HIV and AIDS, could nevertheless contribute to the development of approaches and skills relevant to the epidemic:

*Can you begin to address HIV/AIDS without even having to mention it?... You teach [students] a way of asking questions that are relevant... [teach] critical thinking, critical reflection... get students to critically reflect on the world around them and then, should they encounter HIV and AIDS, or any other condition, for example, Ebola... they have the capacity to ask the right questions...*

Taking an approach of this kind would undoubtedly imply a radically different approach to HCI.

### Student response

Students' response – or perceived response – to curricula and how they are taught was not often mentioned. KIs who already teach modules that demonstrate HCI were, however, able to report their observations of students' responses to their courses.

One KI alluded to students' expectations regarding the outcomes – particular knowledge and competencies – of their courses, implying that HIV and AIDS might not figure. Thus, it is necessary to find ways to engage students' interest in HIV and AIDS. This requires, other KIs said, not just integrating HIV and AIDS into curricula, but also conveying a sense that it is legitimate and important to do so, making clear to students how knowledge of HIV and

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AIDS is relevant to their disciplines and to their future careers. Appealing to hearts as well as minds, students should understand that knowing about HIV and AIDS will enhance their capacity to make a difference in the world.

KIs noted that sensitivity to the diversity of students' cultural backgrounds is important, bearing in mind that many are unused to and have difficulty talking about HIV, or about sex in relation to HIV, especially with an older person. A balance has to be struck between respect for students and their cultures, and the need to challenge perspectives and attitudes that act as barriers to learning about HIV and AIDS.

Although students' exposure to HIV information at school may initially evoke responses that 'we've heard all that before' and 'HIV fatigue', KIs who teach modules incorporating HCI stated that many students learning about HIV and AIDS through a more academic lens ask deeper questions about prevention, transmission, treatment and stigma. It is therefore important to leave space for students to raise questions and concerns about HIV and AIDS, linking learning to the lived experiences of students – but being cautious to avoid exposing students who may be living with or affected by HIV.

Another KI commented on the ways in which teaching and learning – even at university level – has tended to assume highly condensed and summarised forms typified by PowerPoint presentations and hand-outs; as a result, students are often resistant to engaging with ideas and readings<sup>104</sup>, as is generally required if they are to go beyond the basics of any subject matter, including with regard to HIV and AIDS. Having the capacity to engage students through innovative and challenging teaching is thus important. Taking into account the diversity of students and their educational backgrounds and abilities, another KI suggested a compromise approach (especially for first-year students):

*If you don't concretise it, the really bright ones will get it – you give them the general principle and they carry on – but most students need as many practical examples as possible. So, you need to show it to them in different ways – how it could possibly come into the picture*

<sup>104</sup> Similar points were made by the student informants in Case-studies 1 and 7. Their counter to student resistance was in fact precisely to suggest fewer and simpler materials, combined with a less challenging and more didactic approach in lectures.

*in [various sub-disciplinary contexts]... how does HIV play into this in a practical setting?*

### Problematic HCI

A number of KIs pointed to possible problematic outcomes, particularly when there is an imposed requirement for HCI, but also in informal remarks by a lecturer who feels under pressure to 'say something about AIDS': *"It's quite possible that a lecturer could out of the blue start talking about HIV and do it in a very wrong way."* Thus, the information provided may be incorrect or out of date, inappropriate or outdated views about risk and prevention may be conveyed, discussion may deal in slogans and stereotypes, rather than promoting a nuanced understanding of the epidemic. In particular there is a possibility of 'othering' PLHIV and promoting prejudiced and judgmental attitudes, for example, implying that PLHIV are irresponsible in not having taken precautions against HIV infection and/or infecting others; portraying PLHIV as outsiders, deviant and criminal.

Similar problems have certainly been encountered with other issues: *"it's the same with race, with sex, gender issues [with lecturers saying] rather upsetting things about specifically gender-related matters like domestic abuse – making light of it"*. Lack of training and discomfort in talking about HIV and about sexual matters (see above, Factors affecting the potential for HCI) increase the possibilities for problematic HCI – in the words of one KI, for it being *"a disaster"*.

### Pointers for successful integration

In the minefield of curriculum development and transformation, including HCI, a number of KIs offered useful warnings and advice. Thus:

*In curriculum transformation, less is more, because naming things and making a list of what should be included, you leave other topics out. Coming up with themes and bringing in examples (which could include HIV) makes much more sense because it encourages critical reflection.*

Another stressed that any attempt to include HIV and AIDS in every single module in every year would, apart from any other disadvantage, *"blunt students' sensibilities"*.

Indirectly expanding on the above, one KI stressed that integration should never be additive, with new areas or material simply added to what is already taught. The result

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is generally “academic inflation”, without real difference in outcomes, or even, poorer outcomes. Rather, a new area or material should only be included if it adds value to the module (or curriculum as a whole): “*you want a well-balanced curriculum in terms of what you want to achieve... [so] where does it [a new area or material] fit in?*” If inclusion is warranted, it is then necessary to ‘re-vision’ and change the way a module is thought about and/or presented to incorporate the new area or material seamlessly.

A number of KIs stressed that curriculum relevance is not static. The need for and extent of HCI may wax or wane over time as the epidemic and responses to it shift (e.g. changes in risk profiles, new treatments, the extent of HIV stigmatisation, or its relation to other disciplinary or social priorities). It is therefore essential, a number of KIs stressed, to regularly review, update and revise information on HIV and AIDS, as well as the way in which it is presented – or whether it is included at all.

Finally, relevant to issues raised above (Factors affecting the potential for HCI), a number of KIs stressed that, no matter the subject, integration needs to be undertaken with care and consultatively – it cannot be imposed. A strategic approach that highlights disciplinary relevance and suggests possible approaches to integration is necessary. Lecturers may also need support to undertake even limited integration, for example, through being provided with suggested lecture outlines, relevant lecture notes, or readings.

### Conclusion

KIs offered a variety of views on factors affecting the potential for HCI at UP. At the university and management level, while documents like the Strategic Plan can be read as supporting HCI, KIs were not aware of any policies directly promoting or encouraging HCI. Individuals, therefore, made their own judgements regarding whether or not HCI remains relevant.

At the faculty and department level, deans and their deputies, faculty committees and HODs have mainly an oversight role, with little direct involvement in or knowledge of the details of curricula; they may, nevertheless, promote or obstruct HCI through support given or resources withheld. There was general agreement that HIV and AIDS (hence also HCI) are not equally relevant across all faculties and departments, but there were also differences of opinion on which were more or less ‘obvious’ sites for

HCI. Contestation about disciplinary curricula – which subjects should be included, which omitted; the weight assigned to particular subjects; how a subject should be taught – poses difficulties where HCI is not considered core disciplinary knowledge. As regards ways to promote HCI, top-down approaches were strongly discouraged and more indirect ways of prompting consideration of HCI were advised.

At the level of lecturers, given their subject expertise and principles of academic freedom, there was strong emphasis on the importance of lecturer autonomy in curriculum design. The likelihood of resistance to imposed requirements for HCI – what should be taught and how – was repeatedly stressed. Issues such as lecturer capacity to develop curricula that integrate HIV and AIDS or teach on HIV and AIDS (including their comfort in addressing related sensitive topics, their own attitudes and preconceptions) were raised, as well as questions such as loss of capacity owing to staff changes, heavy workloads and lack of acknowledgement for HCI.

While the above deal largely with process issues, KIs also commented on curriculum design and HCI. As to the objective of HCI, there were differences regarding whether the objective is primarily to impact on students’ personal versus their professional/academic understanding of HIV and AIDS, with some KIs shifting between the two positions. The importance of relevance was strongly stated, with three forms mentioned: relevance to the discipline, social relevance in the sense of whether there is a societal need to explore and make sense of HIV and AIDS, and relevance to promoting desirable graduate attributes. There was some debate about whether HCI is better placed at undergraduate or postgraduate level, with some feeling the subject matter is too complex to be dealt with satisfactorily at undergraduate level. Various proposals were advanced on the form and content that HCI could take, ranging from brief, informal references, to more thorough-going explorations, linking to broader conceptual and contextual issues. There was some mention of student responses to HCI, including presumed resistance, at least initially, and hence the need to demonstrate its disciplinary relevance, as well as some cautions on how sensitive material is presented. Finally, cautions against HCI being undertaken in problematic ways and pointers to successful HCI were outlined.





## CHAPTER 8: Collegial Conversations and other workshops with academic staff

In this chapter, we report on workshops that provided opportunities, firstly, for academic staff across faculties and disciplines to reflect on HCI at UP and, secondly, to respond to identified areas of need for capacity building relevant to HCI. We focus here mainly on the first series of workshops entitled Collegial Conversations, which were designed to elicit comment on preliminary findings regarding HCI at UP and to obtain further input relevant to the research (see also Chapter 3). The second series of capacity building workshops was not primarily intended or designed for data-gathering purposes; however, in discussions during the workshops, certain themes emerged that had not been raised or as clearly articulated, either in the Collegial Conversation or through other forms of data-gathering. We have thus included mention of these themes in this chapter.

### Collegial Conversations

The title, Collegial Conversations (CCs), used for the first series of inter-disciplinary workshops, reflects our view that academic staff across diverse disciplines are uniquely positioned to articulate with respect to HCI both what is seen as possible within a given curriculum and any capacity building that is required to undertake curriculum integration.

The CCs<sup>105</sup> started with an overview of the South African epidemic today, followed by a review of UP's response and the work of the CSA&G, ending with a summary of different approaches to HCI and the interim findings of the review of HCI at UP. This was followed by presentation of a case-study (generally one, but in one instance two) by academic staff members who have been working on HCI at UP. The case-study presentations led into group work followed by discussions, structured around the following questions:

- What facilitates or hinders the development/implementation of HCI?
- What contributes to sustainability/breakdown of HCI?
- What practical support could be offered, organised, managed and sustained between different role-players on the campuses of UP?

A total of 46 academic staff members attended the workshops. All nine faculties were represented. Each CC was attended by at least one Deputy Dean responsible for teaching and learning, showing the commitment of their faculty to the process.

The three CCs appeared to be well received, stimulated useful and interesting discussions and provided an excellent opportunity to reflect on work on HCI at UP. Participants generally engaged constructively in discussions; some who were initially sceptical became more open to the idea of HCI. Participants valued the opportunity to build networks around HCI.

### Themes from Collegial Conversations

In reviewing the discussions we identified the following themes:

- In general, HCI was seen as still relevant and important and hence needing to continue; however, the depth of engagement preferred depended on the particular discipline. Preferred entry points for HCI differed as well, depending on disciplinary subject matter and perceptions of the extent to which graduates would need to engage with HIV and AIDS in their future working lives.
- It was generally agreed that, in line with Vision 2015 and promoting UP's objectives on graduate attributes, HCI had the potential to contribute to the development of graduates who were capable of critical thinking.
- There was significant debate about whether HCI should be more narrowly focused on HIV and AIDS and associated drivers, and/or whether HIV and AIDS should be dealt with as one of a number of contemporary social challenges to which students would be exposed from within their discipline. In the latter case, HCI would involve linking HIV and AIDS to broader debates relevant in contemporary South Africa.
- There was also debate as to whether a stand-alone, compulsory first-year course on HIV and AIDS, addressing both the personal aspects of HIV and AIDS and the social drivers and consequences, could be a possible alternative to, or adjunct to, discipline-based HCI. There were mixed views about the University's role in bringing about behaviour change

<sup>105</sup> A detailed workshop programme is appended in Appendix C. See also Chapter 3 for a description of the approach adopted in the CCs.

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- in students and whether such a course would be effective in this regard.
- There was some concern that a module, course or topic dealing with HIV and AIDS could trigger uncomfortable and sometimes personal discussion on HIV and AIDS and related issues (for example sexualities, sexual practices, stigma and discrimination, and even disclosures of HIV status); this could happen in the lecture space, in tutorials or in private consultations. There was a perceived risk of opening discussion that some academics would not be equipped to contain. Some participants wondered if this meant that HCI should be left to those with specialist training and/or the requisite skills to manage such moments.
  - A related concern was that such discussions might expose academics to comments that they were being sexually inappropriate and moving their discipline too far away from its core areas.
  - There was significant agreement that HCI could be driven by 'champions' of HCI in departments and faculties and that these persons would contribute to sustainability of HCI. There was acknowledgement that some lecturers might have a more personal interest in, and aptitude for HCI and this would make them natural champions.
  - Champions from different departments and faculties, together with other interested persons, could form an HCI community of practice (COP) to build networking and collaborative initiatives and offer individuals, who show an interest and aptitude, support and training to allow them to own and implement HCI in their discipline.
  - An important theme was that hard choices had to be made to fit HCI into an already full curriculum. Some argued that HCI was of national importance and a logical fit for some disciplines; others suggested that HCI might be a luxury in a crowded curriculum and would not easily find a place unless there was an institutional requirement for this. This, in effect, raised the question of voluntarism around HCI versus it being a formal policy imperative. It was noted too that there were risks in requiring lecturers to move out of their comfort zones, including the possibility of creating resistance to HCI.
  - The role and work of the CSA&G was seen as important and all students should be encouraged to engage with it through its face-to-face opportunities and social media platforms.
  - Participants were interested in taking up training opportunities and opportunities for further discussion and skills building on HCI. They expressed interest in workshops on participatory pedagogies, models of HCI, contemporary issues in HIV (including HIV and diversity, gender, discrimination, progress in biomedical approaches) and discipline-based HIV information.

### Summary

The CCs provided a meaningful networking opportunity for staff. For some participants it was a chance to gain a deeper appreciation of UP's HCI work (and the work of the CSA&G) and to set up follow-up meetings and discussions with their more experienced counterparts, including the presenters of the case-studies. The CCs to some extent laid the ground for the development of 'communities of practice' (COPs) which would allow academics to meet, discuss and share ideas around HCI in an interdisciplinary way.

The CCs raised important questions regarding opportunities and barriers for HCI. These included university policy and requirements versus academic autonomy and voluntarism; disciplinary and departmental differences regarding the relevance of HIV and AIDS; constraints on time and space in discipline-specific curricula and hence the need for prioritisation; whether HCI should focus narrowly on HIV and AIDS and associated drivers or adopt a broader approach in which HIV and AIDS were seen as one of a number of contemporary challenges; the possibility of a stand-alone first-year course complementing discipline-related courses; staff capacity and comfort in dealing with HIV and AIDS; the role of champions; and the need for capacity building and support if staff were to undertake effective HCI.

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### Capacity building workshops: HIV Curriculum Integration and Critical Diversity Literacy

Arising from the CCs, academic staff at UP identified various training needs, which led to capacity building workshops being offered on HCI and on Critical Diversity Literacy (CDL). The overall objective of the workshops was to provide participants with a broad conceptual framework within which to locate HCI and curricula dealing with related social challenges (specifically diversity), and to introduce them to innovative models for teaching and learning which could be used in these areas.

The workshops were open to participants across disciplines and advertised as for the CCs. Participants were unfortunately often given very short notice and some felt that they had little option but to attend. However, others valued the opportunity to explore interests and possibilities that had received only limited recognition and support in their own departments. Approximately 18-25 participants attended each workshop; participation overlapped with that in the CCs, but also attracted some new participants. We report here briefly on significant themes arising in these workshops.

Despite their not being intended to gather further data on HCI at UP, the workshops highlighted a number of themes, some of them not previously raised or articulated as strongly. These included the importance of locating HCI within a broader University policy and strategy framework. Adopting a comprehensive approach to HCI and other transformation issues was seen as a positive way to bring these issues into the curriculum. Interdisciplinary and intra- as well as inter-faculty collaboration were seen as potentially useful ways to shift current practice and compensate for any individual limitations. The value of safe spaces to discuss transformation issues was stressed, as was the potential value of having an outside facilitator to help departments explore approaches to transformation issues. Most importantly, there was a strong call for clearer direction at all levels of the University on the way forward on HCI and broader transformation.

### Conclusion

The Collegial Conversations, together with the capacity building workshops, confirmed and extended findings elsewhere, in particular, those from the KI interviews. Many of the themes were repeated and, in some cases, amplified. Some themes were articulated more clearly, or for the first time, suggesting that, in the group setting and with peer support, participants felt less constrained about voicing views that might be seen (by the researchers and perhaps university management) as challenging the HCI initiative.

Amongst themes which repeated those from other sources were that there are differences between departments and disciplines in the relevance of HIV and AIDS; that existing constraints on time and space in discipline-specific curricula requires hard choices; and that academic staff differ in their capacity and comfort in dealing with HIV and AIDS. As to how HCI should be undertaken, it needs to link with and be located within the broader university policy and strategy framework; could focus primarily on HIV and AIDS and associated drivers, or adopt a more comprehensive approach in which HIV and AIDS is presented alongside and linked to other contemporary challenges; and could take the form of a stand-alone course in the place of or complementing discipline-related courses. The role of champions and need for capacity building and support were once again noted. Not surprisingly, given the interdisciplinary character of the workshops, the need for interdisciplinary and intra- as well as inter-faculty collaboration was strongly emphasised.

New themes in relation to resources and support was a call for safe spaces to discuss transformation issues more broadly and the potential value that an outside facilitator could bring to helping departments explore how to approach transformation issues. Finally, while concerns about the potential for prescriptive University policy to infringe on academic autonomy had been voiced previously, the possibility that voluntarism could scupper HCI (and other transformation) was more strongly highlighted. This dilemma – and lack of clarity about the University's expectations – fed into a call for clearer direction at all levels of the University on the way forward on HCI and broader transformation.



## CHAPTER 9: HCI: A fine balance

As described in Chapter 1, this study arose as a result of a call for proposals by HEAIDS to undertake research and capacity building on HCI at higher education institutions. Thus, although focused on UP as one site of tertiary-level HCI and of particular relevance to UP itself, the study was conceived as an opportunity to share UP's experience of HCI, both positive and negative, with other institutions of higher learning. This chapter attempts to draw together the findings and over-arching themes of the research study for both these audiences.

The research study is set against a backdrop of continuing high levels of HIV infection in the South African population and heightened risk for young women, despite evidence of some reduction in prevalence among young people and lower rates of infection amongst university students at some institutions. The latter findings, together with progress made in rolling out ARV programmes to render AIDS increasingly a chronic disease, have tended to reduce the sense of urgency around the HIV epidemic, especially in settings such as universities, where it is less visible, particularly among students.

Against a backdrop of various approaches to HCI as a form of curriculum transformation (see Chapter 2), the question arises to what extent HCI remains an imperative across curricula not only at UP, but more generally, and, in any case, what form it should take in a changing context. This study thus set out to explore whether and how HIV and AIDS are being integrated into curricula at UP. In the course of the research study, student protests across the tertiary education sector and broadly around issues of transformation served to emphasise the importance of considering how to approach HCI in the current context and specifically how to relate HCI to other issues such as power, race, gender and institutional culture.

To capture the expected variety of HCI at UP over just more than 15 years, we used an inductive and mainly qualitative approach (as described in Chapter 3) to explore notions of HCI, what forms it has taken, processes followed, evolution of curricula, challenges and lessons learned, resources needed, and challenges to and achievements with regard to sustainability and staff support needs. We focused particularly on undergraduate curricula, given their potential to reach a larger number of students.

As with any research endeavour, we encountered challenges (see Chapter 3). A particularly important gap was that, for various reasons, we had very limited direct input from students, and were largely reliant on the perceptions of academic staff regarding student views on HCI. Despite the challenges, we feel that the multidimensional nature of the research, cutting across informants, data sources, and methods, has produced a fair, if not exhaustive, representation of HCI at UP – one that presents different models and views of HCI and opens these up for debate in the current tertiary context in South Africa.

### Key findings

From 1999 (see Chapter 4), the university engaged in a range of activities designed to build institutional capacity to respond to HIV and AIDS. This included stimulating academic and research interest, developing a policy on HIV and AIDS, and encouraging the development of various courses for students. Amongst these was a short-lived component of the compulsory first-year orientation programme, the only example of a typical stand-alone course, focused mainly on the personal. An extra-curricular, voluntary course, in contrast, went beyond the basics and the personal to offer a broader contextual approach to HIV and AIDS. In addition, a significant number of faculties and departments made efforts to integrate HIV and AIDS into curricula, often at both undergraduate and postgraduate levels. Departmental 'champions', often with a research interest in HIV and AIDS, were generally responsible for driving HCI.

Cross-faculty co-operation was a feature of some HCI projects. The models used were primarily professional rather than personal in their aim and took the form of a brief illustration or example of a general principle; an add-on ('bolted on') to an existing course; discipline-relevant integration as a legitimate topic in a carrier course; or infusion with HIV and AIDS as a vehicle for demonstrating theories, concepts and methods of a discipline. No examples of integration 'beyond infusion' were found.

Examining the more recent period, since 2011 (see Chapter 5), it is clear that HCI continues to be practised at UP. Despite the limited reference to HCI in UP's HIV and AIDS policy, other generic University policies offer space for HCI, particularly in relation

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to the attributes the University wishes to inculcate in its graduates and preferred approaches to teaching and learning, such as enquiry-based learning and service learning/community engagement. In addition, faculty-level and department-level initiatives provide motivation and models for HCI, with 'champions' continuing to play a key role.

A range of modules across faculties and disciplines (including the 'obvious' and 'less obvious') demonstrates some degree of HCI. Most modules are core (compulsory) rather than elective and focused on professional rather than personal learning. A number of modules made brief reference to HIV and AIDS and a few included 'bolted on' units. There were some instances of HIV and AIDS as the discipline-relevant central focus of the module and of infusion involving more integral blending of HIV and AIDS into the disciplinary subject matter. Most common was discipline-relevant integration into a carrier course.

The only example of a course attempting infusion 'beyond HIV' was in fact an extra-curricular course, which nevertheless offers a model of how a course ostensibly about HIV and AIDS can be used to extend students' understanding of wider contextual factors.

The eight case-studies (see Chapter 6) reflect a range of models of HCI, one being an extra-curricular option, with some unique characteristics (see further below). Of the other seven, most are located in 'obvious' disciplines, but 'less obvious' disciplines are also represented. In line with our research focus, all are undergraduate modules, but range from first year to senior levels, indicating that HCI does not have to be reserved for senior or postgraduate levels. They are all compulsory and credit-bearing. All emphasise the professional rather than the personal and have an academic and discipline-related focus. All treat HIV and AIDS as an important social issue (alongside others) on which students as future professionals and citizens should have an informed and critical perspective. They generally assume some existing knowledge about HIV and AIDS and are not primarily intended to inform students about the basic facts of HIV. Most are located within a relevant carrier course and use HIV and AIDS as a lens to raise issues related to core disciplinary theories, concepts and skills, ethical issues and/or broader social issues relating to

the discipline. In two instances, this approach might be said to approach infusion in the sense of being blended into disciplinary subject matter.

Most of the case-study modules have been running for approximately 5 years (and in one case much longer). None arose as a result of direct external prompting to include HIV and AIDS in the curriculum. None were explicitly developed to promote graduate attributes and competencies envisaged in University policies, but can in fact be said to do so). Pressure to include HIV and AIDS would probably have been counter-productive, perceived as an infringement on academic autonomy. Thus, while lecturers responsible for particular modules might accept some specification of expected outcomes (especially in professional disciplines), they would expect their expertise to be recognised in deciding specifically what content to include (such as whether to include HIV and AIDS or not) and how to teach it. In fact, departmental management is often not well-informed about the implications of HIV and AIDS and related social issues for their discipline.

Beyond broad guidelines, University structures mainly provide only formal oversight of curriculum development and change. While this hands-off position allows space for innovation, the corollary is often that lecturers do not receive much in the way of resources and support or acknowledgement for their work. It is not surprising then that 'champions', with an interest in and knowledge of HIV and AIDS, as well as personal qualities, such as passion, flexibility, creativity, drive and strong teaching skills, have been critical in developing HCI. Reliance on champions to drive HCI does, however, constitute a major challenge to its sustainability. Students' response varies (as it does in any module), but the case-study modules have been able to make space for at least a proportion of students taking the modules to engage with HIV and AIDS in ways they have not previously done, and to see HIV and AIDS as a legitimate and challenging issue for their disciplines, opening up perspectives on broader social issues.

The eighth case-study differs from the others in being an extra-curricular, voluntary course, blending personal, activist (and to a limited extent, professional) objectives, to encourage students to become socially aware and

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engaged citizens in relation not only to HIV and AIDS, but also to other contemporary social challenges. The model of HCI used – promoting in-depth contextual understanding of HIV and AIDS and using HIV and AIDS as a lens on social and structural factors – could be said to reflect ‘infusion beyond HIV’. The institutional and funding context of the module has allowed its developers considerable autonomy and flexibility to adapt and change the course over more than 15 years to reflect changes in the epidemic and in the broader social context. This case-study thus rounds out and extends the range of HCI options demonstrated by the case-studies.

Key informant (KI) interviews (see Chapter 7) provided a wealth of information about challenges to and possibilities for HCI. At the university and management level, although documents such as the Strategic Plan can be read as supporting HCI, KIs were not aware of any policies directly promoting or encouraging HCI. Specifically, many were not aware of the University’s interim policy on HIV and AIDS or its reference to links with curriculum innovation.

At the faculty and department level, deans and their deputies, faculty committees and HODs, although generally not involved in the details of curricula, may nevertheless promote or obstruct HCI through support given or resources withheld. HIV and AIDS (and hence also HCI) were seen as not equally relevant across all faculties and departments, although opinions differed on which were more or less ‘obvious’ sites for HCI. Contestation about disciplinary curricula, including which subjects should be included and which omitted, limits possibilities where HCI is not considered core disciplinary knowledge. In promoting HCI, top-down approaches were strongly discouraged and a more indirect approach advised.

At the level of lecturers, there was strong emphasis on the importance of lecturer autonomy in curriculum design, with resistance to imposed requirements for HCI. Lecturer capacity (or lack thereof) to teach on HIV and AIDS, as well as loss of capacity owing to staff changes, heavy workloads and lack of acknowledgement for HCI, were important considerations.

In addition to process issues, KIs also commented on curriculum design and HCI. There were differences regarding whether the objective of HCI is primarily to impact on students’ personal versus their professional understanding of HIV and AIDS, with some KIs shifting between the two positions. Three forms of relevance as guiding principles were mentioned: relevance to the discipline, social relevance in the sense of whether there is a societal need to explore and make sense of HIV and AIDS, and relevance to promoting desirable graduate attributes.

As regards course level, some felt that the subject matter is too complex to be dealt with satisfactorily at undergraduate level. As to form and content of HCI, proposals ranged from brief, informal references, to more thorough explorations, linking to broader conceptual and contextual issues. Regarding student responses to HCI, initial resistance was widely assumed, hence the need to demonstrate its disciplinary relevance, as well as care in the presentation of sensitive subject matter. Finally, the possibility of problematic approaches to HCI was outlined, along with pointers to successful HCI.

The workshops with academic staff (see Chapter 8), primarily the Collegial Conversations, expanded on the above, while the capacity-building workshops, though not intended to serve data-gathering purposes, added emphasis and articulated some new themes. In relation to resources and support, the value of safe spaces to discuss transformation issues (including HCI) was highlighted, as well as the option of using an outside facilitator to help departments explore transformation issues.

Concerns about the potential for prescriptive University policy to infringe on academic autonomy had been voiced previously, but the possibility that voluntarism could scupper HCI (and other transformation) was more strongly highlighted. This dilemma – and lack of clarity about the University’s expectations – fed into a call for clearer direction at all levels of the university on the way forward on HCI and broader transformation.



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### Discussion

As can be seen, we gathered an extensive range of information and opinion on HCI at UP over more than 15 years. In the earlier period, there was strong support at university and faculty level for HCI across a range of faculties and departments. The result was a range of innovative programmes, often driven by champions. HCI continues to take place at UP, across most faculties and many departments.

However, reflecting differences in relevance and capacity, whether, how and how much HCI is undertaken varies greatly by department and discipline. Thus, the UP situation differs from that reported for Rhodes University some years ago, where *“It would be unusual for any student to graduate without at least some exposure to HIV/AIDS content or issues in their curricula”*<sup>106</sup>. On the other hand, there are many examples of HCI good practice at UP and of innovative thinking about HCI.

There are many factors that play into HCI at UP. Here we draw out some of the overarching themes emerging from our data and give our reading of those, referring back where relevant to some of the positions and arguments relating to HCI presented in Chapter 2, as well as to literature.

### Context matters

It is clear that in HCI, as in other forms of curriculum development and transformation, context matters. Firstly, the HIV epidemic is a dynamic one, in part because of changes in the country's response. In the early period of this survey of HCI at UP, HIV was a fiercely contested matter in South Africa, implementation of programmes for the prevention of mother to child transmission (PMTCT) was blocked and antiretroviral treatment in the public health sector was a distant dream<sup>107</sup>. Now, with the largest treatment roll-out in the world, HIV is generally seen as a manageable chronic disease, a status that sometimes obscures important challenges for the economy and country. These include that lifelong treatment is costly (for the country), depends on efficient systems of distribution (which do not always exist) and, to be effective, demands life-long,

stringent adherence from those using it (which is not always possible or sustained).

These challenges affect the economy and workplaces, in turn posing a challenge to graduates. As to new infections, PMTCT programmes have radically reduced transmission to infants; however, prevention programmes targeted at older groups have not been as successful. Amongst university students (see Chapter 2), prevalence rates are lower than in the general population (and considerably lower than assumed 15 years ago). However, as young people becoming sexually active, students remain vulnerable to HIV infection, with young women in their late teens and early twenties at much greater risk than their male counterparts. The programmes for young people at school do not necessarily highlight these dynamics. Such shifts in reality and perception need to be factored into thinking about HCI.

A second and related issue is that of stigma. There is a view that, because of the widespread availability of treatment so that HIV infection is no longer ‘a death sentence’, stigma is currently not a significant factor in attitudes towards people living with HIV (PLHIV) or in their daily experiences. The PLHIV index study<sup>108</sup> found, however, that stigma reported by PLHIV cut across many social and institutional domains, suggesting that stigmatising attitudes still persist across all sectors of society. Academics and students cannot thus be assumed to be immune to stigmatising beliefs and attitudes, as indeed suggested in the ways in which some KIs referred to HIV and AIDS. The general ‘invisibility’ of students living with HIV – among them members of the cohort of young adults who were born with HIV and have been taking treatment since birth – may also indirectly reflect stigma, whether subtly enacted or internalised.

In any event, the lack of a broader national movement against HIV stigma<sup>109</sup> and specifically

108 SANAC. (2015). *The People Living with Stigma Index: South Africa, 2014. Summary report*. South African National AIDS Council.

109 Despite a draft national Stigma Mitigation Framework (NDoH. (2008) *Stigma Mitigation Framework: A guideline for the design and implementation of HIV and AIDS-related stigma reduction interventions by the South African government and its partners*) having been developed and references in successive HIV and AIDS and STI National Strategic Plans (2007-2011 and 2012-2016), more concerted efforts to address stigma and discrimination at a national level are relatively recent (see, for example, the 2014 *Zero Stigma, Zero Discrimination* campaign of the SA National AIDS Council, <http://sanac.org.za/stigma-and-discrimination-campaign-resources/>) and do not seem to have impacted significantly on university policies, at least at UP.

106 Rau A. (2009). *The Curricular Response to HIV/AIDS at Rhodes University*. Rhodes University/HEAIDS.

107 Nattrass N. (2007). *Mortal Combat: AIDS denialism and the struggle for antiretrovirals in South Africa*. University of KZN Press.

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within the higher education sector may have contributed to the persistence of relatively hidden HIV stigma at universities, including UP — not only amongst members of the University community, but also in University structures and policies. This would play out, not only in regard to HCI, but also in contributing to internalised stigma amongst students and staff living with HIV. It is thus worth asking: could stigma play some role in reluctance to engage with HCI and the silences relating to HIV and AIDS in University policies?

A third important contextual factor is that HCI is located in and takes its form from a society that, although transforming, is still far from transformed. The economy is currently in crisis. Inequality remains stark and poverty is rife. Gender-based violence and rape are endemic and show no sign of abating, despite repeated denunciations and campaigns. Crime is rife and corruption is seen as pervasive. Substance abuse is not only a huge problem in itself, but contributes to many other social problems. Universities need to play their part in addressing these critical social problems, but at the same time, are confronted with renewed and urgent demands for internal transformation, as most cogently stated in the [#RhodesMustFall](#) and [#FeesMustFall](#) campaigns. While the short-term focus may have been on fees and related economic issues, particularly for increased levels of support for poor students, both larger institutional reform (for example related to outsourcing and language policy) and curriculum reform are also on the table.

Linked to this, the role of the university (as well as universities of technology and the TVET sector) and the form that university education should take, remain matters of debate, globally and in South Africa. To use the Freirean notion of *banking education*, should a university education be designed to impart knowledge to students as passive recipients and thus to control their thinking and action, producing graduates who adapt to rather than attempt to change society? Or should a university education be values-driven and emancipatory, designed to develop in students the ability to critique society and imagine ways to change it? Given South Africa's mixed economy, which needs a range of skills, is the function of universities primarily to address critical skill shortages? Or should universities be asking (also) what they can contribute to nation building, social

cohesion and the redressing of past imbalances? The pedagogical theorising of Freire and Dewey (referred to as Critical Pedagogy)<sup>110</sup>, Price and Osborne<sup>111</sup> (Humanising Pedagogy), Boler and Zembylas<sup>112</sup> (a Pedagogy of Discomfort), and Bozalek, Carolissen and Leibowitz<sup>113</sup> (a Pedagogy of Critical Hope) are useful starting points for answering these questions.

With regard to HIV and AIDS, how narrowly or broadly should universities respond: is the need primarily “to meet the needs of employers and prepare graduates for working in a world where HIV and AIDS are prevalent”<sup>114</sup>? Or is their task broader: “to respond to the impact of HIV and AIDS on institutions [including universities themselves], communities and society at large”<sup>115</sup>, not as an isolated factor, but in its association with other critical social challenges?

Against a backdrop of a struggling school system, universities also have to find a way to respond to the very wide range of abilities, experiences and backgrounds secondary school learners bring to the tertiary space. Specifically related to HCI, students will also have had very different exposures to HIV education, and indeed HIV both personally and in their extended communities, and feel differently about the relevance of HCI and the forms it may take.

In this context, HIV and AIDS may no longer invariably carry the same degree of social relevance, or be as much a priority for UP and its constituent faculties and departments as it was perceived to be 16 years ago. Social relevance itself is, of course, a contested notion, as seen, for example, by how quickly reference to the [#RhodesMustFall](#) protests as of immediate relevance was overtaken by the more extended protests of [#FeesMustFall](#) and subsumed in larger debates on

110 Amsler S, Canaan JE, Cowden S, Motta S & Singh G. (Eds) (2010). *Why critical pedagogy and popular education matter today*. Birmingham, UK: C-SAP: Higher Education Academy Subject Network for Sociology, Anthropology, Politics.

111 Price JN & Osborne MD. (n.d.). *Challenges of forging a humanizing pedagogy in teacher education*. [faculty.education.illinois.edu/m-osbor/osborne/hum.rtf](http://faculty.education.illinois.edu/m-osbor/osborne/hum.rtf)

112 Boler M & Zembylas M. (2003). Discomforting truths: The emotional terrain of understanding difference. In Trifonas P. (ed.) *Pedagogies of difference: Rethinking education for social change*, New York: Routledge-Falmer.

113 Bozalek V, Carolissen R & Leibowitz B. (2014). A pedagogy of critical hope in South African higher education. In Bozalek V, Carolissen R, Leibowitz B & Boler M. *Discerning Critical Hope in Educational Practices*. Abingdon, Oxon: Routledge.

114 Powell P & Sutherland L. (2014) *Op.cit.*

115 *Ibid.*

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colonialism and transformation, including specifically curriculum transformation.

However, given the extent of the epidemic in South Africa, there is a need to debate whether, considering the continuing challenge HIV and AIDS pose for South Africa, the university transformation agenda would be complete without reference to HIV and AIDS as an essential, rather than optional component within the curriculum broadly, even if not in every single module. In this regard, the resonances and links between HCI and wider transformation issues highlight the importance of adopting an intersectional rather than unidimensional approach to understanding and responding to what are essentially interconnected issues.

Intersectionality is a widely accepted research and policy paradigm with origins in black feminist writing (as well as queer and post-colonial theory). As outlined by Hankivsky and colleagues<sup>116</sup>, its central tenets are that human lives and experience cannot be reduced to single characteristics or properly understood through a narrow focus on any single factor or even constellation of factors. Social categories ('locations'), such as race or gender or sexuality, are socially constructed and thus inevitably dynamic and changing; they are also inextricably inter-linked and "*shaped by interacting and mutually constituting social processes and structures, which in turn, are shaped by power and influenced by both time and place*"<sup>117</sup>. The values base of the paradigm is clear in its stance that promoting social justice and equity must be central to research and policy endeavours — and, we might add, in responding to transformation imperatives facing higher education in South Africa at present.

Using such an approach, HIV and AIDS can (as suggested Chapter 2), offer a lens to engage with broader transformation issues, while at the same time expanding understanding of the context of and factors driving the HIV epidemic.

### Policy matters – or does it?

University policies, whether explicit in documents and statements, or implicit in practice (including whether and how documented policies are implemented) can be seen as reflecting a university's values – and what it values. Our findings suggested deep ambivalence at UP about the role of policy in relation to curriculum and curriculum development or transformation, specifically with regard to HCI.

### Greater clarity and visibility

As mentioned above, informants were generally not aware of UP's interim HIV and AIDS policy or its suggested link with curriculum innovation. On the other hand, our research was often interpreted as a demand for HCI. Given other curricular demands (see further below) and, for many, reservations about HCI, there was thus a call for greater clarity about University policy and management expectations with regard to HCI. What is the policy on HCI? What does the University management expect, what resources will it provide, what recognition will there be? In short, what value will be assigned to efforts at HCI?

There was an interesting contrast here with the notion of curricula making a contribution to the development of desirable graduate attributes, a notion with which many informants were familiar and seemed to take on board. There are a number of possible reasons for the difference. Perhaps the more positive response to the notion of graduate attributes reflects its more recent incorporation into University policy (specifically its 2012 Academic Plan); perhaps the notion is more easily capable of adaption into various curricula (see further below).

However, it does seem that the Academic Plan is more visible than the University's interim HIV and AIDS policy, and that the former's reference to graduate attributes is more explicit and compelling than the rather vague encouragement to HCI which may be read into the HIV and AIDS policy. Would a more visible and explicit policy on HIV and AIDS – or one on HCI, or on curriculum in relation to transformation issues more broadly – one that clearly states the University's position as in favour of HCI (or its discussion as part of broader transformation issues), increase HCI at UP?

116 Hankivsky O, Grace D, Hunting G, Giesbrecht M, Fridkin A, Rudrum S, Ferlatte O, & Clark N. (2014). An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. *International Journal for Equity in Health*, 13, 119.

117 *Ibid.* p.2/16

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### *Issuing a directive – or giving direction?*

An equally strong theme was that of lecturer autonomy and academic freedom with respect to curriculum development of any kind, including HCI. It was repeatedly stressed that directives on HCI would be likely to evoke resistance, or at best, token compliance, probably for a limited time. In this view, there is still, however, a place for University (and faculty and department-level) influence on curricula, but indirect, rather than direct: giving direction, rather than issuing directives.

The inter-faculty committees that operated in the early days of HCI at UP (see Chapter 4) are an example of an initiative, which, with the explicit support of University management, gave such direction. It is not suggested that such an initiative is appropriate or feasible at this juncture. However, as suggested above, a case can be made that HCI is relevant and can be used to contribute to the development of graduate attributes and to the broader curriculum transformation that is clearly on the University agenda. However, for this to happen, policy direction arising from a consultative process does matter.

### *Curriculum challenges and contestation*

Amongst the challenges to extending HCI at UP are differences between disciplines regarding the relevance of HIV and AIDS to the curriculum and therefore the ease with which the subject can be integrated into already full curricula. Similar observations have been reported across South African higher education institutions<sup>118</sup>. Our KIs stressed that such differences must be taken into account, accepting that HCI may not be feasible in some disciplines or only in a contrived manner.

In this regard, our findings are similar to those found in other university settings, where the extent to which HIV and AIDS has a 'good fit' with disciplinary knowledge was found to be a key factor determining whether or not HCI was undertaken<sup>119</sup>. Equally, the many instances of creative thinking by KIs who had never previously given HCI a thought, suggest that dialogue may open up possibilities not previously considered. Even so, the issue of the contested content space and time within curricula, even for what may be considered

of more direct disciplinary relevance, may continue to pose barriers to HCI, especially when external (professional) bodies have a role in setting curricula content.

On the other hand, the novel and stimulating approaches to teaching and learning promoted in the University's Strategic and Academic Plans – inquiry-based learning, blended learning, community engagement, recognition of and provision for student diversity, and seeking to develop specific graduate attributes – may indirectly help to overcome preconceptions about what is or is not relevant in various disciplinary contexts and open up space for HCI, for example through its capacity to contribute to graduate attributes such as critical thinking.

Allied to disciplinary constraints are the extent of capacity (or lack thereof) amongst lecturers to incorporate HIV and AIDS into their curricula and to teach the subject. Outside of those with an interest – often a research interest – in HIV and AIDS, others may lack the necessary knowledge and skills and, in addition, the personal comfort to address what may be seen as sensitive topics, or that may open difficult conversations with students. As reported in other university settings<sup>120</sup>, heavy workloads and existing demands on lecturer time may further reduce any inclination to engage with HCI.

### *Models of HCI*

In the light of the above, it is clear that flexibility is key to any HCI project and that to try to impose one model of HCI on all disciplines would be futile. Rather disciplines or departments that are exploring the possibility of integrating HIV and AIDS into curricula in some way need information on a range of options, and encouragement to adapt them to their own needs, or, indeed to tailor-make their own models.

Regarding models that might be considered (see Chapter 2), most of the existing HCI at UP has focused on developing an understanding of HIV and AIDS relevant to professional rather than the personal needs. A professional focus does seem most appropriate at the tertiary level where the objective is to equip students for their future careers; in this regard, HCI lends itself to the development of significant graduate attributes. Finally, a professional focus seems

118 HEAIDS. (2010a). *Op. cit.*

119 See, for example, Rau. (2009). *Op. cit.*

120 Rau. (2009). *Op. cit.*

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more likely to engage the interest of students, by offering a different focus from the one to which they have been exposed at school.

As to the form of integration, the predominant model of HCI at UP has involved discipline-specific integration into a relevant carrier course, with HIV and AIDS used primarily to illuminate disciplinary issues, or show an application of the discipline. However, there are also modules that involve only brief reference to HIV and AIDS (especially where they are seen as fairly peripheral to the discipline) or units 'bolted on' to discipline-specific modules (possibly as a way to test out HCI, or because of felt lack of expertise in HIV and AIDS). Given the differences between disciplines mentioned above, all of these models appear to have their place in the range of options for HCI. 'Infusion beyond HIV' could be more widely considered as an option because of its intentional use of HIV and AIDS as a lens to explore related social and contextual issues, such as poverty, inequality, violence, gender and race.

Suggestions were also made for stand-alone courses which could be developed and offered to all students in their first year as an alternative to or complementing disciplinary HCI. Such courses might offer the opportunity to blend the personal and professional, and to bring together HCI and critical diversity literacy (CDL) in a way that is more likely to engage students and contribute to both individual and social change. This is certainly in line with ideas expressed in other transformation contexts at UP and in the sector: giving students insight into what Melissa Steyn calls a "*reading practice... [or] way of perceiving and responding*" around transformation and diversity, is critical.<sup>121</sup>

### Leadership

To further HCI at UP will require leadership – from university management and at faculty and department levels. Most immediately, direction and support is needed if the interest and networking around HCI that was sparked through the various workshops in this project are to be sustained. The necessary follow-up may, however, not be forthcoming, as our research suggested that, given lecturer sensitivities, senior academics are at pains to

avoid appearing intrusive and thus tend to adopt a hands-off, take-it-or-leave-it approach to many curricular matters. The question may be how to find an appropriate balance between respecting lecturers' autonomy and, as suggested above, providing direction.

### *Stimulating interest, creating opportunities for dialogue*

The challenges and possibilities such as those revealed during the research process suggest that it is important to stimulate interest and to create and harness opportunities to explore HCI and related issues with academics. Our encounters during the interviews and in workshops indicated that many academics had never considered the possibility that HIV and AIDS had anything to do with their discipline, but were open and even eager to discuss HCI and related issues – and not just because these were controversial for some and a matter of passion for others.

It seemed, however, that, given increasing demands on academics' time (as at all universities), there are few opportunities for them to meet and share ideas, particularly across disciplinary boundaries, and in a safe space, where it is possible to be open about limitations in knowledge, concerns and possibly 'incorrect' views. University initiatives such as the Re-a-bua dialogues, aimed at promoting inclusivity and valuing of diversity, might offer such a space, but appear so far to have had only modest benefits. This may be because the programme's objectives appear rather narrowly conceived and focused primarily on individual attitudes and ways of relating, and on notions of acquiring knowledge about the 'culture' of others, as opposed to seeing and challenging racism and exclusion.

To encourage creative thinking on HCI (and broader curriculum transformation) may thus involve creating opportunities for academic staff to engage within and across departments to explore possibilities for curricular change – even in disciplines where possibilities may seem limited – and doing so in a way that piques curiosity, stimulates debate and takes into account larger transformation issues. Such an approach would fit well with the idea of 'top-down, bottom-up' initiatives<sup>122</sup> to encourage HCI (see also Chapter 2).

<sup>121</sup> Steyn M. (2010). Critical diversity literacy. In: Steyn M (Ed). *Being Different Together. Case-studies on diversity interventions in some South African organisations*. Cape Town: University of Cape Town.

<sup>122</sup> HESA. (2007). *Op. cit.*

## CHAPTER 9: HCI: A fine balance

### *Creating an enabling environment*

To take HCI (or, for that matter, other 'transformation' issues) further requires more than stimulating interest or even allowing for their inclusion in curricula. The research showed that, without follow-up support, promising (or even fairly well-established) initiatives may wither. It is, therefore, necessary to create an enabling environment through a range of means, including raising the issue of HCI within faculties and departments, exploring possibilities (both modules and personnel), identifying and helping to establish links with more experienced HCI practitioners ('champions', see below), encouraging and facilitating involvement in 'communities of practice' (see Chapter 8), providing support and funding for discipline-related HIV research, encouraging and facilitating mutual peer support, developing or providing links to suitable resource materials, following up to encourage realisation of HCI projects, and perhaps most importantly, acknowledging those who do undertake HCI.

### *Champions*

One of the most important resources at the disposal of university leadership are the HCI champions who have to date been largely unheralded leaders in developing HCI at UP. Their work has generally been grounded in their belief in the importance of HCI, interest in and knowledge of HIV and AIDS (often grounded in research), their ability to translate this into engaging curricula, strong teaching skills, and personal qualities, such as passion, flexibility, creativity and drive.

Drawing on the expertise of UP's HIV champions would in itself constitute recognition of their critical contribution to date – something that should not be taken for granted on a long-term basis, since, like other academics, their interests may shift, their assigned teaching responsibilities change, or they may take up opportunities for advancement at other institutions. Reliance only on existing champions only would, thus, be short-sighted and pose a challenge to sustainability of HCI. Hence steps would need to be taken now to begin to develop a new generation of champions.

### *Identifying and building capacity*

While champions are valuable as 'self-starters', given the disciplinary differences frequently mentioned, HCI does not invariably require the level of interest and commitment of a champion. Rather, there is a need to engender interest, identify possibilities in the curriculum and amongst staff, arrange capacity building where necessary, and ensure the necessary follow-up support. To engage seriously in developing capacity requires initiating a dialogue with academic staff regarding possibilities for and interest in HCI, as well as the need for capacity building. Those willing to engage with HCI need to be assisted to obtain the necessary capacity building and resources to ensure appropriate and effective HCI. To sustain interest in HCI and its implementation also requires follow-up to acknowledge efforts made and to assist with any problems.

### *Resources*

A key need of academic staff exploring HCI is access to relevant materials. The interest shown by workshop participants in information about HIV and AIDS indicated a need to improve their knowledge base (often limited to the basics and somewhat outdated), in order to provide a sound basis for making links with their own disciplines and increase their confidence in dealing with the subject matter. Narrowly focused information may, however, encourage a sense of the topic being relevant only to certain specialised disciplines. Similar to the experience elsewhere<sup>123</sup>, our research showed that providing access to materials on HIV and AIDS relevant to teaching of a discipline or to an area of interest<sup>124</sup> can open possibilities not previously considered. A repository of regularly updated materials relevant to HCI at departmental or faculty levels – with regular alerts on new materials – would thus be helpful.

The University has an important but often overlooked resource in the CSA&G. Despite its role in the early phases of HCI at UP and its continuing, less public role in advising the University on matters related to HIV and AIDS, the research suggested that many University role-players are unclear about its current role.

123 Rau. (2009). *Op. cit.*

124 Two examples might be: Davis RG. (2008). *HIV/AIDS education: Still an important issue for veterinarians*. Public Health, Public Health Reports, 123, 266-275; Pino NW & Blazek A (2011). Teaching sexual and gender identity in college courses. *Currents in Teaching and Learning*, 4(1), 43-54.

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## CHAPTER 9: HCI: A fine balance

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Relevant to HCI, the CSA&G is thus often seen as embodying the University's commitments to HIV and AIDS, implying that other role-players do not, therefore, need to engage with the issue, including through HCI. Others do, however, recognise it as a resource – a source of expertise, for example, to offer 'bolted-on' units, and a resource for students needing information for essays or projects linked to their studies. The CSA&G's longstanding interest in the broader context of HIV and AIDS (recently formalised in a change of name) is perhaps less well recognised and may constitute a particularly useful resource in relation to wider transformation debates within the University.

### Conclusion

This multidimensional research project has drawn on a variety of informants, data sources, and methods to offer a compelling account of HCI at UP and suggest some important issues for debate, both within UP and – insofar as they may resonate elsewhere – in the broader tertiary context. These include the importance of context, the role of policy, broader curriculum challenges and contestation, questions regarding appropriate models of HCI, and the critical role of leadership in addressing HCI. In the final chapter, we draw our own conclusions and make some recommendations in regards to these issues, primarily for UP, but perhaps of wider interest as well.



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ENGINEERING 3



## CHAPTER 10: HCI: What is to be done?

The objective of this research was to review just more than 15 years of HCI at UP, looking at processes followed, evolution of curricula, challenges, lessons learned, resources needed, sustainability achieved and staff support needs. Flowing from the themes outlined in Chapter 9, we focus here especially on challenges to HCI at UP and what might be appropriate responses in the future. Our recommendations speak to the broader institutional context and will require readers to explore how they are relevant for and could be applied in their specific context within the University, whether at the level of University management, faculties or departments. Although the recommendations are directed particularly to UP, they are framed in general terms to facilitate other higher education institutions exploring their relevance and applicability in their own unique contexts.

### Conclusions and recommendations

#### Context matters

We identified three specific ways in which context matters for HCI. Firstly, although HIV and AIDS continue to impact on South Africa in major ways, the ways in which this manifests have changed with shifts in the epidemic and in South Africa's response. In the tertiary context, this calls for new ways of thinking about HIV and AIDS and about how to engage with the subject in curricula. The time for an AIDS 101 approach is past. To gain students' interest and investment in the subject, it is not enough to simply re-package information about HIV and AIDs, but rather a fresh, more sophisticated approach is needed. In this regard, our case-studies offer some pointers on ways to approach HCI.

Secondly, even if not overt, stigma cannot be ignored. The attitudes of staff and students and the structures of the university are likely to present barriers to HCI, both in whether and how it is undertaken, and how it is accepted by students. There are resonances here with issues such as racism and sexism, and, as suggested below, it may be most useful to deal with these issues together rather than as separate and unrelated. The draft national Stigma Mitigation Framework (for HIV and AIDS), which refers to the ways in which various forms of stigma are layered onto each other, may be a useful resource in thinking about how to address these issues holistically and within a human rights framework.

Third, HIV and AIDS cannot be seen apart from the transformation challenges confronting the country and in turn the University itself. In this regard, a transforming society needs not only specific skills, but also an informed and critical citizenry; a transforming university must confront the ways in which critical societal challenges such as race, gender, poverty and inequality, affect students – while at university and in their future lives and careers – and need to be reflected in the curriculum.

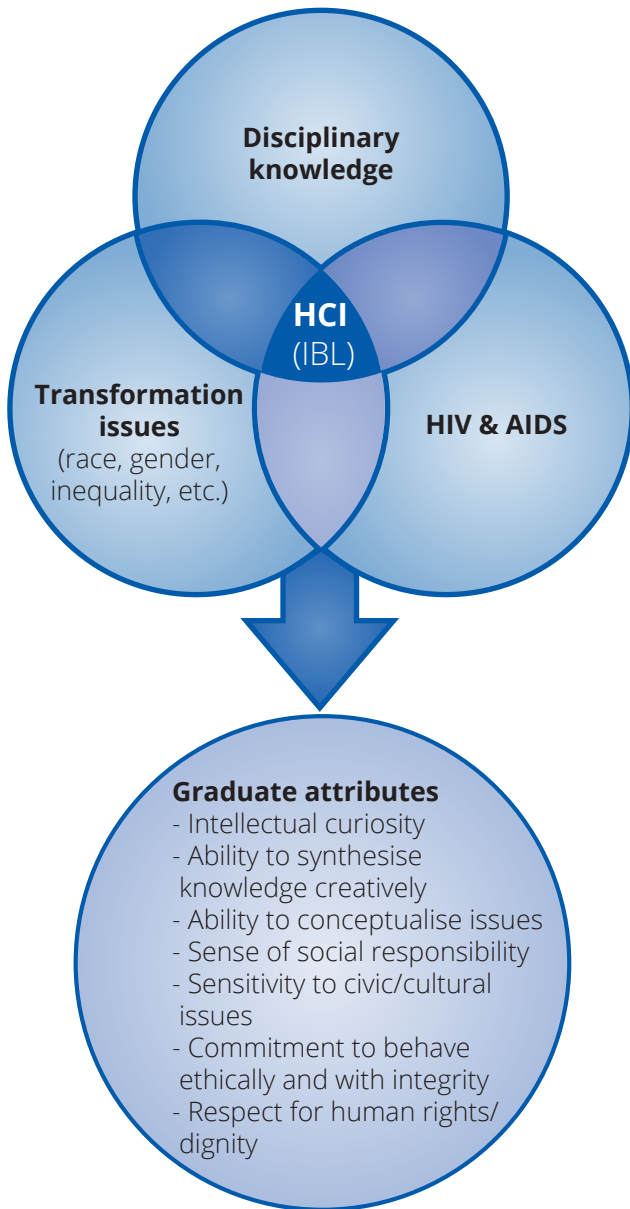
Responding to such challenges inevitably involves choices and emphases. Given the shifts in national HIV policy and programmes in recent years, HIV and AIDS may no longer occupy centre stage. Equally, given the persistence of the epidemic and its impact on society, HIV and AIDs remain an important societal challenge that continues to merit attention. However, the way in which this is done has to be different. Here the notion of intersectionality provides a conceptual basis for understanding how key social challenges such as race, gender, poverty and inequality interact in mutually reinforcing ways, as demonstrated in the case of HIV and AIDS, which thus provides a lens for understanding the operation of these factors. Such an approach would promote not only a more sophisticated understanding of HIV in context, but also develop the ability of students to think critically about broader social issues.

#### Recommendations

- HIV still merits attention, but, while there is space for sector-wide initiatives, institutional and contextual specificity are essential for successful HCI.
- HCI must speak to and be informed by the transformational imperative facing the tertiary sector.
- HIV-related stigma and its intersections with other factors such as race, class, gender and sexuality are matters which continue to require study and response, within and across specific institutional contexts.
- HCI should reflect complexity and change, which should be conveyed through nuanced and integrated approaches.
- Use HCI as a form of inquiry-based learning (IBL) to address the above and support the development of desirable graduate attributes (see graphic next page).

## CHAPTER 10: HCI: What is to be done?

*Using HCI as a form of inquiry-based learning (IBL) supporting the development of desirable graduate attributes*



### Policy matters

A university's policies reflect what is deemed important and valued, and directly or indirectly offer guidance on curriculum development and transformation. The relative invisibility of UP's policy on HIV and AIDS and the policy's rather muted reference to curriculum matters do appear to have affected the extent of HCI at UP. Equally, however, attempts to impose HCI would be seen as infringing academic autonomy and is likely to be resisted. A consultative rather than top-down approach to HCI, as for curriculum transformation more generally (to include, for example, reference to race or gender), is,

therefore, essential. Moreover, it is necessary to acknowledge the differences between faculties and departments in the extent to which and how HCI can be implemented, also taking into account existing challenges and constraints in terms of curriculum time and space.

What is needed (and called for) then is clear direction from the university on HCI. Such a framework should be developed through a consultative process, and linked into discussion of student demands for broader curriculum transformation. In those discussions, linkages to what seem widely accepted University policies on promoting inquiry-based learning and desirable graduate attributes could help to open up possibilities not only for HCI, but also for dealing with wider transformation issues.

Flexibility is essential in such a policy framework, with openness to a range of models and options adapted to disciplinary needs. Regardless of discipline, however, it is important not merely to provide a narrow disciplinary perspective, but to encourage debate, critique and an awareness of contextual factors.

A professional rather than personal approach is widely seen as appropriate in a tertiary context, particularly to prepare students for their future careers, thereby encouraging students' engagement. Based on existing work at UP, discipline-specific integration into a relevant carrier course to illuminate disciplinary issues, or to show an application of the discipline, is a useful approach. However, relevant reference to HIV and AIDS (especially where seen as fairly peripheral to the discipline) or units 'bolted on' to discipline-specific modules especially in the initial stages of HCI have also proved useful. Where links are drawn with other social issues and challenges, such as race, gender, poverty and inequality, intentional use of HIV and AIDS as a lens to explore such issues could be valuable. Stand-alone courses for all students in their first year, or at some point in their undergraduate course, could complement disciplinary HCI.

## CHAPTER 10: HCI: What is to be done?

### Recommendations

- Clarity on institutional policies and how they inform HCI (and related work) is necessary; institutional guidance, informed by broader policy frameworks within the institution and the sector, should aim to create a more enabling framework for HCI.
- Within this policy frame, there should be space for flexibility – at the institutional and academic level – to allow for responsiveness, autonomy, creativity and effectiveness.
- While a professional, discipline-relevant focus for HCI is recommended, institutions, in line with pedagogic approaches which value the development of the whole student as an active citizen, should ensure that the personal is valued.

### Leadership

To avoid this project being a missed opportunity for curriculum transformation – not only in relation to HCI, but with wider ramifications – will require leadership by University management and senior academics – leadership that provides direction, but respects lecturers' autonomy. Efforts will need to be made to stimulate interest and create opportunities for consultation, dialogue and debate, within and across departments, even in disciplines where possibilities may seem limited, and in the context of debates about wider curriculum transformation. Leadership implies creating an enabling environment, one which includes follow-up support once interest is shown (or even when it is not immediately evident), facilitating links with staff with experience of HCI, promoting peer support, and ensuring development of, and access to resources. Critically, leadership must include giving recognition and support to those who do engage in HCI, including existing 'champions', who are often leading and productive researchers in the disciplinary implications of HIV and AIDS.

### Recommendations

- Clear, authoritative and responsive leadership is necessary for HCI (and its intersections with other imperatives) to succeed.
- This leadership should be informed by debates, critique and research so that HCI (or related issues) does not become 'fixed'

as an institutional imperative, but responds to, and evolves with shifts in the epidemic and in social and intellectual demands.

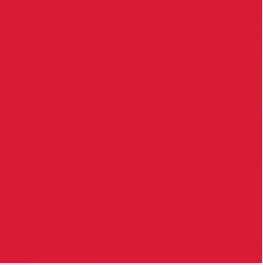
- An enabling environment for HCI must be created, including through support and acknowledgement of those who have engaged in HCI in the past and continue to do so. Such acknowledgement should be located in a broader effort to acknowledge academic excellence and social responsiveness amongst staff and students.

### Conclusion

This project has highlighted the variety and richness of HCI at UP, carried out in the main by 'champions' who are strongly committed to integration of HIV and AIDS into curricula in their area of expertise. A key message from both examples of HCI highlighted in this report and the discussions with academics across faculties has been the importance of flexibility and continuous innovation to ensure that HCI remains relevant over time. In addition, HCI is enhanced when it is strongly rooted within the discipline and linked to the broader social context.

The roller-coaster ride that was 2015 focused minds on transformation (or lack thereof) at universities and opened up debate on how to conceive of transformation, including of curricula. A key question that arose for us was where HCI fits into these debates. In trying to understand this issue, we learned lessons that we feel are relevant not only to how to deal with HCI, but also to wider curriculum transformation. Thus, although primarily addressed to UP and with the intention to contribute to debates in our university on HCI and its links with curriculum transformation more generally, we hope that our conclusions and recommendations will also feed into debates elsewhere.

The issue of HCI certainly needs to be the subject of ongoing debate, located in the broader and, some would argue, more urgent issues of curriculum transformation and 'de-colonisation'. Our view is that a singular focus on HIV and AIDS is not productive and it should rather be seen as both a catalyst for and outcome of a transformation imperative.



## Appendix A: Key informants

### Faculty and departmental key informants

Prof. Max Braun	Deputy Dean: Teaching & Learning, Faculty of Education
Prof. Anton Kok	Deputy Dean: Teaching & Learning, Faculty of Law
Prof. Diane Manning	Deputy Dean: Education, Faculty of Health Sciences
Prof. Johan Oberholster	Deputy Dean: Teaching & Learning, Faculty of Economics and Management Sciences
Prof. Marietjie Potgieter	Deputy Dean: Teaching & Learning, Faculty of Natural and Agricultural Sciences
Prof. Rehana Vally	Chair: Teaching & Learning, Faculty of Humanities
Prof. Ernest van Eck	Professor, Department of New Testament Studies, Faculty of Theology
Prof. Linda van Ryneveld	Director, Teaching & Learning, Faculty of Veterinary Sciences
Prof. Ronald Webber-Youngman	Head, Department of Mining Engineering

### Case study key informants

Mr Pierre Brouard	Deputy Director, Centre for Sexualities, AIDS & Gender
Prof. Charlene Carbonatto	Senior Lecturer, Department of Social Work
Prof. Pieter Carstens	Professor of Criminal & Medical Law and Head, Department of Public Law
Mr Johan Maritz	Senior Manager, Centre for Sexualities, AIDS & Gender
Dr Fraser McNeill	Senior Lecturer and Section Head: Anthropology, Department of Anthropology & Archaeology
Prof. Annelize Nienaber	Senior Lecturer, Department of Public Law
Prof. Maximus Sefotho	Senior Lecturer, Department of Educational Psychology
Prof. Jan Verschoor	Professor, Department of Microbiology

### Other informants<sup>1</sup>

Prof. Susan Adendorff	Director, Facilities Management (formerly MBA Programme Director, Graduate School of Management)
Prof. Roumen Anguelov	Head, Department of Mathematics & Applied Mathematics
Prof. Debby Bonnin	Head, Department of Sociology
Mr Pierre Bredell	Senior Lecturer, Department of Mining Engineering
Ms Mary Crewe	Director, Centre for Sexualities, AIDS and Gender
Prof. Liesel Ebersöhn	Director, Unit for Education Research in AIDS
Prof. Ronél Ferreira	Head, Department of Educational Psychology
Ms Roxanne Fick	Student Advisor, EMS Faculty
Dr Willem Fourie	Senior Lecturer, Department of Dogmatics & Christian Ethics
Dr Martina Jordaan	Senior Lecturer and Course Co-ordinator, Community-based Project Module, Faculty of Engineering, the Built Environment and Information Technology
Prof. Wendy Kilfoil	Director, Department for Education Innovation
Ms Robyn Luck	Counselling Co-ordinator, Centre for Sexualities, AIDS & Gender
Magudulela	Training Co-ordinator, Centre for Sexualities, AIDS & Gender
Prof. David Maree	Head, Department of Psychology
Mr Sydney Montana	Senior Manager, Centre for Sexualities, AIDS & Gender
Prof. Kanleshie Mohangi	Head, Department of Psychology of Education, UNISA
Ms Nicole Montanez	Research & Evaluation Consultant, Centre for Sexualities, AIDS & Gender
Mr Mpho Motiang	Training Co-ordinator, Centre for Sexualities, AIDS & Gender
Prof. Julian Muller	formerly Department of Practical Theology
Prof. John Sharp	Co-Director, Human Economy Programme, Faculty of Humanities
Ms Jeannie van der Linde	Head, Speech-Language Pathology, Department of Speech-Language Pathology & Audiology
Ms Gernia van Niekerk	Manager, Community Engagement, Department for Education Innovation
Prof. Marli Venter	Head, Department of Insurance & Actuarial Science
Prof. Cas Wepener	Liturgical Studies and Homiletics, Department of Practical Theology
Dr Rina Wilken	Head, Student Development, Department of Student Affairs

<sup>1</sup> Most of these informants were not interviewed, but provided information via e-mail in response to queries.

## Appendix B: Questionnaires

### B1: Interview guide – Deputy Deans (Teaching & learning)

#### INTERVIEW GUIDE: DEPUTY DEANS (TEACHING & LEARNING)

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum integration

1. As a Deputy Dean (Teaching & learning), how important do you think it is to include HIV and AIDS in South African university curricula and specifically those of your faculty? Has the need changed over the past 10-15 years?
2. In your view, what university policies are there to guide HCI across faculties? What policies are there at faculty level to guide departments?
3. How do you see your role in relation to HCI in your faculty?
4. Establish: allow/promote/support/audit/recognise...
5. Can you tell us about HCI initiatives in departments in your faculty and how you see them fitting into the overall objectives of the faculty?

### B1b: Interview guide – Other key informants

#### INTERVIEW GUIDE: OTHER KEY INFORMANTS

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum integration (HCI)

1. As someone in a senior position in your faculty/department, how important do you think it is to include HIV and AIDS in South African university curricula and specifically those of your faculty/department? Has the need changed over the past 10-15 years?
2. In your view, what university policies are there to guide HCI (or integration more broadly) across faculties? What policies are there at faculty level to guide departments? Do any external agencies (e.g. professional bodies) affect whether or how HCI occurs in your faculty/department?
3. In your position, how do you see your role in relation to HCI in your faculty?
4. Can you tell us about HCI initiatives in departments in your faculty/department and how you see them fitting into the overall objectives of the faculty/department?

### Departmental survey

#### HIV AND AIDS CURRICULUM INTEGRATION: DEPARTMENTAL SURVEY

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum integration

The Centre for the Sexualities, AIDS and Gender (CSA&G, formerly CSA), under the oversight of Prof. Norman Duncan and with the support of the Deans of Faculties, is undertaking research to review how HIV and AIDS have been integrated into curricula at UP over the past 10-15 years.

The project is funded by HEAIDS, a body established in 2000/2001 as a partnership between the then Department of Education, the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals. Its brief is to undertake and monitor HIV mitigation programmes in South African higher-education institutions. Amongst its mandates is to support universities in efforts to integrate HIV and AIDS into curricula.

In the early 2000s, the University of Pretoria independently engaged in a concerted effort across faculties at UP to introduce or integrate HIV and AIDS into curricula. Some 10-15 years later, this project seeks to review what has happened since then. We will be using key informant interviews, surveys of academic departments, case studies and workshops in order to describe curriculum integration of HIV and AIDS at UP and, in particular, to highlight instances of good practice. Workshops will be open to interested members of staff and the final research report will be available to participants and stakeholders.

Your assistance is requested to carry out a survey of HIV curriculum integration in your department using the questions on the next page and to identify examples of good practice in HIV curriculum integration in your department.

If you have any questions, please contact the Deputy Dean (Teaching & Learning) in your Faculty or one of the researchers, whose details appear below.

Thanking you in advance for your assistance and that of your staff.

[Researcher names, titles, contact details provided]

## Appendix B: Questionnaires

### SURVEY QUESTIONS FOR HODS REGARDING HIV CURRICULUM INTEGRATION

1. What departmental processes must be followed to enable curriculum integration of HIV and AIDS?
2. Please list any current courses/modules that integrate HIV into curricula in your department (together with the name and contact details of the responsible staff member).
3. Please indicate in each case: a) Is the course/module optional or compulsory? Is it credit-bearing?, b) What forms does current HIV integration take (e.g. once-off lecture; stand-alone module; integrated into carrier course, project/assignment)?, c) What is the content focus (e.g. basic HIV information; discipline-related issues; links to broader social issues)? and d) Does the course/module draw on earlier work and if so, how was integration sustained?
4. Were there past instances of HIV and AIDS curriculum integration that were discontinued and, if so, for what reason?
5. Please mention any course/module within your department that you would consider a good practice example.

Please feel free to add any other comments.

Please return the survey information on your department, together with your name and contact details, to the office of the Deputy Dean (Teaching & Learning) of your Faculty within 2 weeks of receipt.

### B3: Interview guide: Case-study key informants

#### INTERVIEW GUIDE: CASE-STUDY KEY INFORMANTS

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum integration

(Main questions in bold, subsidiary questions/probes for clarification or to cover areas omitted from reply as bullets)

#### SECTION I: PROCESS

**Could we start by asking you to tell us how the course/module came about?**

- When did you start with the HCI work?
- What was the motivation for introducing HIV and

AIDS into the curriculum (at that time)?

- Was this your own initiative? If a departmental decision, why were you given responsibility for HCI and how did you feel about it?
  - **Establish:** administrative decision; allied teaching/research area; personal/professional interest/passion; prior HIV-related knowledge/training
- Were there previous attempts at HCI in the department and what happened to them?
- Did you consult others about the proposed HCI and what was the reaction?
  - **Establish:** departmental/interdisciplinary colleagues; university policies/guidelines or resources (if so which); professional body; students; other stakeholders
- What role did external resources (CSA) play in prompting/developing/running the course?
- Did you need to get approval for HCI? If so, what did this entail?
- How long did the development process take and did you encounter any obstacles?
  - **Establish:** questioning relevance/negative attitudes/opposition/hostility (department/university); delays in development/approval processes; lack of capacity (HIV-related knowledge, time); low priority in provision of capacity/resources/timetabling
- If course has since been discontinued, explore reasons, process in detail. (Phrase subsequent questions in past tense.)

#### SECTION II: SPECIFIC INFORMATION REGARDING COURSE

**Could you tell us more about where HCI fits into the courses offered by the department, the specific aims and objectives of HCI, the content covered, and so on?**

- In which course/module(s) is HCI currently located?
  - **Establish:** name of course/module; undergraduate/post-graduate; optional/compulsory; credit allocation
- What form does HCI take?
  - **Establish:** extra-curricular e.g. leadership/community programmes; stand-alone lecture(s)/assignment; lecture(s)/assignment illustrating discipline-specific issue (e.g. application of a statistical model); discipline-specific lecture(s)/assignment/research (e.g. impact of HIV in mining/neurological implications for psychological testing); inter-

## Appendix B: Questionnaires

disciplinary component

- What teaching/learning methodologies to you use?
  - Prompt/establish: lecture(s); notes; internet resources/research; videos; group-work; assignment/project; experiential learning illustrations (e.g. having people stand to represent extent of epidemic, site visits, encounters with PLHIV/affected children; personal reflection)
- What HIV-related issues/areas does the course/module focus on?
  - Establish: basic facts; social aspects (e.g. stigma); structural aspects (e.g. barriers to ART); other
- To what extent are broader social issues addressed?
  - Prompt/establish: human rights, stigma and discrimination, gender, sexuality, equity, racial and identity politics (HIV as a black disease), inequality and power
- What are the aims and objectives/expected outcomes of HCI?
  - Establish: personal/professional/other emphasis
- What assessment criteria and methods are used?
  - Establish: time committed; individual/group report; exam; supervisor/client report

### SECTION III: RESOURCES

**What staffing and other resources are involved?**

- Are or have other departmental staff been involved? What other personnel resources do you use?
  - Establish: informant alone; other departmental staff; external HIV-related expertise (CSA&G); inter-disciplinary teaching
- How was capacity to teach in this area developed?
  - Establish: prior academic training; personal research; training manual; consultation with others (CSA&G)
- Where input from external resources (e.g. CSA&G, a colleague in another discipline, external funding) is no longer available or has been scaled down, has the department been able to substitute that through its own resources?

- To what extent is work in this area enabled/supported/recognised by the department and university?
  - Establish: respect of HOD and colleagues; recognised as legitimate academic activity; staffing/admin support; included in performance agreement; clearance/financial support to attend meetings/courses/conferences

### SECTION IV: STUDENT RESPONSES

**It's sometimes said that university students often display HIV and AIDS fatigue – that they've had enough of hearing about HIV and AIDS and resist any mention of the subject. What has been your experience?**

- In designing the course/module, what steps did you take to make the issue relevant to students?
- How have students responded to the course/module – initially, currently? Were some more open than others?
  - Prompt/establish: extent of students' knowledge/engagement with HIV and AIDS; attitudes; issue of 'AIDS fatigue'; differences amongst students
- Have any students approached you about personal issues (related to HIV/sexuality) – if so, what sort of issues have been raised? How do you understand this? (both Yes and No)
  - Establish: sign of engagement with curriculum; course leader seen as open to discussion
- How have you dealt with these approaches? What resources have you made use of (on/off-campus) to assist students? Are their gaps?
- What has the impact of the course/module been on students? In addition to any formal assessment (see above), how do you measure this?
  - Establish: personal impact; improved workplace-relevant competence; more critical paradigm that challenges social norms on HIV and AIDS; ability to contribute to debates on broader social and economic issues

### SECTION V: CONCLUDING QUESTIONS

**To wrap up: Looking back, what was the broader context in society and the university (and your discipline and department) at the time that HCI was introduced and how did it frame your approach?**



## Appendix B: Questionnaires

Based on your experience now, what might you have done differently?

Are there areas in the current course/module that are different from earlier versions or that you think should change? If so, what and why?

- To what extent has the HCI component of the curriculum taken account of/been able to incorporate changes in the HIV and AIDS environment and the broader social context? (e.g. changed government stance, ARV roll-out, NS); pressure to test, MMC, greater likelihood of already infected students on ART attending university; 'AIDS fatigue' and the emergence/greater awareness of other issues (e.g. violence against women and children, substance abuse, xenophobia)

Do you think it is (still) necessary to integrate HIV into your discipline's curricula and in university curricula generally and how would you motivate the need for HCI to others?

What are the key support needs for HCI at department, faculty and university management level?

What are the key lessons you would share with someone starting HCI?

- In the workshops for staff interested in HCI which we will be running in a later part of the project, are there particular issues that you think would interest staff?

### B4a: Focus group discussion guide

#### FOCUS GROUP DISCUSSION GUIDE

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum Integration

As part of your studies in [subject e.g. Engineering, Social Work, Theology], you have been part of a course/module/community project related to HIV and AIDS. We would like this group to share their experience and views to give us a richer perspective on HCI at UP.

1. What did the course involve?
2. What did you learn about HIV and AIDS?  
Probe: knowledge, understanding of stigma, social aspects, etc.  
Probe: HIV and AIDS fatigue, importance/relevance personally/professionally
3. [If a compulsory course]: How did you feel about doing the course/module/community project?

[If elective]: What motivated you to do the course/module/community project?

4. What did you like about the course/module/community project?
5. What did you not like about the course/module/community project?
6. What do you think could be changed to improve the course/module/community project?

### B4b: Discussion guide – student informants

#### DISCUSSION GUIDE: STUDENT

Developed by CSA&G in project commissioned by HEAIDS: Review, research and capacity building around HIV and AIDS curriculum Integration

As part of your studies in [subject e.g. Engineering, Social Work, Theology], you have been part of a course/module/community project that included some reference to HIV and AIDS. We would like you to share your experience and views to give us a richer perspective on HCI at UP.

1. What did the module [as a whole] involve?
2. How were HIV and AIDS dealt with in the module?  
Probe: what did you learn about HIV and AIDS? (knowledge, understanding of stigma, social aspects, etc.)  
Probe: were HIV and AIDS dealt with in any other study modules? If so, what differences were there in what you learned?  
Probe: HIV and AIDS fatigue, importance/relevance personally/professionally
3. [If a compulsory course]: How did you feel about doing the course/module/community project?  
Probe: Before/after doing the module?  
[If elective]: What motivated you to do the course/module/community project?
4. What did you like about the course/module/community project?
5. What did you not like about the course/module/community project?  
Probe: what did you think about the way the lecturer dealt with HIV and AIDS?
6. What do you think could be changed to improve the course/module/community project?

## Appendix C: Collegial Conversations and capacity building workshops with academic staff: Sample Programmes

### COLLEGIAL CONVERSATIONS ON HIV CURRICULUM INTEGRATION (HCI) at UP

HIV Curriculum Integration (HCI) at UP  
A Project supported by The Higher Education and Training HIV/AIDS Programme  
(HEAIDS)

University of Pretoria, 2 February 2016

#### Objectives:

1. To reflect on 15 years of HCI
2. To learn about the different ways in which HCI was implemented across the different faculties and between disciplines at UP
3. To share practical ways of integrating HIV through case studies
4. To identify areas of needs for capacity building in HCI

Time	Item
8:00 – 8:30	Registration and coffee
8:30 – 8:50	Introductions, Expectations
8:50 – 9:20	Overview of project <ul style="list-style-type: none"> <li>▪ What is HCI?</li> <li>▪ Findings</li> <li>▪ Epidemic update; role of universities with reference to HCI</li> </ul>
9:20 – 9:50	Case study
9:50 – 10:15	Q&A
10:15 – 11:00	Group work: <ul style="list-style-type: none"> <li>▪ What facilitates or hinders the development/ implementation of HCI?</li> <li>▪ What contributes to sustainability/breakdown?</li> </ul>
11:00 – 11:30	Tea break
11.30 – 12.00	Group work: <ul style="list-style-type: none"> <li>▪ What practical support could be offered, organised, managed and sustained between different role players on the campuses of UP?</li> </ul>
12:00 – 12:30	Feedback and discussion from group work
12:30 – 13:00	Way forward: <ul style="list-style-type: none"> <li>▪ Consolidate discussion points from Q&amp;A session and group work</li> <li>▪ Based on the proceedings and outcomes from the workshop, what are the possible ways that HEAIDS can support staff?</li> </ul>

## Appendix C: Collegial Conversations and capacity building workshops with academic staff: Sample Programmes

### Critical Diversity Literacy Workshop Programme

HIV Curriculum Integration (HCI) at UP

A Project supported by The Higher Education and Training HIV/AIDS Programme (HEAIDS)  
University of Pretoria, 1 February 2016

#### *Objectives and expected outcomes of the workshops:*

- to build understanding of CDL
- to locate CDL theoretically and practically
- to link CDL to critical and humanising pedagogy approaches
- to see how HIV and AIDS could be an entry point to, and linked to, CDL
- to explore the impact of CDL on the personal and professional lives of participants
- to explore the implications for teaching and learning
- to promote self-reflection
- to encourage a sense of invigoration around skills and personal development

#### **Pre-workshop exercise: Reflections on your past (see reading pack)**

07h30: Arrival and registration

08h00: Introduction of facilitator

Privilege exercise

Ground rules, introductions, expectations and debriefing

09h00: Aims and purpose of workshop

Presentation on CDL criteria and format of the day

Links to pedagogic principles

09h30: Diversity wheel exercise

10h30: Tea

11h00: Constructions of race

11h45: Everyday racism

12h30: Reflections on morning

12h45: Lunch

13h45: Constructions of gender

14h45: Sexualities and HIV

15h30: Tea

15h45: Culture and HIV

16h15: Possibilities for change

16h45: Pedagogic possibilities

17h00: Reflections, conclusion and evaluation

Note: You will have access to a reading pack which you can read at your leisure to inform yourself in more detail about the themes and issues around CDL. It will also include a reading list. Not formally included in the workshop will be issues around gender violence, whiteness (beyond discussions of race and privilege), ableism, xenophobia, colonialism and poverty/the poor.

#### **Post-workshop exercise: a reflection on the day and its impact (see reading pack)**

## Appendix D: Audit of HCI 1999-2005

Inter-faculty co-ordinators appointed in the early years of HCI at UP were responsible for carrying out audits of HCI in the faculties they supported. The following is a summary of their findings (noting the year in which they were reported), supplemented by the recollections of staff actively involved in HCI at the time.

### Entry-level course, Centre for the Study of AIDS (CSA) (1999 —)<sup>1</sup>

The CSA, as part of its mandate to help to help to develop an institutional response to HIV and AIDS devised a course to introduce students to HIV and AIDS. From the outset, the course stressed not only basic facts and standard approaches to prevention, but stressed the psychosocial aspects of HIV and AIDS; it also introduced the notion that students had a contribution to make in mitigating the effects and impact of the epidemic. The 5-session extra-curricular course was open to students from any faculty and any year on a voluntary basis and gave entry to other programmes of the CSA. It was thus a stand-alone course, but went beyond the generally limited scope of such courses, to include reference to social and contextual factors.

### First-year orientation programme (2005)<sup>2</sup>

HIV and AIDS (along with “Tuks Loyalty, Values on Campus and Diversity”) was included in the compulsory orientation programme in 2005, with the intention of raising what were seen as important issues for first-year students. The HIV and AIDS component, a brief session presented by the CSA, was largely focused on personal protection and was dropped the following year, taking into account feedback that HIV and AIDS had been dealt with extensively during Life Orientation classes at school and that students with a specific interest in community work within this area could more appropriately become directly involved in CSA activities.

### Education (2003-2005)

An early implementer, HIV and AIDS was incorporated into extensive re-structuring of the core curricula for third-years. HIV and AIDS formed part of a semester-long module including other topics relevant to practice as an educator. Under the Education & AIDS Research Unit (ERA), established jointly with the CSA, an extensive programme of research involving both staff and postgraduate students was underway.

<sup>1</sup> The Entry-level Course has evolved over the years and persisted to the present. It is described more fully as one of the case-studies (see Chapter 6)

<sup>2</sup> Personal communication, Prof. Rina Wilken, Head: Student Development, Department of Student Affairs.

### Economic & Management Sciences<sup>3</sup>

A CSA staff member for a number of years participated as a ‘client’ in a course on communication strategies, giving students input on HIV and AIDS and on the CSA’s communication strategies for various audiences as a context for students designing a suitable strategy for a given audience.

### Engineering, the Built Environment and Information Technology (EBIT) (2003-2005)

Early on, there was little attempt at HCI. Exceptions were:

- *Mining Engineering*, with significant coverage relevant to the challenges HIV poses to mining enterprise;
- *Electrical Engineering*, where a simplified mathematical model of HIV and AIDS was used in a 3rd year course to illustrate standard control systems concepts;
- *Town and Regional Planning*, with some reference in most courses;
- *Construction Economics*, where HIV and AIDS were included within the rubric of special needs housing; and
- service courses offered by other faculties (e.g. *Labour Law*) and taken by EBIT students.

No HIV-related research was recorded; however, a paper on the Electrical Engineering HCI project was published. Engineering was also a leading contributor to the home-based care kit project (see above).

In 2005, a compulsory, credit-bearing, Community-based Project module (JCP) (accredited by Engineering Council of SA) was introduced for all undergraduate EBIT courses. It comprised a student-selected community-based project and a computer-based assignment. The latter was focused on basic knowledge about HIV and AIDS, specifically in the workplace, with an emphasis on learning about web-based resources that graduates could use in their professional careers. Computer-based learning was initially supported by a single lecture on HIV and AIDS in the workplace, but this was later substituted by a compulsory web-based assignment. (A gender awareness assignment has also been developed more recently.) This module has continued until the present.

### Health Sciences (2005)

For fairly obvious reasons, another early implementer, HIV and AIDS were included in relevant

<sup>3</sup> Personal communication, Johan Maritz, Senior Manager, CSA&G.

## Appendix D: Audit of HCI 1999-2005

courses (e.g. infectious diseases, pathology, maternal and child health), in most cases focusing exclusively on medical aspects, but in some courses including consideration of policy and social aspects. There was an extensive programme of research involving staff and postgraduate students.

### Humanities (2003)

Many departments felt their discipline lacked obvious entry points for integrating HIV and AIDS into the curriculum. However, in this large faculty, there were a number of exceptions:

- *Biokinetics, Sports & Leisure Sciences* (at that time located in Humanities and since split, with Biokinetics moved to Health Sciences) used HIV and AIDS to illustrate general principles including the notion of (HIV) risk in sport; the rights of a person with an infectious illness in sport and ethical and practical implications for engaging in sport; the issue of testing for disease.
- *Communication pathology* used HIV as an example in various courses and was conducting some research on the effects of HIV on hearing.
- *Drama* included HIV in a 2nd-year course (including a 7-week practical) on theatre in education and development, a course which has continued since 2006 till the present.
- *Music therapy* offered a 1-day workshop (presented by a CSA staffer) on HIV issues related to music therapy.
- *Philosophy* used HIV as a substantial case-study in a number of courses on ethics and moral discourses at undergraduate and postgraduate levels and in a service course on ethics for BCom students;
- *Psychology* integrated HIV into undergraduate (Community Psychology, Industrial & Organisational Psychology and the BPsych degree) and postgraduate (Research Psychology) courses, focusing primarily on psychosocial and applied aspects and had a substantial research programme, including a collaboration with Yale University);
- *Social Anthropology* offered courses on sexuality (including reference to HIV) at undergraduate and Honours levels.
- *Social Work* addressed HIV and AIDS “throughout the various curricula”, offered a more in-depth course on social work in health care and had a substantial research programme.
- *Visual Arts* referred to HIV in various courses, requiring self-study and assignments involving the creation, analysis and evaluation of various HIV-related media, such as posters.

### Law<sup>4</sup>

From 1998, a 1st-year course, “Introduction to Law”, included a theme devoted to the legal problems of HIV and AIDS; the course was discontinued at the end of 2012. A module entitled “Legal problems of HIV/AIDS” was introduced as a 4th-year LLB elective in 1999, renamed “Legal problems of HIV and AIDS” in 2013, (see Case Study 5, Ch. 6, *Case Studies*) and is still being offered every year. This is an intensive course, dealing with legal aspects of the HIV epidemic.

### Natural & Agricultural Sciences (2003)

Many departments reportedly saw ‘no need/no place’ for HIV and AIDS in the curriculum, or felt it only needed to be mentioned in passing.

Exceptions were:

- *Biochemistry*, where Prof. Debra Meyer, as HOD, used and promoted an approach to teaching scientific subject matter through the lens of a pressing, unsolved social problem, such as HIV and AIDS<sup>5</sup>, and where teaching was associated with an extensive research programme exploring biochemical aspects of HIV treatment and prevention;
- *Human Genetics*, which offered a comprehensive self-study course at Honours level (considering the subject too complex for undergraduate study);
- *Microbiology & Plant Pathology*, where HIV was used as an example in lectures on medicinal plants;
- *Agricultural Economics*, where HIV and AIDS were referred to in discussion of constraints on rural development; and
- *Food Science*, with references in courses on immunology and nutrition. Research was being undertaken on medicinal plants and HIV.

### Theology<sup>6</sup>

As part of a community-directed programme run by the Department of Practical Theology from 2000 until the end of 2004, a group of 16 students were involved in an interdisciplinary project with the title ‘HIV/AIDS: The unheard stories.’ The project involved recording what people infected and/or affected by HIV and AIDS had to say about care and/or lack of care. This project was funded by SANPAD, and

4 Information derived from interview with Prof. Annelize Nienaber, Department of Public law, for Case-study 6.

5 In 2010 Prof. Meyer received an award from the National Science & Technology Forum for her ground-breaking research and innovative teaching. Personal Communication, Prof. Marietjie Potgieter, DD (T&L), NAS. See also: [http://www.up.ac.za/en/biochemistry/news/post\\_1681734-prof-debra-meyer-honoured-by-nstf-award](http://www.up.ac.za/en/biochemistry/news/post_1681734-prof-debra-meyer-honoured-by-nstf-award)

6 Personal communication, Prof. Julian Muller, former HOD: Practical Theology.

## Appendix D: Audit of HCI 1999-2005

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institutions such as HOSPIMISIE participated in the programme, focusing specifically on homecare for people living with AIDS. This project was followed by later projects directed towards children affected by HIV and AIDS (extending to the more recent past and thus described in the review of more recent developments at UP). In the early-mid 2000s, other academic staff were also involved in research on HIV and AIDS in the field of Theology, leading to conference presentations and publications.

### **Veterinary Science (2004)**

The objective of integrating HIV and AIDS into the curriculum was both to illustrate general principles and to promote professional/public health responsibility to clients and communities. To kick-start the process, four 3-hour workshops for students were conducted by CSA staff, with the objective to strengthen students' social and behavioural understandings of the epidemic. The sessions were patterned on the CSA's entry-level course for student volunteers and included information on HIV and AIDS (adapted to include reference to issues pertinent to veterinary science), highlighted important contextual factors, challenged attitudes to HIV (including personal risk perceptions) and explored possible roles for veterinary health personnel. Monthly on-campus forums on various HIV and AIDS-related topics were also arranged to promote interest in HIV and AIDS. An intra-faculty committee identified a number of courses (Viral pathology, Animal Husbandry, Vaccines & Epidemiology, Veterinary Business Management & Ethics and Veterinary Public Health/Jurisprudence) as offering opportunities for integrating HIV through both classroom and outside activities (voluntary and professional). Whether these plans came to fruition is not clear.

### **Graduate Institute of Business Science (GIBS)**

HIV and AIDS were integrated into human resources-related programmes; hence a separate, stand-alone course was not considered necessary.

## Appendix E: Rapid appraisal of HCI 2015

### FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

Prof Johan Oberholster

Faculty/ Department/ Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Economics Prof Steve Koch	EKN 120, 214, 234, 310, 320, 325 Economics	n/a	Brief reference	No formal units. Brought up briefly in undergraduate courses, primarily those on macroeconomics (effects on growth); also public economics and policy analysis
Human Resource Management Prof Karel Stanz	BDO 229 Industrial and Organisational Psychology	C/E (depending on degree requirements)	Discipline- related integration into carrier course	Nature and importance of effective management of employee health (all dimensions, incl. HIV and AIDS) and safety in the workplace
Communication Management Prof R Rensburg	KOB 210, 220, 310, 320 Communication management	C (for BCom Com Man)	Brief reference	HIV/AIDS communication campaigns used as example
Tourism Management Prof Berendien Lubbe	TBE 310 Tourism management	C	Brief reference	Reference to implications for tourism of high prevalence of HIV in SA

### FACULTY OF EDUCATION

Prof Max Braun

Faculty/ Department/ Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Early childhood Education	JGV 152 Health and safety	C (for ECD and Foundation phase teaching)	Discipline- related integration into carrier course	Health, safety and nutrition for young child (incl. reference to HIV)
	JLO 210 Life orientation	E	Discipline- related integration into carrier course	The human being in context: social and community life; LO education; social skills
	JLO 220 Life orientation	E	Discipline- related integration into carrier course	Issues related to diversity, values and principles; discrimination, race, religion, culture, sexuality, age, abilities. Classrooms, individual and systemic perspectives. Issues related to support iro HIV/AIDS, safe schools, violence in schools, crime, emotional problems. Prevention of deviant social behaviour
Educational Psychology Dr Maximus Sefotho	OPV 222 Supportive Learning Environments	C	Discipline- related integration into carrier course	HIV as one of number of issues that may render learners vulnerable and need school- or community based intervention to promote resilience
Science, Mathematics & Technology Education	JWT 340 Natural Science	C (for biology teaching)	Discipline- related integration into carrier course	Aimed at teachers of biology; deals with cells, genetics, evolution, human biology (incl. reference to HIV)
Humanities Education	Various modules Human movement studies and sports management	C (for Human Movement practitioners)	Brief reference	Various aspects of teaching and management of human movement/sports; may include reference to HIV

## Appendix E: Rapid appraisal of HCI 2015

### FACULTY OF ENGINEERING, BUILT ENVIRONMENT & INFORMATION TECHNOLOGY

Faculty/ Department/ Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Community-based Project Module Dr Martina Jordaan	JCP Community based project	C (across Faculty)	Bolted-on	"Student-initiated project work to strengthen citizen awareness, make students more aware of the world and context around them and in which they will work; includes compulsory clickUP assignment on HIV and AIDS, (incl. in the workplace) (3%) as well as on gender awareness (3%) to prepare students for potential challenges in their projects or future careers"
School of Engineering (Service course - Humanities) Mr Jimmy Pieterse	HAS 110 Perspectives on Contemporary Society	C	Discipline-related integration into carrier course	HIV-related case study in course intended to give students a broader understanding of the world around them
Mining Engineering Mr Pierre Bredell	PMY 420 Risk management in the mining industry	C	Brief reference	HIV as one of many hazards in mining industry; primary focus on occupational disease directly impacted by mining
Mining Engineering Prof Ronnie Webber-Youngman	PPY 220, 320, 418 Experiential/practical training	C	Discipline-related integration into carrier course	From 2nd year, 6 weeks practical work annually during end-of year vacation exposes students to information re management of HIV, TB and other health and safety issues in mining industry

### FACULTY OF HEALTH SCIENCES

#### Prof Diane Manning

Dealt with throughout curriculum where relevant (also at postgraduate level); specific emphasis in modules noted below

Faculty/ Department/ Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
<i>MBChB</i>				
School of Health Systems and Public Health (SHSPH)	MGW 112 People and their environment (includes service component offered by Sociology)	C	Discipline-related integration into carrier course	Concepts of epidemiology; public health importance of HIV and AIDS e.g. screening, surveillance, burden of disease, associated risks and health outcomes, prevention, emerging challenges (drug resistance); social epidemiology of HIV and AIDS (social dynamics of HIV and AIDS; HIV and AIDS as an example of disease in society)
	SMO 211 Health Research Project	C	Discipline-related central focus	Supervised research project and report based on data analysis relating to a specific research theme/question (in 2015, secondary dataset analyses using HSRC 2001-2002 cross-sectional study on impact of HIV and AIDS on the health system)
	BOK 382 Pregnancy & neonatology	C	Discipline-related integration into carrier course	Role of HIV in under-5 mortality, MDGs, screening, child health interventions
	GNK 582 Health & health care	C	Discipline-related integration into carrier course	Challenges/programmes in place for important diseases like HIV and AIDS
	SMO 511/512 (Special Study Modules) HIV and drugs	E	Discipline-related central focus	Management and treatment of HIV and AIDS; opportunistic infections; ART adherence counselling



## Appendix E: Rapid appraisal of HCI 2015

<i>BClinical Medical Practice</i>				
Family Medicine	CMP 381 Women's health CMP 382 Children's health CMP 384 Infectious and chronic diseases	C	Discipline- related integration into carrier course	Theory and skills in respect of the health promotion, disease prevention, diagnosis and treatment of diseases affecting women/children and infectious/chronic diseases; HIV and AIDS included in all modules
<i>BPhysiotherapy</i>				
Physiotherapy	FTP 300 Physiotherapy	C	Discipline- related integration into carrier course	Theory of comprehensive physiotherapy management of various diseases and conditions, including HIV and AIDS and impact on disability
	FTP 301 Physiotherapy clinical practice	C	Discipline- related integration into carrier course	As above, but focused on clinical practice
	FTP 400 Advanced physiotherapy management	C	Discipline- related integration into carrier course	Advanced comprehensive physiotherapeutic management of communicable and non- communicable diseases and conditions, incl. impact of HIV on disability
	FTP 402 Physiotherapy clinical practice	C	Discipline- related integration into carrier course	Comprehensive clinical management of patients with communicable, non-communicable diseases and conditions, patients who have an impairment or disability due to the impact of physical/ economic/political/ psychosocial environment on health and well-being
<i>BCur (Nursing Science)</i>				
	GVP 120 Community nursing science	C	Discipline related integration into carrier course	Introduction to basics of nursing, including communicable/non-communicable diseases, immunisation and HIV and AIDS
	NUR (various modules)	C/E (dep. on degree requirement)	Discipline related integration into carrier course	Various introductory and more advanced courses (e.g. midwifery) incl. HIV as an aspect of diagnosis and care
<i>BDietetics</i>				
	MNX 310 Medical nutrition therapy	C	Discipline related integration into carrier course (major focus)	Nutrition/under-nutrition in various conditions; particular focus on relationship between malnutrition and AIDS; role of nutrition in immunity related to HIV and AIDS; clinical signs, symptoms and problems associated with AIDS and guidelines for alleviating these symptoms; nutritional-related problems of medication used by AIDS patients
	EXE 321 Applied nutrition	C	Discipline related integration into carrier course	Drug-nutrient interaction, gastrointestinal diseases, diseases and the heart, diabetes mellitus, and nutrition and AIDS

## Appendix E: Rapid appraisal of HCI 2015

### FACULTY OF HUMANITIES

Prof Rehana Vally

Faculty/ Department/ Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
<b>Social Anthropology</b> Dr Fraser McNeill	APL 110 Introduction to Social Anthropology	C	Discipline related integration into carrier course	Introducing varied social anthropological approaches and fields of application, with HIV as one case study
<b>Psychology</b>	SLK 320 Community Psychology	C (prerequisite for Com Psych Hons)	Infusion	Examples from community projects focussed on HIV/AIDS reduction or supporting adults/OVCs vulnerable as a result of HIV/AIDS used to illustrate community psychology principles and theory
<b>Sociology</b> Assoc Prof Debbie Bonnin	SOC 110 Sociology	C	Discipline related integration into carrier course	Sub-theme in Introductory course on Sociology (within broader focus on dynamics of social institutions such as the family): HIV and AIDS and the family: social impact of HIV and AIDS; role of men in HIV and AIDS-affected families
<b>Criminology</b>	KRM 320 Criminology	E (also open to students from other faculties as elective)	Discipline related integration into carrier course	Contemporary crime phenomena such as hate crimes, road rage, corruption, white-collar crimes, organised crime, ecological crime as well as the problems associated with contemporary crimes (eg babies behind bars and HIV/AIDS; forensic report writing, preparation of children and youths to testify in court and restorative justice
Social Work	MWP 161,261,361,400 Social work in practice	C	Discipline related integration into carrier course	Integration of social work theory and practice within a developmental social work perspective; relevance and exposure to volunteerism and cultural diversity. Introduction to welfare services in practice and different fields of service delivery. Application of social work intervention in the community by means of a community profile. Intervention with groups and individuals using role-play in a laboratory setting. Life-skills training regarding a holistic balanced life style, human sexuality and HIV/AIDS, conflict management, self-image and skills involved in public speaking
	MWT 321 Specialised areas	C	Discipline- related integration into carrier course (major focus)	Introduction to specialised fields of social work, including health care, with HIV as key example
<b>Speech- Language pathology &amp; Audiology</b> Ms Jeannie van der Linde	KMP 220 Human communication	C	Discipline related integration into carrier course (major focus)	Early communication intervention: Description of risk populations; infants and young children exposed to HIV as one at-risk group; global and South African perspectives, mother-to-child transmission programme in South Africa and Cuba, symptoms of infants and children exposed to HIV, early intervention treatment options, children with HIV as part of the orphans and vulnerable children (OVC) population, the role of the speech-language therapist and audiologist in the management of young children with HIV
	SPP 410 Speech-language pathology		Discipline related integration into carrier course (major focus)	Advanced theory, recent research, trends and issues in early communication intervention, developmental phonological disorders, craniofacial disorders, voice disorders, dysphagia and fluency disorders; includes use of Developmental Systems Approach to guide assessment and intervention with infants/young children exposed to HIV and their families, infant feeding options and research, speech-language characteristics, and dysphagia in children with HIV

## Appendix E: Rapid appraisal of HCI 2015

Faculty/ Department Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
	ODL 420 Audiology		Discipline related integration into carrier course	Recent developments and trends in Audiology; includes auditory-vestibular manifestations of HIV and AIDS
<b>Centre for Sexualities, AIDS &amp; Gender</b> Future Leaders at Work (FL@W) programme	Entry level course	Extra-curricular, voluntary	Infusion beyond HIV	HIV used as an entry point to broader conversations about contemporary social challenges, promoting notions of active citizenship and collective agency

### FACULTY OF LAW

#### Prof Anton Kok

Faculty/ Department Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Procedural law Prof Rian Cloete	SRR 420 Sports Law	E	Discipline- related integration into carrier course	Liability in sports; includes issues of testing of athletes - justifiable or not?
Mercantile Law Prof Stefan van Eck	ABR 210 (changing to ABR 410 in 2016) Labour Law	E	Discipline- related integration into carrier course	HIV relevant to Labour law (Constitution, Employment Equity Act); social issues
Jurisprudence Prof Karin van Marle	JUR 110, 120, 310 Jurisprudence	C (LLB)	Brief reference	Addressed as part of broader focus on identity, status, access to justice, discrimination, etc.
Procedural Law Prof Annette vd Merwe	SPR 420 Criminal Procedure	Y	Discipline- related integration into carrier course	Application of general principles of criminal procedure law at various levels of justice system, including implications of HIV+ status of perpetrator in rape trial
Public Law Prof Pieter Carstens	PBL 410 Criminal Law	C (LLB)	Discipline- related integration into carrier course (major focus)	General principles of criminal law (Constitution, relevant legislation and new case law); links to broader social issues (including HIV)
	RHV 410 Legal problems of HIV and AIDS	E	Discipline- related central focus	HIV-related legal issues; links to broader social issues
	GRG 410 Medical Law	E	Discipline- related integration into carrier course	General principles (forensic medicine, doctor-patient relationship, medical negligence, confidentiality, etc.) links to broader social issues (including HIV)

## Appendix E: Rapid appraisal of HCI 2015

### FACULTY OF NATURAL AND AGRICULTURAL SCIENCES

Prof Marietjie Potgieter

Faculty/ Department Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Plant Sciences	MLB 133 Molecular and cell biology	C (open to students from other faculties as elective)	Discipline- related integration into carrier course	Introduction to molecular and cell biology, and the immune system (including reference to HIV and AIDS)
Microbiology & Plant Pathology	MBY 351 Virology	C	Discipline- related integration into carrier course	Introduction to viruses, including RNA and DNA viruses
Biochemistry Prof Jan Verschoor	BCM 368 Molecular basis of disease	C	Discipline- related integration into carrier course (major focus)	"Host-pathogen co-evolution: zoonosis (origin, evolution, immunology, prevention, treatment, research ethics of HIV/ AIDS); how HIV/AIDS affects modern TB diagnosis/TB as a disease manifestation; woven into other study aims and tutorials on quality of diagnostics"
Insurance & Actuarial Science Prof Marli Venter	Not a major component, no formal units at undergraduate or Honours levels; HIV and AIDS may be used as an example to illustrate general principles and techniques			
Mathematics & Applied Mathematics Prof Roumen Anguelov	Not currently formal part of curriculum; models of HIV and AIDS discussed in seminars; to consider including HIV models in the module WTW772 Mathematical Methods and Models in 2016			

### FACULTY OF FACULTY OF THEOLOGY

Prof Erenst van Eck

Faculty/ Department Informant/ Responsible department	HCI: current courses/ modules	Core (compulsory) / elective (C/E)	Form of integration	Content
Dogmatics & Christian Ethics Dr Willem Fourie	DCE 321/ DET 325 Contemporary trends in Systematic Theology	C	Discipline- related integration into carrier course	HIV one of a number of topics in looking at perspectives on ethics of health care in Southern Africa
Practical Theology Prof Cas Wepener	PTH 321 Homiletics (Preaching and poverty)	E	Brief reference	Focus primarily on poverty; brief mention of HIV and AIDS to illustrate need to become sensitised to situation of potential hearers and thus address them in ways that will be meaningful to them

### FACULTY OF VETERINARY SCIENCE

Dr Linda van Ryneveld

Currently no HCI, though under consideration

## ABOUT THE CSA&G

### Mission Statement

The Centre for Sexualities, AIDS and Gender (CSA&G) is committed to the idea that societies, communities and institutions which are more equal and fair are likely to be more protected from HIV, and more likely to include and accommodate people living with or affected by HIV and AIDS. In aiming for this the CSA&G recognises that a strategic and context-driven set of intervention strategies and research activities must engage with individual behaviour dynamics, social and meaning processes, and structural enablers and barriers, to have the greatest impact. The CSA&G views gender and sexualities as key to debates and practices around an inclusive sexual citizenship, in an open society, in the context of an emerging democracy with greater calls for accountability and active citizenship.

The CSA&G has funded its own work and has collaborated with donors and agencies locally and internationally, developing a reputation for cutting edge thinking and work, along with organisational integrity. For more information on CSA&G projects and publications go to [www.csa.za.org](http://www.csa.za.org)

### Vision

The vision of the CSA&G is thus: “understanding power, exploring diversity, examining difference and imagining inclusivity”.

### Aims and purpose

In aiming for this, the CSA&G recognises that a strategic and context-driven set of intervention strategies and research activities must engage with individual behaviour dynamics, social and meaning processes, and structural enablers and barriers, to have the greatest impact. Using HIV and AIDS as both a lens and a springboard, it seeks to explore themes of:

- social and economic justice
- sexual and reproductive health and rights for all
- gender and identity
- race and class
- personal and social leadership for active citizenship and political accountability
- effective community engagement.

## ABOUT TARG

In terms of HIV and AIDS and their related drivers, the CSA&G operates to help shape the institutional response to HIV both on and off campus through the Tuks AIDS Reference Group (TARG).

TARG is composed of a number of individuals representing all areas of university operations. In consultation with the Deans, Faculty committees, HR and other stakeholders, reference group members are nominated on the basis of one or more of the following: their interest in HIV and AIDS; their ability to represent a faculty; their involvement in specific HIV and AIDS interventions; their interest in the wellbeing of staff and students.

TARG:

- acts as a resource for the CSA&G, providing information in their area of expertise
- offers input and guidance on CSA&G projects
- assists the CSA&G to reflect on key decisions and strategies
- assists with maintaining the CSA&G’s position as a key national, regional and international player in the HIV and AIDS world
- takes ideas from the discussions into their own activities and faculties
- with the CSA&G, recommend UP responses to various HIV and AIDS related issues.

While the input and guidance from TARG (with the CSA&G as a lead member) is important, ultimate responsibility for the success of the university’s AIDS response, and strategic organizational decisions, will be taken by the university’s management team.



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