

# HIV curriculum integration workshops at SA universities

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Make today matter



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## Background

- Request to UP from **Association of African Universities (AAU)**, Zambia in 2012 for an HIV curriculum integration (HCI) workshop
- Approached by university DVC to develop and present this workshop
- Workshop presented in **Lusaka, Zambia**, 17-18 September 2012, funded by **Swedish International Developmental Agency (SIDA)**
- Arranged by **Copperbelt University of Zambia, Kitwe** and **Southern African Sub-regional Network on HIV and AIDS (SASRN)**

# HCI WORKSHOPS IN SA FOR HEI's

- Approached in 2015 by HEAIDS to present similar HCI workshop in SA.
- First HCI workshop for all universities presented at O.R. Tambo Southern Sun Hotel, 13 to 14 August 2015.
- Delegates of 26 HEI's included: Deputy Vice Principals: Academic, Deputy Deans/Chairs of Teaching and Learning Committees, staff from Curriculum Development Units and lecturers
- These representatives went back to their HEI's to share HCI and develop task teams to take this further at each university.
- Some universities requested this HCI workshop to be presented at their university
- HCI workshops presented at:
  - UP
  - CUT
  - UFH
  - UMP
  - SMU

# REFLECTION ON CONTENTS OF HCI WORKSHOP

- Purpose of HEI's – vision, mission, core values of the university
    - ❖ Where does HIV and HCI link?
  - Graduate attributes
    - ❖ Linking attributes required in dealing with HIV related issues
  - Programme planning
    - ❖ Learning and development cycle followed to incorporate HIV into curriculum
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# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- Exit level outcomes of degree programme
  - ❖ If applicable where will HIV related issues fit?
- Role of professional councils in curriculum contents
  - ❖ Do curriculum changes first have to be approved?

# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- HCI: roleplayers, requirements, opportunities and challenges

# Opportunities at HEI for HCI

- ❖ Sharing of resources
- ❖ Networking/ collaboration/Support
- ❖ Support services,
- ❖ Capacity development
- ❖ Compulsory module
- ❖ Opportunity for credits from Government – top management
- ❖ Creating awareness
- ❖ Opportunity for expansion
- ❖ Best practices – sharing
- ❖ Innovation and creativity – drama, arts/culture
- ❖ Peer educators - learning from each other
- ❖ Action research & publications
- ❖ Community engagement
- ❖ Funding- HEAIDS – global fund, National skills

# Challenges at HEI for HCI

- ❖ Buy-in from top management, leadership
- ❖ Financial commitment
- ❖ Bureaucracy/red tape/priorities
- ❖ Lobbying and advocacy exercises
- ❖ Resistance from management , staff
- ❖ Denialism
- ❖ HIV fatigue
- ❖ Religion and culture
- ❖ Sustainability of module
- ❖ Credit overload in programmes
- ❖ Lecturer capacity, personality, openness, passion
- ❖ Competition for inclusion in modules/prioritising
- ❖ Time frame, credits, number of lectures
- ❖ Isolation
- ❖ Informal/non-credit bearing activities
- ❖ Short courses vs publications re HIV
- ❖ Stress, / pressure/workload, self-care
- ❖ Sharing.



# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- Activity 1: HIV stories
  - ❖ Commonalities

# Activity 1: HIV story commonalities

- Materialism
- Stigma
- Choices
- Changing national discourse
- Beliefs and myths
- Poverty
- Pleasure
- sadness
- Morality, ethics
- Lack of support or involvement
- LGBT
- Spirituality and religion
- Disclosure
- Ignorance, recklessness
- Lack of support
- Cultural issues
- Peer pressure
- Self interest
- HIV for grants, motherhood , proving fertility
- Death
- Trauma
- PMTCT
- Access, denial
- Lifestyle
- Victimization
- Ignorance, reckless
- Rape
- Self esteem
- Shattered dreams and ambitions
- Unemployment
- Betrayal
- Exploitation
- Violence, domestic violence
- Disclosure
- Re-infection
- Acceptance
- Living positively.

# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- Models of HCI
  - ❖ Stand alone HIV 101
  - ❖ Bolt-on
  - ❖ Infusion
  - ❖ Infusion of HIV into community engagement or service learning or extra-curricular engagement by students
- Activity 2:
  - Models of HCI: advantages and disadvantages of each

# Activity 2: Models of HCI: advantages and disadvantages of each

## Model 1: Stand-alone module

(Compulsory HIV 101). Fundamental module for all students across faculties.

- (Group discussion - advantages and disadvantages)
- **Advantages:**
- Consistency in knowledge
- One programme for all
- **Disadvantages:**
- Overload of curriculum – credits added
- Will it instil life-long learning
- Relevancy across faculties/programmes

# Activity 2: Models of HCI: advantages and disadvantages (cont)

## Model 2: Bolt-on approach

- Adding a study unit on HIV discipline specific issues in an existing core module.
- (Group discussion - advantages and disadvantages)
- **Advantages:**
- Easier/ clearcut
- Extra credits
- Empowerment
- Easier assessment practices
- **Disadvantages**
- Increased workload
- Lack of buy-in of students
- Time constraints
- Repetitive of 101

# Activity 2: Models of HCI: advantages and disadvantages (cont)

## Model 3: Infusion

- HIV infused into a discipline-based programme in core or elective modules where applicable.
- (Group discussion - advantages and disadvantages)
- **Advantages:**
- Lecturers don't have to be experts
- Easier
- Discipline specific
- Do not have to develop new module/curriculum
- **Disadvantages:**
- Only select info they are comfortable with
- Challenge focusing on subject
- Lack fundamental info
- If not taking module – loose out
- Lecturers not competent enough to infuse – ignore HIV.

# Activity 2: Models of HCI: advantages and disadvantages (cont)

## **Model 4: Infusion of HIV into community engagement or service learning or extra-curricular engagement by students**

- (Group discussion- advantages and disadvantages)
- **Advantages:**
- Empower students – relating to HIV
- Visibility in community
- Understanding of socio-economic issues
- Student sense of security
- Community participation
- **Disadvantages**
- Intense training and planning
- Labour intensive, high costs
- Extra-curricular – needs supervision
- Staff dissatisfaction – want incentives
- No funding from univ
- Credits for module? Students who have an interest can volunteer
- Gain better understanding
- No credits

# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- Activity 3: Case studies and implementation of a model
  - ❖ Module assignments and assessment of HCI



# CASE STUDY 3

## EXAMPLE: CASE STUDY 3 - AGRICULTURE/WATER/NUTRITION/ENGINEERING

- Rural subsistence farmers in a specific district have been identified to be living in extreme poverty and with high rates of HIV and AIDS.
- Due to their illness progression, lack of access to health care and proper nutrition, they have reduced energy and are struggling to plough the land with their traditional hoes to plant crops.
- They cannot take proper care of their livestock and it is tiring to collect water from the river for their consumption, for the animals and to water the crops.
- Think of innovative ways in making life easier for this community through linking them with resources, designing new farming tools/strategies and devising ways to make daily functioning less strenuous and time-consuming.
- Model of HCI; nature of assignment and assessment

# FEEDBACK CASE STUDY 3

- Model of HCI: Infusion
- Assignment and assessment:
  - ❖ Multi-sectoral community engagement project – engineering (renewable energy), water sciences, food sciences
  - ❖ Fact finding mission for community developers
  - ❖ Assess needs and problems of community
  - ❖ Assessment:
  - ❖ Submit portfolio of evidence
  - ❖ Research skills
  - ❖ Problem-solving skills
  - ❖ Team work
  - ❖ Writing
  - ❖ Communication

# REFLECTION ON CONTENTS OF HCI WORKSHOP (cont)

- Capacity building and support
- Way forward

# CONCLUSIONS

- HIV champions must work together and share what works.
- Predominant model of HCI selected was infusion of HCI into discipline specific modules and infusion in community engagement.
- Important to make links in community with regards to HIV related case studies - students do in groups.
- Give students the opportunity to work actively in the community and get exposure to HIV related issues.
- Create the opportunity for students from different disciplines to collaborate.
- Activities demonstrate improved knowledge, skill and confidence in delegates with regard to attempting HCI.
- Collaboration with group activities across disciplines and faculties with regard to HCI is encouraged.

## CONCLUSIONS (cont)

- Confidence, knowledge and skill was demonstrated in being able to apply the model of HCI through practical case study exercises.
- This improved understanding, led to innovative ideas and creativity in how to infuse HIV and AIDS into modules.
- Closer inter-institutional collegial relationships were evident after the group exercises.
- Close collaborative networks were formed and an eagerness to go back to continue with HCI efforts and share with others.
- Commitment and motivation with regards to HCI.

# RECOMMENDATIONS – WAY FORWARD

- Academics – multi-disciplinary – trans-faculty – collaboration encouraged
- HIV champions – collaboration – sharing – observation by others to learn
- Support services at HEI – units for teaching and curriculum design – HIV and AIDS Units must provide lecturers with support
- HEAIDS – workshops – sharing – collaboration – follow-up workshop recommended
- HEAIDS financial support crucial as well as HEI.
- Back at institutions - meeting with stakeholders & role players.
- Putting ideas into reality – including more HIV related issues relevant to students.
- Valuable to do exercises in understanding models or HCI

# RECOMMENDATIONS – WAY FORWARD

- HCI through infusion and community engagement.
- Case studies and examples for class discussions.
- More emphasis on linking HIV during community engagement.
- Continue with good work and progress
- Putting ideas into reality – including more HIV related examples in class
- HCI through infusion and community engagement.
- Case studies to be used in class discussions.

# RECOMMENDATIONS – WAY FORWARD

- Research needed on the implementation of HCI at different HAI's and what works
- Encourage trans-faculty and trans-disciplinary collaboration –'silo approach'
- Community engagement – encourage and enhance involvement and collaboration
- Continual on-line virtual classroom with delegates
- Get together, encourage "Sit-in" by lectures of HIV champions, across faculties, in different HEI's.
- Transformation at HEI's
- Follow-up workshop:
  - ❖ feedback on what works?
  - ❖ feedback on which model?
  - ❖ feedback on progress of each HEI since workshop;
  - ❖ collaboration
  - ❖ sharing stories;
  - ❖ sharing models of HCI,
  - ❖ sharing best practices
  - ❖ who are the role players; which departments, which faculties?



# Thank You



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