



# Reflections on current practices on HIV curriculum integration in FAST

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It all starts here®



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# MESSAGE

Who are we?

Why got involved?

What we did?

Lessons learnt.



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- 2 x Members of School of Nursing
- Representing Mafikeng in the project .
- Focus on Faculty of Agriculture, Science & Technology (FAST)
- FAST has 3 Schools, 125 academic staff
  - n=37; 30% (females); n=88; 70% (males).
  - n=118, 94% (Black ; only n=7; 6 % (White);).
  - n=71; 57% hold Doctoral degrees,
  - n=31, 25 % hold Master's degree,
  - n=8; 6 % hold Honors degree,
  - n=10; 8 % hold Bachelor and
  - n=5; 4% hold unknown qualification



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# Why involved in the project ?



- HIV/AIDS : A socio-economic pandemic in its 4<sup>th</sup> decade.
- **But**, little progress made in HIV/AIDS curriculum integration.
- Education is the best social response against HIV/AIDS in absence of cure.
- HEI's
  - In a unique position to shape, debate, action, and policy with HIV/IDS .
  - Have ethical and intellectual responsibility to produce graduates to deal with HIV/AIDS.
  - possess leadership in both research and knowledge development.
  - are role players in mitigating the course and effects of HIV .
  - aim at producing graduates who are responsible citizens
  - To make differences in the community through:
    - leadership, communication, care and respect of others and display community spirit. (Fejes, 2010)



## HEI's

- 1) **Cater for sexually-active young people**, mostly in the 18-30 year old category ( **Mostly affected**).
- 2) **social life place members of tertiary education institutions at risk of contracting HIV.**
- 3) HIV and AIDS can **seriously impair and undermine the operation** and functioning (Crewe and Nzioka ,2007).
- 4) Can **contribute to more effective, expanded and sustained responses to HIV and AIDS**, requiring integration of HIV and AIDs in Higher education is necessary (CHE, 2013)

# Look What We Did!

- **Action research** to explore the current practices of HIV/AIDS curriculum in FAST.
- **Aim:**
  - researching,
  - developing and
  - evaluating best practices for the transformation of the curricula in higher education programmes
- **2 phases,**
  - empirical phase and capacitating of lecturers on HIACI
- **Purpose** of phase 1:
  - assess current practices in HIACI and educators perceptions on HIACI and used that learning to inform Phase 2.

  
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# Look What We Did!

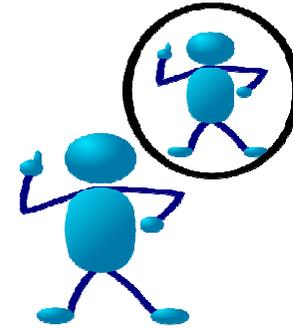
## In phase 1.

- **document analysis** and **quantitative survey** (n=55) followed
- **semi-structure interviews** (n=8)
- *Ethical and quality measures:*
  - An umbrella Ethical clearance was used,
  - permission to conduct the study was obtained from the faculty Dean.
  - Completion of the survey's questionnaire was considered to be informed consent.

## *Quality measures*

- Questionnaire was submitted to NWU HIV and AIDS project team in order to ascertain content and validity.
- Tool piloted with 10 participants

# FAST REFLECTIONS



FAST had 85 active programmes of which n=66; 56% (undergrad)  
n=39; 44% (Post grad).

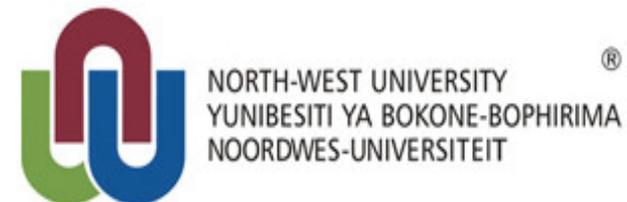
(n=55) academic staff members responded to questionnaire

## **Integration of HIV and AIDS into the curriculum**

- ❖ Only nine (2%) integrated HIV/AIDS in their modules.
- ❖ six (n=6) integrating HIV/AIDS into the core modules.
- ❖ three (3) in the fundamental modules.
- ❖ Four (n=4) of those who integrated HIV/AIDS were from nursing.
- ❖ three (n=3) were from biological sciences.
- ❖ two (n=2) were from agricultural economics.

  
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*Despite the prevalence of HIV/AIDS in the country, and in the region, very little is done in our discipline, in particular at the undergraduate level. Those of us who are fortunate to be in biological science, from time to time we teach that the diseases occur when there is a causative agent. In fact no attention is given to this pandemic (participants 1*

# HIV/AIDS aspects included into the curriculum

- (n=5) addresses basic knowledge of HIV/AIDS

*Much attention is given to what is the disease, what causes the disease, the structure of the virus and how to handle specimens to avoid contaminations (self and of the specimen)*

*I am teaching definition of the disease, aetiology, clinic manifestations, treatment (preventive and curative) and complication*

# Assessment of the aspects of HIV/AIDS integrated in the curriculum.

- Four (n=4) assess the module by use of tests and clinical projects. The other five (n=5) indicated non-assessment of the HIV/AIDS aspects.

*I would not say we assess what we teach about HIV and AIDS. I am saying this because we address more of prevention of contamination of self and of the specimen. In other words we are not involved in assessment of HIV and AIDS knowledge.*

*We assess HIV/ AIDS aspects of our modules through tests, examinations and clinical projects..... definitely assess the modules from level one to four using assignments, seminars and tests.*

# Staff abilities to integrate HIV/AIDS into the curriculum

(78%) do not have abilities to integrate HIV/AIDS into the curriculum

(22%) agreed that they had the abilities to do so.

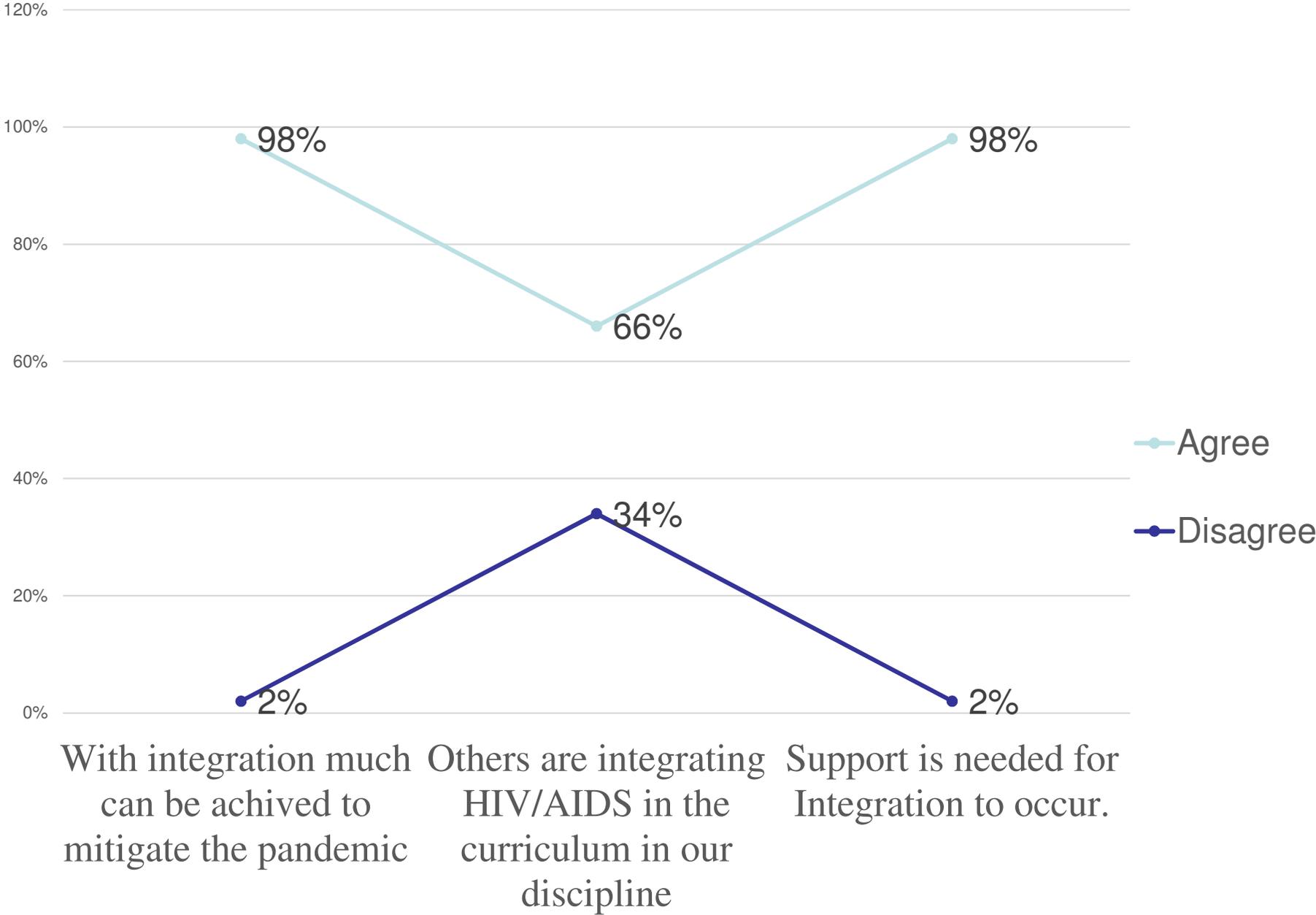
*we need to be trained  
and developed on  
HIV/AIDS as well as  
integration strategies  
and models so that we  
don't find ourselves  
repeating what the  
secondary or high school  
are doing*

  
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# Lecturer's perceptions on the integration



## Phase 2: Capacity Building of Academic Staff

- workshops conducted by HEAIDS on two different dates, namely,
  - Participatory pedagogies and
  - Critical Diversity Literacy as an entry to HIACI.

### First workshop: Participatory pedagogy

- The workshop targeted the three schools with nine (9) departments within the faculty,
- but only four (4) departments were represented namely, nursing, biology, indigenous knowledge system (IKS) and agriculture .
- Out of nineteen (19) participants, the majority (n=12) of the participants were from nursing sciences.

### Outcome of the workshop:

A case study develop to be integrated in 2017 module by nursing, IKS and agriculture economics.

# Example of Case study developed by 1 group

## **Learning unit 1: Working in the HIV/AIDS environment**

**Credits: 2**

**Duration: 20hours**

**Learning strategy: Case-Based Learning**

### **Learning outcomes**

At the end of this learning unit the students should be able to:

- Conduct self-reflection as an entry to HIV & AIDS literacy.
- Demonstrate knowledge of the extent of HIV/AIDS in RSA, continentally, and globally.
- Explain the factors contributing to HIV/AIDS pandemic
- Demonstrate understanding of legislation governing HIV and AIDS in South Africa.
- Discuss the impact of HIV and AIDS on individuals, families, communities and society.
- Plan operational interventions to assist individuals, families, communities, and societies to deal with HIV and AIDS.



Letsatsing, an informal area characterized by high rates of unemployment, poverty, illiteracy and HIV/AIDS. The residents are mostly working in the mines and are from various provinces of RSA and are staying in the informal settlement as they prefer in building houses in their home towns.

According to health statistics of this area HIV/AIDS is high amongst women and high rates of new infections and initiations of antiretroviral treatments.

Water supply to this area is very scarce as a result the residence uses water from the steam that runs behind the settlement. The residents utilize a health center from the nearest township which is 4km away



- What is the **issue** in this case?
- What are the **contributing factors of HIV and AIDS** in this case?
- What are the **other contributing factors** of HIV and AIDS not mentioned in this case?
- What could be the physical, psychological, socio-economic **impact of HIV and AIDS** in this case?
- Suggest the **interventions** that may assist the community to deal with HIV and AIDS impact or consequences.

# Learning Enrichment activities

- Write down reflective notes on your perceptions/ opinions on HIV and AIDS.
- Study Health reports from WHO, National and Provincial Departments of health on the extent of the pandemic.
- Search for at least two research articles on university students' perceptions on HIV and AIDs integration into the curriculum.
- Consult the professional staff in your industry on any information regarding management of HIV and AIDS at the work place.



# ADL as an entry to HIV/AIDS curriculum integration

Academics first have to **develop insight** into their **own thinking around diversity**.

An interactive workshop gave participants

- an opportunity to **critically reflect** on aspects of **diversity** that influence their own personal worldview, and
- ultimately have an impact on what they teach understood in the broader context of curriculum renewal or transformation.



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- **Opportunity to *look, listen and learn***
- To open our minds as academics because “***a human mind is like a parachutes and work only when opened***”.
- To move away from a medical approach
- Collaboratively work . (Disciplines such as Law, Education, Social work, Behavioral sciences during the project life-cycle.
- To appreciate small success despite disappointment from other department in FAST.
- You don't have to influence the world but one or two individuals can make a difference. It is highly appreciated to be part of this project.

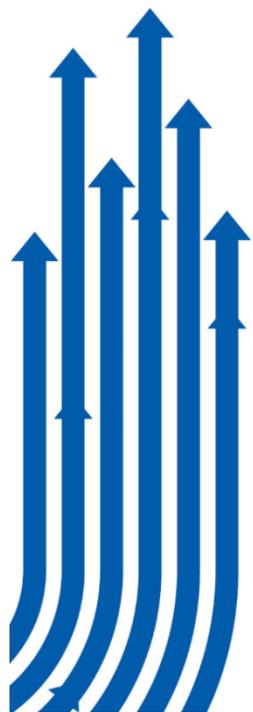
  
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**Thank  
You!!!**



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