Linda van Laren, Naydene de Lange & Pius Tanga

'Breaking out of the cocoon': academics' experiences of integrating HIV and AIDS into the curriculum

The South African Higher Education Policy Framework on HIV and AIDS tasks universities to address HIV and AIDS in teaching, research and community engagement. In a global economy, integration in academic disciplines is a cost-effective method, simultaneously allowing for multiple perspectives of engaging with the epidemic. This study uses a qualitative approach to explore the sharing experiences of academics who integrate HIV and AIDS issues into the curriculum. Academics from three South African higher education institutions were interviewed. Three themes emerged from an analysis of their experiences: to share or not to share; how academics view integration in terms of their role as an academic, and who is integrating what. The findings indicate that academics are taking up the challenge, but that they require collegial support.

'Ontsnap uit die kokon': akademici se ervarings oor die integrasie van MIV en VIGS in die kurrikulum

Die Suid-Afrikaanse hoëronderwys beleidsraamwerk vir MIV en VIGS vereis dat universiteite MIV en VIGS in onderrig, navorsing en gemeenskapsbetrokkenheid aanspreek. Dit is egter koste-effektief om MIV en VIGS in akademiese dissiplines te integreer, terwyl dit terselfdertyd die geleentheid bied om vanuit 'n verskeidenheid perspektiewe die epidemie aan te spreek. Hierdie studie gebruik 'n kwalitatiewe benadering om die ervaring van hoe akademici wat MIV en VIGS in hul dissiplines integreer en hul inisiatiewe met ander deel, te bestudeer. Akademici van drie hoëronderwys-instellings is genader en individuele onderhoude is met hulle gevoer. Die analise van die data het drie temas opgelewer, naamlik: om te deel of nie; hoe akademici integrasie sien in terme van hul rol as dosent, en wie integreer wat. Die bevindinge dui daarop dat akademici die uitdaging aanvaar, maar dat hulle kollegiale steun benodig.

Dr L van Laren, School of Education, University of KwaZulu-Natal, Edgewood Campus, Private Bag X03, Ashwood 3605; Prof N de Lange, Faculty of Education, Nelson Mandela Metropolitan University, P O Box 77000, Summerstrand 6031 & Prof P T Tanga, Dept of Social Work/Social Development, University of Fort Hare, Private Bag X1314, Alice 5700; E-mail: vanlarenl@ukzn.ac.za, Naydene.deLange@ nmmu.ac.za & ptangwe@ufh.ac.za

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Since 2007, there has been a noteworthy change in the South African government's initiative to eradicate HIV and AIDS. In his 2012 State of the Nation address, Jacob G Zuma, President of the Republic of South Africa, congratulated the health sector on the success of the HIV and AIDS programme, but noted that "[w]hile we are doing well with regards to treatment and the prevention of mother to child transmission, general prevention efforts must also be accelerated".

The political change in attitude towards recognising the existence of HIV and AIDS is a major step in the right direction, and has paved the way for initiatives such as the 'HIV counselling and testing campaign' aimed at encouraging at least 15 million South Africans to test for HIV. This campaign, which highlights the need for people to know their HIV status, aims to reduce the rate of new infections and provides counselling and information about antiretroviral therapy. According to the Minister of Social Development, Bathabile Dlamini, this campaign succeeded in encouraging approximately 13 million South Africans to be tested (Terblanche 2011). There are, however, still over 5 million South Africans living with HIV, and the high rate of 700-1000 new HIV infections per day in South Africa still proves to be a challenge (Heywood 2011).

Due to the overall estimated prevalence rate of HIV in South Africa of 10.6%, the government has funded and prioritised prevention programmes for their 2012-2016 national strategic planning. Currently, however, global markets are in an economic downturn, which means that limited donations from other countries will be available to supplement government funding earmarked to target HIV and AIDS interventions. According to Mascolini (2011: 1), "[f]or the next 2 years, the Global Fund to Fight AIDS, TB, and Malaria will provide no new grants to support diagnosis and care of these three diseases". This implies that during 2012 and 2013 there will be no expansion of support for South African AIDS programmes that are funded internationally. It will, therefore, be difficult to secure global funds in order to expand HIV and AIDS programmes and campaigns.

At the sixth Social Aspects of HIV and AIDS Research Alliance (SAHARA) conference – an important event in the field of HIV and AIDS research – held in 2011, a number of speakers emphasised the

fact that, despite the large sums of money dedicated to HIV and AIDS interventions, the returns are inconsistent and low in terms of effectiveness and efficiency. In addition, the importance of aid effectiveness and the need to be more innovative in the use of existing resources was constantly reiterated at the conference, since it has become obvious that the financial needs for funding interventions have outstripped available financial resources. The keynote speakers persistently made calls for innovation in the use of existing resources together with the need for concrete demonstration of impact of interventions. Funders are increasingly asking why evidence of promising interventions does not translate into action, expecting clarity on why social and political behaviours become economic barriers to the fight against AIDS (Audoin 2011; Koch 2011). In the next few years, financial support for research in the field of AIDS will decrease, and hence researchers need to develop ways of working smartly and collaboratively to demonstrate effective evidence-based approaches and policies regarding HIV and AIDS prevention, treatment and care.

The scenario of global funding constraints for HIV and AIDS programmes has implications for the higher education sector in South Africa, as it will influence the ability to expand HIV and AIDS programmes. The *HIV prevalence and related factors: higher education sector study South Africa 2008-2009* (HEAIDS 2010a) found the HIV prevalence rate among the 2 million students at higher education institutions (HEIs) to be 3.4%, much lower than the rate in the general South African population (10.6%). The challenge, however, is to ensure that the student population maintains the lower prevalence rate and decreases the new infections rate.

The Minister of Health, Aaron Motsoaledi (2012), launched the 'First Things First' HIV testing, counselling and prevention campaign, encouraging the future leaders of South Africa to be responsible, to get tested for HIV, and to know their status. After this campaign, cost-effective and smart follow-up efforts will be required by HEIs for both HIV prevention and care of students.

The complex nature of the HIV and AIDS epidemic makes it difficult to conduct impact research. Behavioural changes are the ultimate goals in HIV and AIDS prevention strategies, but knowledge

about how HIV is transmitted does not suffice to curb the spread of the epidemic. Prevention education for what is often termed a 'social disease' requires multidisciplinary 'knowledges' that include biomedical knowledge of HIV and AIDS and behavioural knowledge about transmission as well as issues related to gender, power, sexuality, stigma, discrimination and poverty. In addition, even if students have in-depth multidisciplinary knowledge, there is no guarantee that this will result in behavioural change (Bennell et al. 2002). Nevertheless, academics need to acknowledge that multidisciplinary teaching and learning approaches to HIV and AIDS issues are required, and they should explore possibilities for integrating HIV and AIDS issues so that HIV is constantly addressed.

Academics should view multidisciplinary approaches as important strategies in higher education teaching and learning, and the inclusion of HIV and AIDS in disciplines is also necessary on the basis of human rights and social justice. It is essential that academics realise that the saying 'There is nothing we can do about HIV and AIDS' is a myth. This necessitates academics working together to share experiences of, and possibilities for integration of HIV and AIDS education across disciplines. In other words, academics need to collaborate towards HIV and AIDS prevention.

Many definitions and terms are used to explain and define the deliberate joint teaching of two or more disciplines. Authors have also assigned many meanings to terms used to describe this process.[1] Mathison and Freeman (1997) also point out that there are various levels of integration that may occur across a fluid continuum where two (or more) disciplines are considered to be at opposite poles of this continuum. In addition, in an HEAIDS (2010b) survey across a number of South African HEIs, a large variety of integration strategies for including HIV and AIDS issues in disciplines are explained. For example:

> Integrated courses or modules can include various models of integration and infusion where HIV/AIDS is 'mainstreamed' and infused throughout the module, as well as those which reflect a 'bolted on' approach. In the 'bolted on' model the course may include one or two 'units' which are part of an already existing curriculum and which in some instance may replace a unit or theme.

1   See Chettiparamb 2007; Golding 2009; Mathison & Freeman 1997; Nissani 1995.

> Curriculum integration may simply include one major project or
> several assignments that students carry out (HEAIDS 2010b: 28).

At HEIs, academics may be working in physical settings that foster collaborative work and sharing of scholarly endeavour on issues related to HIV and AIDS education, but there are other political and economic forces, discourses and challenges that shape teaching and research in these South African HEIs. After the first democratic election in 1994, two main discourses – the 'transformative-redistributive' and the 'global market-driven reform' – shaped the work of academics at HEIs, according to Subotzky (2003: 164). These discourses are driven by political and economic imperatives and influence how academics work with students and collaborate.

Initially, the 'transformative-redistributive' discourse emerged as the vision for post-1994 'new South Africa' education institutions. This 'transformation' was viewed in terms of wealth and opportunity redistribution, social justice, human rights and the need for developing a democratic South Africa. Social issues such as those related to stigma and discrimination in relation to HIV and AIDS are situated within this discourse. In this instance, HIV and AIDS education would be considered an important aspect for transformation. However, the 'global market-driven reform' discourses are the now more dominant post-millennium discourses in South African higher education.

This change in discourse was initiated because of the political and economic gains envisaged through globalisation. Potential for wealth generation is evident in teaching and knowledge production activities at HEIs. The pressures of entrepreneurialism and commercialisation framed by globalisation result in teaching efforts being compromised and undervalued in order to promote the more lucrative research outputs. The need to develop wealth for the HEIs often overshadows the need to work collegially and share teaching experiences in order to promote vital transformation in the fields of human rights and social justice (Van Laren 2011) such as HIV and AIDS education. In other words, a cost-effective, smart way of working in the field of HIV and AIDS education that makes use of existing human resources through collaboration can easily be disregarded in the 'global market-driven reform' discourse. The economic benefits of collaborative scholarship through sharing and interacting with other colleagues to facilitate the

development of core activities required of academics for HIV and AIDS education integration are often shunned or overlooked in a global market-driven context.

It was argued earlier that there will be tighter budgets for HIV and AIDS education research, that will influence the manner in which higher education students are provided with much needed multidisciplinary perspectives of HIV and AIDS education. It is thus important for academics to work collaboratively across disciplines in the field of HIV and AIDS. The ultimate goal of sharing experiences in teaching and learning in higher education is, however, problematic because of the prevailing 'global market-driven' atmosphere in which academics are required to teach and to conduct research. However, integration of HIV and AIDS issues in disciplines is a cost-effective method that mainly requires human resources. By sharing integration experiences, academics can develop and extend strategies which they consider appropriate for their specific discipline.

1.   Research question

In order to explore possibilities for initiating or extending integration of HIV and AIDS in disciplines, our key research question was formulated as follows: What are academics' experiences of sharing how they integrate HIV and AIDS issues into their curricula?

2.   Theoretical framework

In exploring the above research question, we link the two main discourses identified by Subotzky (2003), namely the 'global market-driven reform' and the 'transformative-redistributive' discourse, to the manner in which academics at HEIs deliver their core academic activities; this can, therefore, be framed in terms of 'cloisterism' and 'collegialism' (Harvey 1995), with multiples of possible variations between these two extremes. It appears that the global market-driven reform fosters cloisterism among academics at HEIs whereas the transformative process required for change requires collegialism.

2.1 Cloisterism

Harvey (1995: 35) describes academic cloisterism as including "inward-looking, individualistic, self-serving and self-regulating" educational orientations. This concept is similar to what is noted in school teacher contexts as 'individualism', but also applies to experiences of academics in South African HEIs. Hargreaves (1994: 172) identifies three forms of individualism:

- Constrained individualism

  This arises from increasing bureaucratisation of the workplace in higher education within a global market. The need for HEIs to be in line with what is required in corporate management causes excessive, ever-increasing amounts of administrative responsibilities and many new ways of assessing the performance of academics. For example, HEIs require academics to develop personalised, customised self-assessments of their teaching and research through performance management schedules that are commonplace and in line with trends in corporate management.

- Strategic individualism

  This arises from external pressures similar to what is expected in global markets in industry. For example, academics are constantly required to compete for research funding and to publish academic articles so that their HEIs can gain status and monetary rewards. In addition, South African academics are expected to publish in particular journals for maximum monetary benefits, thus giving rise to more competition among colleagues. The competition for publications in these 'accredited' journals actively encourages academics to work in isolation and distance themselves from colleagues.

- Elective individualism

  This is the result of a preference for working alone. Academics often have preferred specialised research interests in which they would rather teach and research, since it is also important for them to be considered specialists in a particular field or discipline of teaching and research.

Although individualism is not necessarily disadvantageous for professional and academic growth, there is sound evidence of the

success of collaborative work (Laycock 1997; Taylor & Hill 1994). For change in HEIs to become 'transformative' and focus 'on the total student experience' and to view "students as participants in the process of learning rather than as a consumer or as an end product" (Harvey 1995: 5), academic cloistering needs to go hand in hand with academic collegialism.

2.2 Collegialism

Harvey (1995: 35) describes collegialism as "outward-looking and responsive; emphasizes continuous improvement; professional accountability; [and] encourages team-work" and is necessary for transparent facilitation of student learning. This concept is akin to what is noted in terms of collaboration in school teacher contexts. Fullan & Hargreaves (1996) identify four forms of collaboration:

• Balkanisation

    This refers to the existence of separate academic groupings that vie for status and dominance. For example, academics at HEIs often consider their particular fields of research and teaching to be of higher status than others, and this is often reinforced by strong discipline/subject grouping or clustering of subjects within HEIs.

• Comfortable or bounded collaboration

    This occurs when academics form a close-knit unit. In such situations, it is very likely that the academics become part of an overly comfortable collaboration situation, as these colleagues may avoid being critical of each other's teaching and assessment practices. In addition, colleagues who are too comfortable in a collaborative situation may not be willing to talk about sensitive issues related to classroom practice. In a similar vein, bounded collaboration occurs when academics work together on short-term practical activities, such as when they exchange teaching resources.

• Fragmented individualism

    This occurs when an academic isolates her-/himself from any external influences. This makes the academic hesitant to take up collaboration, especially when approached by people outside her/his discipline to take up, for example, integration of HIV and AIDS education in her/his discipline.

- Contrived collegiality

  This occurs when collaboration is imposed for administrative reasons and interactions among academics are regulated, with the result that there is no spontaneous, voluntary collaboration. This may be the case, for example, when a 'top-down' approach to integration of HIV and AIDS education in a discipline is expected.

These four forms of collaboration do not constitute what Harvey (1995) describes as the type of collegialism that is required for transformation. Instead, Fullan & Hargreaves (1996) consider interactive professionalism to be an appropriate collaboration form for fostering change.

2.3 Interactive professionalism

Fullan & Hargreaves (1996) argue that interactive professionalism is necessary for teachers to bring about continuous improvement in what they believe is 'worth fighting for'. One of the requirements of interactive professionalism is that teachers "open their classroom doors and engage in dialogue, action and assessment of their work with other adults" (Fullan & Hargreaves 1996: xi). For academics to take up interactive professionalism for integration of HIV and AIDS issues would mean sharing practical ideas and resources as well as engaging in critical reflections of the interventions.

Such collaborative contexts facilitate student learning rather than developing their particular skills and abilities (Harvey 1995) using educational values that are reached through general consensus. In these contexts, collegialism is viewed in terms of professional accountability and encouragement through teamwork. Excessive individualism among academics at an HEI makes it difficult to develop the appropriate communication and co-operation required to change curricula, teaching methods and student learning for transformation. For quality higher education to occur, Harvey (2006) and Harvey & Stensaker (2008) view transformation as an ongoing process of change that focuses on adding value to students, while experiencing learning and education includes both enhancement and empowerment of the student.

3.   Methodology

3.1   The context

This article reports on part of a larger collaborative project in which each of the three researchers is an academic from a different South African HEI. The larger collaborative project explores academics' curriculum initiatives as well as experiences of integrating HIV and AIDS in various disciplines at three HEIs. The broad aim of this collaborative project centres on how collaboration across HEIs can develop capacity in academic disciplines to achieve integration in curricula through working together on exploring and encouraging HIV and AIDS integration at the three HEIs. The three members of the research team have expertise in different disciplines, but are interested in learning how collaboration across HEIs can be used to further integration of HIV and AIDS across disciplines. Two of the researchers are academics in Schools of Education and the third in the Department of Social Work and Social Development (Faculty of Social Sciences and Humanities). Because we have different academic expertise, we are able to explore sharing experiences of colleagues who integrate HIV and AIDS from two different vantage points – education and social work and development – both of which focus on integration of predominantly social issues related to HIV and AIDS. The experiences of the participants are thus comparable, since the types of issues that are integrated in these disciplines are similar across the three HEIs.

The research context for this study is therefore two HEIs in the Eastern Cape and one in KwaZulu-Natal. In these provinces, the estimated HIV prevalence rates are 29.9% and 39.5%, respectively (AVERT 2012). In conjunction with these high prevalence rates, other social issues exist in relation to gender, sexuality, stigma, discrimination and poverty.

Each researcher explored the experiences of colleagues at her/his own HEI. We did not explore the experiences of academics across different schools at our institutions, as was the case with research conducted by HEAIDS (2010b), Lesko (2007) and Wood (2011). We were interested in learning more about the experiences of colleagues who work within our own schools/faculty in order to investigate

how collaboration across HEIs could strengthen and extend HIV and AIDS integration in Education or Social Sciences. After identifying the colleagues and exploring their experiences, we offered workshops that support their integration initiatives.

3.2 Research design

This study adopted a qualitative research design which focuses on the possible accurate description of current HIV and AIDS integration initiatives at the three HEIs, as we were interested in understanding social and psychological phenomena from the perspectives of the people involved; in this instance, the sharing of HIV and AIDS integration experiences by academics. The rationale for choosing a qualitative approach was to enhance a proper description and elucidation of the lived world experiences of academics in a way that expands our understanding of what Dahlberg et al. (2008: 37) depict as human being and human experience. Life-world research is characterised by its capacity to present the paradoxes and integrate opposites demonstrating holism (Dahlberg et al. 2008). In addition, Merriam (2009: 24) points out that "The *primary* goal of a basic qualitative study is to uncover and interpret meaning constructed by people". Our research focused on understanding the sharing experiences of academics integrating HIV and AIDS issues into their curricula at the three HEIs. The research question of the study led to the adoption of an explorative and descriptive research design. In using an interpretive paradigm for our qualitative study, we sought to "understand the subjective world of human experience" (Cohen et al. 2011: 17) when academics integrated HIV and AIDs issues into curricula.

3.3 Selection of participants

We used purposeful sampling to identify our primary participants, since this is the most important type of non-probability sampling (Welman & Kruger 1999). A sample of 13 participants, five males and eight females, were purposefully selected for oral interviews, because they are colleagues who, we know, integrate HIV and AIDS into their curricula. Five participants were interviewed from the Nelson Mandela Metropolitan University, three from the University of KwaZulu-Natal,

and five from the University of Fort Hare. The participants in one School of Education integrated HIV and AIDS into Commerce and Life Orientation; the participants in the other School of Education integrated HIV and AIDS into Science Education, Language Literacy, Life Orientation, Educational Psychology and Mathematical Literacy; the participants in the Department of Social work and Social Development integrated HIV and AIDS issues into Sociology, Psychology and Social Work/Social Development modules.

3.4 Data generation

We developed a structured interview schedule with open-ended questions in order to explore the sharing experiences of those academics who integrate HIV and AIDS in their disciplines. The use of an interview schedule facilitated the understanding of these experiences at the three different HEIs. In addition, the use of the same interview schedule at the different research sites allowed for systematic generation and analysis of data. The interview schedule posed questions re communicating with colleagues about integration of HIV and AIDS in disciplines; how colleagues respond to such sharing; how, if at all, the responses have changed over time; whether resistance was experienced from colleagues; whether and how they know of any other members of staff in the department/school/faculty who address HIV and AIDS in their modules, and what kind of support is required to ensure that more university educators address HIV and AIDS in their programmes. The questions were directed to the participants' experiences, feelings, beliefs and convictions about their integration of HIV and AIDS into the different curricula.

Participants responded to these questions during one-on-one interviews. Five of the interviews were conducted by a research assistant, because it was difficult to find appropriate times to meet with these participants, and the other interviews were conducted by one of the research team members.

During the interviews, the participants described what they considered to be relevant sharing experiences in HIV and AIDS integration. The descriptions of their experiences were interpreted in order to seek understanding and meaning in their sharing experiences.

3.5   Data analysis

The audiorecorded interviews were transcribed before we engaged in active and sustained reflection on the participants' sharing of HIV and AIDS integration experiences. Each research team member had copies of all the transcriptions that were then thoroughly interrogated by reading of the text in order to inductively and systematically identify categories and themes. This was followed by describing the emergent significant components and recurrent themes or narratives. Under each theme we synthesised descriptions that contain statements that could be substantiated by direct quotations from participants' interview responses.

3.6   Trustworthiness

In establishing trustworthiness in our interpretive research paradigm, we used the three categories recommended by Williams & Morrow (2009: 577) by attending to integrity of data, balancing between reflexivity and subjectivity, and providing clear communication of the findings.

Integrity of the data depends on the adequacy or dependability of the data. We ensured that the sample of participants included a diversity of viewpoints by selecting both male and female participants from our three HEIs. In addition, we provided evidence as to how the interpretations fit the data by using direct quotations from the *verbatim* transcriptions of the audiorecordings made during the interviews.

To strike a balance between what the participants say and the ways in which we made meaning of their responses, we worked as a research team and spent one day together engaging in active and sustained reflection while reading and interrogating the data. In addition, we used both the interpretations of a single member of the research team and of the entire research team at different appropriate times to ensure the balance between reflexivity and subjectivity.

To ensure that our research was clearly communicated, we frequently circulated electronic drafts of our qualitative study so that each researcher in the team could provide input while attending to clarification and logical development of the written content. Throughout the writing process, we constantly referred back to the

research question to ensure that we provided evidence to support our claims. The reason for asking this particular research question does contribute to social justice issues and social change; therefore, this research into integration of HIV and AIDS in academic disciplines is valuable to both the participants and the South African community at large.

3.7   Ethical clearance

Ethical clearance for the larger collaborative project was gained from the University of KwaZulu-Natal, and the research offices of the two other HEIs involved granted written permission for the researchers to interview staff. Academic staff members selected to be interviewed participated voluntarily, and written consent was requested and obtained from each. We ensured anonymity by avoiding specifying the particular academic discipline when using direct quotations.

4.   Findings and discussion

The findings and discussion are interwoven to produce a coherent narrative. After preparing the narrative, we used collegialism as a theoretical lens to identify forms of collaboration experienced by particular academics to make meaning of their sharing experiences of HIV and AIDS integration (Fullan & Hargreaves 1996). In other words, we developed the themes inductively, and point out links between the sharing experiences of the academics and the theoretical lens of collegialism.

Three themes emerged from the data analysis of academics sharing their experiences of integrating HIV and AIDS aspects into the curriculum: to share or not to share; the role of an academic in the age of AIDS, and who is doing what? These are discussed by drawing on direct quotations from the participants.

4.1   To share or not to share

Considering the paucity of studies on HIV and AIDS integration in higher education that explore the experiences of academics who integrate HIV and AIDS, and the limited resources for addressing HIV and AIDS integration in disciplines, it is understandable that most

academics - for whom this is new territory in which they are breaking ground and exploring new avenues to integrate HIV and AIDS issues into their modules – may hesitate to 'broadcast' what they are doing. Yet sharing among colleagues, sharing with the interviewer (researcher or research assistant), and sharing more widely in seminars, colloquia and publications, opens up possibilities for reflection on own practice and improvement thereof, and also for new learning to occur and allowing other academics to learn from the sharing of integration experiences. It is interesting to note that some participating academics had not considered sharing with their colleagues what they do in their classes, seemingly remaining in 'cocoons', while others had "... not really thought about it", but "think it is quite a good idea actually to see how I'm integrating it in my own way and probably somebody could learn from what I'm doing and I could learn from others as well". The form of collaboration described by the latter participant may be a form of fragmented individualism. As there appears to be few opportunities for collaboration, the participant may be isolated from other integration possibilities.

Fullan & Hargreaves (1996: 13) consider sharing of experiences to be significant in fostering interactive professionalism in order to make progress with initiatives that are worth fighting for, because "it is important to utilize our existing expertise and learn from each other more effectively". However, it is necessary to be self-motivated and to want to take up this challenge without being coerced into a form of contrived collegiality. In other words, the academic needs to consider, from her/his own perspective, what is appropriate and suitable for her-/himself within her/his particular discipline; some individuality is thus required before initiating a sharing process. For any initiative to be successful, being motivated (to, for example, integrate HIV and AIDS in a discipline) is a crucial and essential first step towards making the change. For example, some of the participants were motivated and passionate about including HIV and AIDS in their disciplines. In speaking about sharing of their work, these participating academics offered several reasons for doing so. A confident young lecturer stated "Yes! I really brag about it ...", whereas another indicated that he was doing so because of being perturbed by misinformation the students had, as "... some information I was getting [from them] was not true", and hence he decided to integrate some HIV and AIDS content to

set matters straight by providing accurate information. Fullan & Hargreaves (1996) point out that a "starting with oneself" approach is essential in initiating changes. This means that collegiality and individuality are not mutually exclusive requirements for taking on HIV and AIDS integration initiatives in a discipline.

Another participant indicated that co-teaching of a module provided an opportunity to share what they are doing "just with colleagues" as "… three of us … teach this module". Collaboration with other colleagues teaching the same module may thus be a starting point for initiating changes for integration of HIV and AIDS in a particular discipline. Academics usually become discipline specialists in one particular field before attempting to embark on interdisciplinary work. It is thus not surprising that a form of cloisterism is the logical starting point for integration of HIV and AIDS education in a discipline. It is thus possible to gain the necessary what? to support integration initiatives that are worthy, such as integration of HIV and AIDS in disciplines at HEIs, by networking with colleagues in the same discipline.

One academic was clear about what he shares and does, as he indicated that he gives feedback at "… meetings and workshops I attend and inviting them to be involved with HIV integration in the curriculum", disseminating and making public his views and expertise about HIV and AIDS integration. From this academic's experiences, it would appear that bounded collaboration occurs, as it is at these meetings and workshops that he is offered opportunities to share ideas about integration of HIV and AIDS. However, this academic did not mention any practical activities where he exchanged teaching resources with colleagues at these meetings and workshops.

Another participant spoke of "… forums … to get people sharing of the activities and how they can be relevant …" with such engagement resulting in "… now they are actually accommodating … actually read[ing] about integration". Clearly, the value of sharing is noted, but also the making vulnerable of the self by moving out of his disciplinary 'comfort' zone. This participant positions himself as a concerned academic engaged in making a difference in the age of AIDS and in the lives of the university students. A definite "we don't have a person to come in [to teach] …" compels the academics "… to

have to do it as well", in spite of worrying about the value or quality of what they are doing, as "... I would never hold it up as an example of 'follow me'". Hence, being uncertain and insecure about taking on integration could contribute to academics being reluctant to share what they are doing.

It is clear from the academics' sharing experiences that assisting and facilitating the transition from total cloisterism to collegialism requires providing academics with opportunities and spaces in which to develop integration, by offering a collegial, caring space where risks required for change can be attempted. In this space, the academic should be afforded the opportunity to attempt, along the fluid continuum, what s/he is able, motivated, willing and comfortable to do in order to initiate change for integration of HIV and AIDS in her/his discipline. This means that, in order to develop an initiative, a collegial academic atmosphere that is conducive to taking on risks (such as integration of HIV and AIDS in a discipline) is required for the academic to become confident and competent.

4.2   The role of an academic in the age of AIDS

We might ask: What is the role of an academic in the age of AIDS? In academia, it is very common to deny that it is the task of an academic to address HIV and AIDS by integrating relevant content into the curriculum, as noted in this response by one of the teacher educator participants: "I am not supposed to be doing it". Our counter-question would be: 'Who should be doing it?' This clearly relates to what the role of an academic is seen to be and what the purpose of the university is in training graduates. In South Africa, teacher education competence in specific roles is required in order to become a professional. These roles are spelt out in the *Norms and Standards* (DoE 2000) policy document, and are also emphasised and retained in the *Minimum Requirements for Teacher Education Qualifications* (DHT 2011). The learning mediator; the interpreter and the designer of learning programmes and material; the leader, the administrator and the manager; the scholar, the researcher and lifelong learner; the community, citizenship and pastoral role; the assessor; and the subject/discipline specialist play useful roles in the designing of learning programmes.

Academics are required to take up most of these roles while teaching in a discipline at an HEI. It is important to note that teaching is more than merely teaching a discipline; it is also about taking up the 'pastoral' responsibility towards students. This is an important consideration in the age of HIV and AIDS, and particularly in regions with high HIV prevalence rates such as in the Eastern Cape and KwaZulu-Natal provinces. It is thus necessary to interrogate our roles in terms of social and behavioural knowledges required within the contrasting discourses in which academics work, where both 'transformative-redistributive' and the dominant 'global market-driven reform' operate.

A narrow view of the role of the academic and the curriculum, and not recognising all knowledges (personal, disciplinary and workplace knowledge) required to develop a graduate with personal and professional skills on HIV and AIDS, undermines what a university should be doing in contributing to transformation and developing graduates for a sustainable future. What would disciplinary knowledge mean without knowledge about issues which affect the personal self? The notion that "I am not supposed to be doing it" also speaks to an individualistic and limiting approach, of only working within the parameters of a particular discipline, remaining in a 'cocoon' and pretending to be oblivious to the macro picture and the context in which the students currently find themselves and will find themselves in future.

Another example offered by a participant, "This is not an HIV course, but a [particular discipline] course", confirms the notion held by many academics that it is somebody else's task to address the urgency of the epidemic, while remaining in a particular disciplinary 'cocoon'. From this academic's response, it appears that balkanisation exists, since she seems to perceive her discipline as being 'diluted' through integration of HIV and AIDS content. Perhaps this academic considers a discipline to be of a lower status if issues related to HIV and AIDS is included in a discipline. If this is the view held by an academic in the social sciences, one wonders how other academics in engineering, botany or information technology would respond to integration of HIV and AIDS in their disciplines. Surely looking past the narrow parameters of disciplinary knowledge and taking

cognisance of the students sitting in a lecture hall would urge any academic to consider contributing to the well-being of the students?

This view that disciplines are diluted by integration of HIV and AIDS is countered by the following response of another participant: "but everyone realises it's got to be done, only how?" This confirms the notion that integrating HIV and AIDS is considered to be important in brokering the well-being of graduates, and for the well-being of the country as a whole. Perhaps this participant experiences contrived collegiality, since she knows that integration of HIV and AIDS education is an imperative in higher education. Addressing the epidemic is just too big an issue to be taken up by only a few. But "how" should it be done? Is there a specific way? Is there a best way? The uncertainty of having to do something for which most academics have not been trained and which has been shrouded in a cloak of denial and stigma is clearly heard in the "... only, how?" Willingness does not always translate into effective integration, but does pave the way for creative (or not so creative) endeavours in trying to engage the students with aspects of HIV and AIDS.

It is clear that, if HIV and AIDS issues are to be addressed in a coherent way in disciplines, there should be clear guidelines to draw on as well as abundant support, since most participating academics iterated "I don't have the expertise to do this". Yet these participants tried various entry points and have managed to build a repertoire of tools to engage the students in issues related to HIV and AIDS. Their agency is also taken up in suggesting how they can help themselves. Based on their individual experiences, they suggested that help can be forthcoming from among themselves, in that "maybe for us to get together" to "showcase" and "share with others how they do it ... so that everybody can see it is doable and the value of doing it". They also suggested that it would be useful "to gather data that could be shared with the lecturers on how they could integrate it". It is in the collective learning and supporting of each other through interactive professionalism that capacity is built.

The problem with a plea such as "I just want you to come in and do it for me" lies in seeing addressing HIV and AIDS as the task of one expert in the field. If there is an expert available, the knowledge, skills

and strengths could be drawn on to enable all academics to approach integration with ease, making the epidemic everyone's concern.

Not having a sound background in the field or having no or very little training to initiate integration of HIV and AIDS in disciplines does not deter all academics. The "not knowing how to do it" and "not wanting to be embarrassed and feeling like you don't know how to do things" touches on an important issue as an academic – identity. Perhaps academics would gain confidence if pragmatic knowledge about integration of HIV and AIDS were available and they would feel less insecure about taking on the changes required of academics to move out of the comfort zone that academics enjoy within their academic disciplines. Risk-taking and seeking creative entry points, for example via a newspaper article about gender-based violence and linking it to HIV and AIDS in a discussion, counters the need to be an expert, as this knowledge draws on competences that academics already possess. More so, using a variety of entry points also circumvents the commonly talked about 'AIDS fatigue', as revealed in "I think everyone is relieved not to just go in there and teach straightforward AIDS". Being "sick of AIDS" (Mitchell & Smith 2003) is often voiced by South Africans as the many issues related to HIV and AIDS are frequently and widely covered in newspapers, television and other media discussions, and enables AIDS fatigue to set in.

Talking about HIV and AIDS in a lecture hall has been hampered by the long silence surroundingd HIV and AIDS in South Africa, its link to sex and sexuality, but also by stigmatisation. Engaging students in discussions about some of the sensitive issues of HIV and AIDS-related work is often offered as a reason for not contemplating integrating it into the curriculum. One participant indicated that speaking about birth control and contraceptives was easier than discussing issues of HIV and AIDS, and stated that "I haven't been brave enough to do that with antiretroviral drugs". This is clearly not merely embarrassment of talking about sex and sexuality, but rather sensitivity, being careful not to evoke emotions in affected or infected students. The academic is unable to deal with this.

Another critical issue influencing the choice to integrate HIV and AIDS into the curriculum relates to the dilemma of status of an academic discipline. There are levels of status according to the

particular discipline. Academics in various scientific fields are often recognised as specialists in particular fields and are afforded status according to their field of specialisation. Being classified as social scientist, natural scientist, whether one is a specialist in the narrow sense of the word, or a specialist who can adapt and increase relevance of the work according to the context in which academic work is done, may determine the status of the discipline. Choosing to integrate HIV and AIDS into the academic curriculum could, according to one participant, position her as a "... pot-pourri curriculum implementer" when trying to work in an interdisciplinary or cross-disciplinary manner. This means that contributing to what might count as a holistic graduate education by including HIV and AIDS in a discipline may be considered a superficial way of teaching a discipline where there is a lack of serious in-depth discipline knowledge. A question raised by a disapproving colleague of one of the participants, "are you a [subject] lecturer or a pot-pourri?", highlights the possible disregard for the work of academics who integrate HIV and AIDS in a discipline. At another level, this raises the question of the purpose of a university education. Are the topics selected for inclusion in a discipline curriculum important merely to develop an individual's academic profile in an individualistic way, or are the topics selected to develop graduates to obtain the necessary knowledges required for the greater good of the citizens of a country that is suffering because of the devastating personal and social effects of the AIDS pandemic?

4.3 Who is doing what?

Considering that addressing HIV and AIDS is a HEI policy imperative, and assuming that academics are taking up the imperative of integrating some aspects of HIV and AIDS into the curriculum, it is necessary to know who is doing what, so as to eliminate duplication, ensure that no aspects are unattended, and avoid AIDS fatigue among the students.

When we asked the participating academics whether they knew of any of their colleagues integrating HIV and AIDS issues into their curricula, the response was "... I haven't really spoken to people", and hence they did not have a fuller picture of the range and extent of what is happening in their faculty. This response also appears to

indicate that limited interactive professionalism through discussions of integration of HIV and AIDS takes place within this academic's school. Some participants indicated that they knew of none, while others knew of one, two or three colleagues who were doing something in HIV and AIDS. Not knowing what the other does creates the potential for duplication; and, in spite of taking "... different angles, the whole diversity issue ... the students really get sick of it so it's really important that we know who does what and how we are going to do it as a group or a faculty". This clearly indicates that there is no faculty- or school-wide initiative to address HIV and AIDS in a coordinated and coherent manner, thus jeopardising the students' well-being.

Knowing about someone doing integration does not mean that there is knowledge about what is being done. For example, one academic participant said "I know he does it [integration] but I don't know what he is doing". In another instance, an academic not only knew about what the other was doing, but also used the same example to illustrate the ease of spreading the virus. As she recalls:

> Now I love that exercise that he does with the cochineal, I mean he will say straight away it's not his idea, he's picked it up from somebody else, but I find that hugely umm ... it has huge impact. I did that with my PGCE [Post-Graduate Certificate in Education] students last year, setting the cochineal, and they were hugely umm ... shattered, because for the first time ever they said, that's my beaker, that's me, it can happen to me.

In these descriptions it appears that fragmented individualism occurs, since it is only through infrequent exchange of teaching activities that collaboration takes place. The power of sharing what works and what does not work in a lecture hall should not be underestimated – but neither should the vast wealth of existing expertise go unnoticed.

In order to progress towards interactive professionalism, it is also necessary to be critical about what has already been achieved when integrating HIV and AIDS in a discipline at an HEI, in order to look ahead and become reflexive. Integration is possible along a continuum between the two disciplinary poles, but the ideal form of integration benefits both (or all) the disciplines involved. Providing academics with opportunities to share integration experiences is important, yet integrators of HIV and AIDS need to be aware that it is easy to fall into a comfortable collaboration trap, and become complacent about

integration initiatives. The views of academics across schools and HEIs should be considered to allow for critical reflection. This will assist in making academics at HEIs not only provide a service for developing discipline knowledge of students but also contribute to the ongoing project of transformation. In other words, for integration of HIV and AIDS education to be taken up by HEI academics, collegialism requires nurturing to enable academics to break out of their 'cocoon' and thus to benefit both the disciplinary and the HIV and AIDS education of students. One participating academic clearly realises the value of interactive professionalism: "I imagine a situation if all of us lecturers in the faculty could come together and start ... conversing about this point ...".

It is only when knowing what teaching and integration of HIV and AIDS content is being done, in which discipline, by whom, and from what perspective, that a coherent mapping of HIV and AIDS education will emerge, enabling reflexivity and forward planning to eliminate AIDS fatigue. It is through this "conversing" that a community of practice can come into existence, while configuring a coherent curriculum for integration which is locally relevant and informed by the teaching and learning context.

5.   Conclusions

If we consider the current state of the epidemic within the South African context, heed the HIV and AIDS policy framework for Higher Education (HESA 2008) and, more importantly, realise the contribution each academic can make in the lives of their students, integrating HIV and AIDS into the academic curriculum will undoubtedly not be a contested issue, but be viewed as a way to intensify our collective efforts.

Taking cognisance of the views of these academics, it is obvious that they are committed to doing something about the epidemic and have developed, on their own, some authentic entry points to introducing HIV and AIDS issues into the academic curriculum in order to affect the life-worlds of their students. Drawing together what these academics are accomplishing provides a starting point, but also a rich resource for colleagues to shift from viewing their role as academic as an individual endeavour in a 'cocoon' to a more collegial

sharing of expertise for the greater good of not only graduates but also of South Africa as a whole. As the higher education sector, we have perhaps been too timid in playing our role in the fight against the epidemic.

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