

# In search of an enabling pedagogy for HIV and AIDS education in initial teacher education

**D. Wilmot**

Rhodes University  
Grahamstown, South Africa,  
e-mail: d.wilmot@ru.ac.za

**L. Wood**

University of the North West  
Potchefstroom, South Africa  
e-mail: lesley.wood@nmmu.ac.za

## **Abstract**

This article addresses the issue of teacher knowledge in a developing world context of HIV and AIDS. More specifically, it responds to the need for practical 'how to' examples of HIV and AIDS education by describing the pedagogical strategies employed in an initial teacher education programme at a South African university. An overview of the theoretical constructs underpinning the module development and implementation is given, followed by a detailed description and justification of the qualitative research design and methodology employed to answer the research question: 'How can HIV and AIDS education be effectively integrated into an initial teacher education programme?' The findings of the study provide evidence of how the intervention's active learning approach facilitated the teachers' acquisition of the knowledge, skills and attitudes needed for effective HIV prevention education. The article may offer other teacher educators some guidelines on how to integrate HIV and AIDS education into their own programmes.

## **INTRODUCTION**

With some 5,2 million people infected, South Africa has the largest number of HIV-infected people in the world (Statistics South Africa 2010). Since youth will have to deal with serious issues of health, well-being, risk and vulnerability (Lotz-Sisitka, O'Donoghue and Wilmot 2010), these have to be integrated into all levels of education and training, including formal schooling (Department of Basic Education 2010). As the Higher Education AIDS-Strategic Framework (2006–2009) acknowledges that education is at 'the core of one of the biggest challenges facing humanity: winning the fight against HIV and AIDS' (HEAIDS 2006, 2), teacher education programmes must also build capacity in these areas.

The need for such educational initiatives becomes even more pressing since, unlike many other countries where there has been a downward trend in HIV-prevalence estimates during the past 7 years, HIV prevalence among the youth still

remains alarmingly high in South Africa (Harrison, Newell, Imrie and Hoddinott 2010). This raises questions about the efficacy of the educational initiatives that have been provided until now, and the type of education that is needed if we are to have a positive effect on the HIV and AIDS pandemic. HEAIDS (2010) argues for education which focuses preventive efforts on young people in the 15–24 year old group so that sustained behaviour change can be achieved. Almost all of the participants in the study described in this article are in this age category, and as future secondary school teachers, the majority of the young people they will teach are in the 13–19 year old group. Pedagogically, the challenge is to identify and implement effective teaching strategies which promote understanding of HIV and AIDS and active and responsible citizenship.

Wood (2009a) argues that HIV and AIDS literacy is becoming an increasingly important determining factor for teachers in their ability to deal with the educational challenges and stresses that confront education as a result of the pandemic. HIV and AIDS literacy in this context implies that the teacher has to be knowledgeable not only about the bio-medical facts of the virus, but also possess a wider and more holistic understanding of the complex web of related cultural, economic and social causes and consequences of the pandemic (Baxen, Wood and Austin 2011). It also implies that he/she can integrate this knowledge meaningfully into existing syllabi to promote prevention education, reduce stigmatising behaviour and create classroom climates characterised by trust, openness and caring (Wood 2009a). Furthermore, HIV and AIDS education also requires self-reflection on the part of the teacher, to ensure that their discourse and attitudes do not reinforce the prevailing stigmas associated with the virus (James-Traore, Finger, Ruland and Savariaud 2004). If these aspects are not attended to in initial teacher education programmes, the likelihood of ‘curriculum silences’ (Muthukrishna, Ramusuran, Pennefather, Naidoo and Jugmohan 2007, 38) increases, with HIV and AIDS either excluded or taught very selectively (Baxen 2004; Boler, Adoss, Ibrahim and Shaw 2003). This culture of silence reinforces confusion, stigma and denial and so exacerbates attempts to educate around prevention, care and support (Muthukrishna et al. 2007).

Yet, while there is agreement among educationalists that HIV and AIDS should be mainstreamed into school education (Abebe 2004), very little attention has been given to preparing teachers to take on this task (Boler and Archer 2008; Wood 2009b), particularly at the initial teacher education level (Nzioka and Ramos 2008). This implies that prospective teachers are entering the profession basically ignorant of the need to integrate and/or with little knowledge on how to do so.

There is therefore an urgent need for empirical studies which offer teacher educators some suggestions on how HIV and AIDS education can be integrated into the curriculum of teacher education programmes (Clarke 2008).

## **PURPOSE OF THE RESEARCH**

This article responds to the need for practical ‘how to’ examples for HIV and AIDS integration by describing the pedagogical strategies employed in a module in the

Post Graduate Certificate in Education (PGCE) programme. We<sup>1</sup> hope that our explanation of what we did and why we did it, will offer other teacher educators some guidelines on how to integrate HIV and AIDS into their own programmes. An overview of the theoretical constructs underpinning the module development and implementation is given, followed by a detailed description and justification of the qualitative research design and methodology employed to answer the research question: ‘How can HIV and AIDS education be effectively integrated into an initial teacher education programme?’

In order to answer this question, we show how an *active learning approach* to HIV and AIDS content integration assisted pre-service teachers (hereafter referred to as the students) to begin to develop the knowledge, skills and attitudes needed for effective HIV prevention education.

### **THEORETICAL PERSPECTIVES INFORMING THE DESIGN OF THE MODULE**

From our experience of teaching HIV and AIDS in both initial and in-service teacher education programmes, we have become aware that it is a complex and contested pandemic, and a difficult issue to deal with because it is at the nexus of cultural values and social identity (Baxen, Wood and Austin 2011). It is intertwined with issues of poverty, gender, stigma and discrimination, and is bound up with one’s roles and responsibilities as an individual, a member of a family and community and citizen in a democratic state. We have found that HIV and AIDS tends to either induce high levels of teacher anxiety and confusion or is met with apathy (Wood 2011). The pedagogical challenge was thus to identify and implement strategies which create a safe and engaging space in which myths, stereotyping, perceptions and misperceptions about HIV and AIDS can be confronted. We contend that teaching strategies should be non-threatening: they must facilitate a questioning and interrogation of one’s decisions and actions, without the fear of disclosure or potential stigmatism. They also need to challenge the denial that is all too often associated with the pandemic. These insights informed the overall goal of the module (to develop critically reflective practitioners), the intended learning outcomes, the curriculum design and pedagogical decisions that were made.

The time allocated to HIV and AIDS education was constrained by an already overcrowded programme curriculum. The schedule was thus very tight, with the HIV and AIDS module being covered in a block consisting of six days. Apart from the first day, which was slightly longer, the contact sessions were two hours long. The 39 PGCE students who attended the module were made aware of the need to complete various overnight tasks in preparation for each contact session.

The intended learning outcomes and type of teacher knowledge associated therewith are given in Table 1.

Table 1: Intended learning outcomes of the HIV and AIDS Education module

<p>Students should ...</p> <ul style="list-style-type: none"> <li>• Acquire an understanding of the biomedical facts about HIV and AIDS [content knowledge]</li> <li>• Be open-minded and tolerant of others' lifestyles while, at the same time, appreciating one's rights and responsibilities as a teacher [personal and professional knowledge]</li> <li>• Understand how issues of poverty, stigma, gender and discrimination relate to HIV and AIDS in the South African and wider African context [context knowledge]</li> <li>• Engage in experiential learning through a visit to an HIV and AIDS centre [context knowledge]</li> <li>• Understand the physical, emotional, economic and social impact of the HIV and AIDS pandemic on teachers, learners and their communities [context knowledge]</li> <li>• Critically analyse and evaluate learning support materials [pedagogical knowledge]</li> <li>• Participate in a simulation game [pedagogical knowledge]</li> <li>• Show a critical appreciation of the roles and responsibilities teachers have in terms of the pandemic [professional knowledge]</li> <li>• Demonstrate an awareness of appropriate ways of responding to HIV and AIDS, be it with colleagues, learners or parents [personal and professional knowledge]</li> </ul>
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These learning outcomes were used to generate questions and guided the choice of content and pedagogical activities as illustrated in Table 2.

Table 2: Outline of the HIV and AIDS Education module

	Focus and key questions	Pedagogical activity
Day 1	<p>Orientation to HIV and AIDS</p> <p>What do we know about HIV and AIDS?</p> <p>What do we need to know?</p> <p>What are our rights and responsibilities as teachers and members of civil society?</p>	<p>Diagnostic self-test</p> <p>Poetry reading activity</p> <p>Visit to a nearby HIV and AIDS centre</p>
Day 2	<p>Biomedical facts about HIV and AIDS</p> <p>How is HIV transmitted?</p> <p>How do you know if you are HIV-positive?</p> <p>What are the stages of the disease?</p> <p>How can HIV AND AIDS be treated?</p> <p>How can it be prevented?</p> <p>What are the limitations of a biomedical approach to HIV AND AIDS education?</p> <p>What are the gender and cultural issues associated with HIV AND AIDS? How do we deal with stigma?</p> <p>How should we deal with HIV AND AIDS personally and professionally?</p>	<p>Lecture by a medical doctor</p> <p>Critical engagement with various stimulus materials and a case study</p> <p>Discussion</p> <p>Reflective writing activity</p>
Day 3	<p>Teaching and learning about HIV and AIDS</p> <p>What pedagogical approaches and strategies are appropriate for HIV AND AIDS preventive education within the context of discipline-based teaching?</p> <p>What sort of questions should we be asking in our classrooms?</p>	<p>Analysis of video clips of HIV AND AIDS education lessons</p> <p>Discussion of pedagogical strategies observed</p>
Day 4	<p>Integrating HIV and AIDS into the curriculum</p> <p>What opportunities are available for integrating HIV AND AIDS into subject teaching?</p>	<p>Curriculum analysis and group discussions</p>

	Focus and key questions	Pedagogical activity
Day 5	Learning support materials evaluation What learning support materials (LSMs) are available and appropriate for integrating HIV AND AIDS into school subjects? How do we generate criteria for evaluating LSMs?	Workshop to develop criteria for evaluating Learning Support Materials LSM evaluation: Group activity and discussion
Day 6	Using simulations for HIV and AIDS education	'Swampfire' role playing simulation

Design decisions were guided by a model of teacher professional development (Wilmot 2005) based on the following principles:

### Constructivist epistemology

Table 2 illustrates how the students were actively engaged in the construction of knowledge by participating in a variety of activities and experiences in which their ideas and practices were acknowledged, built on and challenged, modified and transformed. Learning processes included orienting or 'tuning in' to the topic (by visiting a nearby HIV and AIDS Centre and holding discussions with the Director); eliciting prior knowledge (writing a self-test); building on prior knowledge (guest presentation); providing opportunities for engaging students in using HIV and AIDS in the curriculum and classroom (curriculum analysis, learning support material evaluation and video clip analysis), and critical reflecting on learning (writing activity).

### Constructivist pedagogy

Table 2 illustrates a learner-centred, active learning pedagogical approach. It embraces the notion of active and visible learners constructing their own knowledge, and an active but invisible teacher, whose role it is to mediate and facilitate rather than direct learning (Chisholm 2000). According to Wilmot (2005), this pedagogy, which is informed by a progressive educational discourse of human rights and social justice, is based on an emancipatory and democratic ideology. The decision to model this pedagogical approach in the HIV and AIDS module was to enable the students to gain first-hand experience of an approach that they are required to implement in their own teaching, and one which they may, or may not, have been exposed to in their own schooling.

### Individual and social learning processes

The activities shown in Table 2 were designed to promote both individual and social learning processes. These included experiential learning, a role-play simulation, workshops, and 'traditional' expository teaching.

## Situated learning

The module took into account that HIV and AIDS education is contextual and complex. The visit to the AIDS centre and case study analysis sensitised the students to historical inequalities and social injustices and promoted learning about the community aspect of the disease.

## Reflectivity

Assessment strategies were chosen to facilitate critical reflectivity on what the experience of completing the module had meant for the students, both professionally and personally. Working in groups, they analysed exemplars illustrating how HIV and AIDS were integrated into school subjects through textbooks and other Learning Support Materials (LSM) and video clips of school-based HIV and AIDS lessons. An further opportunity to reflect critically on their learning through the module once they had completed a mandatory ten week teaching practice in local schools was provided in the summative Educational Studies examination.

## RESEARCH DESIGN AND METHODOLOGY

A qualitative approach was selected, to capture and describe the essence and meanings of the participating students' experiences (Conrad and Serlin 2006). The research population comprised of 39 students enrolled in a Post Graduate Certificate in Education programme, which is an initial teacher education qualification. The majority were from middle class and privileged backgrounds, with no prior experience of being affected by the pandemic.

Data were gathered by the common qualitative strategy of interviewing (Cohen, Manion and Morrison 2011). Four students volunteered for individual interviews and seven others for a focus group session. Since this research was undertaken as part of a larger national study (HEAIDS 2010), the interviews questions were pre-determined by the national team, although the interviewer did have some leeway in terms of deciding the order and inclusion/exclusion of questions. The interviewer could also probe for further information and clarification (Greeff 2005).

The structured *focus group interviews* required students to provide their imagined responses to two classroom scenarios involving infected/affected learners and also to reflect on the experience of completing the module; the *individual interviews* explored their experiences prior to, during and after the module around the issues of feelings, participation and changes in understanding self, risk, community, a sense of agency, community involvement and life as a teacher. An *individual interview* with the lecturer of the module was held to explore to what extent the module outcomes were perceived to have been obtained. A range of documents generated by the students (assignments, reflections, module evaluation) were also used as data sources. Content analysis by both authors of all the student assignments and reflections triangulated the information collected in the interviews (Cohen, Manion and Morrison 2011).

Content analysis (Hsieh and Shannon 2005) of the *verbatim* transcriptions of the audio-taped interviews by the researchers was confirmed by a re-coding conducted by an independent qualitative researcher, followed by a consensus discussion on the final themes (Creswell 2005) that were then supported by participant quotations and comparison to literature.

Trustworthiness of the data (see Guba's model in Shenton 2005,67) was attained by having more than one data source (students and staff member) and data-collection instrument (focus group/ individual interviews/student assignments etc.); by controlling the findings against literature; and by independent transcription (Padgett 2008, 184) and recoding of data.

The research adhered to the usual ethical requirements of informed consent, voluntary participation, anonymity, confidentiality, explanation of the project, and feedback to participants (Cohen, Manion and Morrison 2011). All participants signed written consent forms to indicate their agreement to participate and their understanding of the purpose and process. Ethical clearance was also sought from and granted by the ethics committee of the university concerned.

## ANALYSIS AND DISCUSSION OF FINDINGS

The data from various sources were analysed in order to determine to what extent and in what ways the students perceived the *curriculum* ('what' was taught and learned in terms of the content of the module and the materials) and *pedagogy* ('how' teaching and learning took place) of the HIV and AIDS module helped them to acquire content and context knowledge of the pandemic and how it can be integrated into their teaching. We were also interested in finding out how they believed it helped them to develop from both a professional and personal point of view. The model developed by HEAIDS (2010) was used as an analytical framework (See Figure 1).

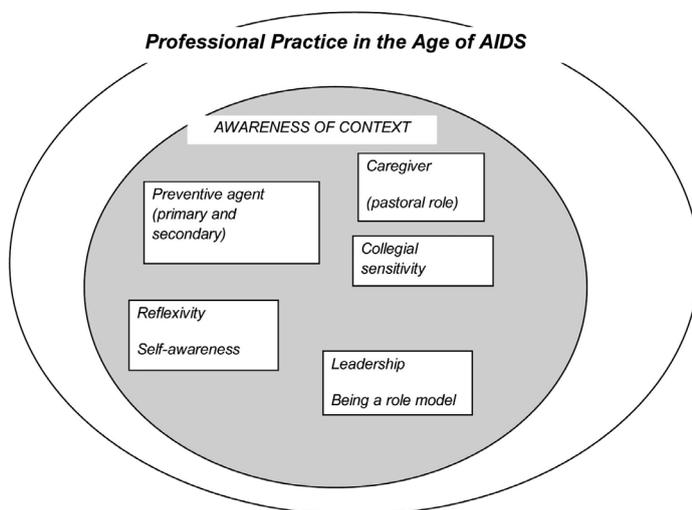


Figure 1: Professional practice in the age of AIDS (HEAIDS, 2010)

This model identifies the different roles and responsibilities in which teachers need to develop competence in the age of AIDS. Eco-systemic factors determine what teachers need to be able to be and do (Baxen and Breidlid 2009) and it is clear that teacher development programmes need to be adapted to allow teachers to be able to operate effectively in the macro and micro contexts shaped by the pandemic (HEAIDS 2010). The HEAIDS project surmised that teachers in the age of AIDS need to possess: an *awareness of the complex ecologies* of HIV and how it affects the lives of people; an ability to be *agents of prevention* and to offer care and support for infected and affected learners and colleagues; *leadership capacity* to develop strategies to combat the negative effects on teaching and learning that emanate from the pandemic; and the ability to *critically reflect* on their own HIV-related attitudes and practices, all while coping with their own emotions and stressors (HEAIDS 2010).

We now explain the specific strategies used in the module to develop the students' understanding and application of their learning and offer extracts from interview transcripts and the students' written data to support the discussion which follows.

### **Awareness of context**

The module sought to develop the students' awareness and understanding of how socio-cultural factors impact on HIV and AIDS. This was done through the *visit to the AIDS centre* and a *case study analysis*.

On the whole, the student interviews, assignments and critical reflections on the module attest to the fact that students had begun to think more deeply about their attitudes and responses to HIV and that their attitudes towards HIV and people living with HIV and AIDS had become more positive during and after completion of the module:

The case study "Baba's Gift" illustrates the subservient position women often find themselves in. It shows the difficulty of educating people in safe sex practices when their culture informs them differently.

The issue of social identity and stigma attached to the pandemic is something that was previously known but not understood and the gendered nature of the pandemic is also something that I did not appreciate.

However, the students also said that they would have liked to have had more exposure to HIV positive people and more practice in situations where they have to deal with sensitive issues. Most of these students had had no prior experience of dealing with such issues. Engagement with the module seems to have opened up their minds to the difficult and different contexts in which the pandemic plays out, but actually dealing with the emotions that accompany the trauma of HIV is something that was not possible to provide, given the limited time frame in which the module was offered. The lack of practical experience seems to be a challenge in HIV education at tertiary level (Wood 2011).

## Ability to act as prevention agents

The first step in being an effective prevention agent is to possess a sound knowledge base about the pandemic. A *diagnostic HIV and AIDS self-test* was administered at the start of the module to gather baseline information on the students' perceptions and understanding of the concepts. To the students' surprise, most of them did not perform as well as they thought they would on the multiple choice test. This helped to break down the attitude that prevailed, namely that the module was '*a waste of time*' because they had been '*inundated*' with HIV knowledge at school and university, evident in the following quotation:

When we started the topic HIV and AIDS I felt a certain amount of dread. During school we had HIV and AIDS drilled in and so I felt the tension in the class when the topic was brought up yet again. I was surprised by my test score. It opened my eyes to the fact that there was way more to learn about the virus than I had thought ... After the test I entered the module with a more open mind realising that I had a lot to learn about the virus.

Because the students had to admit that their knowledge was lacking, the strategy of *inviting a guest* with specialist bio-medical knowledge to talk to the class was well received and seemed to encourage them to listen and engage. The guest was able to convey the complexity of the virus and explain in simple terms how it worked. The students were intrigued by the very technical scientific nature of the information and it was evident that making students aware of the limitation of their knowledge through the use of the self-test and the expert input was an effective way to combat what has been described as the 'sick of AIDS syndrome' (Mitchell and Smith 2002, 12) and to get them thinking broadly about the issue:

Dr X's talk was without doubt the most enlightening talk on HIV and AIDS I have ever heard. She brought the complexities of the virus right down to basic biology and I learned a great deal more about the virus and how it takes hold of the body as opposed to the preventative measures of avoiding the disease which is focused on at school. The research and evolution of Anti retroviral (ARVs) drugs were new to me and I felt excited and positive about the development and availability of these drugs ...

The dilemma of whose right it is to know another person's status is an important ethical question which came up in the discussion with Dr X. According to her society is doing a lot to protect the rights of people with AIDS, but it has pushed aside the rights of those who are not HIV positive. This has really got me thinking about the issue of disclosure ...

Given the critical, at times arrogant, nature of many of the students, the use of an outsider with expert knowledge was an effective strategy for stimulating and engaging them in discussion, and it even prompted some to take responsibility for knowing their own status.

The talk by Dr X and the visit to the AIDS centre made me realise that as a citizen of South Africa and especially a teacher, I need to be aware of my HIV status. Having gone for a test in first year [at university], I convinced myself during the first few days of the course, that I needn't worry about my status – I was sure I was negative. However, after Dr X's talk, I went for a test. I could no longer fool myself. It had been three years and I had to make sure of my status ... I realise now that you cannot teach your learners to be responsible if you are not.

Prevention education also requires the teacher to possess appropriate and relevant curriculum knowledge and pedagogical skills. Through a *critical analysis of existing teaching material* and the *development of interesting and appropriate lessons* the students were able to acquire curriculum knowledge and integrate HIV and AIDS into their teaching subjects, something they found to be useful. According to the lecturer:

I got them to analyse the national curriculum statement for their teaching subject, and then find a resource which deals with HIV and AIDS. The students developed criteria for evaluating a textbook based on the principles underpinning the curriculum which we had discussed in class. They used the criteria to evaluate a textbook.

The students' assignment indicated that they were successful in this critical analysis and furthermore that they could develop interesting and appropriate lessons integrating HIV and AIDS into their teaching subjects to meet the assessment standards for their subjects. Examples of the criteria developed and applied by the students included the following:

Is the layout of the book appropriate? Does the content and context have a “good fit” with the National Curriculum Statement? What understanding, skills and values does the book promote? Is the textbook learner-centred? Is it free from bias? Does it promote life-long learning? What is the quality of the activities provided?

Will the teacher be able to use this resource to teach the new curriculum? Is the pedagogical approach integrative? Is there sufficient scaffolding? Is the language appropriate for the learners who will use the resource? Is the content relevant, up-to-date and appropriate? Do the assessment tasks cover the curriculum's assessment requirements? Is the design and layout appealing? Does the artwork develop learners' visual literacy skills?

Video clips of HIV and AIDS lessons in South African schools (Department of Education and Department of Health undated) were used to illustrate teaching strategies. Although students found it useful discussing the strategies, they would have liked more exposure to practical experiences. Unfortunately very few students took the opportunity to integrate HIV into their lessons for various reasons during the 10 week school-based teaching practice after the module. In most cases this was

due to a fear of being inappropriate or insensitive or being sanctioned for going ‘*too far*’.

You often think that if you discuss it the principal will come up and say that was really inappropriate.

This provides more evidence for the fact that students really need practical experience in integrating HIV and AIDS into their teaching.

*Experiential learning* was another active learning strategy we employed. ‘Swampfire’, a role-playing simulation that models the transmission of the HIV virus through a community, was used to illustrate how peer pressure can influence social behaviour and create an awareness of the very real possibility of contracting HIV and AIDS (Fox 2008). A simulation is a pedagogical strategy which models and replicates the real world that also helps to raise empathy levels (Walford 1995). ‘Swampfire’ helped the students to visualise (through the construction of a mind map) how the virus spreads through a real community in ways that are invidious and invisible. It illustrated and brought home the idea that people who seem perfectly healthy pass on the virus without knowing through semen, vaginal fluids, blood and breast milk. This helped to make the pandemic which is largely invisible, visible.

“Swampfire” opened my eyes to how quickly the disease can spread. Now I understand how dangerous it is not to know your status because you could infect so many people.

However, the lecturer and students identified content gaps, which hampered their ability to be prevention agents such as, *inter alia*, treatment literacy, including ARV schedules, and how to deal with someone who is HIV positive.

Many of the students still had reservations about their capacity for fulfilling their role as preventative agents, mostly because of a perceived lack of knowledge.

Because I don’t think I would be confident enough to teach the biological and medical side of it. Because I don’t fully understand it – I mean we only had one lecture which was informative but I don’t think I would be able to teach it right now.

A couple of students also wanted more input on treatment since they viewed this as a vital part of prevention and care.

Teaching about anti-retrovirals (ARV) is just as important as teaching about transmission, if you teach all that you must teach ARVs.

These findings seem to be confirmed by other studies (Wood 2011; Theron 2007) and emphasise the need for student teachers to be able to gain confidence in their ability to teach HIV and AIDS content. This module was presented over a very short period and students would have benefitted from having more time to assimilate and integrate the knowledge.

## Ability to offer care and support

One of the hoped-for outcomes of the *visit to the care centre* and the reading of the case study was to encourage students to think more deeply about how HIV and AIDS affects their learners and colleagues and to begin to think of ways they could offer care and support. Caregiving has become an important aspect of the teacher's daily work due to the effects of the pandemic (Bhana et al. 2006) since learners require material, emotional and health interventions (Hoadley 2007; Theron et al. 2008). However, the data indicates that the students seemed to struggle with the role of caregiver. Although they had good intentions the students' discourse still tended to be discriminatory and 'othering'. They frequently referred to HIV positive people as 'them', '*people like them*' and referred to HIV positive people as having HIV and AIDS.

I would like to think that I would not be discriminative and that I wouldn't do all these things that we hear, that people don't want to sit next to them and they wouldn't give them a hug. But I don't know ... I think you need to be put into that situation and see how you handle it. Because if I suddenly had an HIV positive kid in my class, I don't know if I would handle it as well as I think I would.

A few students were honest enough to say similar things, and this reinforces the need for perhaps more practical exposure to HIV positive people and people affected by the pandemic during their academic career. The findings seem to indicate that students were uncomfortable with the emotional side of teaching children affected and infected by HIV. The students were at least aware of their '*shortcomings*' as care-givers, and this is encouraging as critical consciousness is the first step to change (Freire 1993).

## Ability to be critically reflective

Teacher awareness of the complex reality of HIV would be incomplete without a critical understanding of their own positions and vulnerabilities in relation to the pandemic (Wood and Theron 2010). Teachers need to be able to think critically about their assumptions, beliefs, values, fears, actions and interactions in relation to the contexts of HIV and AIDS (Wood and Theron 2010). Through requiring students to *write a reflective essay*, they were encouraged to think deeply about their own lives and contexts.

The only challenge is like I have really asked myself this question, since I have this information, what do I do with it? Do I have to keep it to myself or do I have to tell my friends that maybe they also can change their mind about HIV?

One student felt that the module made him reflect too much and he was constantly worried by the fact that he might be HIV positive, even though he knew he had not taken any risks. Although this student may be an exception, he may have benefited

from speaking to someone about this feelings and anxieties. His negative experience of the module will surely influence his will to teach his learners. He found it difficult to incorporate it into his practice teaching:

We did a session on critical thinking with the grade 11 and we had a debate on legalizing prostitution and we were able to talk about it, but I mean I barely mentioned it (HIV and AIDS). I haven't yet used AIDS as a major section but again that goes back to my personal issues. I think, just like me, these kids every now and then want a break from this.

Many of the students said the module encouraged them to test, although they did not refer to actually changing their behaviour as a result of the test. However, the module seemed to force them to think deeply about their attitudes, values and behavior concerning HIV and AIDS. One student succinctly echoed up the views of many in their exam paper:

I have also learned that I have to treat every person around me the same despite their status. Honestly, before that, I am not sure I would really stand or help someone who is HIV positive but now I think I will also help them with open heart and welcome them in my home because even though they are HIV positive they are still human like you or me – there is nothing wrong with them and they need our support, love and care ... In my culture talking about sex is no allowed and that is how I was raised but luckily I had a mother who was not very traditional so she taught us. When I came to university I did not realise that one day I would have to stand in front of people and talk about HIV and AIDS but after this module, I feel confident that it's okay to talk about it ... I have also learnt that not talking about it does not help, that is why I have decided that I am going to talk and as an educator I am going to teach about it. As part of society and my community, it is my right to help people who are unable to help themselves, to teach them about HIV/ AIDS, let them know about the treatment and how they can get it.

## Leadership

Very few references were made to taking leadership in HIV and AIDS education, apart from one student who said that she would try and educate her colleagues that HIV education is everyone's responsibility. This aspect of teacher competence was not really addressed in the module, and therefore the lack of data around it is not surprising. However, in terms of being a role model, many of the students did at least go and get (re)tested so as to know their status.

## LESSONS LEARNT

With regard to curriculum, this module, underpinned by a constructivist epistemology and active learning pedagogy, seems to have been very successful in opening up students' thinking in terms of HIV and AIDS and the need to integrate it in their

teaching. The emphasis on the integration of HIV and AIDS was perceived by students to be very helpful in equipping them to do this in practice. However, some key lessons can be derived from the discussion above.

The use of a diagnostic self-test was effective to help students to acknowledge that they do not know it all. They came to realize that the information they had been given was superficial and, in some cases, increased their tendency to ‘other’ the pandemic. It was also a good strategy to engage a medical expert who has extensive knowledge of HIV and AIDS to start off the course and fill in the gaps in the student knowledge.

The students would like to have had more exposure to working with HIV positive people, since they have no real experience of this and are fearful of their reactions when actually faced with situations that require sensitivity. Also, the focus group data reveals that students are more comfortable dealing with knowledge – they do not feel really comfortable with dealing with feelings with regard to learners. This teaches us that trying to turn teachers into competent agents of HIV prevention and care would require more time than the 3 weeks devoted to this module. It also requires HIV to be integrated into teacher education programmes over their whole duration and across modules. Although the *experiential learning exercises* (e.g. Swampfire) were valuable in sparking some discussion on how to deal with emotional issues, ways have to be found to offer students practical experience in this.

The students did not demonstrate much awareness of the emotional and psychological effects of HIV and AIDS on learners and their families. It must be pointed out that these students were themselves educated in well-resourced schools where the impact of HIV is minimal and therefore had not been exposed to the harsh realities of HIV on a daily basis – none of them actually knew anyone who was HIV positive. They were all intending to work in schools that are less affected by HIV than those in less resourced communities. Their lack of responses concerning leadership, care-giving and collegial sensitivity must therefore be seen in this context. The lesson learnt here is that it would have been beneficial if they had been able to mix with some of their peers at university who had had first-hand experience of the pandemic and had more time to teach in schools which are affected by the pandemic. Dealing with the realities of HIV in a classroom situation is very different from talking about it theoretically.

The experience of having to think deeply about HIV and AIDS may have affected students psychologically and emotionally, and the evidence presented of the one student who decided to avoid integrating HIV, indicates that perhaps some form of counseling should be made available to students doing such a module. At the very least, students should be made aware of the resources available to them, should they feel the need to talk further.

## **CONCLUSION**

This article has addressed Clarke’s (2008) contention that there is an urgent need for empirical studies which offer teacher educators some suggestions on how HIV and

AIDS education can be integrated into initial teacher education programmes. We have responded to the call for practical ‘how to’ examples for HIV and AIDS integration by describing the pedagogical strategies employed in an HIV and AIDS module in the Post Graduate Certificate in Education at a South African university. We have provided that an active learning approach to HIV and AIDS content integration was effective in beginning the process of developing the knowledge, skills and attitudes that are so vital to enable effective teaching in this age of AIDS.

## NOTE

- 1 The ‘We’ refers to both authors of this article – the main author being the academic who designed and presented the module; the second author being a member of the HEAIDS project team, who conducted and analysed the interviews after module completion.

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