

Developing a Participatory Pedagogical and Multidisciplinary Approach for Integrating HIV/AIDS into University Curriculum

Abraham Kiprof Mulwo (PhD) Lemmy Chemai

Abstract

The current framework for integrating HIV/AIDS into university curriculum is mainly informed by the need to make HIV/AIDS education relevant to specific disciplines, and to equip graduates with necessary skills to respond to HIV/AIDS in their professional capacities. This strategy mainly emphasizes content and knowledge and largely ignores the current context in which students live and make sexual decisions. This paper explores the opportunities for utilizing multidisciplinary, and participatory integrated HIV/AIDS education programmes to address sexual risk-taking and students' vulnerabilities to HIV/AIDS within their university campuses. It examines students' preferences regarding development and implementation of HIV/AIDS programmes based on the findings of a PhD study conducted at three universities in KwaZulu-Natal province. Data was obtained through a questionnaire survey involving 1400 students, and in-depth interviews with 24 students and three HIV/AIDS coordinators drawn from across the three universities. Non-participant observations were also conducted at each of the three universities. Study findings indicate that participatory programmes and those that have an entertainment component demonstrate currency within student communities. Students rejected the didactic approach undertaken by some communication programmes with some participants arguing that "*young people don't want be told what to do*". A comparative semiotic analysis of HIV/AIDS posters within university campuses revealed a huge disparity between posters designed by students and those obtained from national communication campaigns. The choice of imagery and semantic codes differed significantly. The paper suggests the adoption of a Freirian pedagogical methodology in implementing an integrated and multidisciplinary HIV/AIDS education programmes so as to generate conditions in which students are able to reflect on their own realities and personalize the risk of HIV infection.

HIV/AIDS Impact on the Day-to-Day Activities in South African Universities

The education sector is regarded as the "best hope for survival" against HIV/AIDS due to its leadership role in research and knowledge development (MacGregor, 2001). Educational institutions possess both the human capacities and resources that place them at a better position to contribute in the management of the HIV/AIDS epidemic (Kelly, 2000). Education also equips individuals with a better understanding of the epidemic and the skills to protect themselves against HIV infection. Some studies have shown a negative correlation between education levels and HIV prevalence rates, with higher levels of infection being found among the less educated people (Vandemoortele & Delamonica, 2000; World Bank, 2002).

Nevertheless, the most profound effects of the HIV/AIDS epidemic are felt in the education sector (Coombe, 2000). Diminishing population growth rates have raised fears that the pool of applicants and range of abilities among candidates could drastically reduce in the near future (Van der Merwe & Gouws, 2005). The proliferation of children orphaned by HIV/AIDS and the child-headed households has also led to a significant increase of learners dropping out of school thus further complicating the situation in the education sector (Rispel, Letlape, & Metcalf, 2006; Van der Merwe & Gouws, 2005).

The epidemic has dealt a double blow to higher education sector through its devastating effect on both the university community – composed of staff and students – and the general population that the universities interact with and from which they draw their staff and students (Kelly, 2001). Quality and quantity of production has been compromised by the increasing morbidity and mortality rates within universities due to HIV/AIDS (Raijmakers & Pretorius, 2006). Also, loss of qualified academic, administrative and support staff has led to the depletion of the skilled and experienced staff hence affecting the output from universities (Rispel et al., 2006; Van der Merwe & Gouws, 2005). Researchers have also predicted a decline in admission and an increase in drop-out rates and in time taken to complete studies in the higher education sector as a result of HIV/AIDS (Badcock-Walters, Desmond, & Heard, 2003; Cohen, 2002; Raijmakers & Pretorius, 2006; Rispel, et al., 2006; World Bank, 2002).

HIV/AIDS Situation among Students in South African Universities

The current HIV/AIDS situation in South African universities is still unclear with no concrete statistical data on the HIV prevalence, morbidity and mortality rates. The first national Higher Education Institutions HIV prevalence and behavioural change survey was conducted in 2008-2009 and the results of this survey are not yet available¹. The current picture is thus mainly based on speculative projections and small scale prevalence

¹ The Centre for AIDS Development, Research and Education (CADRE) in conjunction with Epicenter and Constella Futures

surveys (cf. Abt Associates, 2000; SAUVCA, 2001; Council on Higher Education, 2001). The HIV situation at universities is also generally estimated to be comparable to those of similar groups in the general population (Kelly, 2001). However, this comparison may be misleading since residential universities are considered focal points for sexual activities (Chetty, 2000). The majority of university students are younger than 30 years (Raijmakers & Pretorius, 2006) which is the age category said to be at the highest risk of HIV infection (HSRC, 2002, 2005).

Abt Associates (2000) estimates the HIV prevalence among technikon students at 25% and among university students at a slightly lower rate of 20%. These rates were projected to increase to 35% for technikon students and 30% for university students by 2005. Fowler (2001) estimates that 25% of the undergraduate students and 20% of the post graduate students were HIV positive. Another projection by the South African Universities Vice Chancellors Association (SAUVCA) estimated the prevalence rates among undergraduate students at 22%, 11% among postgraduates and 24.5% among the technikon undergraduate students in the year 2000. These figures were projected to rise to 33% among undergraduates, 21% among university postgraduates and 36% among the university of technology undergraduates by 2005 (Chetty, 2000). Similar prevalence rates were reported by Ramathan (2003) who conducted a survey among a sample of 385 students randomly selected from a total population of 8000 students at a South African university and found a general HIV prevalence rate of 22.86% with the prevalence among females estimated at 28.3%.

A study commissioned by the University of Natal (now University of KwaZulu-Natal) in 1999 also estimated that up to 240 students could develop AIDS at this university by 2005 and that about 4850 students could be newly infected with HIV between 1998 and 2010 (Chetty, 2000). Based on these studies, it can be concluded that between one in every four and one in every three university students in South Africa are currently infected with HIV.

A number of studies have also noted increasing AIDS-related deaths and sicknesses among students in South African Universities even though proper records on AIDS mortality and morbidity do not exist in most higher education institutions (Dube & Ochola, 2005). Rising cases of tuberculosis, which is often associated with HIV/AIDS, have been reported in some universities while the numbers of students dropping out of university due to issues related to HIV/AIDS are also reported to be on the increase (Kelly, 2001). Researchers have also pointed out that most students are infected just a few years before they join university or during their studies at the university and therefore most of those infected succumb to the epidemic a few years after graduating (Chetty, 2000; Coombe, 2000; Kelly, 2001; Van der Merwe & Gouws, 2005).

Responses to HIV/AIDS in South African Higher Education Institutions

Universities are charged with the responsibility of generating, selecting, adapting, disseminating and preserving knowledge and stimulating intellectual life and cultural development (Kelly, 2001). For this reason, they are obliged to provide direction in tackling problems affecting society through research, knowledge dissemination and policy development. However, South African universities failed to provide this leadership in responding to HIV/AIDS challenge at its initial stages. For close to two decades since the emergence of the epidemic in South Africa, universities were not seen to be undertaking systematic and coordinated efforts to mitigate the spread of epidemic among its constituents.

The first major sign of concern on the HIV/AIDS situation in the South African higher education system came on 1st October, 1999 when the 'Tertiary Institutions Against AIDS' conference was held at Benoni in Gauteng. It was at this conference that the Minister of Education, Prof. Kader Asmal, declared AIDS epidemic as everyone's problem and asked tertiary institutions to respond to emergent needs within their own communities and in the broader external community (Asmal cited in Phaswana-Mafuya, 2005). Up to this time, universities seemed to have been preoccupied with the debate that was going on at the time about the restructuring of higher education sector (Chetty, 2000). The Association of Commonwealth Universities organized another conference in Durban in November, 1999 to address the implications of HIV/AIDS for university sector. This led to the development of 'HIV/AIDS policy for staff and students at Commonwealth Universities' (ACU, in Phaswana-Mafuya, 2005).

At the turn of the century, the Working Group on Higher Education (WGHE), with funding from the Association for the Development of Education in Africa (ADEA), commissioned a study aimed at understanding the nature of HIV/AIDS impact on African universities and the way in which universities were coping with the epidemic (Kelly, Parker, & Lewis, 2001; Kelly, 2001). The study, conducted at seven universities in six African countries, revealed what the report described as "awe inspiring silence that surrounds the disease at the institutional, academic and personal levels" (Kelly, 2001:13). Responses to the epidemic at the case study universities was characterized by "considerable disarray, inadequate understanding, piecemeal response, lack of

are currently involved in a national study which involves establishing the HIV prevalence rates among university students and staff in 22 universities in South Africa. The study began in August 2008.

co-ordination, absence of well-developed action plans, minimal policy framework, and heavy reliance on the initiative of a few interested and committed members of staff” (Kelly, 2001: 13). Universities had not put in place academic policies needed to mainstream HIV/AIDS into teaching programmes in response to the epidemic. The study recommended a forward-looking policy response characterized by committed leadership, clear targets and a strategic approach (Kelly, 2001). The study also recommended both inward-looking and outward-looking strategic response to the epidemic by universities to address the challenges posed by the disease both to the university communities and to the general population.

Another study titled ‘Institutionalising Response to HIV/AIDS in South African University Sector: A SAUVCA Analysis’ was commissioned by SAUVCA in May 2000 with the aim of examining response to the epidemic in South African universities in four key areas: management, planning, programmes and policy (Chetty, 2000). The findings of this study were presented to a workshop of the twenty one SAUVCA member institutions on 26th October, 2000. Among other key findings, this study established that there was “a clear need for focused attention to policies, procedures and programmes that would enable all higher education institutions to prevent, mitigate and manage the HIV/AIDS pandemic” (Chetty & Michel, 2005, p. 21). The study noted that there was notional awareness of HIV/AIDS but universities had not taken concrete steps to address the problem. It was also established that stigma and discrimination against those who were HIV positive was common while there was little sign of behaviour change among individuals at institutions of higher learning (Chetty, 2000). Only four out of twenty one universities represented under SAUVCA had approved and adopted an HIV/AIDS policy. Another ten universities had a draft policy while the remaining seven universities had no policy at all (Chetty, 2000). A few universities had approved a budget for HIV/AIDS related activities. The study also noted an impressive growth in the range and scale of programmes aimed at addressing HIV/AIDS at universities but pointed out that the programmes were uneven in their coverage across the higher education sector.

Similar concerns were raised in a paper presented at the same workshop by Michael Kelly, a prominent researcher on HIV/AIDS in the education sector. In his presentation, Kelly (2000) highlighted the following conditions that he pointed out as characterizing universities’ response to HIV/AIDS epidemic:

- Notional awareness but lack of concrete actions from universities
- Lack of Information and hard data
- Silence at institutional and individual level
- Stigma and discrimination
- HIV/AIDS is not being mainstreamed into the management of the institution.
- Little is being done to replenish society’s AIDS-depleted skills
- HIV/AIDS is being treated as a health problem
- Imperfect knowledge of the disease and its impact
- Little sign of behaviour change in individuals and in institutions
- Focus on prevention rather than on pro-active control (Quoted in Chetty & Michel, 2005, p. 21).

This clarion call for coordinated efforts to fight HIV/AIDS in universities led to the establishment of Higher Education HIV/AIDS Programme (HEAIDS) in November, 2001 as a partnership between SAUVCA, the Department of Education (DoE) and Committee of Technikon Principals (CTP)¹. HEAIDS advocated for the design of HIV/AIDS responses that were specific to the context of each institution but positioned within the broader framework developed by HEAIDS. Through a process involving consultation at various levels, HEAIDS compiled a comprehensive medium term strategic plan which was eventually adopted by programme managers and participating institutions by 2004 and presented to SAUVCA, the DOE and CTP for their approval. Institutional HEAIDS managers meet three times a year to discuss new developments, share experiences and concerns and to develop linkages with other institutions (Chetty & Michel, 2005)

A recent audit conducted by HEAIDS shows that the majority of South African universities had put in place the necessary policy framework to steer their response to HIV/AIDS challenge. Most (86%) of the universities had created an institutional HIV/AIDS policy while two others reported that they were planning to draft such a policy. Almost all the universities (97%) had an institutional officer responsible for managing HIV/AIDS programme although only 20% of the universities had additional finances allocated to the HIV/AIDS activities while less than half of the universities (43%) had an HIV/AIDS centre at their institution. In terms of academic programmes, only 37% of the universities had a policy for integrating HIV/AIDS into their curriculum. Notably, less than 50% of the institutions had incorporated HIV/AIDS into the core of their planning and management framework. The low level of internal communication about the HIV/AIDS epidemic and high levels of complacency among students and staff in the universities was also noted in the study (Chetty & Michel, 2005).

¹ <http://www.heids.org.za/>

Integration of HIV/AIDS into University Curriculum

As indicated by the findings of HEAIDS study discussed above, the majority of South African universities are yet to integrate HIV/AIDS education into the core of their curriculum across the disciplines. Most of the universities are still grappling with the challenges of integration such as lack of qualified academics to implement HIV-related courses, lack of interest and resistance from various academics, overloaded curriculum, lack of specific budget for integration and so on. These challenges are not only experienced at South African universities but also in various universities across the continent as evidenced in a recent report released by the African Women in Science and Engineering (AWSE) (AWSE, 2009).

The current framework for integrating HIV/AIDS into university curriculum is primarily underpinned on the need to equip university graduates with the necessary skills to respond to the HIV/AIDS challenges in their professional capacities (AAU, 2007; Chetty, 2000; HEAIDS, 2008). This therefore leads to the incorporation into specific curricula of specific academic disciplines of aspects of the epidemic that are relevant to those disciplines (Chetty & Michel, 2005; HEAIDS, 2008). The dominant trend, according to a report released by the Association of African Universities (AAU), is to emphasize content and knowledge (AAU, 2007). The problem with this approach, however, is that by focusing on the professional skills of the university students, the integration strategy largely ignores the current challenges that the epidemic poses within the student communities. Previous studies have shown that whilst university students are aware of the seriousness of the HIV/AIDS epidemic, the majority do not perceive themselves as being at risk of HIV infection despite engaging in sexual risk-taking (Raijmakers & Pretorius, 2006; Mulwo, 2009). An emphasis on training students to respond to HIV/AIDS in their professional capacities may thus perpetuate this “othering” (the feeling of invulnerability) amongst university students.

Some scholars have also pointed out that educational approaches that emphasize on technical aspects of HIV/AIDS may also lead to information fatigue amongst students (UNESCO, 2008; AWSE, 2009). A study conducted by Estie Griessel-Roux and colleagues amongst South African secondary school learners established that most learners felt that they had been exposed to more than enough technical information regarding HIV/AIDS and other medical issues (Griessel-Roux, et al. 2005, p. 255).

There is, therefore, an urgent need for HIV/AIDS educational programmes that move beyond mere intellectual and academic knowledge to addressing the real-life experiences and vulnerability of university students within campus environment (Kelly, 2002). This calls for instructional approaches that are designed to not only equip students with skills but to also conscientize them of their vulnerabilities to HIV infection within their campus settings and enable individuals to personalize the risk of HIV infection. To achieve this, the integration strategy should be informed by a comprehensive understanding of students’ preferences, both in terms of content and instructional methodology (Griessel-Roux et al., 2005).

An analysis of the findings of a recent PhD study provides insights into students’ preferences with regard to HIV/AIDS communication.

University students’ responses to HIV/AIDS communication campaigns

The study was conducted between 2006 and 2008 at three universities in KwaZulu-Natal province (University of KwaZulu-Natal (UKZN), University of Zululand (UNIZUL) and Durban University of Technology (DUT)). The key objective was to analyze responses of university students to abstinence, be faithful, condomise, and VCT messages. The study examined the sources through which students have access to HIV/AIDS information, the interpretative processes through which students make sense of this information, and their behavioral responses to the HIV prevention campaigns.

Methods

The study utilized a triangulated approach involving both quantitative and qualitative techniques. Questionnaires were administered to a total of 1400 students drawn from across the seven campuses (200 from each campus). The questionnaires were mainly aimed at examining the sources through which students accessed HIV prevention campaigns, their attitudes and perceptions towards these campaigns and their sexual practices. In-depth interviews were further conducted with 24 students to generate an in depth understanding of the interpretive strategies through which students made sense of HIV prevention communication. Interviews were also conducted with HIV/AIDS programme coordinators at each of the three universities to investigate how prevention campaigns were mobilized at each university.

Even though this study was primarily focused on students’ responses to communication campaigns, important lessons are drawn with regard to students’ informational needs and preferences which may provide useful guidelines in developing a methodology for integrating HIV/AIDS into university curriculum.

Study findings

The study investigated students’ access to HIV/AIDS information through both interpersonal and media channels

of communication. A list of interpersonal communication channels was presented to the participants who were then asked to respond *Yes* or *No* depending on whether or not they had found each channel useful in obtaining HIV/AIDS information while on campus. Results of this inquiry show that accessibility to target interpersonal channels of HIV/AIDS information was low amongst university students. A slight majority (63.5%) of the participants identified friends as a useful source of HIV/AIDS information while on campus while 61.6% identified nurse/doctor. Other sources identified were VCT centers (45.7%), guest speakers (43.7%), Campus HIV/AIDS Support Unit (44.2%), peer educators (42.3%), blood donor groups (35.7%), student organizations (30.8%), religious groups within campus (29.1%), music, theatre and puppetry (24.8%), and 'other organizations within campus' (43.5%). Significantly, classroom lectures were identified by a small proportion of students as a useful source of HIV/AIDS information (38.5%).

A further inquiry established that less than one in every three (29.5%) participants had ever attended workshop on HIV/AIDS while only 12.2% had attended a HIV/AIDS rally on campus. Those who had attended a meeting on HIV/AIDS were 23.4% whereas 38.3% indicated that they had discussed HIV/AIDS with peer educators on campus. Significantly, less than one in every three (26.9%) of the participants had ever attended a class on HIV/AIDS on campus whereas only 33.5% had attended a workshop/training/lecture on decision-making skills/negotiation skills/interpersonal skills related to HIV prevention.

Table 1: Access to Interpersonal HIV/AIDS Communication Programmes

Participation in HIV/AIDS Information Programmes	Response by the Participant			
	Yes		No	
	Frequency	percentage	Frequency	percentage
Attended a workshop on HIV/AIDS within campus	395	29.5	942	70.5
Attended a rally on HIV/AIDS within campus	163	12.2	1172	87.8
Attended a meeting on HIV/AIDS within campus	311	23.4	1020	76.6
Discussed HIV/AIDS with peer educators within campus	512	38.3	824	61.7
Attended a class about HIV/AIDS at campus	358	26.9	974	73.1
Attended workshop, training or lecture on Decision making Skills/Negotiation skills/Interpersonal skills relating to HIV prevention?	445	33.5	883	66.5

Whilst similar trends were noted across six campuses in response to most of the questions relating to access to HIV/AIDS information, students at the Nelson Mandela Medical School (UKZN) were more likely to have attended workshops and lectures, and discussed HIV/AIDS with peer educators compared to students at the other six campuses (see **Table 2**). This discrepancy could perhaps be as a result of the nature of the academic curriculum pursued by students at the Medical School. Being primarily a biomedical condition, HIV/AIDS is one of the core aspects in the study of medicine and related subjects. However, the fact that less than half of the students indicated lectures as a useful source of HIV/AIDS information raises concerns on the extent to which HIV/AIDS programmes have been mainstreamed into all the university academic disciplines as envisaged by the HIV/AIDS policies of the three universities and by HEAIDS (Chetty & Michel, 2005). Interviews with students and HIV/AIDS coordinators established that HIV/AIDS programmes have not been fully integrated into university curricula in most faculties.

Table 2: Cross-tabulation: Participants' campus * Sources of HIV/AIDS information

Campus	Whether respondent has attended a workshop on HIV/AIDS within campus			Whether respondent has discussed HIV/AIDS with peer educators within campus			Whether respondent has found Campus HIV/AIDS Support Unit useful in obtaining information about HIV/AIDS this year			Whether respondent has found lecture useful in obtaining information about HIV/AIDS		
	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total
Howard	62	133	195	109	86	195	73	120	193	54	138	192
Medical School	105	91	196	107	85	192	114	80	194	151	43	194
Pietermaritzburg	41	150	191	59	127	186	58	127	185	58	128	186
Westville	51	148	199	88	111	199	73	126	199	53	145	198
Edgewood	40	157	197	77	120	197	90	109	199	77	120	197
University of Zululand	47	112	198	70	127	197	59	130	199	73	125	198
Durban University of Technology	49	151	200	90	110	200	95	104	199	62	138	200

Like in previous studies, (cf. Coulson, 2002; Dube & Ochola, 2005; Haupt, Munshi, & Smallwood, 2004; Obregon, 2005; UNAIDS, 2005), mass media channels were the most commonly cited sources of HIV/AIDS messages. A vast majority (80.5%) of the participants found 'TV dramas, talk shows and other

programmes' useful in obtaining HIV/AIDS messages while on campus. This was followed by posters (79.9%), TV advertisements (78.8%), articles in magazines (78.2%), newspaper articles (78.0%), leaflets and information booklets (77.9%), television news (75.0%), radio news (69.0%), radio advertisements (67.9%), radio drama's talk shows and other programmes (67.6%), internet (61.8), banners (57.4%), billboards (56.8%) and murals (41.4%). When asked about their views on the need to involve students in the design and implementation of the HIV/AIDS prevention campaigns, participants responded overwhelmingly (92.3%) in support of such an approach. The reason, according to the majority (87.2%) of the participants, was that students understand their sexual practices and are therefore suited to construct messages that address their informational needs. The majority (92.4%) of the participants also thought that students are more responsive to messages created by fellow students.

Interviews with students established that they students reject some prevention options primarily on the basis that they are perceived as being externally imposed. This indicates students' rejection of the often didactic approaches that are often used in some communication programmes such as religious-based HIV/AIDS campaigns:

Students don't take that thing seriously. This whole abstain from sex thing, they don't take it seriously here. They don't like that kind of shit, you know. Young people don't want to be told what to do (Zama, in-depth interview, March, 2008).

As long as people, as long as abstinence comes from the person, as long as it's the person's, what the person wants. Then the person is also willing to do it... but when it's enforced to you...or when you are or seen that you are immoral when you don't abstain...that's where the problem comes (Jabu, In-depth Interview, March, 2008).

Looked at critically, these interviews indicate students' preference for locally-generated (bottom-up) intervention strategies rather than those that are perceived to be externally imposed.

Interviews and observational data also indicate the student's preference for HIV/AIDS programmes with entertainment content. The researcher observed that students flocked to TV common rooms to watch popular soap operas such as *Isidingo* and *Generations*. Whether, these television soap operas can be categorized as HIV prevention Entertainment Education programmes is subject to debate. Nevertheless, HIV-related issues often feature in these programmes which may partly explain the overwhelming support of television soap operas as useful sources of HIV/AIDS information in the survey as indicated above.

The study also established that the universities' HIV/AIDS units often relied on the national communication campaigns such as Khomanani for campaign materials such as posters and information booklets. The majority of the posters that were seen around campuses were sourced from the national communication campaigns. Attempts to utilize posters that were locally generated by students at UKZN failed due to the failure by the Campus HIV/AIDS Support Unit to reproduce and distribute the locally-generated posters

We do get the posters from the Department of Health but I feel sometimes that they are too generic and I would like us to have locally made posters. ... We did a poster competition and that's one thing I feel it was one of the better activities that we did and I want us to do it annually. The drawback though was that we have not been able to quickly enough print those posters because some of them were really brilliantly done by the students. (UKZN HIV/AIDS Programme coordinator, 2008, in-depth interview)

However, a comparative semantic analysis of the national communication campaign posters and the posters locally generated by university students revealed a huge contrast in the nature of imagery and semantic codes utilized. The kind of semantic codes used by students in their campaign posters (see **Figures 2 and 3 below**) differs radically from that used in the posters designed by the Department of Health and Khomanani (**Figure 1**). The poster designed by a UKZN student¹ (**Figure 2**), for example, deploys use of few words to encourage HIV testing, as opposed to **Figure 1** which has information overload. The imagery used also seeks to challenge stigma by illustrating that the future is still bright whether one is HIV positive or negative. Similar characteristics are also evident in a locally generated condom promotion poster produced through a participatory process involving university students at University of Cape Town (see **Figure 3**). This poster deploys the use of aggressive language ("f**k off") characterize the common semantic codes used by university students. The dress code also reflects that of ordinary university students hence students would most likely identify with such a poster.

¹ A HIV/AIDS poster competition for students and staff was organized by the UKZN Campus HIV/AIDS Support Unit (CHASU) between March and April 2007. Participants were asked to design a A4 poster on any of the following three themes: 'Positive living', 'knowing your HIV status', and 'Educate to eradicate stigma'. The best 10 posters were then selected by a jury identified by CHASU. These were then subjected to open scrutiny by students who were asked to vote for the best poster. The designers of the first three posters were given monetary rewards. The objective of the competition was to develop posters to be exhibited during HIV/AIDS campaigns in each of the five campuses of UKZN. However, according to the CHASU coordinator, these posters were not printed for the campaign due to lack of resources at the time.

Figure 1: KwaZulu-Natal Department of Health VCT campaign poster at UKZN, DUT and UNIZUL campuses

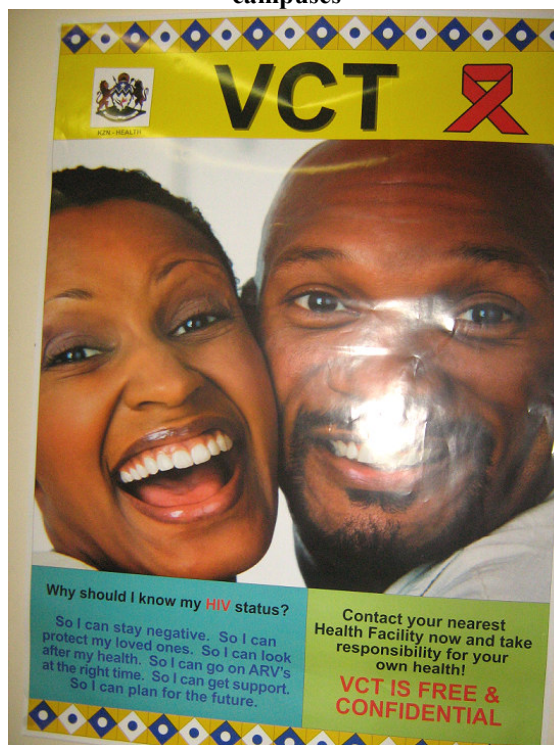
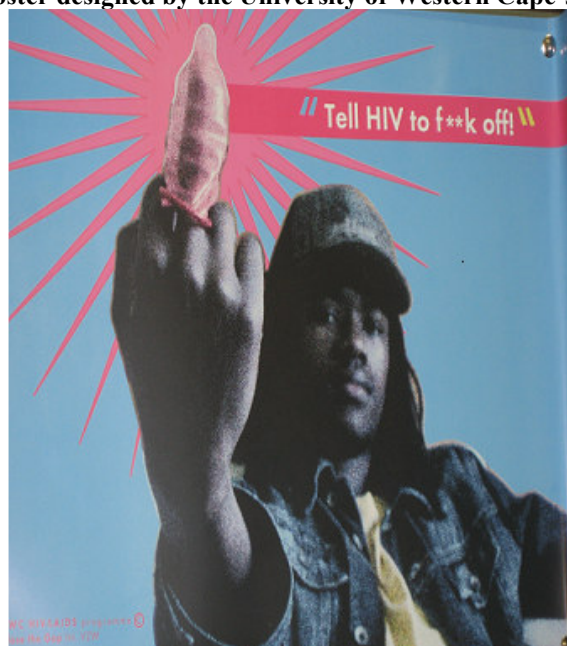


Figure 2: Poster designed by a UKZN student during poster competition



Figure 3: HIV/AIDS poster designed by the University of Western Cape's HIV/AIDS Programme



Results of this comparative analysis re-affirm the importance of adopting a participatory approach whilst developing HIV/AIDS programmes amongst students. Locally generated posters reflect unique characteristics in their use of language and visuals that university students identify with. These posters are able to connect with the semantic codes within the student culture and are therefore more likely to generate relevant decoding as compared to the poster obtained from the nationwide campaign programmes. In “Encoding/Decoding”, Stuart Hall underscores the significance of relevant codes;

The level of connotation of the visual sign, of its contextual reference and positioning in the different discursive fields of meaning and association, is the point where already coded signs intersect with the deep semantic codes of a culture and take on additional, more active ideological dimensions (1996, p. 45).

A participatory research study conducted amongst a township community in Soweto also established that the HIV/AIDS posters designed by the research participants working with the researcher demonstrated currency among the target local audiences. Based on his evaluation of the audiences’ responses to the posters, the researcher concluded that:

[I]t is clear that media cannot be divorced from social processes that seek to promote change, and further to this, if media is to be functional to these processes then the incorporation of community perspectives into the production of media products is of tantamount importance (Parker, 1994, p. 146).

Implications for Integrating HIV/AIDS into University Curriculum

The findings of this study provide useful insights that may need to be considered whilst developing a methodological framework for integrating HIV/AIDS into university curriculum. Evidence from the study illustrate that university students’ prefer communication programmes with an entertainment component and those that adopt participatory, rather than top-down communication methodologies. Significantly, students often reject didactic intervention approaches in preference for locally generated solutions. These findings suggest that integrated HIV/AIDS education programmes may not succeed as vehicles for addressing the underlying issues regarding students’ vulnerability to HIV infection, if didactic educational strategies are adopted. Lectures in most disciplines often adopt a top-down teaching method where students learn through lecturer’s presentations. This strategy often provides limited levels of student-participation.

There is, thus, an urgent need to develop an instructional framework that enables university students to personalize the risk of HIV infection through participatory learning. In *Pedagogy of the Oppressed* (1970), Paulo Freire provides a useful participatory framework aimed at developing critical consciousness about the underlying problems amongst audiences (students), and involving them in developing solutions. In Freire’s pedagogy, the role of the educator is significantly diminished to generate a bidirectionality in the learning process, where the educator problematises the world that surrounds the oppressed (learner) so as to generate conditions in which learners are able to reflect on their own realities (Freire, 1970). Audiences (students) are thus conceptualized as agents, rather than, subjects of change. Freire perceives the lecturing approach to education as ‘banking’ methodology in which the educator ‘deposits’ knowledge on the educated (student/learner) (Freire, 1970). He

argues that such an approach generates naïve consciousness amongst the educated where individuals are aware of the situation but do not undertake any concrete steps to change it. Instead, Freire proposes a participatory pedagogy where the educator and the educated both contribute towards the learning process.

The adoption of Freire's participatory methodology becomes necessary in the context of HIV/AIDS education not only because it enables the conscientization of students on the risk of HIV infection, but also because it creates the framework for a bi-directional learning process where students develop prevention strategies that work for them. Participatory learning creates a dialogical process in which students are able to tackle issues that contribute to the spread of the epidemic within their social systems. The resultant dialogue will ultimately contribute in transforming the problematic social norms and practices that encourage sexual risk-taking. In addition a Freirian participatory approach will lead to the adoption of a student-led framework where students do not just see themselves as learners or as participants in the course but, more importantly, feel the ownership of the entire programme. Integrated HIV/AIDS programmes may thus reduce perceived information fatigue amongst students with regard to HIV/AIDS as they provide opportunities for students to generate new ways of responding to the HIV epidemic.

Conclusion

In the context of high risk of HIV infection, integration of HIV/AIDS into university curriculum should not only be oriented towards development of knowledge and skills but to also complement other communication campaigns in addressing students' vulnerabilities to HIV infection within their campus settings. Integrated programmes should thus be structured to act as catalysts aimed at stimulating debate amongst students on factors that enhance risk of HIV infection with the aim of generating bottom-up interventions. This requires a shift from the ordinary didactic teaching methodologies towards more interactive Freirian participatory process that are aimed at conscientizing and stimulating dialogue amongst students. This poses a myriad challenges ranging from the lack of adequate trained academics to implement the programme, in addition to other challenges that have been noted in previous studies such as negative attitudes and unwillingness by some gatekeepers to implement the programmes within their disciplines (Association of African Universities, 2007). Universities should thus explore ways in which participatory teaching methodologies can be implemented in courses dealing with HIV/AIDS.

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