

**INTEGRATION OF HIV/AIDS STUDIES INTO THE COMPREHENSIVE
UNIVERSITY UNDERGRADUATE CURRICULUM: A STRATEGY TO
ELIMINATE INFECTION AMONG STUDENTS**

by

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degree of Master of Philosophy (HIV/AIDS Management) in the Faculty
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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

BACKGROUND

In South Africa, first year university students are vulnerable and at a high risk, of HIV infection the other group need immediate intervention because they might be sexually active and have established patterns of risky sexually behaviour. The number of students infected with HIV/ AIDS-related illness is increasing and this affects institution negatively. The purpose of this phenomenological study was to examine whether the integration of HIV/AIDS into the curriculum can reduce or minimise the infection rate among students.

OBJECTIVES

The objectives of this phenomenological study are to: 1) to review the social scientific literature and research findings on curriculum integration of HIV/AIDS in order determine the approach in which the curriculum integration can be made in a Comprehensive university.; 2) to explore the views among the selected group of students who are studying at a comprehensive university.; 3) to suggest a research agenda for the field of curriculum integration., and 4) to develop tentative, provisional guidelines and recommendations.

METHODS

The study adopted the qualitative approach with a phenomenological orientation since the aim was to explore subjective meanings, experiences and interpretations. Using Van Manen's method of hermeneutical phenomenological research, the lived experiences of 30 students who are studying at a comprehensive university were investigated. This strategy was considered appropriate since it facilitates the understanding of the essence of experience. In-depth interviews were employed as the method of data collection and, in order to facilitate this process, an interview guide was developed.

RESULTS

The findings support an integration of HIV/AIDS education into the formal curriculum. This approach is supported in the literature. Further research into students' preferences and suggestions about the format and content of HIV/AIDS programme development is strongly recommended

CONCLUSION

This research has yielded substantial empirical data from students, information that could beneficially influence the development of the HIV/AIDS curriculum. Several significant themes from this data can be argued their relevance and appropriateness for the comprehensive university HIV/AIDS education curriculum. I suggest that students' expectations of future HIV/AIDS programmes could be integrated into recommendations for future programmes. These approaches may be successfully utilised by curriculum developers

OPSOMMING

AGTERGROND

Eerstejaar-universiteitstudente in Suid-Afrika is kwesbaar en blootgestel aan 'n hoë risiko vir MIV-infeksie. Dié groep vereis onmiddellike intervensie, aangesien hulle seksueel aktief kan wees en gevestigde patrone van riskante seksuele gedrag toon. Die aantal studente met MIV/vigs-verwante siekte is aan die toeneem, wat op sy beurt die hoëronderwysinstelling benadeel. Die doel van hierdie fenomenologiese studie was om te verken of die integrasie van MIV /vigs-opvoeding by die kurrikulum die infeksiesyfer onder studente kan verlaag.

OOGMERKE

Die oogmerke van hierdie fenomenologiese studie was: (i) om die sosiaal-wetenskaplike literatuur en navorsingsbevindinge oor die kurrikulumintegrasie van MIV/vigs-opvoeding te bestudeer, ten einde die benadering tot sodanige kurrikulumintegrasie by 'n omvattende universiteit te bepaal,(ii)om die menings te verken van 'n gekose groep studente wat aan 'n omvattende universiteit studeer,(iii)om 'n navorsingsagenda vir die gebied van kurrikulumintegrasie aan die hand te doen, en(iv)om voorlopige riglyne en aanbevelings vir die integrasie van MIV/vigs-opvoeding by die universiteitskurrikulum te ontwikkel.

METODES

Die studie het 'n kwalitatiewe benadering met 'n fenomenologiese oriëntasie gevolg, aangesien die doel was om subjektiewe betekenis, ervarings en vertolkings te verken. Met behulp van Van Manen se metode van hermeneutiese fenomenologiese navorsing is die lewenservarings van 30 studente aan 'n omvattende universiteit ondersoek. Hierdie strategie is as gepas beskou, aangesien dit die navorser 'n grondige begrip van respondent se ervarings bied. Diepteonderhoude is gebruik as datainsamelingsmetode, en 'n onderhoudsgids is opgestel om hierdie proses te fasiliteer.

RESULTATE

Die bevindinge ondersteun die integrasie van MIV/vigs-opvoeding by die formele kurrikulum. Hierdie benadering word ook in die literatuur onderskryf. Verdere navorsing oor studente se voorkeure en voorstelle oor die vorm en inhoud van MIV/vigs-programontwikkeling word sterk aanbeveel.

GEVOLGTREKKING

Hierdie navorsing het beduidende empiriese data van studente verkry, wat van groot waarde kan wees vir die ontwikkeling van die MIV/vigs-kurrikulum. Verskeie belangrike temas uit hierdie data kan bes moontlik relevant en toepaslik wees vir 'n MIV/vigs-opvoedingskurrikulum aan 'n omvattende universiteit. Daar word voorgestel dat studente se verwagtinge van toekomstige MIV/vigs-programme by aanbevelings oor sodanige programme ingesluit word. Kurrikulumskrywers kan ditook met vrug gebruik.

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DEFINATIONS OF TERMS

The concepts defined briefly below are concepts that appear repeatedly in this study. These initial definitions serve to introduce the concepts while more in-depth descriptions are provided later in the study.

Comprehensive university, in higher education *comprehensive* is used fairly loosely by a number of different institutional types to signify a broad educational thrust and extensive range of academic programmes, from career focused to professional, from specialist to general academic, along a horizontal axis. It is also sometimes used to signify the range of qualifications offered by an institution on a vertical axis, from certificates and diplomas to bachelors, masters and doctoral degrees (DOE, 2004).

AIDS (an acronym for Acquired Immune Deficiency Syndrome) is the final stage of HIV infections.

An epidemic is the uncontrollable outbreak of a disease that may develop into AIDS.

HIV (an acronym for Human Immune-Deficiency Virus) is the initial stage of a disease that may develop into AIDS.

Sexuality Education is the imparting of proper information about sex and sexuality and about the risks, such as STDs, associated with sexual activities.

Sexuality Transmitted Diseases (STDs) are sickness passed from one person to another during an unprotected sexual intercourse. Gonorrhoea and syphilis are examples of STDs.

In the context of education, **mainstreaming** is basically an attempt to systemically integrate HIV/AIDS issues in education policies, programmes and projects (Rugalema & Khanye, 2004).

Infusion refers to the process of incorporating AIDS education content in the existing subjects, while **Integration** is the inclusion of AIDS messages in co curricular and other activities in and out of school (K.I.E, 1997).

TABLE OF CONTENT

DECLARATION.....	ii
ABSTRACT.....	iii
OPSOMMING.....	v
ACKNOWLEDGEMENTS.....	vi
DEFINITION OF TERMS.....	viii

CHAPTER 1: ORIENTATION

1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE PROBLEM.....	2
1.3 STATEMENT OF THE PROBLEM.....	2
1.4 STUDY PURPOSE.....	2
1.5 AIM OF THE STUDY.....	2
1.6 OBJECTIVES.....	3
1.7 MAIN RESEARCH QUESTION.....	3
1.7.1 SUBSIDIARY QUESTIONS.....	3
1.8 SIGNIFICANCE OF RESEARCH STUDY.....	4
1.9 OUTLINE OF CHAPTERS.....	4

1.10 CONCLUSION.....	4
 CHAPTER 2: INTEGRATION OF HIV/AIDS: A LITERATURE REVIEW	
2.1 INTRODUCTION.....	6
2.2 IMPACT OF HIV/AIDS ON STUDENTS AND STAFF.....	7
2.3 IMPACT OF HIV/AIDS ON FEMALE STUDENTS.....	7
2.4 WHY UNIVERSITY SHOULD RESPOND TO HIV/AIDS.....	8
2.5 COMMUNITY OUTRECH PROGRAMMES.....	9
2.6 MAINSTREAMING HIV PREVENTION AND MANAGEMENT OF HIV/AIDS...9	
2.7 INTEGRATION OF HIV/AIDS INTO ACADEMIC AND NON ACADEMIC PROGRAMMES.....	10
2.8 APPROACHES TO MAINSTREAMING HIV/AIDS EDUCATION.....	11
2.9 THE HIV/AIDS CURRICULUM.....	12
2.9.1 SELECTION OF CONTENT FOR HIV/AIDS IN HIGHER EDUCATION.....	12
2.9.2 TEACHING METHODS FOR HIV/AIDS IN HIGHER EDUCATION.....	13
2.10 SHORTCOMINGS IN THE DELIVERY OF HIV/AIDS.....	13
2.11 DEVELOPING INSTITUTIONAL LEADERSHIP ON HIV/AIDS.....	14

2.12 CURRENT RESEARCH GAPS.....	15
2.13 CONCLUSION.....	15
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY	
3.1 INTRODUCTION.....	17
3.2 RESEARCH QUESTIONS.....	17
3.3 QUALITATIVE RESEARCH IN HIV/AIDS EDUCATION.....	17
3.3.1 Characteristics of qualitative research.....	18
3.3.2 Qualitative case study research.....	18
3.4 TARGET POPULATION AND SAMPLING.....	19
3.5 DATA COLLECTION PROCEDURES.....	19
3.5.1 Focus group discussion.....	20
3.5.2 Choice of the institution and participation.....	21
3.5.3 Tape Recording and field notes.....	21
3.5.4 Procedure for conducting the data collection and analysis.....	22
3.6 DATA ANALYSIS AND INTERPRETATION.....	23
3.7 TRUSTWORTHNESS.....	24
3.8 POSSIBLE LIMITATIONS.....	26

3.9 CONCLUSION.....27

CHAPTER 4: DATA COLLECTION, ANALYSIS AND FINDINGS

4.1 INTRODUCTION.....28

4.2 RESULTS OF THE FOCUS GROUP DISCUSSIONS.....28

4.3.1 How much do you know about HIV/AIDS?.....29

4.3.2 Any knowledge about the history of HIV/AIDS?.....30

4.3.3 Have you received training in your primary school and secondary school? If the answer is yes what was covered.....31

4.3.4 What is (in your view) is the purpose of learning about HIV/AIDS?.....33

4.3.5 How HIV/AIDS is transmitted and how it can be prevented?.....34

4.4.6 What are its implications on families, economy of the country and social implications?.....34

4.4.7 Do you think is it necessary to educate university students about HIV/AIDS? If the answer is yes what should be covered?.....35

4.4.8 Is there any need for integration of HIV/AIDS into the university curriculum?....37

4.4.9 What could be the challenges on both lecturers and students' side of teaching as far as integration process is concerned?.....38

4.4.10 Is there any need for the specific tasks between your subject matter and HIV/AIDS.....39

4. 4.11 Do you have any suggestions about how learning of HIV/AIDS should be integrated.....40

4.5 SUMMARY OF THE RESULTS AND CONCLUDING REMARKS.....42

CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION.....43

5.2 CONCLUSIONS.....43

5.2.1 What is HIV/AIDS approaches can be integrated into the university curriculum?.....44

5.2.2 What should be the curriculum content?.....45

5.2.3 What should be the approach of curriculum content?.....45

5.3 RECOMMENDATIONS.....46

5.3.1 Recommendations for the lecturers.....46

5.3.2 Recommendations for the Departments.....47

5.3.3 Recommendations for the university.....47

5.3.4 General recommendations for enhancing the implementation of Integration of HIVAIDS into the university curriculum in HE.....48

5.3.5 Recommendations for further research.....48

5.4 CONCLUDING REMARKS.....49

5.5 LIST OF REFERENCES.....	50
APPENDIX A: Interview questions.....	57
APPENDIX B: Letter requesting permission.....	58
APPENDIX C: Approval of permission.....	60
APPENDIX D: Informed consent form.....	62

CHAPTER 1: ORIENTATION

1.1 INTRODUCTION

This study was necessitated by the fact that media information in the Daily Despatch of 27th August 2012 revealed that Comprehensive University has the highest HIV/AIDS infection rate among all the universities in South Africa.

The results of the Higher Education Sector Study on HIV prevalence and related factors indicated a need to intensify HIV/AIDS awareness, educational campaigns and treatment. In our context as the university, this is made even more imperative by the finding that our province, the Eastern Cape, has the highest (6.4%) prevalence of HIV/AIDS when compared to other provinces. The associated bad practice e.g. the abuse of drugs and alcohol need equal attention as well, if the investment government is making on higher education will have returns. Whilst the university is working hard to respond to the study through increasing its efforts to combat HIV/AIDS, support from government would be necessary to enhance such efforts (WSU submission report, 2010).

Higher Education and Training Minister, Dr Blade Nzimande, said during the announcement of the results in April: "One of the clearest implications of the survey is the need to strengthen workplace HIV/AIDS programmes at institutions". This is why the University has decided to bring to the forefront the Centre which was launched last year to stop the spread of HIV/AIDS and to promote healthy minds and lifestyles. In response to this, comprehensive university has a fully-fledged Centre for HIV/AIDS (CHA), launched in 2009, which has a presence on each of the four campuses: Mthatha, Butterworth, Buffalo City and Queenstown. This Centre strives to reduce further HIV infections among students and staff by developing educational programmes that are responsive to the new trends of combating HIV/AIDS.

1.2. BACKGROUND TO THE PROBLEM

South Africa is the country with the largest population of people living with HIV/AIDS, having an estimated 5, 7 million people infected in 2009 (UNAIDS, 2009). This means that about 1 in 4 of South Africans are directly affected by HIV/AIDS and about 1 in 3 is in some way affected by the HIV/AIDS pandemic- through close friends or family having the disease. South Africa is one of the countries in the world where HIV/AIDS is most prevalent.

Preventative measures so far have not reduced the growth of this disease, and how this is to be achieved in an efficient manner is still to a large extent an unanswered question. However, there is a broad consensus that the epidemic can only be stemmed if knowledge is disseminated to the general populace about (1) the disease and its causes as well as the (2) the behaviours that are called for to avoid infection (Walker, Reid and Cornell, 2004; Gow and Desmond, 2002).

1.3. STATEMENT OF THE PROBLEM

The problem to be investigated in this study is the integration of HIV/AIDS studies into the Comprehensive University undergraduate curriculum as a strategy to eliminate or reduce infection among students. The role of the university in the process of arresting the spread of HIV/AIDS among students must be critically evaluated to determine the scope of an integrated interdisciplinary approach. There is certainly no standard approach or universal recipe to mainstreaming HIV/AIDS into the life of any institution. In the case of tertiary institutions like Comprehensive University, mainstreaming can involve integrating HIV/AIDS into core operations, functions and curricula.

1.4. STUDY PURPOSE

The researcher developed interest in this study because of the Daily Dispatch newspaper report of 27th August 2012. It is therefore, became relevant and necessary that this study is undertaken to identify major factors that promote HIV/AIDS infection among Comprehensive university students and find solutions to abate or eliminate the infection.

1.5. AIM OF THE STUDY

At the end of the study the research intends to identify strategies that can be used in the integration of the curriculum to eliminate or reduce HIV/AIDS infection among students at comprehensive university.

1.6 OBJECTIVES

- To investigate how HIV/AIDS spread among students at comprehensive university.
- To identify how this spread can be eliminated or reduced at comprehensive university.
- To provide a brief history of HIV/AIDS infection among students in general.
- To provide information about new developments in HIV/AIDS infection elsewhere.

- To briefly outline the extent and trends of HIV/AIDS infection at comprehensive university
- To use the findings to make recommendations about how to eliminate and or reduce HIV/AIDS infection at a Comprehensive university.

1.7. MAIN RESEARCH QUESTIONS

The main research question to be investigated in the study is “Can the integration of HIV/AIDS studies into the Comprehensive University undergraduate curriculum be a strategy to eliminate or reduce infection among students?”

1.7.1. Subsidiary research questions

The following are the subsidiary research questions whose answers will contribute towards the answer to the main research question and consequently making the statement of the problem identified and resolved.

- What HIV/AIDS approaches can be integrated into the university curriculum?
- What should be the curriculum content?
- What should be the approach of delivery of the curriculum content?
- Can life-protecting value systems contribute to desirable behaviour at Comprehensive University to reduce HIV/AIDS infection among students?

1.8. SIGNIFICANCE OF THE STUDY

After the successful completion of the study and the report has been compiled, the major findings and recommendations can be combined and a proposition made to the Comprehensive university authorities to act on them. This will help to provide motivational strategies to entice students to take precautionary measures against HIV/AIDS infection at Comprehensive University. In addition, the findings and recommendations will be shared with the wider scholarly community in a journal article in which the university and participants will remain anonymous. I believe that this will help to provide motivational

strategies to entice University authorities to take the necessary measures to implement the integration of HIV/AIDS into the university curriculum in a correct and proper fashion.

1.9. OUTLINE OF CHAPTERS

The chapters of the study were arranged in the following sequence.

Chapter 1: Introduction, Background, Statement of the problem, Purpose and Significance of the study and Research questions.

Chapter 2: Literature review and commentary on reviewed literature

Chapter 3: A detailed account of the research design and methodology employed.

Chapter 4: Discussion, analysis and interpretation of the qualitative data collected.

Chapter 5: Conclusions and recommendations.

1.10 CONCLUSION

The aim of this chapter was to provide an introduction and orientation to this study. It sketches the background to the study and provides an exposition of the research problem. Subsequent derivation of the research questions was addressed next, followed by an overview of the research methodology and design adopted in this study. Having introduced the structure of the research, the next chapter will concentrate on the literature review.

CHAPTER 2

INTEGRATION OF HIV/AIDS: A LITERATURE REVIEW

2.1 INTRODUCTION

More than 60% of new HIV infections in South Africa occur in the 15 to 25 year-old age group, adolescent girls account for most new infections (Call, Riedel & Hein, 2002). According to Higher Education Aids Programme (HEAIS) (2010) research shows that there are complex causal determinants of the high levels of HIV infection among young people in South Africa. These include multiple sexual partners, low or inconsistent rates of condom usage, violent coercive male sexual behaviour, lack of sexual communication between partners.

According to Kelly (2001) the dominant attitudes of students towards AIDS are denial, fatalism and to associate strong stigma with HIV/AIDS. Kelly further states that it is difficult for students to publicly disclose their status, in turn contributing to denial, silence and further spread of the disease on university campuses.

This means that young people are the centre of HIV/AIDS as they are at the centre of education because it is young people who are studying at the university acquiring the values, attitudes, knowledge and skills that will serve them subsequently in adult life. The death of the lecturers and their students in universities due to HIV/AIDS has led to a cumulative loss of skilled labour and potential skilled labour” (UNESCO, 2004).

It is argued that in the absence of a cure for HIV/AIDS, education is the strongest vaccine against further spread of the epidemic. In spite of these challenges mentioned above, the integration of good quality sexual health and HIV/AIDS education into the university curriculum is critical. This means all lecturers need essential training in HIV/AIDS. Many lecturers have this already, but they need greater skills as society comes to realise that it is teachers who are at the interface of this epidemic far more than nurses and doctors (Crewe, 2000).

2.2 IMPACT OF HIV/AIDS ON STUDENT AND STAFF

It is possible that HIV/AIDS can reduce student enrolments through deaths, illness, financial constraints, and demand for home care of sick relatives and friends (Fasokun in Odwaran and Bhola, 2006). HIV/AIDS also increase the cost of training academic and support staff due to attrition, premature deaths, and employee benefits given in case of illness or after death. These impacts can adversely affect the quality of education within the institution because sick, depressed, unmotivated or demoralized staff cannot be expected to teach effectively, nor can infected and affected students be expected to fully comprehend educational instructions or attend to all the course workloads with the infection stigma (Shaefer, 1994, Kelly, 2006a).

Vice-Chancellors and Presidents of African Universities held in Tripoli, Libya in October, (2007) argued that universities still remain as places where students and employees are extremely reluctant to disclose their HIV status, and where stigma also prevails. He recommended a need for greater commitment of institutional leaders to develop and enforce policies that ensures that students undertake HIV/ AIDS education at least once a year;

2.3 IMPACT OF HIV/AIDS ON FEMALE STUDENTS

First year women residences are the most vulnerable group because some of them are for the first time to be away from home. They experience the pressure to engage in risky sexual active with older students. Many of these women lack the skills and self-esteem to negotiate condom usage or safe sexual behaviour. Many of them have not received adequate and accurate information about HIV/AIDS and also have not been taught the life skills in their primary schools and secondary schools (HEAIDS, 2004).

Students in the tertiary and higher education institutions are increasingly under pressure to pay higher fees, and this pressure is perhaps much more acute on female students, who are now being pressured into commercial sex work or sexual liaisons with older men to secure these extra finances to bridge their fee gaps (Ochanda, Njima and Schneegans, 2006).

This means that when infusing HIV/AIDS information into university courses, the gender aspects of the problem could also be explored and discussed as to how it contributes to the problems of HIV transmission. This also means that female students must be equipped with skills so that they can be able to negotiate condom usage with their partners.

HIV/AIDS education must also be more responsive to the needs of young women. HIV/AIDS content should focus more on how gender, women's social status, and women's roles affect sexual risk behaviours and the ability to take steps to reduce risk of infection.

2.4 WHY UNIVERSITIES SHOULD RESPOND TO HIV/AIDS

- HIV/AIDS is a development issue, not just a health issue: AIDS affects not just the health status, but the social, economic and psychological wellbeing of people and organisations. Therefore institutions of higher learning must formulate an appropriate response in a different way to the way they are at present.
- HIV/AIDS does not only affects individuals, but organisations and systems: All the people that make up a university community that is academics, non academics, students administrative staff, support staff and parents are affected .The epidemic will have an effect on absenteeism by both students and staff. The institution will also lose students and staff through death, trauma etc. This will ultimately affect productivity and that will also cause the viability of the institution to be questioned.
- HIV/AIDS affects human resource development: The people who are at the university are young people who represent the future corps of the highly skilled base of any economy. They are at the centre of HIV/AIDS as they are the centre of education. Many may get the virus at the university.
- Preventing the spread of HIV/AIDS and managing its impact requires knowledge: universities should take a leading role in the fight against HIV/AIDS by providing people with new knowledge. Universities should play a vital role in shaping the attitudes and practices of future decision makers. Universities have also a responsibility of generating and disseminating new knowledge, which will affect its prospects of limiting and mitigating the effects of the pandemic. Universities have a capacity of influencing policy and shaping the national development agenda. Research can also be mobilised as a decision-making tool.
- Successful institutional and societal responses to HIV/AIDS require leadership: Leaders with a strong vision are required in the communities to represent and defend values which are essential in the fight against HIV/AIDS. These include openness, freedom of choice, the value of knowledge and a belief in the beneficial effects of social and economic progress (Kelly, 2002).

The above mentioned information indicates that institutions of higher learning should play a leading role in educating young people about HIV/AIDS and society in general.

2.5 COMMUNITY OUTREACH PROGRAMMES

Institutions of higher learning can play an important role in the development of community outreach projects for HIV/ AIDS prevention, care, and counselling of the infected and affected. These could include impact-mitigation projects for orphans and vulnerable children, and people living with HIV or suffering from AIDS. Students could be encouraged to participate in the development and implementation of awareness campaigns and peer-education activities within the university community as well as the surrounding ones.

Students could also assist local communities by offering skilled/professional services free of charge, which could also serve as opportunities for the students to gain professional experience. For example, in some countries, university students from different faculties would visit a slum settlement within the vicinity of the university and offer public education and free medical services to the inhabitants. Such outreach programmes were also observed in teacher colleges in Kenya, where teacher trainees visit schools on the weekends to do their teaching practice and educate the local communities on the risks of HIV/ AIDS (Nzioka, 2006).

Mainstreaming of HIV/AIDS is critical so that students can acquire the skills and knowledge in order to assist their communities. Mainstreaming of HIV/AIDS education into the curriculum is the key to promoting preventative education which is a crucial factor in reducing vulnerability to HIV, discouraging high-risk behaviour, and mitigating the impacts of HIV/AIDS.

2.6 MAINSTREAMING HIV/AIDS PREVENTION AND MANAGEMENT OF AIDS

In the context of education, mainstreaming is basically an attempt to systemically integrate HIV/AIDS issues in education policies, programmes and projects (Rugalema & Khanye, 2004). It is a process of analyzing how HIV/AIDS impacts on the education sector, and, based on the sector's comparative advantage, designing programmes and putting in place structures to deliver those programmes.

Mainstreaming can be defined as “the process of analyzing how HIV/ AIDS impacts on all sectors now and in the future, both internally and externally, to determine how each sector should respond based on its comparative advantage” (Elsley and Kutengule, 2003).

According to Elsley and Kutengule (2003) mainstreaming entails the following:

- Examining how the institution is influencing the spread of HIV within the university and the surrounding communities.
- putting in place policies and practices that protect institutional staff and students from HIV infection while also supporting the infected to live with HIV/ AIDS and its impact;
- ensuring that training and recruitment takes into consideration possible future staff depletion rates and disruption that are likely to be caused by increased morbidity and mortality due to HIV/ AIDS;
- refocusing the work of the organization so as to ensure that the infected and the affected are still able to be optimally productive;
- ensuring that the institution’s activities do not increase the vulnerability of the communities working with or around the institution.

Universities should take into consideration all the above aspects when mainstreaming HIV/AIDS. Mainstreaming can involve integrating HIV and AIDS into core operations, functions and curricula.

2.7 INTEGRATING HIV /AIDS INTO ACADEMIC AND NON-ACADEMIC PROGRAMMES

Kelly (2002) argues that HIV/AIDS education should support the strategy of integration. He put more emphasis on the fact that HIV/AIDS education should engage the whole person not just academic knowledge but also should include suggestions for real-life action and behaviour. Kelly further states that higher education institutions are in a better position that allows them to easily influence and shape debate, action and policy with regard to HIV and AIDS both at institutional and societal level.

One main outcome of HIV/ AIDS policies in a tertiary or higher education institution should be the mainstreaming of HIV/ AIDS into the formal and non-formal curricula. HIV and AIDS education needs to be incorporated into the curriculum of all faculties. Students and staff need to be “HIV-aware, HIV-competent and HIV-safe” (Coombe, 2003). In seeking to provide HIV/ AIDS education, tertiary and higher education institutions may need to explore adopting the use of a variety of approaches.

2.8 APPROACHES TO MAINSTREAMING HIV/AIDS EDUCATION IN HIGHER EDUCATION

Chetty (2002, p: 27-28) outlines four of the various options that are now being tried in a number of institutions, these are the following:

An Integrated Model. It emphasises that every faculty should ensure that students and lecturers are AIDS literate and that HIV/AIDS is integrated into their degree programmes. It also put more emphasis on fact that every university lecturer must take cognisance of the ways in which HIV/AIDS affect their discipline. Skills related to preventing and managing (Crewe, 2001).

Compulsory Model. This one challenges both lecturers and students to work with a range of issues; these issues are much wider than the biomedical aspects of the epidemic. It focuses on providing students with knowledge about HIV/AIDS and also increased awareness of risk and skills to make better choices in their social and sexual relationships. The assignments and tests written by the students can make students to change their attitudes and skills to deal with HIV/AIDS. This can also encourage students to approach the network of services' (such as counselling, testing and care). For example Kenyatta University has adopted the approach of requiring all undergraduates to complete compulsory courses on HIV/AIDS as well as offering certificate, diploma post graduate training in HIV/AIDS to teachers (Owino,2001).

Non-Formal Model. This involves recruitment and training senior students as volunteers to work with their peers. Students are recruited through special interest activist groups; HIV/AIDS support groups or groups with a community outreach orientation. The programmes are voluntary, unpaid and target more senior students to work with new students.

Experience proves that students learn more readily from their peers. Peer education strategies are low cost, flexible and can reach substantial numbers with little infrastructure. This model had been successful in the prisons outreach programme of the Copperbelt University in Zambia uses peer educators and counsellors (Simoooya, 2001).

Specialised Courses - There are two possible options: the first is that programmes can be offered within any faculty or discipline as a qualification with a specific focus on HIV/AIDS. The programme may include content from a range of disciplines. The second is that elective or compulsory modules are built into degree structures as a discrete requirement with a specific focus on HIV/AIDS.

In order for the institution of higher learning to integrate HIV/AIDS education into curriculum successfully, they must employ one of the four models. The successful implementation of these four models depends on the support of institutional leadership.

2.9 THE HIV/AIDS CURRICULUM

An HIV/AIDS curriculum's quality is judged by its impact on students. The institutional curriculum should provide for practical information about HIV/AIDS and covers topics that promote awareness. It should address risk behaviour such as drugs, pre marital sex and alcohol and looks at ways of avoiding such behaviour.

2.9.1 SELECTION OF CONTENT FOR HIV/AIDS IN HIGHER EDUCATION

A key aspect of curriculum design depends on what the students will be exposed during the learning experience. According to Kelly (2002, p 8) the content of education programmes at university should include the following:

- Sexuality and relationships • Respect and regard for others - equality and power sharing
- Knowledge and understanding of HIV/AIDS
- Popular myths and errors

- Psycho-social life skills for the promotion of health and well being – decision making, interpersonal relationships, self awareness, stress and anxiety management, coping with pressures, negotiation of contentious situations, assertiveness, self esteem and self - confidence
- Reproductive health
- The role and value of abstinence
- The meaning of protected sex
- Fidelity in marriage
- Information about counselling and testing
- The meaning of a healthy lifestyle
- This means that the content should cover all these aspects mentioned above.

2.9.2 TEACHING METHODS FOR HIV/AIDS IN HIGHER EDUCATION

Kelly (200, p 9) alludes that it is crucial that programmes on HIV/AIDS should be interactive and participative. I do agree with Kelly because it easy for the students to understand when they are given a space to participate in the discussion especial sensitive issues like HIV/AIDS. The nature of the teaching methods must such that students are engaged in the learning content. This means that lecturers must employ the following teaching methods

- Discussion
- Group work
- Involvement of the students
- Using weekly reflections
- Through group activities
- Critical Reflection on own life and experiences
- Role-play plus reflection
- Investigative project work

The involvement of people living with HIV/AIDS is also critical in all prevention education programmes. It is therefore obvious that HI/AIDS education must follow this route.

2.10 SHORTCOMINGS IN THE DELIVERY OF HIV/AIDS

There are a number of shortcomings in the delivery of HIV/AIDS. UNESCO (2003, p4) alludes on the following examples of shortcomings:

- HIV/AIDS education has been added to an already overcrowded curriculum.
- HIV/AIDS education is often added to the existing syllabus of a particular mandatory subject, but no provisions are made to make sure that HIV/AIDS education is taught or that learning outcomes are assessed in meaningful way.
- No specific time or far too little time is allocated to the teaching of the subject.
- Lecturers are not adequately trained or supported to apply the necessary interactive pedagogical methods.
- Teaching and learning materials often are not available.

The above mentioned shortcomings in the mainstreaming of HIV/AIDS require a strong and visionary leadership to deal with all these problems.

2.11 DEVELOPING INSTITUTIONAL LEADERSHIP ON HIV AND AIDS

It is crucial for universities to provide intellectual leadership, to challenge assumptions about the epidemic, society, sexuality and identity and to create new understandings of HIV/AIDS and the contexts in which it is developing (UNAIDS/WHO, 2005). Strong and committed leadership can inspire action, mobilize resources, establish policies and set up responsive organizational structures (Kelly and Bain, 2005). In instances where institutional leaders have made HIV/ AIDS a priority, the response has been immediate, effective and visible.

In higher education institutions leadership that comes from vice chancellors or a designated senior manager sends a strong message within the institution and to the wider community that HIV/AIDS management is a priority. A recent study on the response of teacher training colleges (TTCs) to HIV/ AIDS demonstrated that when institutional heads provide leadership in HIV/ AIDS, college communities are likely to take such activities more seriously (Nzioka, 2006).

One example is the University of Durban, now known as the University of KwaZulu-Natal, where strong response began in the late 1990s under the leadership of the Vice-Chancellor. One outcome was the establishment of what is now the internationally renowned Health Economics and AIDS Research Division (HEARD) under the leadership of Professor Alan Whiteside. In institutions like this, decision-making and programme management structures have been established, networks have been created, resources have been found and the climate of silence and denial about AIDS has been broken.

From the preceding discussion on leadership it can therefore be concluded that a strong and focused leadership is necessary to break the highly observable culture of silence on HIV/AIDS and to help to acknowledge the threat to institutional functions and operations.

2.12 CURRENT RESEARCH GAPS

The researcher observed several methodological challenges in the body of literature as a whole. The majority of studies reviewed focus on high school education. There is lack of a good information regarding the magnitude of the HIV/AIDS situation in higher education institutions pervades the literature on HIV/AIDS and higher education in South Africa. Kelly (2001) noted that many of the institutions of higher learning are in the dark concerning the HIV/AIDS situation on their own campuses. The research focuses on high school education; very little research focuses on the institution of higher learning.

There is a lack of information from the literature with regard to the impact and risk assessment within institutions of higher learning and this makes it difficult to establish the magnitude of the problem and to make projections of future losses of staff and students. It also makes it difficult to project what this increasing attrition means for these institutions in future (Kelly, 2001; Chetty, 2000; Abebe, 2004). Very few articles and reports from the literature reported that institutions of higher learning have integrated HIV/AIDS in the teaching curriculum. The reports, however, do not give any details as to how these curriculum integrations have been achieved.

2.13 CONCLUSION

HIV/AIDS is having a devastating impact on the institutional system. There is need to support a strengthened response to the reduction of risk, vulnerability and impact of HIV/AIDS by mainstreaming HIV/AIDS in all work plans and strategies related to education. To do this, there is a need to learn that mainstreaming requires commitment and close collaboration with other stakeholders. Addressing the HIV/AIDS needs every stakeholder to ensure that HIV/AIDS transmission is prevented at universities. Lecturers, students and even those planning for the university as well as the communities around the university need to be HIV aware if they are to protect themselves from getting the virus and provide care and support for those already affected and infected by HIV/AIDS.

Preventing HIV/AIDS has proved to be difficult. It has meant amongst other things, forging new links between sex, illness and death and encouraging the belief that solidarity, compassion and understanding are more appropriate to HIV/AIDS than discrimination about approaches that caused misgiving or offence. This allowed government, civil society, traditional leaders and faith organizations to convey non-conflicting messages'. (Kelly, 2002 pg 11) Education remains critical in the fight against the spread of virus A strong leadership is required for the success of this initiative. Higher education institutions occupy advantageous position in shaping and influencing the attitudes and the debates of decision makers.

The next chapter deals with the research design and methodology.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In order to answer the research question for this study, relevant research data are necessary. The process of data collection and analysis in this study is based on qualitative research methodology. I shall therefore discuss the qualitative research approach followed in this study. The chapter will provide an account of the research design and will describe the research methods and data collection performed.

3.2 RESEARCH QUESTIONS

The main research question to be investigated in the study is “Can the integration of HIV/AIDS studies into the Comprehensive University undergraduate curriculum be a strategy to eliminate or reduce infection among students?”

The main research question eventually leads to the following four subsidiary research questions, the answers of which would collectively contribute towards answering the main research question:

- What HIV/AIDS approaches can be integrated into the university curriculum?
- What should be the curriculum content?
- What should be the approach of delivery of the curriculum content?
- Can life-protecting value systems contribute to desirable behaviour at WSU to reduce HIV/AIDS infection among students?

3.3 QUALITATIVE RESEARCH IN HIV/AIDS EDUCATION

Qualitative research is an umbrella term that covers a variety of social research methods, drawing on a variety of disciplines such as sociology, social anthropology and social

psychology (Denscombe, 2005, p367). Taylor (2000,p 164) contends that qualitative research begins with observation of a phenomenon followed by the collection and recording of data.

Qualitative research aims to provide an in-depth understanding of people's experiences, perspectives and/or histories in the context of their personal circumstances or settings. It is characterized by a concern with exploring phenomena from the perspective of those being studied and by using unstructured methods which are sensitive to the social context of the study (Patton, 2002, p40). The fundamental concern of this type of research is "making sense of" while seeking to understand the social actor's understanding of situations as well as endeavouring to create a "descriptive analysis that emphasizes deep, interpretive understanding of social phenomena" (Henning, Van Rensburg and Smit, 2004, p21).

3.3.1 Characteristics of qualitative research

Qualitative research is inquiry in which researchers collect data in face to face situations by interacting with selected persons in their natural setting (McMillan and Schumacher, 2001, p 315). According to Denscombe (2005, p.267), what actually separates qualitative research and gives it its distinctive identity is the fact that it has its own special approach to the collection and analysis of data, which makes it quite different from its quantitative counterpart. In qualitative research, data are collected in their natural context (Flick 2004, p8).

According to Christensen (2004, p. 52), qualitative research is multi-methodological, in nature. This means that a variety of methods are used to collect the data. The researcher works from the assumption that reality is socially constructed and dynamic (Siegle, 2006, p.2). According to Bogdan and Biklen (1998, p.4), qualitative research has actual settings as the direct source of data and the researcher is the key instrument. Therefore the researcher will spend time in the natural settings to be able to understand the context in which the phenomenon occurs.

3.3.2 Qualitative case study research

Yin (1994,p. 23) defines a case study as an empirical enquiry that investigates a contemporary phenomenon within its real life context, when the boundaries between

phenomenon and context are not clearly evident and in which multiple sources of evidence are used. This definition is supported by Stake (1995). Mitchell (2000, p. 169) states that the case study refers to an observer's data; that is documentation of some particular phenomenon or set of events which has been assembled with the explicit end in view of drawing theoretical conclusions from it.

The reason for utilizing the case study methodology is that it allows for an in depth detailed understanding of a specific phenomenon within a bounded system. Of relevance is the uniqueness of the case, and this is applicable to constructive alignment. Case studies can be either quantitative or qualitative in nature. Due to the interpretative nature of the research in this study, a qualitative research approach has been adopted (Guba and Lincoln, 1994).

3.4 TARGET POPULATION AND SAMPLING

Purposeful sampling involves selecting information rich in participants for in depth study (Patton, 2002, p. 242). The power and logic of purposeful sampling is that the study of only a few cases yields many insights about the topic (McMillan and Schumacher 2001, p. 318).

Purposive sampling is done according to criteria relevant to a particular research question. It uses people who can help find the answers to the research questions posed (Henning et al., 2004). These "desirable participants", as Henning (2004, p. 71) refers to them, are purposefully chosen based on their knowledge of the topic. For example, in the current study, Students were chosen because of their knowledge and experience of HIV/AIDS at the university in question.

The faculty of Business schools of my institution has 140 students. 30 students were invited to participate in the current study, typifying the purposeful sampling used in the study as comprehensive sampling.

3.5 DATA COLLECTION PROCEDURES

Qualitative data collection is primarily in the form of words rather than numbers (McMillan and Schumacher, 2001, p. 41). According to Bogdan and Biklen (1998, p. 106) the term "data" refers to the rough information researchers collect from the case they are studying:

they are the particulars that form the basis of the analysis. They also explain that data includes information the researcher actively records as well as what others have created. Therefore the data collected may be in the form of interview transcripts and official documents, as well as documents and work created by the participants.

The data collection strategies used in this study included a literature study (see chapter 2) and focus group discussions (see chapter 4).

3.5.1 Focus group discussions

A focus group discussion is a unique research instrument that promotes interaction among participants to gather information not only about what individuals think but also to learn about past experiences that have contributed to a perception or attitude about a particular topic (Morgan 1997).

According to McMillan and Schumacher (2001, p. 360), by creating a social environment in which group members are stimulated by one's perception and ideas, the researcher can increase the quality and richness of data through a more efficient strategy than one-on-one interviewing. To minimize boredom, focus group discussions are generally not stretched beyond two hours (Debus, 1988). The timing of the meeting should be convenient to all participants.

Lindlof and Taylor (2002, p. 182) mention a number of advantages of using focus group discussions, including the following:

- Group discussion produces data and insight that could be less accessible without interaction with the group of participants.
- Group members discover a common language to describe similar experiences. This will enable the researcher to understand the situation.

- Focus group discussions provide an opportunity for the people to disclose whatever they want to say about a situation. For example, in the context of the workplace some employees often find themselves in situations in which they experience lack of voice and feelings of isolation.

The choice of participants for the focus groups depends on the topic of the focus group. Normally the people who are included are those that are knowledgeable about the topic. The suggested number of participants per focus group is usually between six and eight. Group members should be representative of the intended target population. However, the manageable number of group members is between six and ten participants (Krueger and Casey, 2000).

I prepared an interview guide or schedule (Hoepfl, 1997, p. 7) to guide me in conducting the focus group discussions. However, it was only a guide as I responded to the participant's answers and asked follow-up questions, depending on how they answered the interview questions. The discussions were all tape recorded and transcribed verbatim.

Producing a schedule beforehand forces the researcher to think about the wording of questions or sensitive areas (De Vos, 2002, p. 302). The interview guide was therefore drawn up to ensure that the discussions stay on track and to keep to the limited time available.

3.5.2 Choice of institution and participants

The institution where research was conducted was chosen according to the area in which I work and live. The area covers a socio-economically poor area. I chose this institution because of its proximity to me, which made it practical and convenient. Furthermore, as a staff member therefore accessibility was not problematic.

3.5.3 Tape recording and field notes

Observations of what occurs while the researcher is in the field are recorded as field notes (McMillan and Schumacher, 2001, p.422). Denscombe (2005, p. 175) explains that under

certain circumstances researchers will have to rely on field notes written soon after the interview took place or preferably during the discussion. A crucial advantage of taking field notes at an interview is that the audio tape-recording might fail. Field notes can cover information relating to the context of the location, the climate and atmosphere under which the interview was conducted, as well as clues about the intent behind the statements and communication as they were deemed relevant to the interviews. The notes are dated and the contexts are identified (McMillan and Schumacher, 2001, p. 442).

I made notes during and after the discussions regarding the context of the discussions and the participants. The information in the notes was in addition to the information gathered from the discussions.

3.5.4 Procedure for conducting the data collection and analysis

This study was conducted with the aim of increasing awareness of the significance of HIV/AIDS education and to make recommendations how HIV/AIDS education should be integrated into the university curriculum. Different sources of data were used for data collection. To determine evidence of integration of HIV/AIDS into the university curriculum a literature review, followed by focus group discussions with students of comprehensive university.

The discussions with students were conducted at a time and a place convenient for them, i.e. during their lunch time, followed by one period after lunch. This provided a maximum time slot of two hours per focus group discussion. In total, thirty participants eventually participated in the focus group discussions. There was a mixture of male and female students in each group

At the beginning of the discussions I explained the purpose of the study by way of introduction. All participants were assured of the fact that their participation would remain confidential. The discussions were audio taped to help me with the transcription and the review of the discussions. During the focus group discussions I made notes regarding student's expressions and attitudes that might be useful in the final analysis. All participants who participated showed eagerness to take part in the discussions. At the outset of all three

focus group discussions tension was noted regarding some of the participants but the mood became relaxed once the discussions were underway.

I used the questions in the interview guide I had prepared beforehand to assist me with the flow of the discussions. In total, the interview schedule contained eleven questions (see Appendix A). Open-ended questions were used and where necessary, the questions were rephrased. Follow-up questions were asked in some cases and the student-participants were encouraged to elaborate or to use examples.

3.6 DATA ANALYSIS AND INTERPRETATION

According to McMillan and Schumacher (2001, p. 461) qualitative data analysis is primarily an inductive process of organizing the data into categories and patterns of meaning. Most categories and patterns should emerge from the data, rather than being imposed on the data prior to data collection. In this way qualitative analysis becomes a relatively systematic process of selecting, categorizing, comparing, synthesizing and interpreting in order to provide explanations of a single phenomenon of interest (McMillan & Schumacher, 2001, p. 462).

According to McMillan and Schumacher (2001, p. 464), data analysis begins as the first set of data is gathered and runs parallel to data collection, because each activity (data collection and analysis) informs and drives the other activities. I therefore tape-recorded all discussions, transcribed them fully, made field notes and immediately started with data analysis and interpretation (Neuman, 2000, p. 13).

The process of preserving the data on tape and the combined transcription and preliminary analysis greatly increased the efficiency of data analysis (De Vos, 2002, p. 343).

3.7 TRUSTWORTHINESS OF THE RESEARCH

Marshall and Rossman (in De Vos, 2002, p. 351) state that "... all research must respond to canons that stand as criteria against which the trustworthiness of the project can be evaluated."

Lincoln and Guba (as referred to in De Vos, 2002, p. 351) propose four constructs that are more suitable to the qualitative paradigm than the conventional positivist paradigm. These four constructs are as follows:

- *Credibility*: Credibility relates to *internal validity* and is an evaluation of whether or not the research findings are believable and trustworthy from the perspective of a participant or subject in the research itself (Lincoln and Guba, 1985, p. 25). In checking the accuracy of the participants' responses I made use of member checking. By using member checking, I took the data interpretations back to the participants in order to confirm the credibility of the information and the narrative account.
- *Transferability*: This is an alternative to an *external validity*. De Vos (2002, p. 352) notes that transferability or generalization of a qualitative study may be problematic and is seen as a weakness by some. However, the researcher may refer to the theoretical framework to demonstrate data collection and analysis strategies. I was not interested in transferring the results to another setting; my interest was in the current situation, and how it could be enhanced.

- *Dependability* is the alternative to *reliability*. Positivist notions of reliability assume an unchanging universe in which inquiry could, quite logically, be replicated (De Vos, 2002, p. 352). A qualitative study, however, has a natural setting as its focus; therefore it has to take into account that “the world is always being constructed” (De Vos, 2002, p. 356). Findings and recommendations in this study will be shared with the wider scholarly community in a way in which the participants will remain anonymous. They will eventually also be shared with all the staff of the Department of Economics. These findings cannot be shared with the wider community if they are not dependable. To ensure dependability, I have not only used triangulation of methods, but have also done member checks with the participants.
- *Confirmability*: Triangulation was used as a form of *verification of the data*. Triangulation includes multi methods of data collection and analysis (Creswell and Miller, 2000, p. 126). The member checks I did with the participants also confirmed the credibility of my findings.

According to Suter (2006, p. 82), research ethics focuses on the protection of human participants and the responsible conduct of researchers. These ethical practices include the use of informed consent and assuring fairness.

Wallen (2006, p. 54) mentions a number of principles to be considered by researchers, including the following:

- The researcher has a serious obligation to observe stringent safeguards to protect the rights of human participants.
- The researcher respects the right of any individual to refuse to participate in the study or to withdraw.
- The researcher has to inform the participants of all aspects of the research that might reasonably be expected to influence their willingness to participate in the study, and answers honestly any questions they may have about the research.
- Information obtained about a research participant during the course of an investigation is confidential unless agreed upon in advance.

- The researcher is also responsible for ethical treatment of research participants by collaborators, assistants, students, employees, all of whom incur similar obligations.

According to White (2005, p. 48), ethics are generally considered to deal with beliefs about what is right or wrong, proper or improper, good or bad. Respondents in a research project should therefore be allowed to exercise their right to be part of the research or not and their confidentiality should be assured and protected.

In this study participants were assured of the fact that the collection of data from the document analysis and the focus group discussions would be for pure academic purposes and that the information collected would not be unduly divulged to anybody. They were allowed to take part voluntarily. They were informed about the purpose of the study and assured that all information would be treated confidentially.

I undertook to obtain the informed consent of all students in the focus group discussions. For ethical reasons it was very important that none of these participants should feel forced to take part in the research. They therefore had to take part out of their own free will.

I also undertook to keep the name of the university, as well as the names of all the participants in the research, anonymous at all times. During the research process the lecturers who took part in the focus group discussions and whose instructional materials had been used for analysis, were also afforded a chance to validate my interpretations through member checks before I could finalise my report. The findings and recommendations emanating from my report will eventually have to be shared with all the staff in the faculty of Business School. In the envisaged mini-dissertation, as well as any other publication or presentation emanating from the research, the names of the university and the participants will always be kept anonymous.

It is acknowledged that some students might have felt embarrassed by my investigation. They were therefore ensured that both the university and they would remain anonymous. I also discussed my interpretations with all of them (by means of distributing my interpretations to all of them for comments) before finalizing the report.

3.8 POSSIBLE LIMITATIONS OF THE STUDY

This study was confined to the faculty Business school within a comprehensive university in South Africa. It was conducted using the qualitative method of data collection and the sample selected was restricted to business students of the university. The time that was spent in the field was also short due to the nature of the study, as it is a mini- dissertation of a limited scope. Obviously, a small study like this one cannot identify and explain all areas that need attention. Other areas need to be explored and more views of students need to be considered in future. Views of the lecturers also need to be considered in future.

3.9 CONCLUSION

In this chapter, I have explicated the research design and methodology used in this study. I gave a detailed description of the data collection instrument used, namely focus group discussions. I then discussed data analysis and interpretation. The trustworthiness of the research was also addressed. Possible limitations of the study were revealed.

I concluded this chapter with a brief outline of ethical considerations taken into account. The themes that emerged from the data collected will be discussed in the next chapter.

CHAPTER 4

DATA COLLECTION, ANALYSIS AND FINDINGS

4.1 INTRODUCTION

In this chapter the data generated from the focus group discussions are presented. The participants were thirty undergraduate students who are doing business courses. The participants' responses are reported in a narrative form and thereafter interpreted.

4.2 RESULTS OF THE FOCUS GROUP DISCUSSIONS

The focus group discussions produced valuable information with regard to the integration of HIV/AIDS into the university curriculum and the challenges the students and lecturers face in doing so. The report of this information is presented in the following sections. Where necessary, reference is also made to findings obtained from the literature review in order to compare these results with those of the focus group discussions.

In order to contextualize the results of the focus group discussions, it is necessary to first emphasize the typical problems the participants from the different groups unveiled during the respective discussions:

Group A

Participants expressed some negativity towards the management, lack of resources and shortage of classrooms, shortage of lecturers. Some students indicated that they did not have access to internet.

Group B

These participants made themselves readily available for the focus group discussion even though, at the time of the discussion, they were under tremendous pressure to make up time lost during a strike by staff.

Group C

Participants were very eager to cooperate with the researcher. Participant D2 expressed frustration about shortage of resources which made everything difficult.

In the next number of sections the participants' responses to the 11 questions contained in the interview schedule are reported per question.

4.3.1 How much do you know about HIV/AIDS?

It was felt that it would be important to have a few questions that evaluated the students' knowledge about HIV/AIDS and how this 1) is spread, 2) affects the population 3) whether the students have any knowledge of people with HIV or AIDS. These questions were meant to give an understanding of the nature of the students' knowledge about HIV/AIDS and their understanding of risky behaviours connected to HIV/AIDS.

Most students agreed that they had been given information about the HIV/AIDS in their high schools. Students expressed that "*what they really wanted was more information about how to cope with AIDS if they or someone known to them were to become infected*". Some students indicated that they never received HIV/AIDS information in their high schools.

In answering to this question, Participant C1 made the following comment:

We don't want to hear so much about the virus. We know the virus is there. But what must we do about it? We want HIV positive People to tell us how it is to live with HIV and how we can prevent it. "How to put on a condom,

Many students are not confident that they know how to use a condom correctly and studies have shown that even among those who were confident that they knew how to use a condom; many reported not using them consistently.

Participant D4 reported that:

It's not only about AIDS. Maybe when you have the virus you have other emotional problems, like getting depression because you know you are going to die. We need to know about this and how to help people who feel that way

“

Participant A3 also confirmed this by stating that:

We want to know more about the other things that are related to AIDS once you have it. Like who can help you, where you can go, and so on. Students also wanted to know where to go for help. You should also know that when you get it (HIV) there are people who can help you and can teach you to cope with it.

“

The literature reveals that students need to be more equipped to the extent that they can be able to take care of infected people. Students indicated that they must be more equipped so that they can be able to take care of their families who are infected including their communities. The literature also reveals that; institutions of higher learning can play an important role in the development of community outreach projects for HIV and AIDS prevention, care, and counselling of the infected and affected. These could include impact-mitigation projects for orphans and vulnerable children, and people living with HIV or suffering from AIDS (see 2.5).

The university must equip students with skills like counselling skills so that they can be able to look after their infected families and also participate in community HIV/AIDS projects (see 2.5).

4.3.2 Any knowledge about the history of HIV/AIDS?

Many respondents provided similar responses. These are the following:

“It was a curse from God. Some students indicated that it was spread by foreigners”.

Conclusion

The findings revealed that students did not know the origin of HIV/AIDS therefore the integration of HIV/AIDS into the university curriculum is necessary.

4.3.3 Have you received training in your primary school and secondary school? If the answer is yes what was covered?

The aim of this question was to find out the amount of training in HIV/AIDS related issues that the students had had before they came to the university, firstly in primary school and then in secondary school and also what were the methods and content used in this teaching. This was to see whether this would have any influence in how and what they answered both in relation to the question on the level of knowledge.

4.3.2.1 Content

When asked what they were taught about HIV/AIDS

Most respondents said that they had been taught what HIV/AIDS was *“how it is transmitted; and how it affects the body. On prevention, most students said they had been told that abstinence was the best way of avoiding contracting HIV/AIDS, alongside controlling one’s sexual urges, and avoiding irresponsible behaviour such as involvement with sugar mummies and daddies, homosexuality and premarital sex”.*

Participants C3, B5, D5, and A4 reported that *“they never did HIV/AIDS training in their high schools since they left school before the introduction of life skill education”.*

None of the students mentioned the use of condoms as a preventative measure. Clearly, the content was highly moralised and assumed that most students had not been involved in any sexual activity. From the student responses, it was evident that the emphasis was on more formal education than skills-based’. This means that in order to close this gap curriculum content must be more practical.

As it can be seen from the quotes above, the main focus in primary school was on awareness of HIV/AIDS as a disease, looking at how it was contracted, spread and how to protect oneself and reduce the spread of HIV/AIDS. It seems to be centred much on the individual, related to first-aid, but with the sexual component toned down to an extent. It also seems to focus on how to behave around people with HIV/AIDS. Therefore in order to close this gap, the integration of HIV/AIDS into the university curriculum is critical so that students can be taught more about prevention strategies (see 2.2)

4.3.2.2 Teaching methods

When Participants asked what teaching methods are used to get students to relate HIV/AIDS to disciplinary knowledge in order to inform decision making? The aim of this question therefore was to establish whether students were encouraged to construct their own knowledge in the teaching-learning situation. Another aim was to determine whether students were given opportunities to take responsibility for their own learning.

Participants 'responses

Chalk and talk"

“

Talks and discussions

The methods used, as described here, were either centred on a “chalk and talk” approach (i.e. teacher-centred, worksheet based approach) or centred on facts and figures, or more participatory and discursive using methods such as group discussions.

4.3.2.3 The frequency of the programme

The study also sought to establish how often HIV/AIDS was taught. Students' responses were as follows:

Sometimes; Never.

Participant B1 reported that:

The programme that we had in our school was too short. I would like to have it every week in school time.

Special classes or meetings covering topics on HIV/AIDS-related education were few as they depended on the prioritization of the school. Students also indicated that HIV/AIDS “education depended on the few related topics in their syllabi”. For example, they were receiving HIV/AIDS-related education only when covering topics such as sexuality in Biology. “Participants also indicated that not enough time had been dedicated to the programme(s). They also felt that HIV/AIDS education should be a regular part of the school curriculum”

Results showed that the frequency of learning about HIV/AIDS education, whether in the classroom or during special classes/meetings was low. Special classes or meetings covering topics on HIV/AIDS-related education were few as they depended on the prioritization of the school.

4.3.4 What (in your view) is the purpose of learning about HIV/AIDS?

When asked what is the purpose of learning about HIV/AIDS? Students came up with a number of purposes; many of these were similar and are listed below.

“Knowledge about HIV/AIDS; Information about HIV/AIDS,

How do we look after someone who is infected and those who are affected?”

D1 said that the purpose is to:

To get more information about HIV/AIDS so that one can make an informed decision

Not all the students are infected by the virus therefore the purpose of learning about HIV/AIDS is to help this majority of disease-free young people remain so, by providing information and inculcating skills that help in promoting behaviour that would strengthen young people to say ‘_YES’ to life and ‘_NO’ to sexual experimentation.

HIV/AIDS prevention education reinforces the development of knowledge, skills, competencies, values and attitudes that limit the transmission and impact of the pandemic (see 2:5)

4.3.5 How HIV/AIDS is transmitted and how it can be prevented?

The study wanted to establish whether students had been educated about HIV/AIDS. Knowledge of how the virus is transmitted, and how to avoid contracting it will induce some people to behave more safely; e.g. by using condoms, reducing the number of sexual partners, sterilizing injecting equipment e.g. A basic education has a general preventive impact: it can inform the youth and equip them to make decisions concerning their own lives, bringing about long-term behavioural change, all fundamental to prevention.

The findings showed that the levels of knowledge of HIV/AIDS amongst the respondents were relatively high. B1 D3, B1 indicated that: *“most of the information on HIV/AIDS transmission in South Africa has been on air, in newspapers, and most of it is regarded as general knowledge”*.

Despite high knowledge levels about HIV transmission, HIV/AIDS misconceptions continue to be prevalent among many young people. Although the majority know that HIV/AIDS can be transmitted through risky sexual and drug-using practices, many are not clear about how it is not transmitted. Hence the belief that HIV can be spread through casual contact (e.g. swimming in the same pool as someone with AIDS or using the same toilet, utensils etc) has not dissipated. This poses one of the greatest obstacles to mobilization against HIV/AIDS.

4.4.6 What are its implications of HIV/AIDS on families, economy of the country and social implications?

Participants made mention of the following:

“HIV/AIDS affects population growth rates, death of family members, affects productivity”

Participants also pointed out *“that it was important for them to be well equipped so that they can educate their communities including young people who never attended school”*.

I agree with this statement because some children in our communities did not go to school. The literature also revealed that the majority of young people in many countries never attend school at all (UNESCO, 2002).

HIV/AIDS also affects the affordability of education. Firstly, the direct loss of family income due to AIDS, from the illness and death of productive members of the family inevitably causes pupils to stop attending school because of school fees and the costs of school requisites (UNICEF, 1996). Secondly, as families succumb to AIDS, fewer of them will be able to release children from domestic and agricultural tasks during the day from duties of caring for ill adults or other family members. Therefore, fewer children will be able to complete their school education. For many of the affected children this inability is AIDS-related

No even one participant had mentioned stigmatisation and discrimination which is common in families. Students should be taught about these issues as well as how to deal with these issues like issues of stigmatisation and discrimination in families, universities, work place, in communities etc Students should be taught about these issues as well as how to deal with these issues like issues.

The literature revealed that affected adolescents and their families also experience stigmatisation and discrimination on a daily basis (UNESCO, 2002). Communities and community resources are overextended by large numbers of HIV/AIDS orphans. Communities are increasingly weakened by poverty, hunger and sickness, their participation in self-help activities for schools decreases (Juma, 2001).

4.4.7 Do you think is it necessary to educate university students about HIV/AIDS? If the answer is yes what should be covered?

The aim of the question was that knowing and understanding students' preferences and ideas should inform future HIV/AIDS curriculum design.

The findings support an integration of HIV/AIDS, life skills and values education into the formal curriculum. This approach is supported in the literature. All students in this study agreed that HIV/AIDS education is necessary and there was no expressed opposition to HIV/AIDS education.

This confirms the findings of Jameson and Glover (1993) who found that 92% of participants felt that AIDS education could successfully prevent the spread of AIDS. Most respondents felt that unless some interventionist programme is instituted soon, there would be "many deaths "," disasters" and "many innocent victims". This indicated a strong positive belief in the value of education as a means of changing attitudes.

Participant C1 indicated that:

Everyone here thinks they know it all (about HIV/AIDS) but really they don't so it is important to start with the basics'

According to participantD5 "*there should be a dedicated module on HIV/AIDS which should include a section on the impact of HIV/AIDS on local families and households*". The overall purpose of the course should be:

'To foster an awareness of the various challenges confronting families and households as they adapt to the modern world' and 'to foster greater tolerance and acceptance of other peoples ways of arranging their domestic lives'.

Participant G supported this by stating that this module should include the following

- *The meaning and cause of HIV and AIDS*
- *The relationship between masculinity, men's behaviour and the spread of HIV/AIDS*
- *The requirements as regards non-discrimination of persons with HIV I AIDS*
- *What constitutes unfair discrimination against a person living with HIV I AIDS*

4.4.8 Is there any need for the integration of HIV/AIDS into the university curriculum? If the answer is yes what is the best approach of integrating HIV/AIDS into the curriculum?

It was interesting to note that all Participants interviewed felt strongly that HIV/AIDS education should be integrated into academic curricula. The students felt that this was the only way to begin to overcome the stigma and attitudes associated with the disease.

Participant D5 made this comment:'

everyone on the Business school thinks they know it all but really they don't so it would be useful to have a dedicated AIDS module'.

Throughout this study many of the interviews, issues of gender came up as a cultural issue in South Africa. Most students expressed a desire to discuss HIV/AIDS issues in single-sex groups. Girls especially felt that they could have been more outspoken in single-sex groups. Gender issues relevant to gender, power and vulnerability in sexuality and HIV/AIDS transmission were raised by respondents.

The students said “*they thought it would be a good idea to include gender issues in HIV/AIDS education in other courses for all students and in things like the compulsory first year meetings that everybody has to attend*”.

Participant C2 came up with an interesting point regarding HIV/AIDS education:

'It is pointless to have optional sessions on AIDS for students, no one would go anyway as there would be too much stigma attached and people might wonder why you are going'.

Participant L said that:

Lecturers have a moral obligation to do something about HIV/AIDS and can't just sit back and do nothing, even if it sometimes means going outside the curricula i.e. using guest speakers etc.

Participant C5 reported that:

Lecturers must try to get us as students to talk about HIV/AIDS and make it a more comfortable subject. It is very rewarding when students bring their friends along to specific classes on HIV/AIDS, for example when they know there will be a guest speaker".

The findings support an integration of HIV/AIDS, life skills and values education into the formal curriculum. This approach is supported in the literature review (see 2.6)

4.4.9 What could be the challenges on both the lecturers and student's side of teaching process as far as integration of HIV/AIDS is concerned

All Participants mentioned that the main difficulties could be "*the recruiting of lecturers and the education could be much dependant on the lecturers own interest*".

Students also "*reported that some lecturers did not have information or experience about HIV/AIDS*"

All students reported "*shortage of resources on HIV/AIDS education*". Respondents also reported "*that the curriculum is overloaded*".

Participant A4 reported that:

You might have different reactions to this subject for example you may be bored, self righteous, or scared, All of us are infected or affected".

Participant C3 reported that:

HIV/AIDS issues are arising on an informal incidental basis, but we are not yet quite sure how we can take it that one step further and begin to formalise it.

For those lecturers who feel they do not have the information or the experience then it may be wise to try other methods. For example a number of the cases have shown that using guest lecturers to speak on the subject works well as it was also suggested by the participants. Also setting up initiatives with other institutions or with the community can be successful. There is even the possibility of using more senior students as facilitators for peer education on HIV/AIDS issues.

4.4.10 Is there any need for the specific links between your subject matter and HIV/AIDS?

When asked what should be the specific links between their particular subject matter and HIV/AIDS Participants indicated that “ *HIV/AIDS should be linked to their subjects so that they can use this information to learn specific skills*”.

Participant B3 said that this HIV/AIDS information should not be based on theoretical understanding. As students who are doing business courses should know issues like the impact of HIV/AIDS on business as well as how do we deal with this pandemic in a business environment

Participant C1 said that:

In Health Economics students are looking at major diseases in South Africa today i.e. HIV, malaria and TB. HIV/AIDS issues should be integral to the health economics course.

4.4.11 Do you have any suggestions about how learning about HIV/AIDS should be integrated within your course?

This last interview question was asked in order to determine the participants' general perceptions regarding integration of HIV/AIDS and what possible problems they might experience in this regard. In essence, it also served as a final opportunity to integrate and test the validity of the participants' responses to all the previous questions

In answering and discussing this question, all participants indeed mainly focussed on the problems and difficulties they encountered.

Collectively, Participants highlighted “*difficult learning conditions (which include lack of sufficient time, large classes, lack of lecturers' interest, under-resourcing, and poorly maintained and equipped lecture rooms, lack of educational technology equipment in teaching spaces and inadequate computer access*” for students as a major stumbling block in the way of integrating of HIV/AIDS into the curriculum.

Participant D1 recommended that:

In order to equip students with the knowledge and motivation to assess their personal vulnerability to HIV infection, the curriculum must provide for peer education, video tapes of accounts of people living with AIDS, and face-to face presentations by people living with AIDS

Participant C4 recommended by stating that:

The curriculum should also maintain linkages with wider community through encouraging students to participate in AIDS prevention cultural activities and also through analyzing the AIDS situation in their immediate environs.

Participant C1 reported that:

The curriculum should not assume that the students have not had sexual relations, and therefore advocates abstinence, disregarding condom- use for those who are already sexually active.

4.5. SUMMARY OF THE RESULTS AND CONCLUDING REMARKS

In order to continually reinforce implementation of HIV/AIDS prevention education, there is need for capacity building. It is also necessary that staff in general is empowered, even more so, heads of departments, in order to enable them to bring about a more comprehensive approach of HIV/AIDS education at departmental level.

Most students, as the study reveals, are now aware of the dangers of HIV/AIDS, and yet many of them continue to engage in high risk behaviours. HIV/AIDS prevention education must put greater emphasis on the ways in which young people understand their social and physical worlds. Instead of focusing heavily on knowledge, attitudes and behaviours, HIV/AIDS education must explore the various meanings attributed to sex and drugs by young people and realize that these meanings change and shift depending on circumstances. The last chapter includes final answers to the research questions and recommendations resulting from these conclusions.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Having concluded the empirical and non-empirical research for this study, I have now reached a stage where I am in a position to answer the four research questions stated in chapter one (see 1.4.1).

The main research question investigated in this study was as follows: Can the integration of HIV/AIDS studies into the Comprehensive University undergraduate curriculum be a strategy to eliminate or reduce infection among students?

Four subsidiary questions were then formulated to delineate the problem:

- What HIV/AIDS approaches can be integrated into the university curriculum?
- What should be the curriculum content?
- What should be the approach of delivery of the curriculum content?
- . Can life-protecting value systems contribute to desirable behaviour at WSU to reduce HIV/AIDS infection among students?

The answers to the four subsidiary research questions are provided in this chapter by integrating the data obtained from the literature study (chapter 2) with those from the empirical research (chapter 4) and consistently making use of cross references to chapter 2 and chapter 4 respectively. Collectively, these answers represent the final answer to the main research question, and therefore also the conclusions that can be drawn and recommendations that can be made from the research findings.

5.2 CONCLUSIONS

The answers to the first three subsidiary research questions actually serve as a basis for the conclusions drawn from the research findings.

5.2.1 What HIV/AIDS approaches can be integrated into the university curriculum?

Chetty (2002, p. 27-28) outlines four of the various options that are now being tried in a number of institutions, these are:

- *An Integrated Model.* It emphasises that every faculty should ensure that students and lecturers are AIDS literate and that HIV/AIDS is integrated into their degree programmes Crews (2001) views that every university lecturer must take cognisance of the ways in which HIV/AIDS affect their discipline. Skills related to preventing and managing

Integration calls for incorporation of HIV/AIDS messages in curricular activities such as Drama, Debate, Painting, and Essay Competitions (see 2.8). .

- *Compulsory Model.* This requires all students to complete compulsory courses on HIV/AIDS. This one challenges both lecturers and students to work with a range of issues; these issues are much wider than the biomedical aspects of the epidemic. It focuses on providing students with knowledge about HIV/AIDS and also increased awareness of risk and skills to make better choices in their social and sexual relationships (see 2.8).
- *Non-Formal Model.* This involves recruitment and training senior students as volunteers to work with their peers. Students are recruited through special interest activist groups; HIV/AIDS support groups or groups with a community outreach orientation. The programmes are voluntary, unpaid and target more senior students to work with new students (see 2.8).
- *Specialised Courses* - There are two possible options: the first is that programmes can be offered within any faculty or discipline as a qualification with a specific focus on HIV/AIDS. The programme may include content from a range of disciplines. The second is that elective or compulsory modules are built into degree structures as a discrete requirement with a specific focus on HIV/AIDS (see 2.8).

5.2.2 What should be the curriculum content?

It was evident from the responses of the participants that students wanted the different kinds of information. They felt overwhelmed by too much factual information of a technical kind. Most students agreed that they had been given more than enough technical information about the HI virus. What they really wanted was more information about how to cope with AIDS if they or someone known to them were to become infected (see 4.3.1). There was also a strong desire among students for a different mode of delivery for HIV/AIDS education. They wanted fewer facts and more personal experiences and real-life encounters (see 4.4.5).

Kelly (2002, p. 8) argues the content of education programmes at university should include:

- Sexuality and relationships • Respect and regard for others - equality and power sharing
- Knowledge and understanding of HIV/AIDS
- Popular myths and errors
- Psycho-social life skills for the promotion of health and well being – decision making, interpersonal relationships, self awareness, stress and anxiety management, coping with pressures, negotiation of contentious situations, assertiveness, self esteem and self - confidence
- Reproductive health
- The role and value of abstinence
- The meaning of protected sex
- Fidelity in marriage
- Information about counselling and testing
- The meaning of a healthy lifestyle

5.2.3 What should be the approach of delivery of the curriculum content?

All students expressed the need for more visual material such as videos and photographs, and a need for personal contact with HIV positive patients (see 4.4.6). Student also made mention of the following: Discussions, role play, group work, projects

The findings of this study revealed that HIV/AIDS should be integrated into all teaching programmes and courses, underlining their relevance to subsequent professional life. This mainstreaming should not be confined to the formal learning situations of lecture rooms and laboratories, but should extend to include fieldwork, practical attachments and research investigations that are integral to them. So that these efforts will not degenerate into a series of uncoordinated and department or person specific initiatives, it may be necessary for university senates to mandate this mainstreaming, to monitor its implementation and to ensure accountability in its regard.

5.3 RECOMMENDATIONS

The fourth subsidiary research question stated in chapter 1 served as the basis for formulating recommendations for the different stakeholders at the relevant comprehensive university (i.e. the lecturers, the department and the university itself). The fourth research question reads as follows:

- Can life-protecting value systems contribute to desirable behaviour at WSU to reduce HIV/AIDS infection among students?

This question requires that I indicate how the integration of HIV/AIDS might be enhanced in future and therefore paves the way for recommendations for the future.

5.3.1 Recommendations for the lecturers

It is therefore important for the lecturers to keep abreast of the new developments in HIV/AIDS education by attending workshops, researching on HIV/AIDS issues. Benchmarking to other universities also needs to be taken into account to find out from other university lecturers how HIV/AIDS is integrated. Registering for post graduate diploma in HIV/AIDS management offered by appropriate higher education institutions can also assist lecturers in learning the more about HIV/AIDS. It is also important to make use of data collected from student evaluations. Student evaluation might lead to the development of teaching for learning in a dynamic, responsive fashion.

Chetty (2002, p. 27-28) outlines four of the various options that are now being tried in a number of institutions designed a step-by-step framework for implementing and enhancing HIV/AIDS in the design and facilitation of university courses. The steps contained in this framework are very easy to follow and can be easily adapted for use in the design and implementation of HIV/AIDS modules (see 2.8).

5.3.2 Recommendations for the Departments

In order to integrate HIV/AIDS at a departmental level, the department should establish a committee. The members of the committee should include the following: student representatives, lecturers and advisors from the Centre for Learning and Teaching Development (CLTD) at my university. This committee must conduct research on how integration of HIV/AIDS should be done. Benchmarking with other universities will also be important for the above-mentioned committee. Inputs from all the parties, e.g. the students, will be valuable; students should be given opportunities to make their own inputs.

Regular departmental brainstorming sessions are recommended. In these sessions lecturers will be free to raise any problems, to share experience, etc. This will also promote good working relations among the staff. Staff-student consultative sessions in which students can share their experiences and views will also shared the light on how best HIV/AIDS integration can be done. The Head of Department should also encourage staff to read literature on the planning and integration of HIV/AIDS. The department should also consider regular departmental retreats during which the lecturers could share their experiences, knowledge and skills pertaining to the integration of HIV/AIDS into the curriculum. In this way concrete resolution to enhance HIV/AIDS integration in the future can be obtained.

5.3.3 Recommendations for the university

The successful integration of HIV/AIDS requires involvement of leadership in order to lead the process of curriculum integration. The implementation requires resources, and leadership is necessary to provide those resources that are important for the successful integration of HIV/AIDS. One of the responsibilities of leadership is also to influence the members of the academic staff to accept the idea since there might be resistance from some of the staff members in implementing this integration. During the focus group discussions, many

participants cited lack of knowledge on HIV/AIDS for lecturers could be a challenge and the education could be much dependant on the lecturers own interests (see 4.4.7) therefore the researcher recommends the following:

- University-wide interventions in curriculum and staff development must focus on HIV/AIDS training programme planning, design and implementation of integration of HIV/AIDS.
- Lecturers should be encouraged to register post graduate diploma in HIV/AIDS management.

A focussed approach to professional development is bound by the organisational context. Although professional development is a matter of individual choice, this choice is not made in a vacuum. Professionals are influenced by the organisational culture and peer group factors. It is therefore in the leadership's interest to create an environment in which staff development is valued and facilitated

5.3.4 General recommendations for enhancing the implementation of integration of HIV/AIDS in university curriculum in HE

The Department of Higher Education and Training should take the lead in terms of creating conditions favourable for the integration of HIV/AIDS into the university curriculum. . For example, the Department should come up with initiatives like the following:

- Raising awareness of the importance of HIV/AIDS knowledge in higher education. The debate on HIV/AIDS issues should be part of this awareness and create a particular set of policy-related conditions in higher education that are favourable to the operationalisation of the idea of HIV/AIDS integration.

5.3.5 Recommendations for further research

This study was based on a small sample because it was performed for the preparation of a comprehensive mini-dissertation of a limited scope. Although a small sample was used, I suspect that similar problems might manifest at other faculties and other higher education

institutions. I therefore recommend that similar case studies be conducted on wider samples within this university and other universities (e.g. as part of an overarching research project in the Africa Centre for HIV/AIDS Management at the University of Stellenbosch). In addition, more research is required pertaining to the impact of HIV/AIDS on student performance.

5.4 CONCLUDING REMARKS

In this chapter, I highlighted and answered the three subsidiary research questions identified in chapter one of the mini-dissertation. The answers to the first two questions represented the conclusions made from the empirical and non-empirical research results. The answers to the third research question in turn represented the recommendations that I formulated in answer to the conclusions that I have formulated in this chapter. These recommendations were aimed at different stakeholders, namely:

- the Departments at my university;
- lecturers
- my university;
- general recommendations for enhancing the implementation of HIV/AIDS integration in higher education in general, and
- recommendations for further research

In conclusion, I found that not all the students have done life skill education in their primary and high schools, even those students who have done life skills they still want to know more about other things related to HIV/AIDS. Many participants indicated that one of the challenges of HIV/AIDS integration could be that some lecturers did not have HIV/AIDS knowledge. Therefore there is a need for focused and intensive interventions in the area of staff development in order to ensure the implementation of the integration. The support of the leadership can play a vital role in this process.

The application of approaches to mainstreaming of HIV/AIDS of Chetty (2002, p. 27-28, see 2.8) to university can support quality in the integration of HIV/AIDS. University departments should be motivated to make use of these approaches.

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APPENDIX A

FOCUS GROUP DISCUSSION SCHEDULE

Questions

Section A

Introductory questions

4.3.1 How much do you know about HIV/AIDS?

Section B

4.3.2 Any knowledge about the history of HIV/AIDS?

4.3.3 Have you received training in your primary school and secondary school? If the answer is yes what was covered?

4.3.4 What is (in your view) is the purpose of learning about HIV/AIDS?

4.3.5 How HIV/AIDS is transmitted and how it can be prevented?

4.4.6 What are its implications on families, economy of the country and social implications?

4.4.7 Do you think is it necessary to educate university students about HIV/AIDS? If the answer is yes what should be covered?

4.4.8 Is there any need for integration of HIV/AIDS into the university curriculum?

4.4.9 What could be the challenges on both lecturers and students' side of teaching as far as integration process is concerned?

4.4.10 Is there any need for the specific tasks between your subject matter and HIV/AIDS

Section C

Concluding question

4.11 Do you have any suggestions about how learning of HIV/AIDS should be integrated?

APPENDIX B

LETTER OF APPLICATION TO MY INSTITUTION TO DO THE RESEARCH IN THE DEPARTMENT OF EDUCATION

(Note: Some contact details and other information included in this letter has been hidden in order to keep the institution and participants anonymous.)

20 June 2012

Campus.....

Private Bag X3182

.....

4960

Dear Madam

PERMISSION TO UNDERTAKE RESEARCH IN THE DEPARTMENT OF ECONOMICS OF.....

I am currently registered for the (Mphil (HIV/AIDS Management) degree at the University of Stellenbosch. I have to complete a mini-dissertation as partial fulfilment of the requirements for the Mphil (HIV/AIDS Management) degree. Therefore this letter serves to request permission to conduct a qualitative study on the integration of HIV/AIDS into the curriculum at..... The title envisaged for the study is as follows:

INTEGRATION OF HIV/AIDS STUDIES INTO THE COMPREHENSIVE UNIVERSITY UNDERGRADUATE CURRICULUM: A STRATEGY TO ELIMINATE INFECTION AMONG STUDENTS

The study objective is to investigate major factors that promote HIV/AIDS infection among students and find solutions to abate or eliminate the infection.

The ultimate aim of the study would be to enhance the integration of HIV/AIDS in the academic curriculum.

Envisaged data collection strategies for the study include a review of current and relevant literature on HIV/AIDS in the context of higher education, an analysis of the study materials of those students who are willing to share these with me, as well as focus group discussions with education students..... I undertake to obtain the informed consent of all these students before analysing their documents or including them in the focus group discussions. For ethical reasons it is very important that none of these participants should be forced to take part in the research. They will therefore have to take part out of their own free will.

I undertake to keep the name of the university, as well as the names of all the participants in the research anonymous at all times. During the research process all the students who take part in the envisaged focus group discussions will also be afforded a chance to validate my interpretations through member checks before I shall finalise my report. The findings and recommendations emanating from my report will eventually also be shared with all the staff of the Faculty of Business In the envisaged mini-dissertation, as well as any other publication or presentation emanating from the research, the names of the university and the participants will always be kept anonymous.

In order to confirm the authenticity of this application, you may contact my supervisor for the mini-dissertation study during office hours.

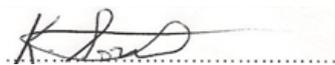
Name: Dr. Thozamile Qubuda

Programme/Institution/Department: Centre for HIV/AIDS Management at the University of Stellenbosch

, Tel: +27 21 8083999/3006 Fax: +27 021 8083015

Cell: 072 477 5929 Website: www.aidscentre.sun.ac.za

Yours faithfully



K Somfongo

Lecturer (Faculty of Education)

APPENDIX C

COPY OF THE LETTER OF PERMISSION TO DO THE RESEARCH AT MY INSTITUTION

(Note: All contact details and other information included in this letter has been hidden in order to keep the institution and participants anonymous.)

FACULTY OF BUSINESS, MANAGEMENT SCIENCES & LAW

, Campus

School of Economic & Management Sciences

Private Bag X1, ,.....

Tel. 5022739/2570/2562

Fax 502 2563/ 086 724 4770

Faculty of Faculty of Economic and Management Sciences

University of Stellenbosch

Stellenbosch

26 September 2012

Dear Dr Qubuda

This is to confirm that the permission has been granted to Mr Somfongo (a Master's student) to do research with the Faculty of Business School (..... campus,).

Yours faithfully



HoD :

Mrs T B Govuza

Telephone : 502 2739

Mobile no : 202 1022

APPENDIX D

INFORMED CONSENT FORM AND DECLARATION BY PARTICIPANT

DECLARATION

I, (participant's initials and surname), hereby declare that:

*Note: As applicable, please make a cross next to every phrase below that you agree with and delete (i.e. strike through) that which is not applicable in each case:

1. the purpose of this study has been fully explained to me by the researcher, Mr KX Somfongo;
2. that I have been informed that participation in this research study should be out of my own free will and that I may withdraw from the study at any point in time;
3. that I have been informed that my name, as well as the names of the university and the other participants will remain anonymous at all times;
4. the research will include a focus group discussion on my own campus;
5. I have agreed to take part in the focus group discussion pertaining our experiences and ideas of HIV/AIDS in the context of the curriculum integration;
7. I hereby give permission to Mr Somfongo the analyse and interpret my contributions during the focus group discussion, and
8. I take note of the fact that I shall be afforded an opportunity to comment on Mr Somfongo analysis, reporting and interpretation of my contributions to the focus group discussion (as applicable) before he will finalise his findings and recommendations.

Signature

Signed at on this day of 2012