

Lesley Wood

HIV and AIDS education in pre-service teacher programmes

First submission: 3 March 2011

Acceptance: 21 July 2011

Currently there is very little integration of HIV and AIDS into curricula at higher education institutions. The Higher Education AIDS Programme piloted a module at a national level to address this gap. This report presents the findings of a qualitative investigation of the experience of one university that chose to implement the module with a group of 60 postgraduate students in education. The findings suggest that, although the students found the module to be interesting and indicated that it offered them new perspectives on the educational consequences of the pandemic, there was little evidence of an in-depth understanding of how to practically adapt pedagogical processes and curriculum content to integrate HIV and AIDS meaningfully into their teaching. The report provides lessons relevant to the design of future HIV and AIDS education.

MIV en VIGS-onderrig in voorindiensname- onderwysprogramme

Daar is tans bitter min integrasie van MIV en VIGS in die kurrikula van hoër onderwysinstansies. Die VIGS-program vir hoëronderwys loods 'n module op nasionale vlak om hierdie leemte te vul. Die verslag weerspieël die bevindinge van 'n kwalitatiewe ondersoek na die ervarings van een universiteit wat verkies het om die module te implementeer met 'n groep van 60 nagraadse onderwysstudente. Die bevindinge dui daarop dat alhoewel die studente die module interessant gevind het en dat dit nuwe perspektief bied op die opvoedkundige gevolge van die pandemie, daar egter min bewyse is van 'n in-diepte begrip hoe om prakties pedagogiese prosesse en kurrikuluminhoud aan te pas sodat hulle MIV en VIGS betekenisvol in hul onderrig kan integreer. Die verslag voorsien lesse vir die ontwerp van toekomstige MIV en VIGS onderrig.

Prof L A Wood, Research, Technology and Innovation Unit, Faculty of Education, Nelson Mandela Metropolitan University, Summerstrand Campus, P O Box 77000, Port Elizabeth 6031; E-mail: Lesley.Wood@nmmu.ac.za.



Acta Academica
2011 43(4): 181-202
ISSN 0587-2405
© UV/UFS
<<http://www.ufs.ac.za/ActaAcademica>>

SUN MEDIA
BLOEMFONTEIN

Piot, Director of UNAIDS (2002: 1), is of the opinion that “without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach”. One cannot afford to ignore such a warning. The social inequalities that promote the transmission of HIV and that emerge from a high HIV prevalence are the result of an entire network of social, political, economic and cultural relations of power (Muthukrishna 2009: x), making it nearly impossible to reduce HIV infection solely by means of educational initiatives. However, education remains an essential component of any prevention programme. It plays a key role in establishing conditions, such as poverty reduction, personal and economic empowerment, gender equity, and reduced vulnerability to prostitution and less dependency of women on men, that render the transmission of HIV and AIDS less likely (Kelly 2000: 1). In fact, the pandemic presents an ideal opportunity for education to engage with these issues.

In South Africa, HIV prevention education is mandated by policy (DoE 2003), implying that all teachers need to be competent in integrating HIV and AIDS education into their practice. Literature also suggests that they should be able to translate their knowledge into culturally and developmentally competent curricula and instructional practices to ensure better outcomes for all pupils (Sileo 2005: 177). Teachers need to be able to understand not only the biomedical facts of the virus, but also the complex web of related cultural, economic and social causes and consequences of the pandemic (Chege 2006: 26). Such an understanding will necessarily enable them to integrate effective HIV and AIDS education into their teaching in an attempt to ensure that the basic physiological and psychosocial needs of the pupils are met (Wood 2009a: 2). This pastoral role of the teachers is important, since they act *in loco parentis* and may be the only responsible adults to whom the children can relate (Mallmann 2003: 24, UNICEF 2005: 3).

This would imply that teacher education programmes need to ensure that HIV and AIDS feature strongly in the curriculum. Yet, research conducted by the Higher Education AIDS Programme

(HEAIDS 2009: 3) reveals that few pre-service teacher education programmes have begun to address this matter. Where it is introduced, the biomedical nature of HIV and AIDS tends to be foregrounded – an approach that ignores the complex social, cultural, political, economic and personal aspects of the pandemic. This report also highlights a gap in the literature. Although much has been written on the need to integrate HIV into pre-service teacher education, very little research has been conducted in terms of how this should be done. The HEAIDS piloted an HIV and AIDS module at a national level to try to help teacher educators in 23 higher education institutions to better prepare education students for the realities of teaching in a South African context characterised by HIV and AIDS.

This article aims to contribute to knowledge about how HIV and AIDS can be infused into teacher education programmes by critically discussing the findings of a qualitative investigation into the experience of one university that chose to implement the HEAIDS module with a group of 60 students in the Postgraduate Certificate in Education (PGCE). A brief description of the module and the context in which it was developed is followed by the students' experiences of the module. After a critical discussion of the findings, the article presents lessons that may be useful in informing the design of future interventions to address HIV and AIDS in pre-service teacher education programmes.

1. Overview of the pilot project

This specific faculty of education is housed in one of 23 higher education institutions in South Africa invited to participate in a pilot project, "Piloting an HIV module in teacher education faculties in the HE institutions in South Africa", undertaken by the HEAIDS programme, part of Higher Education South Africa (HESA) and funded by the European Union (EU).

HEAIDS commissioned the design of a module and material for use by the institutions. The respective institutions could choose to implement the pilot module's four outcomes in the

ways suggested by UNAIDS (2009: 34) – either as a stand-alone module, integrated into a carrier subject, added into an existing module, or infused across the entire programme. The option chosen for the PGCE pilot discussed in this article is integration into an existing module. Selected sections of the pilot material are used. The module outcomes are as follows:

- To implement participative pedagogical approaches to teaching biomedical facts about HIV and AIDS.
- To understand how issues of poverty, gender, stigma and discrimination relate to HIV and AIDS in the South African and wider African context, and to engage pupils concerning these issues in a participative manner.
- To understand the physical, economic, social and emotional impact of the HIV and AIDS pandemic on teachers, pupils and their communities.
- To respond in sensitive, positive and holistic ways to both the practical and the psychosocial needs of pupils and colleagues.

The pilot was offered to 60 students over a period of three weeks in the second semester, since it formed only five credits of the 15-credit module “Issues in education”. There was no continuous assessment for the HIV and AIDS section of the module, since it was offered over a very short period of time, but the summative assessment in the form of an examination was weighted heavily in favour of HIV and AIDS content.

2. Methodology

A qualitative research approach was adopted to gather data on the experiences of the students who were involved in the module (Burns & Grove 2009: 52). Data were gathered by means of two semi-structured focus group interviews (Willig 2008: 45) with students who volunteered ($n=20$; 10 randomly assigned to each group) and individual self-reflective interviews (Fontana & Frey 2008: 114) with 10 other volunteer students to ascertain their perceptions concerning the experience of completing the HIV module and their ability to implement the outcomes effectively.

Interviews were conducted according to a protocol from HEAIDS. The focus group participants were given two scenarios requiring them to respond to a child who is infected with/affected by HIV and AIDS. They were then asked the following questions: What was the most effective part of the pilot module in terms of teaching? What aspect of the module was most effective in terms of the personal development of teachers? Were there any particular gaps in the pilot module? What type of further support do you think teachers would need in addressing HIV/AIDS in schools? The individual interviewees were asked questions about their perceptions, experiences, knowledge and skills before, during and after completion of the module (Evaluation Module 2008).¹

The number of focus groups was determined by the number of students who volunteered and, in the case of the individual interviews, data saturation was deemed to have been reached by interview 10. The focus group interviews were conducted by a pilot project team member, who did not teach on the programme, but who was a member of the faculty. The individual interviews were conducted by an intern on the project, who had been trained in interviewing techniques. The pilot project team member moderated the taped interviews to verify that the interviewer had conducted them to an acceptable standard (for example, no leading questions asked; no interruptions; no personal opinions voiced). The lecturer of the module was asked for information on what outcomes had been addressed and what material had been covered to help contextualise the data analysis.

All interviews (focus group and individual) were audio-recorded and then transcribed verbatim by an independent transcriber. Tesch's open-coding method was applied in order to identify emergent themes (Creswell 1994: 155). Trustworthiness of the data was attained by having more than one data-collection method (focus group and individual interviews), by using

1 The HEAIDS project team members compiled both interview schedules (group and individual). More details on the protocol can be accessed at <http://hivaidsclearinghouse.unesco.org/search/resources/iiep_hiv_and_aids_in_teacher_education.pdf>

an experienced researcher as interviewer and to moderate the interviews conducted by the intern, by controlling the findings against literature, and by independent transcription (Padgett 2008: 184) and recoding of data.

Before embarking on the data collection, the researcher attained ethical clearance from the university ethics committee. Ethical clearance is only granted when the committee is convinced that the study design complies with the ethical considerations of informed consent of all participants, confidentiality and voluntary participation (Brink 2002: 156).

3. Discussion of findings

The themes that emerged from the analysis of the transcribed data are presented below, supported by verbatim quotations of the participants and discussed in relation to relevant literature. According to the lecturer, three of the four outcomes have been fully covered, with the other one (“To respond in sensitive, positive and holistic ways to the practical as well as the psychosocial needs of pupils and colleagues”) being partially covered. As the students constitute the target audience of the curriculum, it is important that their voice be heard.

3.1 Theme 1: Student perceptions of module content

In general, the students found the module to be interesting and relevant. They expressed many opinions similar to the following:

I found the entire module, and especially the HIV and AIDS component, so interesting and it contributed so much more to being a teacher that I wish it had been a year module.

The lecturer remarked that students appeared to be fascinated by the complex biomedical aspects of the virus, which she suggested seemed to indicate a need for more in-depth coverage of this aspect. However, while it is desirable to make the content attractive and interesting to students, the researcher agrees with Baxen *et al* (2011: 3) who argue that introducing yet more information and facts about HIV would support a behaviouristic

and decontextualised approach. Students do not need more information about HIV; they need to come to an understanding of how the pandemic plays out in different contexts that are characterised by specific gender, relational, economic and political factors. They also need to change their attitudes and behaviour towards the promotion of tolerance, acceptance, compassion and responsible sexual behaviour. As future teachers, students will have to promote safer sex to pupils, and their knowledge of HIV may not suffice to ensure that they practise what they preach. One study in Zambia (Chetty 2003: 10) found that 85% of male students and 65% of female students in the faculty of education had more than one sexual partner and did not use condoms on a regular basis, despite their high level of knowledge about HIV transmission (89% score in a test). Just as disturbing was the revelation that 8% of these students viewed HIV infection as a result of immoral behaviour and 15% mentioned that they would not want to work with infected people. Given the number of AIDS orphans and infected children in Africa, it is untenable that future teachers display such attitudes. Such findings would suggest an urgent need for HIV and AIDS education that creates a nuanced understanding of the complexity of the pandemic, shaped as it is by social, economic, gender, cultural and political forces.

Many students perceived the module content to be emotionally taxing, leaving them with a sense of having to take action to help those affected by the virus:

Some of it was a bit overwhelming, emotionally; some of it was a bit tiring, because you feel you have to do some actions.

This reminds one that teachers operating in difficult social and educational circumstances must also be able to take care of their own emotional needs and to develop resilience to ensure that their own mental health is not adversely affected (Theron 2005: 59). Teaching in a society where HIV and AIDS is prevalent means that often teachers have to take on pastoral and care roles for which they have not been adequately prepared at pre-service level, where the focus tends to be on pedagogic and content knowledge and methods of teaching (HEAIDS 2010: 17).

Some of the other findings related to content indicate a need to incorporate outcomes on how to address HIV education with children from an inclusive education perspective:

I think we need to know more on how to address children with learning disabilities and perhaps more mental challenges and trying to, you know, convey the necessary information on HIV and AIDS;

to have more input on how to integrate it into specific subject areas:

Like I said, I don't know if I can teach it yet in my subjects, ja because we did not really go into that,

and how to approach it with different age groups:

I know there is a very small section on the different age groups and what is appropriate to teach, but maybe they can elaborate a bit more on that. You know, the wording, the amount of information to give.

These comments point to the importance of ensuring that HIV education is not merely “dropped into” a programme but that it is carefully infused to ensure consistency and coherence. In this instance, there was no specific link between this module and the rest of the programme. Students therefore found it difficult to connect what they learnt here to their other education and subject method modules. If it had been closely linked to what they had been learning in their inclusive education module, their research module and their pedagogy modules, they would most likely have been better able to envisage HIV education as an integral component of their everyday teaching and to integrate the theory, knowledge and skills learnt in each.

3.2 Theme 2: Time as a constraining factor

Since this module comprised 5 credits out of a 15-credit module very little time was allocated to it in relation to the outcomes that were supposed to be attained. The majority of the students mentioned something similar to the following quotation:

Wood/HIV and AIDS education in pre-service teacher programmes

I think time constraints made it more difficult to focus on the solutions, and it was overwhelming because it was so very quick.

HIV and AIDS education covers a large field. Teachers are expected to possess extensive biomedical knowledge about the virus; to be able to counsel and respond to the emotional needs of the pupils; to help pupils to access material and financial resources; to cope with ill and perhaps dying family members, pupils and colleagues – all while ensuring that the quality of their teaching and learning is not compromised (Clarke 2008: 64). They also have to reflect on and challenge their own socially transmitted beliefs and cultural practices; this is not very easy to do (Cohen 2002: 15), and requires time. For example, stigma and discrimination are inevitable in a discussion of HIV and AIDS (Stillwaggon 2006: 12). The language that teachers use to discuss HIV, their body language and unconscious stereotypical responses can all lead to increasing rather than reducing stigma (Wood & Webb 2008: 119). Yet there appeared to be little opportunity for the students to reflect properly on their own identities as teachers in the age of AIDS. In terms of HIV and AIDS education, self-reflexivity should include reflection on how teachers come to know who they are, since the pandemic evokes aspects of identity that are not usually called upon when they teach other content (Wood & Theron 2010: 12).

It is questionable whether, without such opportunity over a prolonged time, sustainable attitudinal and behavioural change can take place. This implies that learning remains at a cognitive level, widening the gap between knowledge and practice, between what teachers know and what they do in the classroom.

3.3 Theme 3: Students liked the pedagogical approach used

The students were of the opinion that the way in which the module was presented allowed them to participate in discussions and helped them to think critically about HIV and how to approach it:

I think we got to analyse things a lot more and think of things critically.

The students complimented the way in which the module was presented:

I found it very interesting and it was amazing, you know how when people hear the word HIV and AIDS, there is a part that tends to say, oh no, not that thing again, but I have to be honest the way the module was conducted and presented, there was a lot I did not know about.

When Dr J did the module I actually thought it was inspiring because you are so aware of things around you and what is AIDS all about and it all came to light, and she was absolutely brilliant the way she brought it forward.

The students participated in debate, student presentations, panel discussions, and did some experiential learning such as role plays, as well as practical demonstrations of the use of condoms. The modelling of HIV education was done in such a way that helped to dispel embarrassment, and this was appreciated by the students. Since HIV education inevitably involves some reference to sex and sexuality, it is important that teachers are comfortable with discussing such issues, and are able to encourage open discussion among pupils. Research on life skills and HIV and AIDS education indicates that many teachers are not sure of what to teach and how to teach it (Pattman & Chege 2003: 12). Since teachers struggle to implement the Abstain, Be Faithful, Condomise (ABC) approach promoted by the departmental training programmes, they tend to avoid engaging with pupils and their potentially embarrassing questions, adopting a teacher-centred type of pedagogy (Chege 2006: 27). This limits the likelihood for critical discussion and exploration of sexuality and its link to HIV. It appears that in this study the lecturer modelled learner-centred types of teaching appropriate for HIV and AIDS education (Ford *et al* 2003: 2), and it is hoped that this will encourage them to adopt such an approach in their own teaching.

However, time constraints also had a negative impact on assessment practices. The HIV section was presented over a three-

week period and the only assessment was by examination (50% of the module examination was linked to HIV and AIDS). Students were expected to study certain topics, such as how to construct an HIV policy for schools, independently for the examination, as they had no time in class to cover them. Some students wished that they had had time to discuss this and other topics in class, to benefit from cooperative learning and the opportunity to analyse policy from a critical perspective:

We have to do it for self-study for the examination, the National Policy on HIV, and I think I would have liked it if we had gone into more depth with that and had a class debate. Maybe tore it apart.

There was no mention of how the module changed their view of assessment, or how they would assess pupils' knowledge, skills and attitudes regarding HIV and AIDS. This highlights the fact that the content related to HIV may have taken precedence over the pedagogical implications and practices of HIV education for prospective teachers.

3.4 Theme 4: Personal and professional development of students

This theme refers to the students' self-perceptions regarding their personal and professional growth, and not to any objective measurement of growth. It appeared that the module raised student awareness about the seriousness of the impact of HIV on education, on themselves as teachers, and on society in general. There were indications that students, in particular those who may not have been exposed to personal experience of HIV and AIDS, yet were teaching in multicultural and diverse contexts, could now perceive the "bigger picture":

The most important thing I enjoyed about this module was how it changed your perspective as an educator, given our context in South Africa, and being in the schools and the whole multiculturalism thing. You have to actually have a certain background so that you know how to cope with each learner.

Students also became aware of the greater environmental forces that shape the pandemic, such as the political decisions that

have affected the availability of antiretroviral treatment. An understanding of the “bigger picture” is necessary since the pandemic is instrumental in causing many problems such as, among others, poverty, trauma, ill-health, and child-headed households. HIV transmission is fuelled by pre-existing circumstances such as substance abuse, unequal gender norms and violence against women (Leach 2002: 102), cultural beliefs about illness (Van Dyk 2005: 120), as well as racial and status biases (Hepburn 2002: 91). Teachers need a comprehensive understanding of the complexity of HIV education. It appears that the approach adopted in this study has contributed to developing a broader view of the causes and consequences of HIV and AIDS.

Participating students perceived themselves to have gained confidence in teaching the biomedical facts of HIV and AIDS, increasing the likelihood that they will address this aspect in their teaching:

It definitely increased my knowledge, around little questions like ‘can HIV be transmitted by saliva?’, so those little questions were answered in the module. I think I am better equipped if those questions come across in class, and in fact I can even make the effort to put the topic out there for the learners.

However, the majority of the students did not express competence in integrating HIV and AIDS education into specific learning areas, and some did not perceive the value of doing this at all. This seems to reinforce the notion that students emerged from the module still unsure of how to integrate HIV and AIDS education practically into their teaching:

Because my modules that you teach, you can’t really incorporate it, I teach mathematics and accounting, so when I see something in the classroom I will get the extra resources, but I am still trying to figure out how will I fit that in there.

Similarly, some students felt uncomfortable about addressing sexuality-related issues, while others had no idea of how they would feel since they did not have the opportunity during the module or otherwise to do this:

Wood/HIV and AIDS education in pre-service teacher programmes

I won't know until I get there because I have not been asked before, so I won't know. I figure I might be uncomfortable if an 18-year-old boy comes to ask me a question and I won't say that I won't blush.

However, there was some indication of growth and development concerning these issues:

So for the first time you get the whole idea that this thing can be talked about in a way that is not threatening. I feel confident enough that I can talk to learners about it now.

Students were aware that they still had much to learn and that they would have to continue their HIV education on their own, but the willingness to continue professional development was evident:

I wouldn't say that I know enough, it will probably be an ongoing process [...] I can relate to it and I will become aware of things that happen in the classroom environment, I will be prepared for what is coming. I don't think you can learn enough about it, because there is probably more that can be discovered [...] if I can make a difference in a learner's life, that would be wonderful.

While the majority of the students expressed the willingness to take on the pastoral role that is becoming more important as a consequence of the pandemic (Louw *et al* 2001: 30), none declared themselves competent to do so. In the age of AIDS increased social, emotional, material, health, economic and human rights problems impact on the lives of pupils (Carr-Hill *et al* 2000, Culver 2007, Ebersöhn & Eloff 2002: 78). Teachers have to deal with increased levels of anxiety, limited concentration spans, severe trauma, heightened discrimination and stigma, and increased poverty experienced by pupils (Foster & Williamson 2000: 277, Wood 2009a: 130). This demands a high level of empathy, compassion, and skill in communication and mediation. However, currently there is no provision within this PGCE for students to learn and practise basic helping skills, such as active listening and empathic responding, to boost their confidence to respond to pupils' needs with empathy and sensitivity. Although one of the outcomes of the module was to enable students to respond to pupils' needs, there was no time within the contact sessions to introduce students to

these skills. In fact, the development of these skills would take considerably more time than was allocated to this module.

4. Lessons learnt

At this point, it is necessary to raise some pedagogical and epistemological concerns about the manner in which the HEAIDS module was incorporated into the PGCE programme. It would appear that HIV education, like any other topic, has to be firmly grounded within a theoretical paradigm to make students aware of the different approaches to HIV education (Newman 2003: 5). A positivistic paradigm would assume that the conveyance of knowledge would suffice to ensure behavioural change, whereas a critical paradigm would call for existing beliefs and practices related to HIV prevention to be deconstructed and alternative approaches to be considered (Henning *et al* 2004: 44). It would appear that a behaviouristic approach failed in changing attitudes to HIV and sexual behaviour in South Africa (Badcock-Walters *et al* 2004). There is increasing agreement in the literature (Baxen & Breidlid 2009: 14) that HIV education be housed within a more critical theoretical framework than that offered by the HEAIDS module.

Baxen *et al* (2011: 2) point out that, for the most part, HIV and AIDS programmes to date have focused on increasing knowledge on prevention, treatment or care, and are usually based on a “bio-medical, de-contextualised perspective that does not take account of people as individuals who operate in a particular space and time”. This approach has its origin in a positivist ontology that fails to take into account the multiple contexts in which the pandemic plays out, and the different ways in which people make meaning of it. This positivist paradigm leads to a behaviouristic pedagogical approach which, although it is the most usual approach, has not proven to be very successful in reducing the incidence of the virus (Campbell 2003: 12). Numerous authors (Baxen & Breidlid 2009: 13, Theron 2007: 184. Van Laren 2007: 476) emphasise the need for teachers to engage with their own

constructs of sexuality, poverty, gender, race and cultural beliefs and practices to enable them to move away from teaching content towards a “critical pedagogical approach that interrogates process, content and the outcome of the pedagogical act” (Baxen *et al* 2011: 5).

The findings also point to the deeper issue of curriculum development. Curriculum should be grounded in a specific paradigm and set of values, with outcomes, assessment, pedagogy and content all aligned (Bondi & Wiles 1998: 5). Programme modules should complement each other, enabling students to perceive a clear link between them. If a module is just added on, or ‘dropped in’ as this one was, its effectiveness in terms of promoting attitudinal and behaviour change is limited. Since HIV and AIDS material tends to foreground knowledge about the pandemic rather than engaging students in their experience of the pandemic, this also reinforces a teacher-dominant pedagogical relationship.

Since the four pilot outcomes are comprehensive, covering the biomedical, social, political, human rights, economic, pastoral and pedagogical aspects of the pandemic, one would assume that they could only be reached as a result of prolonged engagement with the issues raised by HIV and AIDS for teacher education. It takes time to shift mindsets, to gain confidence in practising new skills and to develop a sense of purpose and identity as a teacher. The outcomes cannot be meaningfully attained unless HIV and AIDS education becomes an integral factor in the development of curriculum and pedagogical approach.

Introducing a new module in a programme takes time and careful, coordinated planning to ensure coherence. Due to the time constraints surrounding the pilot project, the participating faculties had to find a place for it in an existing programme. However, this is not good curriculum design practice and tends to result in programmes that do not speak the same epistemological, ontological and pedagogical languages (Pinar 2004). At best, the programme modules will not form a coherent whole; at worst they may contain omissions, contradictions and duplications. In

terms of HIV and AIDS education, this approach is especially disquieting since it promotes the belief that it is something that needs to be 'added in' to satisfy policy requirements, rather than encouraging the view that it should be an integral part of every teacher education programme.

The HEAIDS pilot was implemented in the majority of the higher education institutions in the country in a similar manner to this one (HEAIDS 2010). This could foster an idea that, as long as outcomes similar to those contained in the pilot module are officially written into the curriculum, then HIV education has been integrated in an acceptable manner. I would argue that, rather than being regarded as best practice, the pilot module should be viewed as a starting point to raise awareness of the need for more critical engagement regarding how to ensure that teachers are best prepared to live and work in a society characterised by HIV and AIDS.

Curriculum also needs to be responsive to societal needs in order to promote relevant and useful learning. To accomplish this, it needs to be flexible and dynamic (Bondi & Wiles 1998). However, what prospective teachers are taught today does not seem to have much relevance for teaching in the age of AIDS, if one considers the findings of this study. This appeared to be the only opportunity in a four-year programme that any of the students were required to think about the impact of HIV on education, and what its existence would mean for their professional (and personal) lives. The students found it difficult to connect their learning in this module to their learning in other modules, and vice versa, increasing the likelihood that HIV and AIDS education will remain peripheral in their teaching.

The findings of this limited study would suggest that, rather than focusing on how to integrate HIV education into the curriculum, a more radical approach be taken which aims to transform the curriculum to make it relevant to teaching in the age of AIDS (Baxen 2009).² This would allow for a uniform and coordinated curriculum that is grounded in social justice and

2 Personal conversation, Rhodes University, Grahamstown, December 2009.

the promotion of human rights; that addresses the contributory factors and consequences of HIV from an inclusive, democratic and critical approach where appropriate in each module, and where critical self-reflection is embedded into every module, to raise student self-awareness and to foster the development of strong personal and professional identities (Baxen & Breidlid 2009: 119).

The development of the capacity for critical self-reflection is vital if students are to be aware of how they need to change in order to cultivate open, democratic and safe learning environments that are crucial for both prevention education and the care and support of pupils affected by the virus (Wood 2009b: 90). Teachers are working in challenging contexts, where prevailing social norms often present constraints to the realisation of just, healthy and safe environments. If societal change is to take place, they have to develop the capacity to challenge such norms and influence their pupils to do the same. Although the students in this module did develop a sense of the “bigger picture” of HIV and AIDS and the implications for education, it is unlikely that this awareness would change how and what they teach, since they did not appear to perceive the link between this module and their subject method modules, or even their other education modules.

5. Conclusion

While this attempt to integrate HIV and AIDS education into a PGCE programme appeared to raise student awareness of the importance of HIV education and engendered interest in this challenge, its value in terms of producing sustainable change in the ability of teachers to integrate HIV education at classroom level can be questioned. However, given the limited time and credits allocated to this module, this situation is not surprising.

Although this study was limited in nature, the findings support the emerging realisation in literature that the addition of short, stand-alone input on HIV education can do little more than increase student knowledge of the pandemic; increased knowledge

is not likely to lead to changed attitudes or improved professional practice. Sustainable change results from prolonged engagement with the issues raised by HIV and AIDS for teacher education. This article argued that the notion of adding the topic of HIV to the curriculum might do well to be replaced by the notion of transforming the curriculum to make it more relevant for teaching in the age of AIDS; an age characterised by other pressing issues such as environmental sustainability and economic uncertainty.

HIV has changed our world, and if we do not change how we prepare our teachers, this will compromise their potential to make a meaningful contribution to preparing pupils for life in contemporary society. Teacher educators have a moral duty to develop teachers who are sensitive of and competent to deal with the complex and nuanced implications of the pandemic for education, in general, and for the lives of pupils and teachers, in particular.

Bibliography

- BADCOCK WALTERS P, M KELLY & M GÖRGENS
2004. Does knowledge equal change? HIV/AIDS education and behaviour change. Background paper for the EFA Global Monitoring Report, <<http://unesdoc.unesco.org/images/0014/001466/146621e.pdf>> UNESCO, Paris, 31 April.
- BAXEN J & A BREIDLID
2009. *HIV/AIDS in sub-Saharan Africa: understanding the implications of culture and context*. Cape Town: UCT Press.
- BAXEN J, L WOOD & P AUSTIN
2011. Reconsidering and repositioning HIV and AIDS within teacher education. *Africa Insight* 40(1): 1-10.
- BONDI J & J WILES
1998. *Curriculum development: a guide to practice*. 5th ed. Upper Saddle River, NJ: Prentice Hall.
- BRINK H
2002. *Fundamentals of research methodology for health care professionals*. 2nd ed. Cape Town: Juta.
- BURNS N & S K GROVE
2009. *The practice of nursing research*. 6th ed. St Louis, MI: Saunders, Elsevier.
- CAMPBELL C
2003. *Letting them die: why HIV/AIDS prevention programmes fail*. Cape Town: Double Storey Books.
- CARR-HILL R, J K KATABORO & A KATAHOIRE
2000. HIV/AIDS and education. <www.harare.unesco.org/hiv aids/view_abstract.asp?id=138>
- CHEGE F
2006. Teachers' gendered identities, pedagogy and the HIV/AIDS education in African settings within the ESAR. *Journal of Education* 38: 25-44.
- CHETTY D
2003. *An HIV/AIDS toolkit for tertiary institutions*. HIV/AIDS Impact on Education Clearinghouse. Paris: UNESCO International Institute for Educational Planning.
- CLARKE D J
2008. *Heroes and villains: teachers in the education response to HIV*. Paris: International Institute for Educational Planning.
- COHEN D
2002. HIV and education in sub-Saharan Africa: responding to the impact. *Perspectives in Education* 20(2): 13-23.
- CRESWELL J
1994. *Research design: qualitative and quantitative approaches*. London: Sage.

- CULVER L
2007. AIDS map news. <<http://aidsmap.com/South-African-AIDS-orphans-and-carers-have-greater-depression-poorer-health-need-financial-help/page/1427486/>>
- DENZIN N K & Y S LINCOLN (eds)
2008. *Collecting and interpreting qualitative materials*. 3rd ed. Thousand Oaks, CA: Sage.
- DEPARTMENT OF EDUCATION (DoE)
2003. *Designing an HIV & AIDS plan for your school*. Pretoria: Government Printers.
- EBERSÖHN L & I ELOFF
2002. The black, white and grey of rainbow children coping with HIV/Aids. *Perspectives in Education* 20(2): 77-86.
- FONTANA A & J FREY
2008. The interview. From neutral stance to political involvement. Denzin & Lincoln (eds) 2008: 113-59.
- FORD N, D ODALLO & R CHORLTON
2003. Communication from a human rights perspective: responding to the HIV/AIDS pandemic in Eastern and Southern Africa. A Working Paper for use in HIV and AIDS Programmes. *Journal of Health Communication* 8(6): 519-612.
- FOSTER G & J WILLIAMSON
2000. A review of the current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS* 2000 14(Suppl 3): 275-84.
- HENNING E, W VAN RENSBURG & B SMIT
2004. *Finding your way in qualitative research*. Pretoria: Van Schaik.
- HEPBURN A
2000. Increasing primary education access for children in AIDS affected areas. *Perspectives in Education* 20(2): 87-98.
- HIGHER EDUCATION AIDS PROGRAMME (HEAIDS)
2008. *HIV and AIDS in teacher education – evaluation report of a pilot project in South African Higher Education Institutions*. Pretoria: HESA.
2009. *Keeping the promise on HIV/AIDS. The higher education sector takes stock*. Pretoria: HESA.
2010. *HIV and AIDS in teacher education – evaluation report of a pilot project in South African Higher Education Institutions*. Pretoria: HESA.
- KELLY M J
2000. *Planning for education in the context of HIV/AIDS*. Paris: IIEP/ UNESCO.
- LEACH F
2002. School-based gender violence in Africa: a risk to adolescent sexual health.

Wood/HIV and AIDS education in pre-service teacher programmes

- Perspectives in Education* 20(2): 99-112.
- LOUW N, D EDWARDS & J ORR
2001. *HIV and AIDS: care and support of affected and infected learners. A guide for educators*. Commissioned by the HIV/AIDS and STD Directorate. Department of Health: Government Printer.
- MALLMANN S
2003. *Building resilience in children affected by HIV*. Cape Town: Maskew Miller Longman.
- MURTHUKRISHNA N
2009. Educating for social justice and inclusion: widening our gaze. Murthukrishna (ed) 2009: 3-10.
- MURTHUKRISHNA N (ed)
2009. *Educating for social justice and inclusion in an African context*. New York: Nova Science Publishers.
- NEWMAN W L
2003. *Social research methods: qualitative and quantitative approaches*. Boston: Pearson Education.
- PADGETT D K
2008. *Qualitative methods in social work research*. 2nd ed. Thousand Oaks, CA: Sage.
- PATTMAN R & F CHEGE
2003. *Finding our voices: gendered & sexual identities and HIV/AIDS in education*. Nairobi: UNICEF.
- PINAR W
2004. *What is curriculum theory?* Mahwah, NJ: Lawrence Erlbaum.
- PIOT P
2002. Opening address. Conference of the ministers of education of African member states, 2-6 December, Dar Es Salaam. <http://portal.unesco.org/education/en//ev.php-URL_ID=6220&URL_DO=DO_TOPIC&URL_SECTION=201.html>
- SILEO N M
2005. HIV/AIDS prevention education: what are the roles and responsibilities of classroom teachers? *Intervention in School and Clinic* 40(3): 177-81.
- STILLWAGGON E
2006. *AIDS and the ecology of poverty*. New York: Oxford University Press.
- THERON L C
2007. The impact of the HIV epidemic on the composite wellbeing of educators in South Africa: a qualitative study. *African Journal of AIDS Research* 6(2): 175-86.
2005. Educator perception of educators' and learners' HIV status with a view to wellness promotion. *South African Journal of Education* 25(1): 56-60.

UNAIDS INTER AGENCY TASK
TEAM (IATT) ON EDUCATION

2009. *Toolkit for mainstreaming
HIV & AIDS in the Education Sector*.
Paris: UNESCO.

UNICEF

2005. *HIV/AIDS gender and life
skills manual for training of teachers*.
Ministry of Education and Lesotho
Association of Teachers. Maseru:
UNICEF.

VAN DYK A

2005. *HIV/AIDS care and
counseling*. 3rd ed. Cape Town:
Pearson Education.

VAN LAREN L

2007. Using metaphors for
integrating HIV & AIDS
education in mathematics
curriculum in pre-service teacher
education: an exploratory
classroom study. *International
Journal of Inclusive Education* 11(4):
461-79.

WILLIG C

2008. *Introducing qualitative
research in psychology*. 2nd ed.
Maidenhead: McGraw-Hill Open
University Press.

WOOD L

2009a. Exploring HIV & AIDS
literacy among teachers in the
Eastern Cape. *Journal of Education*
47: 127-49.

2009b. 'Not only a teacher, but
an ambassador for HIV & AIDS':
facilitating teachers to take action

in their schools. *African Journal of
Aids Research* 8(1): 83-92.

WOOD L & L THERON

2010. Beginning at the beginning:
engaging participants in reflective
practice and self-study in the
context of HIV/AIDS. *Curriculum
in the Making*. <<http://www.heads.org.za/resources/HEAIDS%20Conference?Being%20a%20teacher%20in%20the%20context%20of%20the%20HIV%20and%20AIDS%20pandemic.pdf>>

WOOD L & P WEBB

2008. 'You cross the bridge when
you get to it': the (mis) perceptions
and (non) responses of school
principals in the Eastern Cape
regarding HIV & AIDS. *African
Journal of AIDS Research* 7(1):
111-21.