Exploring University Educators' Lived Experiences of Curriculum Innovating through Integrating HIV & AIDS

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Abstract

There is a growing realisation of the vital role that Higher Education institutions in South Africa can and should play in keeping students not only alive, well and productive but also prepared to face the multiple challenges associated with living and working in the context of the HIV & AIDS pandemic. This article reports on part of a larger research project that explores the experiences and work of university educators who are involved in curriculum innovating through integrating HIV & AIDS in their teaching at a South African university. The objectives of the larger study are to locate, document, highlight, encourage and explore further possibilities for curriculum innovating through integrating HIV & AIDS in Higher Education teaching. This article responds particularly to the following research question: What are the lived experiences – personal and professional – of curriculum innovators who integrate HIV & AIDS into their teaching? We point to three significant aspects of the lived experiences of curriculum innovating – selfing, distancing and valuing – and highlight the commitment of these curriculum innovators to making a difference as well as drawing attention to the emotional and professional challenges they encounter.

Keywords: Curriculum innovating, Higher Education, HIV & AIDS, Integration, South Africa

Introduction

In 2010, the United Nations Programme on HIV & AIDS reported that insufficient progress had been made thus far in disrupting the trajectory of the HIV & AIDS pandemic, particularly in Southern Africa. The projection of the Institute of Medicine of the National Academies Report (2010) of a sustained increase in the number of people living with HIV & AIDS globally over the next 40 years affirms the United Nations' findings which, in turn, reminds us that young people between the ages of 15 and 24 years of age accounted for 79% of new infections in sub-Saharan Africa in 2009. South Africa contributed significantly to this figure. Given these statistics, it is vital that policy makers, curriculum scholars and teachers, at all levels of education, address HIV & AIDS through educational efforts, especially in the Southern African region, which remains the epicentre of the disease.

Recent research (HEAIDS 2010a; 2010b; 2010c) highlights a growing recognition of the critical role that Higher Education Institutions (HEIs) in South Africa can and should play in helping students live and cope with the multiple challenges associated with living and working in an age of widespread HIV & AIDS. As indicated by the South African National HIV Prevalence survey (Shisana *et al.* 2009), the populations most at risk are made up of Black females between the ages of 20 and 34 years (with an HIV prevalence rate of 32,7%) and Black males between the ages of 25 and 49 years (with a prevalence rate of 23,7%). Significantly, however, an HIV prevalence survey conducted at approximately the same time in South African HEIs (HEAIDS 2010a) indicated that the mean prevalence rate for HEI students across South Africa was 3,4%. This implies that students, who tend to be in the same age category as the population that is most at risk, present with a lower prevalence rate. Hence, it is important for HEIs to seek innovative educational strategies that can contribute to at least maintaining this apparently lower student prevalence rate (Wood 2011).

According to HEAIDS (Higher Education HIV/AIDS Programme of South Africa), '... not only is there relatively little known about how various HEIs in South Africa are integrating HIV/AIDS into the curriculum, but these is also little known about the 'drivers' or the champions, the academic staff who are committed to addressing HIV/AIDS in their teaching' (2010c:27). Lesko (2007) identifies two distinctive approaches to addressing HIV & AIDS across disciplines and campuses at the University of KwaZulu-Natal.

She terms these the 'technical-managerial' and 'interdisciplinary-activist' approaches (2007:337-339). Lesko describes the technical-managerial approach as one that promotes 'values of procedural justice and individual rights and dignity' (2007:342). She goes on to note that this approach is 'grounded in a discipline-based segmentation of knowledge and presumes that individual instructors are the primary curriculum decision-makers' (342). In contrast to this, the interdisciplinary-activist approach promotes a social cohesion model 'in explicating values such as equality and justice, in teaching an integrated form of knowledge, and in supporting close relationship among instructors' (342).

More recent research conducted by Wood (2011) in three faculties at another South African university explores university educators' views on integrating issues related to HIV & AIDS into tertiary education programmes. She concludes that although these educators overall are willing to integrate themes and issues related to HIV & AIDS into their teaching, there is still much to be done. Using the formulation of the American Association of Colleges for Teacher Education (AACTE 2006), she argues that it is necessary to shift the mindsets of many university educators in order to develop 'a humanising pedagogy [that] aims to develop the whole person' (832) as an approach to curriculum innovation in the age of HIV & AIDS. In support of her argument, Wood draws attention to the work of three university educators as examples of best practice of HIV & AIDS integration. Features of this best practice approach include a 'willingness to experiment' (830) and the use of participatory pedagogies. She highlights the 'enthusiasm and excitement' (830) with which these educators discuss their integration of HIV & AIDS, but goes on to note that they 'appear to be working in isolation' (831) and, typically, do not discuss this work with their colleagues.

The research discussed in this article complements the studies done by Lesko (2007), Wood (2011) and HEAIDS (2010c) in that the article takes a close look at the lived experiences, personal and professional, of 'champions' as they are termed by HEAIDS (2101c:27) or 'innovators' as we call them, of HIV & AIDS integration. According to HEAIDS (2010c:27), there is relatively little known about the ''drivers' or the champions, the academic staff who are committed to addressing HIV/AIDS in their teaching'. Following from this introductory section, the article offers a consideration of its theoretical focus—what we refer to as 'curriculum innovating'. We then go on to describe the study, which involved in-depth

interviews with seven university educators working in a variety of disciplinary areas in a School of Education. In the next section, we consider the various approaches of the participants to HIV & AIDS integration and discuss their approaches to curriculum innovating in the light of three notions—selfing, distancing and valuing. In the final section, we draw conclusions and explore the implications of this work.

Curriculum *Innovating* as a Theoretical Focus

In thinking about inter-relationships between curriculum innovation and the integration of HIV & AIDS in Higher Education, we are drawing on theoretical perspectives from the field of curriculum studies, in particular, the domain of curriculum inquiry. In our study, we are exploring the 'experiential level' (Goodlad 1994:1263) of the curriculum field, where curriculum inquiry comes as close as possible to actual lived experiences and connects the theoretical with the practical by aiming not only to make sense of, but also to make a difference to, people's lived experiences of education (Goodlad 1994; He 2010; Miller 2000). Our research into university educators' lived experiences of integrating HIV & AIDS is theoretically informed by an approach to curriculum inquiry that has come to be known as *autobiographical curriculum theorising*. This approach initially emerged in the 1970s through the work of curriculum scholars William Pinar and Madeleine Grumet (1976), who brought together phenomenological perspectives that emphasise the fundamental significance of human lives, contexts and relationships in education with autobiographical perspectives that draw attention to the educational significance of human beings' examination of their own personal or interior experiences—past, present and future (Grumet 1989; He 2010; Miller 2000, 2010a). Pinar and Grumet's notion of autobiographical curriculum theorising was grounded in Pinar's conceptual work (1975) on the term *currere,* which is the infinitive form of the Latin etymological root of the word *curriculum*. *Currere* means *to run* and thus, when re-rooted in *currere*, curriculum is re-conceptualised as a verb or an action (*to run* a course) rather than a noun or an object (a set course to be run, followed or developed) (Miller 2000, 2010a). As Pinar (2010:178) explains, from this viewpoint,

> [c]urriculum ceases to be a thing, and it is more than a process: it becomes a verb, an action, a social practice, a private meaning, and a public hope. Curriculum as currere is not just the site of our labor, it becomes the product of our labor, changing as we are changed by it.

Hence, in our study, this experiential and fluid re-conceptualisation of curriculum as *currere* informs our theoretical focus on *curriculum innovating* (rather than curriculum *innovation*). Following Pinar's example, we go back to the Latin root of innovate, which is *innovare*, meaning *to renew* or *to make new*. As we demonstrate in this article, in using our *curriculum innovating* lens we come to understand the integration of HIV & AIDS in Higher Education as a deeply personal and inward, yet simultaneously social and interactive, practice that continually renews or makes new university educators' pedagogy and their personal and professional selves in ways that can give them a profound sense of achievement, of making a difference, but that can also be personally and professionally painful and daunting as well. Thus, the view of HIV & AIDS integration afforded through this theoretical lens is multifaceted and pushes us to consider the personal and professional complexities of university educators' lived experiences of curriculum innovating as they 'remake [themselves] and their work, again and again' (Miller 2000:265).

The Study

The research context for this study is a university located in the province of KwaZulu-Natal, where there is an estimated HIV prevalence rate of 39,5% (AVERT 2011). This article draws on preliminary data generated as part of a three-year research project[1] which explores the experiences of educators at this university who are involved in curriculum innovating through integrating HIV & AIDS. The article responds to the following research question: What are the personal and professional lived experiences of curriculum innovators who integrate HIV & AIDS into their teaching at a South African university?

To enhance the trustworthiness of our study, we have used Mishler's (1990) concept of trustworthiness for inquiry-guided (as opposed to hypothesis-testing) research. Mishler advises that in order to establish trustworthiness researchers who are 'engaged in inquiry-guided and interpretive forms of research have the task of articulating and clarifying the features and methods of [their] studies, of showing how the work is done and what problems became accessible to study' (423). Accordingly, in this article, we endeavour to give a clear and detailed account of our research process.

The research team for this project consists of five university educators who have different professional and disciplinary backgrounds, but who have a mutual interest in the integration of HIV & AIDS into Higher Education teaching. We teach and research in various domains within the Teacher Education field: Gender Studies; Languages and Arts; Mathematics; Science; and Teacher Development Studies. We are thus well-placed to engage with a wide disciplinary spectrum of colleagues who address HIV & AIDS in their teaching. For this article, we used what Kirk refers to as a 'starting from the self' (2005:240) approach to explore the experiences of colleagues who integrate HIV & AIDS into various disciplines in our School of Education (see also Van Manen, 1990). We focus particularly on the experiences of seven participants who are located in the School of Education and who were interviewed in the first year of the study. (Educators from other Schools within the university will be interviewed as the project continues.)

The seven participants from the School of Education were selected to be interviewed because they are known to us or our colleagues as HIV & AIDS curriculum innovators (champions). We have been involved in collaborative teaching and research with many of these HIV & AIDS curriculum innovators and have also encountered them in HIV & AIDS-related workshops, colloquia and conferences that we have attended. In other words, the participants were selected for convenience and purposive reasons. Table 1 is a summary of the participants' broad areas of disciplinary specialisation and the variety of academic programmes in which their teaching modules are located.

The semi-structured interview schedule we used was designed to explore the work of university educators who integrate HIV & AIDS into their teaching. The schedule included questions linked to the modules and programmes in which the participants' curriculum innovation was located, as well as questions about the participants' selection of HIV & AIDS-related

Table 1: Participants' Areas of Disciplinary Specialization in Particular Academic Programmes

University educator (pseudonym)	Disciplinary specialisation	Academic Programmes
Leela	Languages and Arts	BEd
Sbu	Social Sciences	BEd
Pesh	Social Sciences	BEd, BEd Hons
Cammy	Social Sciences	BEd,PGCE, BEd Hons
Solo	Education Studies	BEd, BEd Hons, MEd
Mlu	Education Studies	BEd, BEd Hons
Desiree	Education Studies	MEd

Key: Social Sciences (Commerce, Life Orientation, Travel & Tourism); Education Studies (Educational Psychology, Gender and Education, Curriculum Studies, Teacher Development Studies); Bachelor of Education (BEd); Post Graduate Certificate in Education (PGCE); Bachelor of Education Honours (BEd Hons); Masters in Education (MEd).

issues and their approaches to integrating HIV & AIDS. In this article, we focus on their lived experiences of curriculum innovating by analysing their responses to questions about their successes and challenges in relation to integrating HIV & AIDS.

The participants were asked to respond orally to questions during one-on-one interviews or to respond electronically in writing to the questions. Each one-on-one interview was conducted by a member of our research team who was available to meet with the particular participant[2]. Two of the seven participants (Sbu & Leela) emailed their written responses because of difficulties experienced in finding mutually convenient times for one-on-one interviews.

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2 When we were analysing the interview transcripts, it became clear to us that richer, deeper data was obtained when the one-on-one interview method was used. Consequently, for further interviews for this project, we will use only one-on-one interviews.

During these interviews, we and our participants revealed our mutual concerns and interest in HIV&AIDS integration. Perhaps because of our previous collaborations or shared connections with the participants, we found that they divulged their lived experiences of curriculum integrating in a trusting and empathic manner. Tillmann-Healy (2003:738) draws attention to how an 'empathic connection with the friend/researcher … can help participants feel heard, known, and understood' and, correspondingly, we observed that the interviews seemed to serve as a way of supporting and reassuring the participants in their integration endeavours.

In particular, our experience of conducting one-on-one interviews with five participants has highlighted for us the emotional aspects of conducting research on topics that can be especially sensitive and emotionally challenging, such as HIV & AIDS. In conducting the interviews, as well as in reading the transcripts of these interviews, we came into direct contact with the lived experiences of the educators. We found ourselves sharing in their enthusiasm and passion for integrating HIV & AIDS, but we also shared in their doubts and fears and became more aware of some of the emotionally painful ways in which HIV & AIDS affects the lives of students and university educators. Literature on the emotional dimensions of research (see, for example, Dickson-Swift *et al.* 2008; Hubbard, Backett-Milburn & Kemmer 2001; Mitchell & Irvine 2008; Pithouse-Morgan *et al.* 2012; Rager 2005a, 2005b) reminds us that it is vital to pay close attention to the emotional impact of the research process on us as the researchers and on our participants[3].

In line with the university's ethical clearance requirements, written consent was obtained from each participant. Additionally, we asked participants to provide their own pseudonyms and to verify that their

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[3] Hence, in going forward with our research project, we realise the importance of arranging a group session with a counsellor for our research team to ensure that when we are conducting interviews, we will feel able to respond in appropriately supportive ways to the emotional content of the interviews and to know when and how to put our participants in touch with counselling and support services or, indeed, to access such services ourselves. We also plan to invite our participants to a session on dealing with the emotional aspects of integrating HIV & AIDS into Higher Education. We see this as an important ethical responsibility in our research.

responses quoted in this article are accurate representations of their views and experiences. The interviews were transcribed and circulated to all members of the research team. We then met to discuss our reading of the transcripts and our experiences of conducting the interviews. Together, we worked through an inductive process to look for 'emerging patterns, associations, concepts and explanations' (Nieuwenhuis 2010:107) in response to our guiding research question for this article. We began by considering what the data told us about *how* these participants were actually integrating HIV & AIDS into their various modules (as discussed in the following section). Additionally, looking through our *curriculum innovating* theoretical lens, we identified three significant aspects of our participants' *lived experiences* of curriculum innovating, which, as we have mentioned, and as we describe in more detail in a later section, we have termed *selfing*, *distancing* and *valuing*.

Approaches to Integrating HIV & AIDS

As explained above, this article focuses particularly on the lived experiences of university educators in our School of Education who are engaging in curriculum innovating through integrating HIV & AIDS into modules in Teacher Education. Schools of Education at HEIs have very specific responsibilities in relation to HIV & AIDS. These include ensuring that students who are preparing to become teachers, or who are already teachers, are HIV-aware, HIV-safe and HIV-knowledgeable. These students can, in turn, serve as leaders who can make a difference when they themselves are tasked with teaching about HIV & AIDS in their own classrooms. In seeking ways to find a space for HIV & AIDS in Teacher Education, one of the recommendations made by HEAIDS is that 'curriculum design and its link to qualifications in relationship to outcomes for addressing HIV/AIDS in teaching is key' (HEAIDS 2010c:59). It is precisely for this reason that curriculum innovations, such as the integration of HIV & AIDS across disciplines, need to be explored through the experiences of educators at HEIs who already address HIV & AIDS issues in their teaching. Furthermore, ways of supporting innovators need to be sought in order to sustain and extend HIV & AIDS integration in Higher Education.

There are several possible approaches to integrating HIV & AIDS into Higher Education teaching. No hard and fast rules exist as to how the

integration or infusion should or must occur in a discipline. Integration may, for example, involve incorporation of certain aspects of HIV & AIDS into particular sections of a discipline module, infusion of aspects of HIV & AIDS across a whole module, or the design of a stand-alone module as part of a larger programme of study (Clarke 2009).

In the interviews, our participants were asked to describe the approaches they used and to say why they used these in their Teacher Education modules. None of the approaches described by participants could be classified as a stand-alone module. Instead, the participants used incorporation or infusion approaches to addressing HIV & AIDS in modules. These ranged from being incidental to being planned as a way of emphasising an interdisciplinary approach to teaching and learning. To illustrate, Leela describes her approach as incidental inclusion '*across all modules as an example of addressing social issues*' whereas Pesh emphasises that an interdisciplinary approach to teaching Social Sciences requires the planned integration of HIV & AIDS.

Furthermore, Solo and Cammy explain that, because HIV & AIDS issues infiltrate every aspect of teachers' work, they believe that their students need to realise that '*at any given moment HIV & AIDS will pop up*' (Solo). Sbu, Mlu and Desiree point out that the integration of HIV & AIDS education is a continual process; they are '*trying to infuse it*' across modules using approaches that best suit their disciplines. We also asked the participants to identify which aspects of HIV & AIDS they address in their modules. Their responses indicate that they are deeply driven by an intention to make a difference to people's lived experiences of education (Goodlad 1994; He 2010; Miller 2000) and focus mainly on the social aspects of HIV & AIDS in their integrating rather than on sex, sexuality and the biomedical aspects of HIV & AIDS. For example:

> Leela: *...to provide opportunities for these prospective teachers to examine how they will deal with this topic in a relevant and socially just way when they become teachers.*

> Solo: *...the impact of HIV & AIDS on studies of students is incorporated, that is how we train the teachers on how to deal with it when they have children in their classrooms.*

For many, addressing the stigma attached to HIV & AIDS is also seen to be an important aspect. To illustrate:

> Leela: *The topics we explored were very much of a social nature related to issues of stigma attached to those affected...*
> Mlu: *...largely stigma- no biomedicals...*

Overall, a concern about an apparent lack of adequate intervention in Higher Education in relation to caring about their own students is expressed as the main reason for the integration of HIV & AIDS. For instance:

> Mlu: *I have a deep felt passion for issues of social justice and I think HIV & AIDS is one of those things or one of those aspects where I feel people are not treated properly or in dignified ways and that will allow for them to be like everyone else and enjoy their life to the full.*

Lived Experiences of Curriculum Innovating
Selfing
From our curriculum innovating perspective, we see the integration of HIV & AIDS as both requiring and generating an ongoing process of personal and professional 'selfing' or self renewal that 'takes place within and in response to evolving human relationships and experience, as well as contingent, changing social and individual conditions and situations' (Pithouse 2007:15). Thus, by considering the responses of our participants from the perspective of a curriculum innovating approach, we can see how integrating HIV & AIDS into their teaching renews (or makes new) the professional and personal selves of university educators just as much as it renews the curriculum that is experienced in (and beyond) their classrooms (Miller 2000; Pinar 2010). As evidenced by the following, the participants' responses reveal a consciousness of working and living in an era of pervasive HIV & AIDS:

> Cammy: *...It is in there in the society, the community, the learner and you also.*
> Desiree: *...I don't know how you can ignore it, it is something you confront daily...*

For our participants, this consciousness that HIV & AIDS is '*in...you*' as an educator rather than being something that affects only students or other groups of people, would appear to give rise to a sense of individual and collective responsibility for engaging with HIV & AIDS through education (see also Mitchell & Pithouse 2009; Pithouse, Mitchell & Weber 2009). Participants explain how this sense of responsibility has fundamentally changed their understandings of themselves and their roles as university educators and as discipline specialists. For example:

> Desiree: *...would you ignore it and be the traditional teacher and just get on with your work?*
> Cammy: *It changes you as a teacher, you become a practitioner of everything...*
> Pesh: *...somebody was saying to me, '...would you say you are...* [a specialised discipline] *lecturer or a potpourri?' So actually, potpourri...*

This reconsidering of what is it that one does or should do as a university educator is also evident in Lesko's study (2007), which highlights how educators who took an 'interdisciplinary-activist' approach to integration of HIV & AIDS were engaged in 're-thinking assumptions and theoretical orientations of the disciplinary knowledge and programmes in light of HIV/AIDS' (339). Wood's research (2011) also suggests that when university educators do not re-think the scope or boundaries of their disciplines their potential willingness to integrate HIV & AIDS can be undermined by 'a very narrow disciplinary focus' (826).

Our participants' responses suggest that selfing is enhanced by a feeling that their integration of HIV & AIDS is making a significant diff-erence to their students. As Mlu explains:

> *...when the student...says, 'Wow, this has been one of the most amazing modules I have ever done and it has opened my eyes to so many things ...!' I think I feel fulfilled.*

And Pesh reveals that she understands integrating HIV & AIDS as a form of caring:

> *So it has been part of me, actually, I think because, caring, it's me, I really love to care.*

In Wood's study (2011), the university educators whose work is described as examples of best practice of HIV & AIDS integration display similar feelings of accomplishment and making a difference.

At the same time, the selfing process can also involve pain and apprehension along with fulfilment. Solo calls attention to the emotional effects of making space for students to share their HIV & AIDS-related experiences:

> *Buckets and buckets of tears that you pour out some time because you don't know how not to cry….*

And Desiree voices her fear of not being able to handle emotionally challenging situations that might arise:

> *…if we start talking about these issues and* [students] *break down because they have it, what do I do? So maybe I am scared as well....*

Similarly, both Lesko's (2007:342) and Wood's research (2011) highlights the challenges of bringing the 'difficult knowledge' of HIV & AIDS into Higher Education teaching and learning spaces. University educators in Wood's study revealed that the fear of not being able to cope with students' emotional responses and possible disclosure of their HIV status was a significant barrier to integrating HIV & AIDS. Nonetheless, for our participants, awareness of the emotive content of teaching and learning about HIV & AIDS does not stop them from doing what they see to be a '*responsibility for each and every one of us…*' (Mlu). For us, as researchers, their responses highlight a need for HEIs in the age of HIV & AIDS to provide appropriate and ongoing emotional support to students and staff and to offer opportunities for learning how to deal skilfully and sensitively with emotionally charged situations (see also Jairam 2009; Khau & Pithouse 2008).

Distancing
Another concern that is evident in our participants' lived experiences of

curriculum innovating is what we have identified as *distancing*. Distancing is a concept often associated with public health. The term 'social distancing practices' refers to changes in behaviour that prevent disease transmission by reducing the contact rates between infected individuals and those who are susceptible to infection (Baum *et al.* 2009). In the public health context, social distancing interventions include school closure, increased isolation of symptomatic individuals in the household, workplace non-attendance and reduction of contact with the wider community (Kelso *et al.* 2009). Psychologists have also used the term 'distancing' to refer to a process in which people's egocentric experience of a stimulus in the here and now is diminished (see Michel & Rodriguez cited in Ayduk & Kross 2010). Ayduk and Kross (2010) note that research across various areas suggests the importance of this construct for self-control and adaptive coping with stressful situations.

Some of our participants call attention to how students often distance themselves from HIV & AIDS, as is evident in Cammy's statement that

...there will be silence in class when we come to this issue.

Similarly, Lesko's (2007) study highlights the ways in which silences and taboos surrounding HIV & AIDS can impede the integration of HIV & AIDS into university teaching and '[re-produce] the social and moral divisions of who is and who is not affected by the epidemic' (341). Desiree suggests some self-doubt in her ability to overcome such distancing by saying:

[the students] *hold back and I don't know – maybe I'm not dealing with it properly*.

Additionally, Wood's research (2011) draws attention to how this kind of self-doubt can deter integration when university educators fear that raising issues of HIV & AIDS will offend or alienate students.

The distancing experienced by participants is not only on the part of students. Some of the champions reveal that integrating HIV & AIDS is a lonely road since other colleagues feel that they are placing too much unnecessary emphasis on HIV & AIDS. Participants' responses to this distancing by colleagues range from acceptance, to disappointment, to resilience. To illustrate:

> Desiree: *Nobody shares…we are working in our own little box...*
> Pesh: *...* [what] *is really putting me down, like I said, is the discouragement of other lecturers.*
> Cammy: *Just make yourself visible, if they do not take* [HIV & AIDS] *seriously, make them see that it is serious because we are dealing with these issues.*

In addition, Mlu explains that he responds by distancing himself, in turn, from colleagues:

> *I think it is a strategy to isolate myself in a sense so I can do what I feel is needed ….*

This sense of working at a distance from colleagues is also highlighted by the lecturers cited as champions of HIV & AIDS integration in Wood's research (2011).

Further to experiencing a lack of collegial support in their efforts to integrate HIV & AIDS, some of our participants also report facing disapproval from colleagues and even students who feel that they are 'diluting' 'pure' disciplines. As Desiree explains:

> *It is actually ...* [students] *who are perpetuating the divide…that it is not for me to do it, it is for the LO* [Life Orientation] *teachers to do it.*

There is also a perception of integration interrupting the formal curriculum, as indicated by Solo:

> *... you've got the curriculum waiting, you need to be discussing curriculum and development.*

Some participants feel that they have to defend their curricula choices to other colleagues or students who do not see any links between their particular discipline and HIV & AIDS. For instance:

> Solo: *How does that link with HIV & AIDS? That is the question I always get asked.*
> Pesh: *... they will say 'What has ...* [this discipline] *to do with HIV & AIDS?' ...* [This discipline] *is about numbers.*

Distancing stands starkly in opposition to social cohesion, which Lesko (2007) sees as an important context for, and outcome of, integrating HIV & AIDS in Higher Education teaching. It is thus important to understand how to minimise the distancing experienced and created by integrating HIV & AIDS with a view to facilitating greater socially cohesive curricula and relationships.

Valuing

In using the term 'valuing' we refer to the ways in which participants' responses suggest that their conscious choices to renew their pedagogy as they educate students in an era of HIV & AIDS, are based on what they perceive to be valuable. Their desire to make a difference despite the exclusionary effects that distancing creates in relation to their colleagues, students and disciplines, is sometimes at odd with what the institution values, and what the discipline values.

The need for capital to sustain and advance the interests of universities in a globalised market economy shapes much of what universities value; this, in turn, influences what university educators do. The current funding system for South African universities favours research over teaching (McGregor 2011). In addition, university educators, whose work and roles include those of teacher, researcher, community worker, administrator, manager, co-ordinator, discipline expert and materials developer, among others, are pulled in multiple directions as they endeavour to construct their professional lives (Rowland 2002:52). As a result, university educators often suffer from 'an overload of unclarified and competing values' and this creates a 'paradigmal mess' (Kogan 2000:207). Teaching is bound to be undervalued (Neumann 2001:135) when sources of academic status, 'power and honour' (Kogan 2000:211) are rooted in research publications and funding.

By contrast, the participants in this study choose to be less accountable to the marketisation of universities and more accountable to their students and communities. In the face of competing pressures of teaching and research, they invest their efforts in designing modules which address HIV & AIDS as a social challenge; in so doing, they engage in what Subotsky (cited in Beets 2009:1174) refers to as a 'transformative discourse'. One way in which they do this is by crossing the boundaries of strongly classified disciplines (Bernstein 1973).

Some participants highlight how students expect to be taught in strongly classified disciplines and they question the value of integrating HIV & AIDS into their own teaching. For example:

> Pesh: *So the ... students in that module will say 'What has ...* this discipline] *to do with HIV?* [This discipline] *is about numbers!'... The syllabus ... does not allow you to address those issues* [HIV & AIDS]*... it will take time to plan it so that it gels well with our disciplines ... there is still resistance* [to integrating HIV & AIDS].

However, a few participants experienced co-operation and acceptance from their colleagues. Several participants allude to collaboration among some university educators within their discipline. For example:

> Cammy: *Colleagues know about the issues* [HIV & AIDS] *we are talking about and there is the proposal to have it* [HIV & AIDS] *as a standalone, compulsory module. We share ideas and they give us their module templates* [to look at].

Cammy reports that she does not experience resistance about what she teaches about HIV & AIDS nor how she does it. The sharing of work and ideas by members in her disciplinary team affirms their collective perspective about the value of integrating HIV & AIDS. Hence there appears to be a 'commonality of values and practices in teaching' (Neumann 2001:142) within the discipline.

In contrast to Cammy's experiences, Pesh describes discouraging moments of professional isolation. Nevertheless, she persists with her integration of HIV & AIDS into her discipline:

> *The other challenge ... which is really putting me down,* [is] *the discouragement of other lecturers... people* [in the discipline] *don't understand what* [it] *has to do with HIV & AIDS ...* [they think] *I have much energy to waste. These discouragements make me feel bad because it's my passion. I have to learn to be resilient to survive...*

In 'running the course' (Miller 2000, 2010a:62) through the lived curriculum, Pesh experiences professionally discouraging moments of isolation.

Nonetheless, she is determined that alienation from her colleagues will not translate into alienation from her own possibilities for change in her 'pure' discipline.

Despite disciplinary pressures, our participants do not overlook the context in which their disciplines are being taught, and they reveal an altruistic concern for their students as teacher trainees or teachers, for learners who will be or are being taught by these teachers, and for school communities. To illustrate:

> Cammy: [Teachers] *go around and find out how many children have* *lost their dads, mothers and those who are orphaned and live alone.* [They] *will have half the class crying, what will* [they] *as teachers* [do] *to handle that? When a child is sick ... you have got to know the medication* [and its side effects] *... this tablet will make ...* [the child] *go out and empty his bladder all the time ... how will* [he] *catch up with the work? Talking about HIV & AIDS is scary ... how do you make learners know these things and talk about them at home?*

This suggests that Cammy believes that educating teachers to teach about HIV & AIDS is vital and valuable within the South African context. She views the role of the teacher as a source of support to learners whose lives are affected by HIV & AIDS. Furthermore, Cammy refuses to view the lived curriculum as *'insulated from life and human concerns'* (Greene 1971:263). She renews her pedagogy through an awareness, an attentiveness, a *'wide awakeness'* (Miller 2010b:128) about how the curriculum can become more meaningful in the lives of people who live in an era of widespread HIV & AIDS. Thus, she and the other participants in this study argue for curriculum innovating: by re-orientating their approaches to teaching the curriculum can become a source of hope in the age of HIV & AIDS.

Conclusions and Implications

We consider that our study has allowed us to test out an approach to curriculum theorising which offers a useful framework for a deeper understanding of university educators' experiences of HIV & AIDS integration. While, as noted above, the work aligns with the analysis of both

Lesko (2007) and Wood (2011), we also see the three thematic areas drawn from the data – selfing, distancing, and valuing – as offering a complementary set of features to apply to our larger study.

At the same time, we have also gained some valuable new insights about carrying out research which is clearly of a very sensitive nature, something that is not necessarily acknowledged in the broader literature on HIV & AIDS integration. As we noted earlier, we found that the one-on-one interviews yielded data that was richer and more informing than the data collected electronically. While there may be other tools that we could have used as part of the electronic component, our sense is that face-to-face dialogue between the researcher and the participant is critical. In this case, we were conducting interviews with our own colleagues whom we knew well yet this face-to-face element was still key. But our findings about the emotional nature of this work, both in terms of the participants and what they are experiencing and the researchers and what we each encountered, highlights the importance of having access to appropriate support services.

Thus we want to suggest that the challenges of integration highlighted by the seven participants in our study point to the importance of Teaching and Learning Units across the various HEIs in South Africa taking on further work in the area of curriculum innovation in tandem with already existing HIV & AIDS support services on their campuses, such as counselling centres, HIV & AIDS units and health clinics.

Despite the emotional challenges of working in the area of HIV & AIDS integration, this study draws attention to the potential value for university lecturers in sharing ideas, experiences and curriculum innovating. The participants willingly shared their experiences and the passionate manner in which they responded to the interview questions showed that there is a need to establish a learning community or a support group for university lecturers who take on the somewhat risky integration of HIV & AIDS issues in disciplines. This risk may be in terms of being seen for example, as diluting disciplines or as evoking distressing emotional responses. It is, however, important for these risks and discomforts to be sensitively, yet openly addressed in a university community. In an era of widespread HIV & AIDS, the challenging process of curriculum innovating is necessary; our participants clearly point out that we cannot ignore the importance of the social issues that influence and are influenced by the teaching and learning contexts at HEIs.

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Lived Experiences of Curriculum Innovating

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