Effective Education to Combat HIV/AIDS: Review of an HIV/AIDS Course at UNISWA

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INTRODUCTION

This paper presents an evaluation study of a course on HIV/AIDS. The paper acknowledges that there are many educational interventions on HIV/AIDS, yet HIV/AIDS is still a global concern due to its high prevalence in some countries like Swaziland. Higher education institutions such as the University of Swaziland, (UNISWA), have responded to the challenge of HIV/AIDS through a number of interventions. Curriculum reform to incorporate HIV/AIDS education is one example. The Faculty of Agriculture at the UNISWA offers an HIV/AIDS (AGR101) course to all first year students. Similarly, the Institute of Distance Education (IDE) at UNISWA plans to design content and delivery methods that it will use to offer an HIV/AIDS course.

This study researches best practice example from the agriculture course design and delivery team as well as from students taking the HIV/AIDS course. Data was collected from research carried out in March, 2008, based on a sample of students who took this course in the first semester of the academic year 2007-2008. The study, aimed at conducting an evaluation of the AGR101 course, is guided by the following summarized broad areas of the research questions:

- 1. Is the content of the HIV/AIDS course adequate? Does it cover all the necessary information and to the appropriate depth?
- 2. Are the teaching/learning methodologies used to teach the course appropriate and effective?
- 3. What regulations should be put in place to deal with the offer of the course, its assessment, and how it should affect students' progress in their programmes?
- 4. Can the HIV/AIDS course be offered through distance education delivery mode?

To respond to the research questions, the paper begins by presenting a contextual background to the study. Thereafter the methodology used is presented, and this is followed by the data analysis and discussion section. Finally, conclusions are drawn from the key issues identified in the findings from the research study.

CONTEXTUAL BACKGROUND

The national context for the study is Swaziland, a Southern African country that has been extremely affected by the HIV/AIDS pandemic. Swaziland has the highest adult infection rate in the world and as such faces serious socioeconomic difficulties with its continued spread (World Bank, 2006). HIV/AIDS is already having a major impact on the quality of life, sustainable development, and education in the country. The World Bank has therefore declared that the HIV/AIDS pandemic is a serious threat to Swaziland's development efforts as it contributes to slow economic growth, high unemployment, income inequality and poverty (World Bank, 2006). Figure 1 below shows how the prevalence rate has increased over the years.

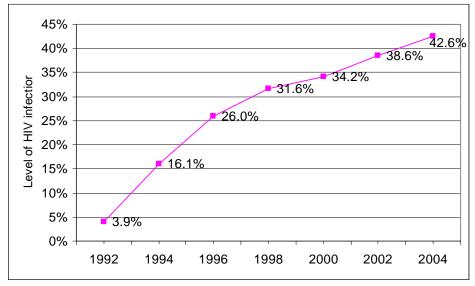


Figure 1: HIV infection rates in Swaziland

(Swaziland Ministry of Health and Social Welfare, 2005)

It appears, therefore, that previous interventions to prevent HIV infection in Swaziland have not been effective – why? There are several reasons for this, and education has been identified as a key strategy in overcoming and reducing the infection rate, hence the World Bank (2006, p.17) has indicated education as an effective social vaccine for HIV/AIDS. There are various philosophies behind HIV/AIDS education that are discussed in the literature, such as by Boler and Aggleton, 2005; Aggleton, et. al., 2004; Campbell, 2003). HIV/AIDS education given has to address the needs (personal, structural and professional) of the learners so that they are empowered with all the necessary knowledge, skills and attitudes to deal with all facets of HIV/AIDS.

METHODOLOGY

Research Design

The study used a descriptive research design, which employed qualitative research techniques. Primary data was collected through a pre-prepared interview schedule which was used during the focus group interviews (FGI). The FGI technique was used to bring together a selected group of respondents to answer the questions asked and to discuss specifically identified areas where respondents give different responses. This technique is well suited for uncovering information on human perceptions, thoughts, feelings, opinions, and further ensures that the respondents reach some consensus. It also helps to discern emerging patterns and trends.

Instrument Development

An interview schedule or guide was prepared by the researchers taking into account the research questions of this study. The questions in the schedule were prepared around the variables of interest, namely the variables we wanted to measure. The interview schedule was highly structured (as shown in Appendix 1) and this was done in order to maximise information collected and consistency in the questions posed and their responses, and further ensure that the questions posed were closely related to the variables that we were trying to measure. Once the interview schedule had been made, it was passed on to all staff members in IDE to check

whether the questions posed were clear, and that the indicated items closely related to the variables that this study sought to measure.

Subjects and their Selection

The target population was all students in year 1 and year 3 (new programme), within the Faculty of Agriculture at UNISWA, in the academic year 2007-2008. These students were selected because they had just gone through the HIV/AIDS Course in the first semester (i.e. from August to December 2007). To select the respondents for focus group 1, the names of all first year students were put in a box, out of which 15 of them were selected randomly. Similarly, for focus group 2, the names of all students in year 3 of the new programme were put in a box, out of which 15 were selected randomly.

Data Collection

The selected 15 students in group 1 and 2 were invited for a round table meeting with the researchers at different times. During the meeting, the groups were interviewed using the prepared interview guide, and the researchers took notes on the group's responses and reactions to the questions. For back up, the group interviews were also audio-taped to help the researchers to confirm their entries in the notes.

DATA ANALYSIS AND DISCUSSION

It was found that out of the 15 students invited to attend the interview as focus group 1, eleven of them came for the meeting. The eleven comprised 7 males and 4 females. For the 15 year 3 students invited, twelve came for the meeting and these comprised 8 females and 4 males. Looking at the responses from Focus Group 1 and Focus Group 2, the authors found that their responses were very similar, and thus decided to treat them as one group. The responses of the students on each of the topics were as follows:

1. Course Content

The students were asked if all the topics reflected on the course outline were important. In general, the students indicated that all the topics were important, but that the only problem with some was the depth of coverage. They seemed to question the rationale behind the imbalanced treatment of some of the topics, such as: the biology of the virus, the modes of transmission, counselling, and the measurement of progression, biochemistry, the role of nutrition and food security. The students felt that the treatment of these topics was rather too deep and too scientific, yet some of them had not done science and further believed that the depth was not necessary in such a basic course. Their major complaints on the level of treatment of the content were:

- a) On the material given on home based care the students believed that it was inadequate, and that more information and depth had to be given on this topic.
- b) On the material covered on nutrition the students believed that this was not covered adequately and that other topics on nutrition had to be added, such as the role of herbs in promoting healthy living with HIV/AIDS.
- c) On the overlap between the topics treated the respondents cited the topics on nutrition and on food security. The general response was that there was too much repetition between these two topics.

In addition, the students felt that there were some other topics that were important for such a course but did not appear in the course content. The topics that were mentioned were: the treatment properties found in medicinal plants to deal with opportunistic illnesses caused by HIV infection— how medicinal plants are to be linked with and compared to modern medicine

and drugs used; the role of traditional healers in responding to and/or dealing with the pandemic. Another proposed topic is one that will influence people's attitudes towards the pandemic, such as some of the common beliefs and misconceptions about HIV/AIDS.

2. Teaching Methods (Pedagogy)

Both groups of students indicated that the major teaching method used by the four Lecturers who taught the course was the lecture method, with visuals (in the form of pictures) which were shown in class. In addition, one guest speaker came in to give a lecture. The respondents specifically outlined the following as good aspects of the teaching methods used:

- a) That some of the Lecturers were frank when teaching on the subject of HIV/AIDS. This, according to the students increased their understanding and grasp of the subject.
- b) That they were given time in class to ask questions and this helped to clarify information that they did not understand and it enhanced their learning.
- c) That having a guest speaker, someone who was HIV positive, speak to them helped a great deal as they got information from a person already living with HIV.
- d) That the use of pictures in teaching was good and effective as they could see the effects and progression of the disease.

The students mentioned the following areas that still needed to be improved:

- a) The need for practicals in some topics, the students felt that some topics, such as the use of condoms, could be taught and understood better if they were taught with practical demonstration sessions.
- b) That the four Lecturers who taught the course were too many, and sometimes it was confusing as their styles of teaching were different.
- c) There were too many tests that were given for the course as four tests were given in a space of three months.
- d) There was too much use of the lecture method which was not good for the course. It was difficult for the students to simultaneously listen to the lecturer, look at the slide presentation and take notes.
- e) There should be more video cassettes used in teaching the course, and that these should be made accessible to the students at any time.
- f) There should be more class discussions so as to address the problems of dealing with the several myths that exist about this pandemic.
- g) There should be more field trips to places dealing with certain aspects of the pandemic, such as VCT centres, care points, etc. so that students can see and experience the impact of the pandemic.
- h) More guest speakers need to be invited, to address the students on what they know and to share their experiences with the students because they have first hand information and experiences on certain aspects of HIV/AIDS.
- i) The course should have more visual presentations that will catch the student's eyes and emotions and thereby force them to change their behaviour and attitudes.
- j) The course should be taught for one hour rather than the current two. This would ensure that students do not get bored by the long hours.
- k) The reading material for each class should be distributed in advance so that by the time the students go to class, they would have read the course material for that day to enhance their knowledge and understanding of issues to be covered.

The students were further asked whether or not their exposure to the course had changed their behaviour and attitudes towards HIV/AIDS. All the students indicated that their exposure to the course had changed them in several respects. Some of the changes that they mentioned were:

- (i) That with the education that they had been given, they would now be better counsellors on HIV/AIDS in their families, communities, and work places – for those who are infected and for those who are affected by HIV/AIDS.
- (ii) That they now had a better understanding of HIV/AIDS, and also know that there is currently no cure for this decease. That after the course, they now take safety precautions and make sure that they avoid contracting HIV.
- (iii) That many of them on completion of the course went for counselling and testing for HIV in order to know their status.
- (iv) That they had gained a lot of information on the course on nutrition, and this would not only help them on HIV/AIDS, but would also assist them in their general healthy living.
- (v) That the information gained would make them not discriminate against those who are HIV positive as they now had a better understanding of the disease.

3. Regulations for the Course

The next set of questions covered the regulations that govern the offer of this course in the Faculty of Agriculture. The students were unanimous in their view that the course should be taught for one semester only and should be taught to all first year students of UNISWA. It was recommended that it should be taught in their first semester at the university, as many felt that if its teaching was delayed, by the time it is taught, it could be too late. The students also indicated that the course should be compulsory for all first year UNISWA students, so that they are all informed on this pandemic. The course is likely to influence students to change their behaviour and attitudes, and may make sure that they are not infected by the HIV virus.

The students debated whether examinations should be given for this course or not. A number argued that examinations were necessary so that the students would take coursework seriously. Others believed that an examination makes the students concentrate on the examinable material rather than learning for lifelong benefit and application. Eventually consensus was reached that for the students to take the course seriously, there had to be formal assessment for it and a pass or fail. This would make sure that if one did not take it seriously, he/she would fail and would have to repeat the course. The students further suggested that anyone who failed the course would have to carry it to the second year, and that no student should receive a UNISWA diploma unless he/she had passed this course. The respondents further recommended that the mark to be used for the course could be the continuous assessment mark derived from the four tests given during the semester and that there should be no final examination given.

4. Role of Distance Education in Teaching Course

The next set of questions asked and probed the students' views on whether such a course could be successfully taught using distance learning methods or not. While agreeing that the course could be taught by distance learning methods, and hence could be taught to IDE students, it was noted that this would however be a big challenge. The interviewees felt that many problems could hinder the effective and efficient delivery of this course using the distance learning delivery mode. Some of the problems highlighted were: that there were too few face-to-face contacts in IDE and; studying at a distance would preclude the use of group discussions which they felt was necessary for imparting skills to change behaviour and attitudes. Another view was that the course covers too much information that would be impossible to cover in one semester using distance learning. The respondents also explained that the difficult scientific concepts and information covered in the course would pose a challenge to the IDE distance learners who do not study science.

The students further indicated that for them to benefit to the maximum on this course, it has to be a stand alone course rather than adding the HIV/AIDS content to other courses offered by the university. They indicated that adding HIV/AIDS information to other courses was not

advisable as other university Lecturers would not be conversant with the content. As a result, such lecturers would not be comfortable teaching the material and would further not be dedicated to teaching this HIV/AIDS content, and hence those components of the course would not be taught adequately. The effectiveness of different lecturers would therefore differ and the intervention would not have the intended impact.

CONCLUSIONS

This study has revealed that overall the agriculture students who did the course benefited from most of the topics that were covered. The benefits therefore far outweighed the areas which still need to be improved. The contents needed to be improved and enriched with topics on traditional healers and traditional medicine, and how to change people's attitudes and behaviour. It was further recommended that more varied instructional methods that would include video CDs, trips, on-line, guest speakers and more visual presentations should be added.

The students further indicated that the current regulations of having the course compulsory to all first year students be maintained, and that a student should not be allowed to graduate unless he/she has passed this course. In addition, students felt that it should be the continuous assessment marks only that should be used to determine whether one passes or fails the course. The students indicated that the distance education delivery mode could be used successfully to teach this course. They felt that the challenges that would face the DE students could be sorted out with a good design at the beginning.

IDE will therefore take into account the findings of this study in coming up with the content, the teaching methods, and the regulations that will govern the HIV/AIDS course.

REFERENCES

- Aggleton, P.; Chase, E. & Rivers, K. (April 2004) "HIV/AIDS Prevention and Care among Especially Vulnerable Young People: A Framework for Action", id21 Health.
- Boler, T. & Aggleton, P. (2005) *Life skills education for HIV prevention: a critical analysis.* London: Save the Children, Action Aid International.
- Campbell, C. (2003) Letting them die: why HIV/AIDS prevention programmes fail. James Currey, Oxford.
- Ministry of Health and Social Welfare Survey Report (March, 2005) 9th Round of National HIV Serosurveillance in women attending antenatal care services at health facilities in Swaziland, Mbabane: Ministry of Health and Social Welfare
- World Bank (2006) Swaziland Achieving Basic Education For All Challenges and Policy Directions. Volume 1: Executive Summary. Report No. 36145-sz. World Bank: Washington D.C.