Rationale for Integrating HIV and AIDS into University Curricular

Held at the North Coast Hotel  Kenya on 27th – 28th March 2013.
COURTESY OF AAU-EASRNW
Presented by
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Guiding areas of discussion

• Meaning of mainstreaming and integration
• The severity of the pandemic,
• The mandate of the university
• The UNGASS commitment and declaration
• The university in the world of HIV&AIDS
• Students and staff vulnerability
• Challenges with ARTs progress
• The teaching and learning process (the integration)
- The interventions
Mainstreaming HIV & AIDS into the curricular? What is it? How?

• Adopting core functions and or business of the university to the realities of HIV & aids
• It does not mean doing new things but doing the same things but in a different way taking into account the impact of HIV & AIDS

(NACC guide on HIV & AIDS mainstreaming 2010)
Definition cont’

• Mainstreaming HIV & AIDS ensures that the epidemic remains an ongoing concern so that decisions are geared towards taking full account of relevant HIV issues in the institutions.

• Mainstreaming is focused on the utilization of the existing core functions, structures, systems, personnel and other resources to cut down bureaucracy and costs.
Integration of HIV & AIDS into the curricular

• It’s the use of every window of opportunity in teaching to incorporate issues of HIV and AIDS
• (address the root causes, immediate causes, transmission, personal risk, prevention/protection measures, initiate research to provide answers to others care and support,) within the subjects we teach and students learn.
introduction

• HIV awareness level is 100% in many survey studies carried out. KDHS 2007, KAIS 2008, ACU PUC baseline survey 2010.
  (UNESCO global universities response survey 2007.)

• Many people find it very difficult to change their sexual behaviors even though they are aware that the virus can be transmitted through unprotected sex and other forms
Reasons for unchanged behaviors

• Perceptions
• Attitude
• Limited capacity in human resources
• Denial
• Economic levels
• Individual orientations (cultural practices)
• Stigma and discrimination
Cont’

• Ignorance and illiteracy
• Seen as a waste of time not (core business)
• Religious believes and practices
• Fear of knowing status
• RATIONALE TO MAINSTREAM
A) Severity of the AIDS Crisis

- The pandemic of HIV&AIDS is a public health challenge in Africa particularly in Eastern and Southern Africa
- Since 1981, - 32 years
- Since then, the pandemic has continued to expand at an accelerating rate in every continent
- Prevalence is rising to heights never thought before as possible
HIV and AIDS out of control

The pandemic has progressed faster than anybody expected
1996- About 20 million PLWA
2006- More than 38 million
2007- 2012 –approx 40million
The problem has doubled in just ten years.
## Global summary of the AIDS epidemic | 2011

### Number of people living with HIV

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>34.0 million</td>
<td>[31.6 million–35.2 million]</td>
</tr>
<tr>
<td>Women</td>
<td>30.1 million</td>
<td>[28.4 million–31.5 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>16.8 million</td>
<td>[15.8 million–17.6 million]</td>
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<tr>
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<td>3.4 million</td>
<td>[3.0 million–3.8 million]</td>
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### People newly infected with HIV in 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>2.7 million</td>
<td>[2.4 million–2.9 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>2.3 million</td>
<td>[2.1 million–2.5 million]</td>
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<td>390 000</td>
<td>[340 000–450 000]</td>
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### AIDS deaths by 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>1.8 million</td>
<td>[1.6 million–1.9 million]</td>
</tr>
<tr>
<td>Children (&lt;15 years)</td>
<td>1.5 million</td>
<td>[1.4 million–1.6 million]</td>
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<tr>
<td></td>
<td>250 000</td>
<td>[220 000–290 000]</td>
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Adults and children estimated to be living with HIV | 2011

Total: 34.0 million [31.6 million – 35.2 million]
Estimated number of adults and children newly infected with HIV | 2011

Total: 2.7 million [2.4 million – 2.9 million]
Estimated adult and child deaths from AIDS | 2011

Total: 1.8 million [1.6 million – 1.9 million]
Global HIV dynamics, 2012

The pool of PLHIV is growing larger

New HIV infections 2.7 million

PLHIV 34.0 million

AIDS-related deaths 2.0 million
The cause of the continued rise of the pandemic

- Silence and denial among ourselves
- Lack of sense of urgency and commitment at all levels to fight the pandemic
- Failure to address the contexts of poverty and gender
- Youth needs not adequately addressed
- Conflict with cultural and religious perceptions and values
- Stigma and discrimination
The global response of universities to HIV

- UNESCO findings from survey of universities in Africa, Asia, South America and the Caribbean:
  - Institutions know little about how HIV is affecting them
  - Institutionalising an HIV response is something quite new to them, poorly understood, and not happening in an effective sustainable way
  - HIV and AIDS initiatives are mostly sporadic, uncoordinated and dependent on the initiatives of a few dedicated staff and students
  - HIV and AIDS are seen to be relevant to only a few professional areas, but not to the future professional, personal and community life of every student
The Kenya situation

• HIV prevalence rate dropped from about 13% in the 1990s to 7.1% in 2007
• Prevalence in Kenya 7.1% (KDHS 2007)
• This is way above the global prevalence of between 0.7 – 0.9% (UNAIDS 2012)
• young people are disproportionately infected by HIV
• 45% New infection 2007 are in age bracket 15-24yrs age group. (University students fall here)
The Kilifi situation

• Currently National Aids and STIs Control Programme (NASCOP) is in the process of conducting another indicator survey between November 2012 and Dec 2013.

• However, the Annual new infections remain high at 111,000 by 2011.

• This could be projected to 304 new infections per day and is equivalent to 6 buses travelling to upcountry every day from Mombasa (KDASCO).

• In Kilifi district, the prevalence is at 3.2% according to Kilifi District Health Information System (DHIS).
B) The mandate of the university and HIV Prevention

1. The University have the mandate to serve the society through the generation and provision of knowledge, understanding and expertise that are mandatory and are necessary to the needs of society.

2. To provide quality education, training, research, outreach and innovation for the advancement of the individual and society-
The heart of a university business is knowledge acquisition and dissemination. Generate expertise in well demarcated specialized areas. To generate, disseminate and apply knowledge while sustaining excellence in teaching, learning and research.
Cont’

- The university therefore have the intellectual resources and tradition to support the development of deeper understanding of HIV & AIDS.
- Such efforts have led to the understanding of HIV as a virus and AIDS as a biomedical condition.
cont’

• This has led to many researches and a lot more researches is required from the intellectuals as part of the solution to the pandemic.

• Come up with innovations geared towards HIV prevention

  The graduates from our university therefore are duty bound to respond to the needs of the society for HIV/AIDS related scholarship and skills as future policy makers, managers, leaders who must take a front line in addressing the scourge.

  This can only be achieved by effective curricular integration and implementation.
C) The UNGASS declaration

- The UNGASS had set the target of reducing HIV infection among 15-24 yrs old and called on the government to develop and implement national strategies to provide a supportive environments for orphans and children infected with and affected by HIV &AIDS.
- The declaration further called on the government to increase access to information & HIV &AIDS education which is necessary to develop the life skills required to reduce vulnerability to HIV infection.
D) The University in a World with HIV and AIDS
Why all of our universities must respond

• No institution is immune to HIV
• The universities are part of the society affected with the pandemic.
• Universities host a large number of young people who are most vulnerable to HIV infection as a result of their age group.
• HIV has the potential of impairing the institution functionality
The universities have special responsibility to produce graduates who can fit in AIDS affected society.

The long lead-time between becoming HIV infected and manifestation of AIDS terribly affects students and staff differently.

This impacts on institutional functioning; the attainment of the universities objective, vision and mission is slim.
• Our AIDS-affected societies need the special kind of help that only our universities can give
• A university should be a key agent of change and provider of leadership within society
• The scholars must show dynamic source for new intellectual, cultural, philosophical, theological, linguistic, scientific understandings of the disease
• The epidemic and its impacts will be part of the social scene in sub-Saharan Africa for generations to come
E) HIV&AIDS in the teaching learning context

- There is need to recognize that HIV/AIDS is a vital matter that demands a coordinated response from every faculty/School and department within the university.
- Aspects of the university in this response will yield:
  1) Protection of its own functioning from an AIDS affected institution.
  2) Serve the needs of an AIDS affected society
  3) Provide opportunity for education and research as prevention mechanism
  4) Support those infected and affected by the disease
  5) Show leadership support towards achievement of vision 2030.

This can only be achieved by integrating HIV/AIDS in the university curricular
Cont’

• Curriculum mainstreaming is one of the most powerful weapons in the fight to contain HIV & AIDS (World Education Forum, Dakar 2000)

• Education remains the most effective vaccine of the HIV Virus since it provides young people in particular with the knowledge values and skills with which to make healthy decision. This brings about healthy positive behavior change among the youth. (UNAIDS 2008)
Cont’

• HIV has posed potential of destroying education.
• But education, if used properly have the potential to greatly weaken the pandemic and contribute to its eradication. (UNESCO Director 2012)
• It has been recognized that confronting HIV & AIDS through curricular reforms is not just a silver bullet and should not be adapted in isolation.
• Other intervention strategies such as innovative prevention (research) methods and sensitization are all critical for achieving positive impact.

(The Director Regional Bureau for science and technology in Africa Prof Massaquoi)
Common unit

• HIV & AIDS traditionally has been taught in subjects such as medical courses in microbiology, pharmacy, nursing and public health and others as core unit.

• This was found to leave out many students in the natural sciences and engineering courses.

• Common unit was introduced UCU 105.
• However behavior change is still wanting.
• A consorted efforts is required to integrate and infuse HIV within the respective course units.
• This is the way to achieve total reduction of prevalence (Zero infection rate)
F) Students and staff vulnerability

• This comes about as a result of inappropriate institutional behaviors e.g.
• Seeking for favors, intimidation, -social insecurity
• Brings about risky sexual behaviors e.g.
• Unprotected sex
• Multiple sex partners
• High levels of self concealments
• Over Dependence-
• Peer pressure
• HIV belongs to the family of lent viruses
• The long incubation period between initial HIV infection and the development of AIDS has major implications for Universities

• The university may be successful in graduating qualified individuals, but HIV/AIDS can undermine its accomplishments by the immature death of young graduates (loss of alumni).
University students constitute a particularly high risk group for HIV infection (15-24 years)

University is the start of life for most students

New independence

Strong peer pressure to adopt certain behaviors

Uncertain sense of identity and self esteem

Experimentation with sexual behavior and drug use

Unlimited social interaction
There is need to introduce a subject that can help charter their lives and consequently affect not only their academic performance but future life which starts to take shape at this level. Hence the HIV integration and infusion in curricular
• At secondary school HIV is discussed at the surface.
• Limited discussion,
• care with information,
• no discussion on sexuality at this level
• At university level students must be provided with:
  Facts, statistics, comparative analysis
• Sexuality must be discussed
• They must be equipped to discuss and analyze HIV in their own context, own circumstances within the classroom context not just awareness forums
At University there is training for sociologists, psychologists, Bio-chem-logists, doctors, Political scientists, economists, engineers, physicists, architects, environmentalists, nutritionists etc. who must be well equipped to address the ramifications of the scourge. There is need for synergy in addressing the scourge.
To enable universities to **fulfill the functions of education** which include

- **bringing up** development,
- preservation of societal culture and values,
- bringing about change
- catering for specific needs of the people.
Findings from great lakes research among 6 universities in Kenya

• Revealed that
• In order to make university education relevant to the needs of the society, the need of African society today must address the concerns of how to control and manage HIV & AIDS.
• Curriculum integration is one way
• This is in line with one of the objectives of University education.
• ‘To Participate in the discovery, transmission and preservation of knowledge and to stimulate cultural and intellectual life of the society.’
Interventions

**Inward-looking**
- Link prevention to care (involve staff and students; provide for VCT, ARV access; challenge denial and stigma; address values and practices in campus life)
- Address management-related factors (strengthen management and financial information systems; provide for AIDS-related direct and indirect costs)

**Outward-looking**
- Produce highly flexible top quality AIDS-competent graduates
- Conduct research that responds to the needs of an AIDS-affected society
- Place expertise at service of society
- Develop AIDS-competence of staff
Positive developments

• policies for HIV management and for dealing with gender harassment and disability mainstreaming
• Many capacity building efforts
• inclusion of HIV and AIDS in core teaching the (UCU 105)
• service activities- education awareness and VCT services.
• Considerable amount of research
• Increase in provision of on-campus prevention services, partnerships (local and international) and outreach programmes (this requires more proposal writings and funding)
What more needs to be done

• Deeper institutionalised demonstration by universities of their responsibility in relation to HIV
• More progress in integration into core teaching
• More AIDS-related institution-initiated research
• Stigma and discrimination more strongly confronted
• Establishment of mechanisms to involve PLHIV
• Closer interaction with National AIDS Councils
• More comprehensive institutional response to needs of local communities
Factors reducing university ability to respond

• Need to review the HIV curriculum.
• Teaching and research may be conducted only in areas that staff regard as important.
• Genuine difficulties in integrating HIV and AIDS into the hard science teaching areas.
• AIDS epidemic sometimes seen as a feature of everyday life that does not require exceptional university concern
Cont’

• While staff may have extensive professional understanding of the epidemic they may not necessarily apply this to the need for institutional action against the epidemic in the university situation.

• However, workshops, refresher courses may boost their attitude and still boost their information bank.

• With the advent of antiretroviral therapy, HIV is no longer seen as requiring an exceptional response
Ultimate goal in mainstreaming in the classroom

- Provide life skills that influence behavior change among students
- Reduce vulnerability particularly among girls
- Promote care and support of infected (refer them to visit the VCT)
- Alleviate poverty (root cause, the university can organize work programme)
- Reduce stigma and discrimination (being mindful of PLWH in class)
- Multiplier effects – what do you think? Is it possible in your university?
- Develop professional competence to cope with the scourge
- Develop and actualize mentorship in your department
- Develop and strengthen peer educators among our academic staffs
- Support Community involvement due to interlink with the immediate University community.
Intervention cont’

- At Personal level: provide adequate, accurate factual knowledge (dispel myths and misconceptions)
- provide life skills; instill values that influence behavior change;
- enhance basic value systems (human rights; gender equity, absence of stigma and discrimination, confidentiality)
Intervention cont’

• As professionals:

• Develop competence to respond and manage HIV and AIDS in world of work as
  • managers, leaders, policy makers,
  • architects,
  • engineers, researchers
  • Philanthropists, scientists
Intervention cont’

• At Institutional level:
  • Demonstrate university’s concern for the needs of society;
  • protect investment in human resource development,
  • enhance university’s ability to respond to emergencies
  • Contribute to the overall goal achievement of our country
Cont’

- HIV affects the continued effective functioning of Universities-
- Negative impacts on student numbers and enhance learning potentials in students,
- increased staff mortality and morbidity should reduce,
- reduced staff and student productivity,
Cont’

- Personal and family worries arising from HIV/AIDS can interfere with teaching and learning activities and inhibit quality performance.
- HIV/AIDS has impacts on every sector of life: social, economic, political, environmental etc.
In Africa, university students are looked upon as responsible people who must give back to the community.

In an era of unemployment we would want to create a pool of community own resource persons (CORPS) who are trained, skilled and experienced in this area.
Cont’

• In the process of responding to the scourge, many mistakes and omissions have been committed

• Wrong information - not factual, distorted

Why?

  Response has been by NGO’s, with no formal training

  Integration of HIV in the University curriculum creates a golden opportunity to address knowledge gaps because of professionalism/experts
Universities can play a critical role in operational research and also help in designing tools that help monitor the scourge

Social scientists - Research on Best social system for care and support

There is need to address the scourge from an intellectual point of view which highly considers well researched facts, statistics, tested scientific processes and experimentation

This can only be achieved through integration of HIV/AIDS in the university curricular
Universities have a responsibility for development of human resources.

Universities are among the principal agencies for preparation of large segment of professional and skilled personnel that society needs.

This imposes three responsibilities to them:

- To ensure that all graduates are competent to deal with HIV/AIDS in their own lives and professionally in their area of expertise.

- To ensure that universities continue to produce graduates in the changing numbers required by society where the pandemic may be eroding the human resource base to introduce new areas of professional training to respond to emerging needs in a society affected by the disease.
Universities as crucial agents of change

Universities must take a lead role in:

• Behavior change
• Eradication of stigma and discrimination
• Care and support of the infected and the affected
• Treatment of those who are ill
• Every response demands leadership that will inspire and guide individuals and communities to adopt

Every University should serve as a role model, a facilitator and a source of knowledge, understanding and skills in every way of scholars interacting with students
Cont’

• Universities are the think tank of society – Therefore provide resources and freedom to do the work of reflection on the prevention efforts.

• Make Progress in understanding the virus, as a socio-psycho-bio-medical condition.

• The role of the intellectuals in understanding HIV&AIDS phenomenon is still an intellectual challenge.

• The disease flourishes under silence, stigma and discrimination which mitigate against the prevention/protection of the scholars
Intervention cont’

• influence on behavior change and all these goals cannot be left to the Aids Control Unit (ACU) alone in the universities.

• Not all students visit the VCT. Not all are peer educators.

• Not all may be interested in the pandemics.

Universities have the intellectual resources to deal with these issues for more tractable and successful efforts to manage the scourge through appropriate pedagogical skills in the integration and infusion of HIV in the university curricular
• HIV/AIDS raises a host of complex moral, ethical, human rights and legal issues that carry out for the kind of knowledge, understanding and insights that universities are well equipped to provide

• While integrating HIV in the curricular, classroom situation demands ethical considerations as well, consider ethical issues in curriculum integration
HIV/AIDS is not a passing phenomenon.

It is likely to beset society for the remainder of this century.

No university in sub-Saharan Africa can stand and watch.

Those in countries where prevalence continues to grow will need to bend their energies to develop the human resources lost to the disease.

Those in countries where the prevalence has stabilized will need to reflect on factors responsible for the change and play a significant role in ensuring that the situation does not reverse and provide lessons learnt to newly affected countries.
Intervention at the county level

- Guide on HIV and AIDS community service
- Provide correct facts knowledge through HIV awareness, out-reaches, education and training
- Support in expert competent personnel in community based activities in the county
- Show mentorship not only to your students but to the county at large
• Protect your staff, students, and institutional self against infection,
• Achieve ZERO NEW INFECTION RATE
• ZERO PREVALENCE
• ZERO STIGMA AND DISCRIMINATION
Intervention as a university scholar

• Learn to understand the disease in all its dimensions, and bring that knowledge to bear on the development of solutions, interventions and programmes that will bring hope

• Share your knowledge, your understanding, and your expertise with those who do not belong to the university community, and learn from them, so as to identify jointly with them what has to be done to control and roll back HIV and AIDS
Integrate HIV/AIDS in the curriculum so that....

- PROVIDE HOPE TO A GENERATION THAT HAS NOT KNOWN A WORLD WITHOUT HIV
Leadership as a central intervention

• The first pre-requisite for a successful response to HIV and AIDS in the university is a sustained, dynamic, publicly manifested, resource-backed and action-backed leadership.

• Where all VCs, Deans, and CODs make HIV a priority. Immediate and visible results will be achieved.

• Understanding and involvement of academic staffs is also very crucial as the custodians of the implementation process.
Intervention by Guiding Principle

- **Guiding Principle**: show personal dedication at your level in the university leadership by:
  - ensuring total management commitment
  - Contribute to the review and development of policy
  - Show guidance at the department in the pedagogical integration and mainstreaming
  - committing resources by budgeting for infusion
Mobilise & motivate people

Develop Vision & Strategies

Mobilise resources

Produce change

What Leaders Do
THANK YOU