Shifting Demographics and Changing Expectations: Lecturers' Experiences in Teaching HIV and Aids Course for Transformative Learning in Higher Education

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Abstract
This study explored lecturers' experiences in teaching HIV and AIDS education as a course for transformative learning and behavior change at the university level. The theoretical framework which guided the study is the Concerns-Based Adoption Model. The sample comprised of twenty lecturers, four Heads of Department and two Ministry of Higher Education officials in Masvingo, Zimbabwe. A qualitative case study research design was employed in the study. Data were collected through individual interviews, focus group discussions and open-ended questionnaires. The study found that lecturers had diverse experiences in teaching HIV and AIDS as a curriculum area. All twenty lecturers, however, experienced feelings of lack of direction, being overburdened and fear regarding the teaching of HIV and AIDS. Some of the lecturers 15 (75%) experienced HIV and AIDS as a sensitive subject useful for transformative learning and behavior change. Yet others experienced feelings of uncertainty as to the effectiveness and transformative nature of the course. 14 (70%) lecturers also experienced a lack of information and didactic skills regarding HIV and AIDS module and its execution thereof. Overall, there were inconsistencies regarding lecturers' experiences in the execution of HIV and AIDS education in universities due to lack of professional qualifications in HIV and AIDS education and the non-availability of policy and curriculum documents. It is recommended that universities become proactive in developing lecturers' knowledge base and skills through ongoing professional development. HIV and AIDS lecturers should reflect on their practice and teach HIV and AIDS Education for students' transformative learning and behavior change.
Keywords: HIV and AIDS, expectations, lecturers, experiences, teaching, transformative learning

1. Introduction

The ever-changing milieu in Higher Education requires universities to examine teaching and learning practices that bring about transformative learning in students so that students adapt to topical issues of the day. Transformative learning refers to transforming a problematic frame of reference to make it dependable by generating opinions and interactions that are more justified (Higher Education HIV and AIDS Programme (HEADS), 2010). Human beings become critically reflective of those beliefs that become problematic. Transformational learning is a theory that is concerned with how people learn to think and act, based on intentional self-exploration of their feelings, values, thoughts, and purposes, rather than merely accepting those of others (MaClure, 2005). Critical self-reflection could help lecturers gain self-control of their lives and their teaching in the area of HIV and AIDS. This type of learning becomes crucial since lecturers and students have to develop new ways of living, learning and being, as the society is being transformed by the pandemic. To teacher educators, there is need to re-examine how and what they teach so as to ensure that what they do as lecturers is relevant for the reality that teachers face in their classrooms daily (Mezraw, 2000:25).

In Zimbabwe HIV and AIDS education is taught in higher education. In some of the teacher education programmes, it is mandated that HIV and AIDS education be a course taught alongside other courses in the curriculum. The objective of the strategy is to use the life-sustaining power of education to transform students' lives and reduce their vulnerability to HIV infection. The intended functioning of the subject area in universities and its sensitivity prompted this study on how lecturers experience teaching HIV and AIDS as an initial course for transformative learning.

The key research question which guided this study was: *How do lecturers experience the teaching of HIV and AIDS education as an initiative course for transformative learning in higher education?*

2. Lecturers' Experiences with Curriculum Implementation

Lecturers like practitioners in other fields have varied experiences regarding new practices or procedures unless they receive prior experience in the area of change (Mugweni 2012). For lecturers to try new curriculum areas implies risking possible failure. This may cause feelings of fear. Phatudi (2007:6) contends that change has evoked fear, criticism, and resistance from many quarters in various fields of knowledge as it is perceived as the imposition by higher authorities. In addition, change sometimes brings with it an increased workload, frustration, anxiety and lack of direction (Bristo, 2010:1). As a result, lecturers may be sceptical about new initiatives, although such initiatives might be of relevance to the existing context.

Lecturers may be sceptical about change due to fear of change, loss of motivation and loss of status (Hargreaves, 2005:11). Self-doubt triggers various emotional responses and can be a cause of reluctance to embrace change (Ballet and Kelchtermans, 2008:59). In some instances, lecturers experience feelings of uncertainty and insecurity when they doubt their capacity to cope with change (Ballet & Kelchtermans, 2008:60). This observation could be the case where lecturers are expected to teach HIV and AIDS education for transformative learning.

3. Lectures' Response to Curriculum Change

It is observed that receptivity towards curriculum reform depends, to a large extent, on a lecturer's experience, level of involvement and acceptance of the change effort. Lecturer agency in curriculum change can be passive or active. Lecturers may implement curriculum change out of fear, frustration, confusion and with emotions. Existing research (Mugweni, 2012:165; Bowins & Beaudoin, 2011:8; Clasquin-Johnson, 2011:167) reveal that, based on their experience, lecturers respond to curriculum change by ignoring, resisting, adopting or adapting the innovation.

It became apparent from the review of literature that lecturers respond to curriculum change with either a positive or a negative attitude based on their prior experience. I, therefore, found in the literature review that there are internal factors such as lecturer attitude and beliefs, motivation, fear, prior experience and knowledge which affect practice. There are also external factors such as professional development and training, resources and support, which affect lecturers' experiences with curriculum innovations and, in turn, influence execution (Burgess, Robertson, & Patterson, 2010:52). Further, the literature review established that not all lecturers generally possess the skills, knowledge, attitudes, and values that are required for them to be effective HIV and AIDS facilitators for transformative learning (Wood & Oliver, 2007:1). The reviewed literature and theoretical framework strengthened the validity of this research.

4. Theoretical Framework

The framework which informed this study is the Concerns-Based Adoption Model. The theory explains that educators proceed to effective understanding and enactment of curriculum change through **seven stages of concern** and **eight levels of practice** of an innovation such as HIV and AIDS education (Hall & Hord, 2001; Sweeny, 2008). Two diagnostic dimensions of the Concerns-Based Adoption Model for conceptualising and determining the change in individuals are Stages of Concern (SoC) and Levels of Use (LoU) (Hall & Hord, 2001). In this study, the SoC framework pertains to lecturers' feelings and attitudes about curriculum change and implementation (Hall & Hord, 2001). It presents a possible progression the lecturers might go through in implementing a new curriculum area. These stages are Unconcerned (or Awareness), Informational, Personal, Management, Consequence, Collaboration, and Refocusing; with Unconcerned being the lowest SoC and Refocusing the highest. The positive ideals in curriculum change and implementation are Collaboration and Refocusing (Hall and Hord, 2001; Sweeny, 2008).

The Unconcerned or Awareness stage looks at participation within the innovation. The Informational stage focuses on the acquisition of information about the innovation such as its general characteristics, effects, components, and requirements for utilisation. The Personal stage deals with the relationship between an innovation and the individual teacher (that is, role, decision-making, consideration of potential conflict or lack of success). In the Management stage, teachers attempt to adopt the innovation but with little understanding (Sweeny, 2008). The Consequence or outcome phase focuses on the effects or impact of the innovation on learners. The Collaboration stage involves coordinating efforts in using the innovation with others (Hall & Hord, 2001). Lastly, the Refocusing stage emphasises finding other ways to make use of the innovation.

The second diagnostic dimension of the Concerns-Based Adoption Model discussed is Levels of Use (LoU). The LoU framework focuses on the developmental patterns of lecturer behaviour in understanding and implementing a classroom change. The Levels of Use of an innovation that lecturers go through are Non-use, Orientation, Preparation, Mechanical, Routine, Refinement, Integration, and Renewal (Hall & Hord, 2001). Mechanical is the lowest level of adoption of an innovation where implementation is mostly at surface level and is glossed over without clear understanding. The highest Level of Use in curriculum change is Renewal (Sweeny, 2008). The Levels of Use are determined by the lecturer's SoC during the implementation process.

5. Research Methodology

Employing qualitative methods framed within an interpretive paradigm (Creswell, 2007:12), I was able to enter the living world of lecturers in their contexts. The process assisted me to understand the lecturers as human beings. The sample was drawn from three universities in Masvingo province. The universities were chosen using purposive sampling since they

had HIV and AIDS education on their curriculum. Two of the institutions were in the city, and one was in the peri-urban. The qualitative approach enabled me as a researcher to comprehend the participants' reality in terms of their knowledge and attitudes regarding the teaching of HIV and AIDS education for transformative learning in higher education (Marshall and Rossman, 2011).

Researcher-designed semi-structured individual interviews, focus group interviews and an open-ended questionnaire was used to collect in-depth information about the topic under study. The research instruments dealing with items exploring lecturers' experience of teaching HIV and AIDS education were employed to gather data. Lecturers nominated to complete the questionnaire were teaching the module. A mixture of data collection methods was adopted to obtain meaningful, accurate, comprehensive or rich data (Nieuwenhuis, 2016). It was necessary to triangulate of data sources because the information gathered was detailed and had a clear status as credible data (Nieuwenhuis, 2016). Thus, triangulation was more likely to produce valid data since the respondents had expressed their views in their own words and thought through the issues.

We undertook four focus group interviews with course lecturers in the three universities. Focus group interviews were preferred because they were less time-consuming and capitalised on the sharing and creation of new ideas that sometimes did not occur in individual interviews (Nieuwenhuis, 2016:95). In comparison to individual interviews, the focus group interview was a less threatening context that allowed participants to volunteer information freely and openly as they were encouraged to discuss issues that seemed common to them all (Hancock & Algozzine, 2006:39-40). Basic principles of ethics were considered and adhered to throughout the research process.

6. Data Analysis

Data analysis was conducted according to descriptive analysis and a coding system. We created a detailed and high-quality transcription of the data from verbal material (Nieuwenhuis, 2016:104). Relevant themes, categories, and sub-categories were generated from the data to allow presentation, synthesis, and discussion of the results**.** Tesch's method of data analysis was used to analyse all the data from interviews and open-ended questionnaire as outlined in Creswell (2016) and Mugweni

For the open-ended questionnaire, We initially organised and analysed data according to individual research participants (the 20 lecturers). We considered all the responses of each participant before moving on to the next participant's responses. This was done in order to preserve the coherence and integrity of the individual responses and to develop a holistic image of each participant (Cohen et al., 2007:467). On completion of the organisation and analysis questionnaire responses, we reflected on the salient issues emerging then developed tentative themes, categories, and sub-themes.

During data analysis, I used thick description vignettes (Nieuwenhuis, 2016:115) and quotes from the interviews and questionnaire. The strategy created mental images that brought to life the complexities of the variables inherent in how lecturers understand and respond to curriculum implementation in their contexts (Nieuwenhuis, 2016:115). In presenting data, we chose to consider the results and findings in relation to the reviewed literature and Hall and Hord's (2001) Concerns-Based Adoption Model pertaining to the teachers' understanding of the HIV and AIDS education policy in schools.

7. Findings and Discussion

It was found that lecturers had varied experiences such as feelings of frustration, fear, and those of being overburdened. Key issues on the findings of the research were in relation to the research question: How do lecturers experience teaching of HIV and AIDS as an initial course that promotes transformative learning.

Lecturers' experiences in teaching HIV and AIDS as a course in universities

My aim in exploring this theme was to obtain an understanding of lecturers' experiences when teaching HIV and AIDS as a course. The question also allowed for the lecturers' emotions and feelings to be revealed and analysed in order to obtain insight into the topic under investigation. Data on lecturers' experiences were informative in terms of the study as the views of the lecturers' regarding their experiences were vital for the researchers to understand how they were engaging with the course HIV and AIDS, their feelings and overt concerns. The Concerns-Based Adoption Model (Hall & Hord, 2001) contends that experiences and immediately apparent concerns are pivotal to an understanding of lecturer practices in terms of their execution of the course.

Teachers experienced feelings of frustration and fear regarding the teaching of HIV and AIDS

Participants confessed to experiencing frustrations due to lack of understanding and insufficient skills to teach HIV and AIDS for transformative learning. The researcher's observations during interviews also revealed that the HIV and AIDS course did not cover all students undertaking teacher education in universities since it was optional. There were many courses to take including options. In most cases, HIV and AIDS was not a popular option to be taken. Accordingly, a participant expressed the frustration during focus group interviews as follows:

> '*You find out that the courses to choose from are many and in most cases, HIV and AIDS is not an option to other students, it's frustrating. Most of the student will not learn the pertinent issues involved for behaviour change*

I reasoned that the failure to include HIV and AIDS education as one of the courses on offer. as expressed by the participants, implied that it was not a compulsory course. In addition, failure to place the course on some of the programme regulations was viewed by participants as a source of frustration and therefore failed to facilitate students' transformative learning. In line with this result, Bailey (2000) argues that lecturers who are faced with daunting emotional experiences are not likely to be deeply involved in envisioning and managing the teaching of a curriculum area.

Lecturers were frustrated by their institution's failure to make HIV and AIDS one of the compulsory courses on the curriculum. Lecturers could be having a genuine concern which needs to be addressed by the university policy initiators. Lecturers needed to teach for transformative learning and behaviour change. It should be known that progression through *Levels of Use* was determined by decision points. There have to be related behaviours in acquiring information, sharing ideas, planning tasks, reporting, performance and knowledge (Hall & Hord, 2001). If lecturers' frustrations are eliminated, and the lecturers are contented with the support given, their practice may progress to higher levels, and transformative learning could be realised.

Measured against the Concerns-Based Adoption Model, lecturers who face daily frustrations during curriculum execution are likely to function at the initial levels of use of an innovation – *Mechanical* and *Routine*. Teachers practising at Mechanical and Routine *Levels of Use* face the reality of implementing HIV and AIDS awareness at a superficial level (Hall & Hord, 2001). In a way, operating at Mechanical and Routine *Levels of Use* limits the capacity of lecturers to teach HIV and AIDS. Limited knowledge of the underpinning requirements and components compromises effective teaching (Burgess *et al.*, 2010:56). Empirical data in this study revealed that the shallow execution of HIV and AIDS education was being practiced by many of the lecturers in the three institutions of higher learning. This showed that in most cases — these lecturers engaged in the routine practice of the subject area.

Some of the lecturers focussed on how the addition of the HIV and AIDS course on some programmes was putting extra demands on them. They noted that they already had enough teaching loads in their courses of specialisation. Blaming some of the heads of department and the system as being a source of lecturer frustration in institutions, a Ministry of Education official stated:

> *Heads of departments seem to contribute to the problem of non-teaching of HIV and AIDS. Some heads of departments encourage the teaching of AIDS education, but I am sure the majority are just neutral or lukewarm.*

The lecturers expressed feelings of uncertainty and confusion about the demands of teaching HIV and AIDS for transformation, their adequacy and self-awareness (self-efficacy) to meet those demands and their expected role in executing the course (Straub, 2009). With such concerns, the lecturers were operating at the Management stage of the CBAM's Stages of Concern (Hall & Hord, 2001). At this particular stage, the lecturers were mostly experimenting and testing, just teaching the subject area without necessarily delivering the lessons effectively. This showed evidence of the lecturers' compliance with constraints in implementing HIV and AIDS education.

The participants also observed that learners undermine the authority of HIV and AIDS lecturers as expressed by a participant who noted:

> *Most of the problems we have with students are because you cannot freely talk to them about AIDS because you are not sure about how the students would take it. So, if it could be put on the curriculum as a course and appear in all programme regulations, it might make us feel free to deliver it [...] even counsel those students that we see are in difficulties or those who have behaviours problems*.

The result showed that lecturers were stressed by the lack of clarity on the part of regulations on the HIV and AIDS course. My observation in the institutions revealed that numerous and somewhat inconspicuous fears permeated the minds of the confused and frustrated lecturers.

Participants reported the fear of themselves and their students being labeled as having HIV and AIDS. The lecturers stated that they did not want to teach the course because they would be stigmatised as being HIV-positive. A participant, HD4, expressed this during focus group interviews when he stated:

> *It is frightening to lecturers and to the students to be identified as having HIV or AIDS. Some will be finding something to laugh at. […] In addition, it may be other lecturers and/or elderly people in society labeling us, that's where the big problem is. Many people laugh and stigmatise.*

Participants reported that they were hesitant to teach certain sensitive topics. Hence, participants advocated a protective policy. They suggested a policy that would prescribe lecturers' limitations and parameters in discussing sensitive issues with students (participants R4 & M2). A participant explicitly described the lecturers' fear as follows:

> *If you are talking about student interaction with a male lecturer, we even get more problems. There might be a student with a problem. The moment I discuss the problem with the student, if I take further steps from there, which are correct, I might be misunderstood.*

A participant response reveals the non-existence of a protective policy for lecturers teaching the HIV and AIDS course. Due to the policy-practice disjunction, lecturers feared victimisation from perpetrators of sexual abuse (who may be students' relatives, or issues of sexuality constitute the subject area. During focus group interviews, participants clearly reiterated their fear of attracting problems to themselves**.** A participant expressed this when she said:

> *We are afraid because at times if you experience sensitive issues there maybe victimisation. Because some of the things may end up leading you may be to the courts of law, so sometimes it's difficult. Therefore, to be on the safe side, you end up leaving some of the issues unfinished. We are also afraid of victimisation from the children's parents and relatives who might be the perpetrators of child abuse.*

Participants noted that they were also afraid because they were expected to empower students to stand up for their rights, which is contrary to some African cultural practices in Zimbabwe. Most of the participants stated that they feared confrontation with the students' relatives if they empowered students to report cases of abuse. Further, lecturers (R4, R2) contended that the problem was that they lacked protection because as lecturers their safety was not guaranteed:

> '*For instance, we have an abused student; I don't know what procedures to take […] maybe a fellow lecturer or the parent is the perpetrator or abuser. I don't know how he is going to take it — some of the issues we are afraid because of the background factors of the student. So, the issue of victimization even if you were willing to help a student you surrender.*

All the participants professed that their greatest fear was that teaching HIV and AIDS education made them feel that they were being looked down upon by fellow lecturers. This was because the course was accorded a low status. The lecturers' experiences of fear during teaching HIV and AIDS were summarised by a participant as follows.

> *First, the lecturers fear of loss of status in the institutions. Other lecturers underrate those who teach HIV and AIDS. So, in the end, you may find it difficult to assign staff to do AIDS lectures because they are viewed as responsible for a course for people who are 'promiscuous.' In addition, students take it as a 'second-hand course' and yet, if well executed it created transformative learning.*

It can be concluded that conclude that frustration and fear are negative emotions that retard the execution of the HIV and AIDS education in institutions of higher learning.

> *Lecturers experienced HIV and AIDS education as a sensitive curriculum area*

Some lecturers revealed that their students and they were also living with HIV and had experienced AIDS-related deaths in their families. Some of them were reluctant to teach the course because of the sad emotions it evoked in them. Participants described their devastation by sad memories as they had interacted with infected and affected students in their lecturers on teaching HIV and AIDS education. This was expressed by a participant as follows:

> *If you go into a lecture, you see that a number of students in the class are grappling with HIV and AIDS. It's painful for those who are teaching the course. Sometimes students fail to understand that you sympathise with them but the sympathy is of no use since the students are not being helped much to engage in transformative learning.*

Besides facing social and cultural constraints in the teaching of HIV and AIDS education, the lecturers experienced difficult emotions (ActionAid, 2004:7). Most of the participants articulated that they found the subject area as evoking sad memories.

The teachers experienced 'multiple decision-making points' in their attempt to come to terms with the reality they experienced in their lectures of HIV and AIDS education (Fullan, 2001:53). A participant, revealed the lecturers' experience with teaching the subject area as follows:

> *I think generally this course HIV and AIDS education is very sensitive. Some of the ways it affects us [...] it's a course maybe that has been ignored, that was not talked about for a long time. Maybe I have my family member who died of AIDS so if I have to keep on talking about those things, emotionally, it will also affect me.*

Reiterating the sensitivity of HIV and AIDS content that some educators experience in their classes a Ministry of Education official said:

> *Lecturers in the early days were sensitive [...] if they say to the student's somebody who has symptoms of AIDS looks like this, looks like that, looks like the other; that may be how the lecturer looks.*

> *No lecturer wants to undermine his position like that. The students will take the message to friends or home saying that our lecturer was describing a person with AIDS, that's exactly how he looks like. So, the lecturer cannot willingly expose himself; it's sensitive.*

Participants' sad emotions were also triggered by other experiences such as the death of a close relative due to AIDS. Some of the participants' sad feelings were the result of seeing their students, who are young, grapple with problems beyond their age and capacity. The Concerns-based Adoption Model reveals that such lecturers lack self-efficacy and they operate at low stages of concern (awareness, informational, personal and management), and therefore, in most cases, they would not effectively implement HIV and AIDS education effectively in their classes (Hall & Hord, 2001).

In the view of Hall and Hord (2001) and Sweeny (2008:2), teachers use their understanding and experiences to progress in implementing a course new to them effectively. The sad emotional experiences revealed by the lecturers were perturbing and might have prevented them from teaching the course effectively. During focus group discussions, a participant (N2) further illuminated the lecturers' experiences when she said:

> *At one point you shed tears looking at a student who comes to you confessing the truth about her problem deep down. You become emotional, more than a lecturer does, more than a parent* (participant N2).

Based on similar results as in this study, Carless (1998:354) recommended that the institutions of higher learning's management should create support systems or enabling environments that facilitate lecturer collaboration and at the same time discourage negative sentiments from colleagues who are not teaching the subject area. It might be the case that lecturers who were initially enthusiastic about the HIV and AIDS course but experienced such emotional dilemmas, easily became disillusioned, especially if there is lack of sufficient support in the context (Hertberg-Davis & Brighton, 2006:90).

> *Lecturers experience lack of direction and feel overburdened during teaching HIV and AIDS education*

During the time of the study, Zimbabwe was economically weak and had adopted the American dollar as its official currency. The dollar was, however, difficult to secure. The universities were financially incapable of funding production of learning and teaching materials to be used by lecturers and students in teaching HIV and AIDS in teacher education. During the focus group, interviews participants stated that they were trying to teach the course, but they lacked focus due to insufficient knowledge and guidance that could have been obtained from prescribed books. The participants expressed their confusion and lack of direction as explained by a lecturer:

> *We are trying to teach the course, but we lose focus because we don't have materials, we don't have the content texts to refer students to.*

Some of the participants confessed that they lacked direction because the content that they got from the resources supplied by the institutions was limited and insufficient. Such results, demonstrating a shortage of prescribed materials in the implementation of a curriculum, were also found by Datnow and Castellano (2000:777). The participants of this current study proposed that for them to be focused, they needed prescribed books about 'real' issues they faced in teaching the HIV and AIDS course which included topics such as home-based care. The need for prescribed textbooks with comprehensive content and methods was expressed by the lecturers as well as explained further by R1 who said:

> *If books could be produced with more information that could equip lecturers right across [...] how to handle issues, if you meet this you do this, if you meet this, you do this. This is how lecturers can be comfortable in teaching HIV and AIDS education. If we do not have such information including that which is culturally relevant, it is difficult to achieve effective teaching for transformation.*

Conclusion

This study revealed that lecturers experience HIV and AIDS education as sensitive, frustrating and cumbersome. There were various reasons which caused the lecturers' experiences. It became apparent that in higher education, some lecturers were uninformed, afraid and confused regarding the HIV and AIDS school education content, components, and requirements. They attributed their fears and frustration about the course to the non-availability of culturally appropriate content as well as the lack of key textbooks about HIV and AIDS in the institutions. The situation is likely to continue unless a cadre of qualified lecturers and those interested in the course are appointed to teach HIV and AIDS education for transformative learning. It is recommended that all lecturers should take be staff developed in HIV and AIDS education to combat fear related concerns.

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