'Listening with our eyes': Collaboration and HIV and AIDS curriculum integration in South African higher education

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Abstract

Integrating HIV and AIDS into the academic curriculum is not engaged with vigorously enough in South African higher education institutions, for several reasons, ranging from lack of interest to complaints of belabouring the issue of HIV and AIDS, especially from the biomedical perspective. Through such integration the academic curriculum could be a key space and engine for persuading change and abating the effects of HIV and AIDS in higher education as well as in the communities served by the universities. We reflect on our three-year research project engagement and explore how collaboration facilitated integration of HIV and AIDS issues in our academic curriculum. Working from a critical paradigm and using a collaborative self-study approach, we utilised drawings and responses from questions which we compiled for ourselves. Textual and visual data generated were thematically analysed. The findings revealed that collaboration counteracts isolation; enables capacity development in integration for the collaborating researchers; and permits engaging with participatory visual methodologies to encourage integration. We conclude that collaboration is key in facilitating integration of HIV and AIDS in the higher education curriculum, and that collaboration using participatory visual methodologies enhances entry-points in engaging with HIV and AIDS in South Africa and beyond. This work has implications for integrating HIV and AIDS issues into the higher education curriculum.

Keywords: Academic curriculum; collaboration; higher education; HIV and AIDS integration; participatory visual methodology

Introduction

The title 'Listening with our eyes' picks up on the power of persuasion of the visual. In this article we show how we utilised the power of the visual to enable and enhance collaboration and HIV and AIDS curriculum integration in higher education. An example of the power of the visual and 'listening with our eyes' is provided by Gladwell (2005) in his book *Blink*. Gladwell (2005) portrays the power of the visual where an orchestra required a trombone player and held auditions – with the trombone players playing behind a screen to ensure that there was no bias in selecting the player. Thirty-three trombone players were invited to the

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audition, but the selection committee unanimously found that the sixteenth player was the perfect choice, exclaiming that no one else could play more beautifully, and sending the other seventeen, who were still waiting to be auditioned, home. However, when the trombone player appeared from behind the screen, the men were astonished at what they saw – a woman trombone player! They believed that no woman trombone player could play so well, and immediately revoked their decision, overriding what they had heard, and choosing to "listen with their eyes" (Gladwell, 2005).

This, for us, clearly points to the power of persuasion of the visual, the methodology we used, which has helped us in our collaboration and integration of HIV and AIDS into our curriculum. At a time when both academics and students at higher education institutions (HEIs) are "sick of AIDS" (Mitchell & Smith, 2003, p. 513) – sick of listening to the biomedical facts, alarm tactics, and to what the drivers of the pandemic are – we have found it refreshing to work with each other using participatory visual methodologies (PVMs) and to show how we might 'listen with our eyes' to hear differently and in a way we have not heard before so as to expedite us to hear afresh 'with our eyes'.

Burns (2010), in her keynote address paper *Putting us in the picture: Persuasion and Plausibility* argues that in spite of knowing what we as South Africans know about HIV and AIDS (for example, the statistics of the high prevalence rate of HIV, the research on prevention, the positive prognosis when taking antiretroviral medication, the drivers of the epidemic), the behaviour of people has not changed and HIV transmission continues to spread. So, what are other possibilities for persuasion and plausibility? She argues that HEIs are critical spaces for persuading change, and suggests that academics should acknowledge the situated nature of learning and draw on pedagogies which are powerful and can persuade. She suggests that PVMs can help academics draw on the lived experiences of the students in a persuasive way, and in so doing contribute to changing the trajectory of the epidemic.

In this article we explore how collaboration facilitates integration of HIV and AIDS issues into higher education academic curricula. We used PVMs to do so, which simultaneously enhanced our teaching and research as academics in higher education. We first offer the background to the study, and then the conceptual framework we developed, and situate ourselves as researchers in the area of HIV and AIDS. This is followed by an explanation of the methodology, the unfolding of the findings and discussion, and finally our conclusion.

Background to the study

We decided to work together in a particular area of research that was of interest to each of us as we are committed to 'do something' to respond to the HIV and AIDS epidemic in South Africa. However, prior to our collaborative project each of us had already been engaged in teaching and conducting research in the field of HIV and AIDS. Our individual efforts therefore inform our collaborative work in making a difference in the area of HIV and AIDS curriculum integration in higher education.

Over the three-year duration of the project we had seven face to face meetings. Each meeting took place at one of three HEIs where we are academics. Furthermore, we constantly communicated via electronic mail. Although one of the higher education academics was the 'leader' and grant holder for the research project, the team members operated as equal partners. There were no power issues in the team, yet the leader did communicate, via electronic mail, when meeting dates were to be finalised and also prepared the reports for each of the seven meetings. Research decisions were always taken jointly when the team met

face to face. As a research team we did not experience any obvious tensions within our team and our learning over the three-year term of the project contributed to knowledge related to processes and gains accrued through working within a professional collaborative community making use of participatory visual research methods.

The phenomenon our inquiry focused on was HIV and AIDS curriculum integration at each of our institutions, to understand the 'what, why and how' of integrating HIV and AIDS as experienced by our colleagues in particular disciplines. We commenced by investigating integration of HIV and AIDS in disciplines at our respective HEIs, and conducted interviews with colleagues to learn more about integration initiatives at our respective institutions (Van Laren, De Lange & Tanga, 2013). In addition, we made use of PVMs to encourage our colleagues to explain more fully how they perceived themselves in relation to HIV and AIDS in the teaching of their academic disciplines (De Lange, Van Laren, Tanga, In Press). Furthermore, we wished to encourage and extend the knowledge and skills of our colleagues to further integration of HIV and AIDS initiatives across higher education disciplines. We also wanted to understand more deeply our collaborative involvement and learning through our use of PVMs.

As our three years of project work drew to a close, we wanted to explore how we, as three collaborating academics, researched, learnt and acquired further knowledge, skills and attitudes in relation to HIV and AIDS integration as a collaborative team to enhance our research and teaching. We therefore sought to answer the following research question: How can collaboration facilitate HIV and AIDS curriculum integration in higher education? Based on our research team's collaboration experiences, we developed our own conceptual framework, which we present next.

Conceptual framework

In recent years there has been a rise in interest in the use of PVMs in the social sciences, in particular in education. Our conceptual framework shows the relationship between us as academics, collaboration, and the use of PVMs in our research related to enhancing integration of HIV and AIDS. Using a diagram, we summarise and explain how these conceptual relationships evolved into a cyclic process. The following sub-sections provide a brief discussion of important concepts that assisted us in theorising our collaborative study.

Collaboration

Although there have been many names and definitions associated with professional learning through collaboration, it was Dewey (1938) who developed the concept of 'communities of inquirers'. According to Clausen, Aquino and Wideman (2009) collaboration occurs when a group of professionals undertake to work together on a particular area of research in a cooperative, cohesive and self-reflecting group who respect each other's perspectives and values when working towards a common objective. Clausen et al. (2009, p. 445) indicate that the benefits of collaboration include allowing peers to "bring meaning, motivation and accessibility to professional development" to facilitate improvement in teaching and researching practices. Understanding the meanings and experiences of particular individuals in a group where collaboration is required thus provides insight into the complex landscape of collaboration.

According to Tuval, Barak and Gidron (2011, p. 202) it is common knowledge that "some of the most powerful professional learning occurs when individuals become part of an inquiry-

driven learning community." Furthermore, Wenger and Snyder (2000) provide a framework that facilitates analysis of professional learning that takes place when a group of people work towards a shared initiative (in this instance, encouraging HIV and AIDS curriculum integration in higher education disciplines). Three frames are suggested by Wenger and Snyder (2000, p. 144) as necessary to ensure that sustainable communities of practice are developed: identifying potential communities that enhance capabilities; providing infrastructure to support the communities; and making use of non-traditional methods to assess the value of the community of practice. Much research in the area of collaboration has focused on communities of practice (Wenger, 1998), but according to Tuval et al. (2011) deep research into how individuals in a community have developed and benefitted from the collaboration has not been fully explored. This study therefore seeks to explore this research gap by interrogating our own collaborative research efforts.

Participatory visual methodology

Craig (2009) argues that a project can only be considered truly participatory if the values which underpin it are about involving research participants (including the researchers themselves) in as many stages of the research as possible. Furthermore, offering opportunities to direct and take charge of the research process also influences the participants. Visual methodologies, categorised as those which use hand-made work, digital media, and performance-based work (De Lange, Mitchell & Moletsane, (2012), enables participation, because images are often more accessible to people than solid academic text. Visual methodologies also have a novelty factor which is likely to sustain engagement in the research process for longer. In addition, when technology (such as digital cameras) is combined with innovative participatory and visual methods that are accessible to participants in an exciting and fascinating way, then there is an increase in effectiveness of the research approach (Milne, Mitchell & De Lange, 2012). Our study included making use of drawing (hand-made) as a visual method to explore how our collaboration facilitated integration of HIV and AIDS in the higher education curriculum.

Integration

There is a variety of terms and meanings associated with the inclusion of concepts from one discipline in another discipline. In this study the definition provided by Imbimbo and Knopf (2009, p.1) is selected as an appropriate understanding of the meaning of integration:

> Integrative curriculum focuses on a theme or themes upon which two or more disciplines are organized. Curriculum integration has been proposed as a way of organizing the life skills, or 'common learnings' considered essential for citizens in a democracy. The curriculum is organized around real-life problems and issues significant to adolescents and adults, applying pertinent content and skills from various subject areas or disciplines. The goal is to reflect the interdependent real world and provide greater understanding than could be obtained by looking at the parts separately.

According to Imbimbo and Knopf's (2009) definition, themes that incorporate aspects of HIV and AIDS in other academic disciplines can be considered as integration. Furthermore, the issues related to HIV and AIDS are indeed real-life problems for more than five million South Africans (UNAIDS, 2014). It is also estimated that of the two million students in higher education in South Africa, 3.4% are HIV positive (Heywood, 2011; Higher Education

HIV/AIDS Programme (HEAIDS), 2010). Given the magnitude of the HIV and AIDS pandemic, concerted research efforts on the part of HEIs should involve focusing on HIV and AIDS integration into the curriculum. Figure 1 illustrates how this can be done through collaboration that makes use of PVMs.

Figure 1: The cyclical process of working collaboratively using PVM during the HIV and AIDS curriculum integration project
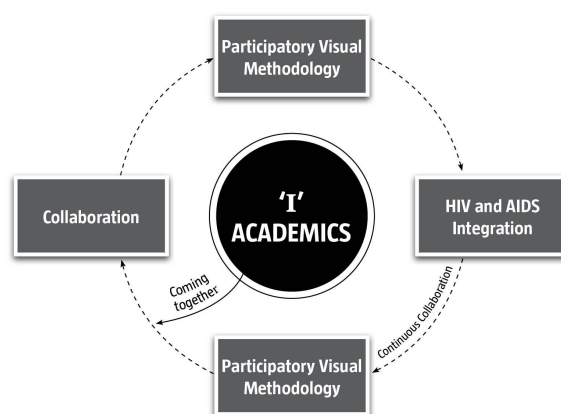

Figure 1 shows each of us as an individual 'I', placed at the centre of the framework. Each I is an academic because each of us is a practicing professional at a HEI. The diagram illustrates that, during the research project, the three 'I's' come together to form a collaborative team. We researched collaboratively using PVMs in order to integrate HIV and AIDS into the higher education curriculum. The diagram indicates our continuous or cyclical use of PVMs during research initiatives while we develop and become a collaborative team in the area of HIV and AIDS curriculum integration in higher education.

Methodology: Collaborative self-study

According to LaBoskey (2004; 2006) self-study methodology is characterised by research that is self-initiated and self-focused and improvement-aimed. In addition, data generation usually involves making use of multiple, qualitative methods and validation of self-study research occurs through making findings public for open scrutiny. Samaras (2011, p. 10) believes that the succinct essence of self-study research is that it is "a personal, systematic inquiry situated within one's own teaching context that requires critical and collaborative reflection in order to generate knowledge as well as inform the broader educational field".

For more than two decades self-study research has been used for knowledge production and for improving teaching in higher education (Louie, Drevdahl, Purdy & Stackman, 2003). It is the academic herself/himself who is in the best position to ascertain which research strategies are best suited to explore and extend her/his own existing capabilities to generate pragmatic knowledge. Self-study methodology is often selected by researchers who wish to 'make a

difference' or bring about social change (Pithouse, Mitchell & Weber, 2009) in an identified area of their practice.

Self-study acts as a method but also as a phenomenon being investigated. Furthermore, self-study requires researchers to be reflective practitioners who intend to become reflexive in taking up the necessary changes that the practitioners themselves identify as necessary.

The overview of existing self-study literature by Louie et al. (2003, p. 152) led them to note that "collaboration is vital to encouraging faculty from a variety of disciplines to undertake self-study research for the purpose of moving beyond teaching improvement to knowledge creation." The next section explains how this collaborative self-study was conducted.

Data generation

This research satisfies all the requirements specified by LaBoskey (2004. 2006) for self-study methodology. First, our research aimed at improving the manner in which HIV and AIDS curriculum integration occurs at HEIs. Second, our research was self-focused and self-initiated through the coming together of 'I's to form a collaborative self-study team. Third, throughout the cyclic research process we interacted collaboratively. Fourth, we disseminated our research findings in journal publications (Van Laren, De Lange & Tanga, 2013; De Lange, Van Laren, Tanga, In Press) to facilitate public scrutiny of our research. Fifth, we employed multiple qualitative methods to generate data.

In order to generate data we used a set of open-ended questions and a drawing prompt to facilitate our reflections. After revisiting our research proposal each team member drafted a set of questions that were directly linked to what we set out to explore collaboratively in terms of HIV and AIDS integration. We developed a list of possible questions, and after intense discussion we selected a set of 'most appropriate' questions to assist us in reflecting on our learning collaboratively to integrate HIV and AIDS into the academic curriculum. We devised the following set of questions as prompts for our reflections:

Reflect on your experiences of gaining knowledge, skills and attitudes over the past three years of collaborative research in the National Research Foundation HIV and AIDS integration project and answer each of the following questions:

1. How has collaboration, whilst working in the HIV and AIDS integration project, built, extended and influenced your knowledge, skills and attitudes in relation to HIV and AIDS issues?
2. How has collaboration counteracted isolation from developments at other institutions to allow you to gain extensive understanding of issues related to HIV and AIDS?
3. How has collaboration and interaction across institutions allowed for gaining knowledge, skills and attitudes from diverse points of view?
4. How has collaboration fostered opportunities for 'like-minded' colleagues to extend and develop integration practices by developing a community of practice (Wenger, 1998)?
5. How can collaboration develop capacity to achieve integration of HIV and AIDS in the curriculum?
6. How can PVMs facilitate collaboration to encourage integration of HIV and AIDS issues in the academic curriculum?
7. How did collaboration allow for capacity development to further HIV and AIDS integration?

8. What was the catalyst for you to start researching in the area of HIV and AIDS?
9. Explain your interest in integration of HIV and AIDS in the academic curriculum.

In addition to the questions, we made use of a visual method to further explore our interest in the research area. Literat (2013, p. 12) draws attention to the fact that "participatory visual communications, such as drawing … hold inherent potential of painting a more nuanced depiction of lived realities, while simultaneously empowering the research participant and placing the agency literally in their own hands." Literat (2013) considers the use of drawing to be advantageous in research because the participants are usually given the opportunity to conceptualise and contemplate their responses, and this allows for deeper reflective responses. In addition, the method of participatory drawing also facilitates crystallisation (Richardson, 1994) when complemented by other reflective research methods.

Our prompt for making a drawing to facilitate reflection in collaborative research was formulated in the following way:

> On a sheet of A4 paper, use a black pen to draw how you see how collaboration, using PVMs, helped (or not) to further integration of HIV and AIDS in your research. In your drawing show how you think HIV and AIDS ought to be integrated in your research. In your drawing you should be able to identify yourself, HIV and AIDS and your collaborative research. Below your drawing indicate: I am represented in the diagram as … ; HIV and AIDS is represented by… ; My research is represented by … Give your drawing an appropriate title.

The set of open-ended questions and the drawing activity allowed us to 'evaluate' our achievements in terms of the aims and objectives that we proposed for our collaborative project. Our responses to these questions and drawing prompt became our primary data sets for our qualitative self-study. When we generated our data we were careful not to confer with each other whilst answering the questions in writing. We did not read each other's reflective responses to the set of questions or look at each other's drawings until each of us had completed his/her reflection. Subsequently, through collaborative self-study we analysed and discussed the data we generated to evaluate our collaborative efforts related to the HIV and AIDS integration project.

Data analysis

Responses to our reflections formed three themes generated from the set of questions that we developed as reflection prompts. We used a deductive process for identifying themes by combining responses to questions. In order to situate ourselves as collaborating researchers we mainly used our reflection responses to the prompt questions "What was the catalyst for you to start researching in the area of HIV and AIDS?" and "Explain your interest in integration of HIV and AIDS in the academic curriculum.". For theme one we used our reflection responses to the questions "How has collaboration, whilst working in the HIV and AIDS integration project, built, extended and influenced your knowledge, skills and attitudes in relation to HIV and AIDS issues?", "How has collaboration counteracted isolation from developments at other institutions to allow you to gain extensive understanding of issues related to HIV and AIDS?" and "How has collaboration and interaction across institutions allowed for gaining knowledge, skills and attitudes from diverse points of view?". For theme two we selected responses from the questions "How has collaboration fostered opportunities for 'like-minded' colleagues to extend and develop integration practices by developing a community of practice (Wenger, 1998)?" and "How can collaboration develop capacity to

achieve integration of HIV and AIDS in the curriculum?". For theme three we used responses from the questions "How can PVMs facilitate collaboration to encourage integration of HIV and AIDS issues in the academic curriculum?" and "How did collaboration allow for capacity development to further HIV and AIDS integration?".

Thereafter we examined our drawings and realised that there were links between our themes and our drawings. The drawings were allocated to the themes according to links between concepts depicted in the drawings and key ideas conveyed in the particular theme.

Trustworthiness and ethical clearance

To ensure trustworthiness of our work, we drew on Guba and Lincoln's (1994) constructs of credibility, transferability, dependability and confirmability. We constructed the tools for analysing data generated in a systematic way. We each independently analysed sections of the data and conducted email discussions as well as face to face meetings to reach consensus. Furthermore, we thoroughly interrogated our reflection responses and drawings to verify the credibility of the findings. We also provided thick descriptions of the research process. These descriptions provide opportunities for other researchers to replicate the study. We thus attended to ensuring transferability. We also provided direct quotations from our data as evidence to support the findings and assist with confirmability. University of KwaZulu-Natal provided ethical clearance for the study and the two deans of the other two universities' faculties/schools [Nelson Mandela Metropolitan University and University of Fort Hare] provided permission for conducting the research within our faculty/school.

Findings

In reporting on the findings we first situate ourselves as collaborating researchers, and then explain the three themes we identified using the data generated from our responses to the set of questions.

Situating ourselves as collaborating researchers

Two members of the collaborative team are academics in Faculties/Schools of Education and the third is in a Department of Social Work and Social Development in the Faculty of Social Sciences and Humanities. Although we work in different academic disciplines, each of us predominantly considers HIV and AIDS social issues in our research and teaching. There are a variety of catalysts for our commencing collaborative research and also for integrating HIV and AIDS into a curriculum (De Lange, Van Laren & Tanga, In Press). These catalysts relate to professional and personal experiences. Two of the collaborating researchers indicated that one of the professional catalysts was becoming aware of unexplained student deaths at their particular HEI; for example:

> Since the year 2000 I have become aware of the untimely death of a number of pre-service teachers. The first young pre-service mathematics teacher who I knew well, and probably died of an AIDS-related disease, was Siyabonga [pseudonym]. He died mysteriously and suddenly… (Linda)

Another professional catalyst was the need to take action by engaging in research in the area of HIV and AIDS:

> … two colleagues … invited me … to be a co-researcher with them in an HIV and AIDS project ... (Naydene)

The personal catalyst, mentioned by one of the team members related to a close family member being diagnosed as HIV positive, together with the subsequent suffering of this relative. The family feared that she would die, but *"… she is fortunate that she is still alive having been on antiretroviral treatment."*

Further catalysts to commence knowledge production in the area of integration of HIV and AIDS reflected on by the team members included: the limited understanding of pedagogies and methodologies for engaging with students; the need to encourage other higher education academics to also engage in lecture discussions with students; and the obligation to 'make a difference' through taking action.

In an attempt to take action and produce new knowledge to enhance integration of HIV and AIDS issues in the academic curriculum, we now present our findings. In reporting on the findings we first explain our themes and provide verbatim responses from the set of questions that illustrate each theme. Where applicable we explain how particular drawings connect to the theme.

Theme 1: Counteracting isolation

There are opportunities to network available for South African academics who teach at HEIs that are involved in teaching and researching around HIV and AIDS issues. Network opportunities are offered through, for example, attendance at annual meetings of the HEAIDS HIV and AIDS Education Community of Practice (see Nelson Mandela Metropolitan University HIV and AIDS Education Research Chair, 2013). These meetings are attended by teacher educators from 23 South African HEIs, and counteract some isolation through facilitating academic discussions in the area of HIV and AIDS integration. However, this counteraction initiative through this community of practice takes place on a broad, general platform.

Our small 'community of practice', consisting of three researchers who have been collaborating for three years, has strong linkages with the HEAIDS community of practice. The following reflections are examples of how we moved towards developing our own community of practice, and linkages to becoming or being part of a community of practice:

> … collaboration is a first step in extending and developing a community of practice … (Pius)

> … a community of practice grows when there is a common need to work, discuss and engage with a particular topic. (Naydene)

The manner in which our collaborative project facilitates linking with our wider community is best illustrated by the drawing titled 'Participatory research enables both the participants and researcher' (See Figure 2).

Figure 2: 'Participatory research enables both the participants and researcher'
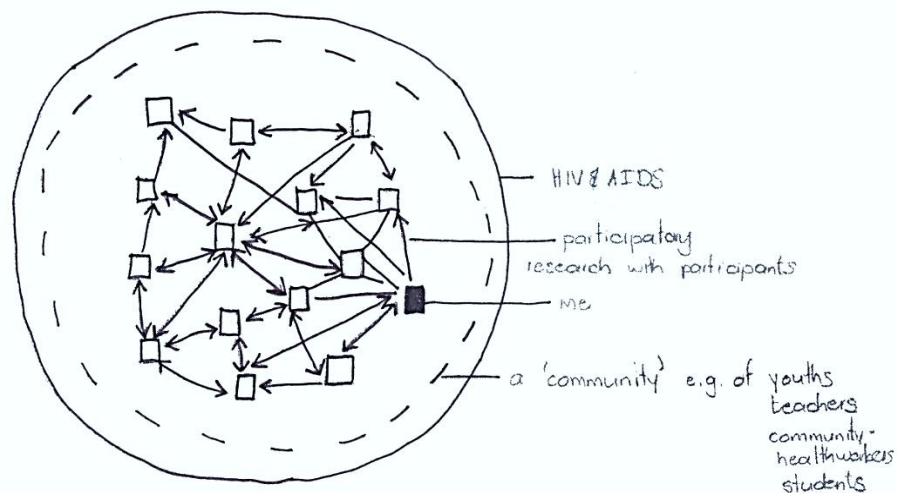
In her drawing Naydene depicts herself as part of the participants interconnected with each other through participatory research. Together with research participants, Naydene sees herself as forming a larger community of youth, teachers, health workers and students. She represents herself as the dark square and considers all the squares to be 'equal'. The outermost circle represents HIV and AIDS as the epidemic surrounds everyone and affects all people. Her research is represented as the interconnected arrowed lines. Her participatory research includes participants from various communities. This 'from the ground up' research approach commences with the participants and binds her and her participants together to form a network.

From our reflections it is clear that we initiated development of our own small community of practice for HIV and AIDS curriculum integration. We collaboratively learnt from each other to extend our knowledge and skills about integration at HEIs using PVMs. Each researcher noted the importance of PVMs as a means of extending and influencing her/his development of HIV and AIDS integration during the project. Here is an example of a reflection where knowledge and skills were gained using drawings and/or photo-voice:

> My knowledge about integration has in particular been influenced by one of the co-researcher's creativity in integrating HIV and AIDS into Mathematics Education using drawing and metaphor. For me this demonstrates the porous boundary between hard sciences and soft sciences… (Naydene)

The collaboration also allowed for extended and more intense networking through regular interactions. Evidence of the counteraction of isolation is provided in the following reflection on his integration experiences before we became a collaborating research team:

> I was simply doing this integration on an individual basis and at a low level without any collaboration either from colleagues from the same or other university. (Pius)

We used PVMs (De Lange, Van Laren & Tanga, In Press) to learn more about our colleagues' integration initiatives and how each of us considers that HIV and AIDS ought to be integrated in our research and teaching. We selected the drawing by Linda as best illustrating how our collaboration counteracted isolation. Figure 3, titled 'My research journey: Collaboration for stepping in the right direction', shows three researchers meeting up to walk on the same path.

Figure 3: 'My research journey: Collaboration for stepping in the right direction'

In the drawing the character on the left represents Linda walking along a path which represents her research. The other two characters also join in and walk along the same research path, these two representing the two other collaborators in the HIV and AIDS curriculum integration project. The path behind Linda represents her previous research in other areas, mainly related to mathematics teacher education. The paths behind the collaborators represent research in the other collaborators' other areas of interest. The path ahead of Linda has a broken line running through it, which represents the HIV and AIDS research which she has integrated into her mathematics education. It is a broken line because her knowledge of HIV and AIDS integration is not fully developed, but continues as an important element throughout her research path. After the two collaborators join her on this research path, the 'gaps' between the broken lines are shown as diminishing, indicating that through collaboration as a research team we have been able to extend knowledge about HIV and AIDS integration in disciplines. This means that initially Linda was researching HIV and AIDS integration in isolation, but collaboration with two other academics has allowed her to extend her research by gaining new insights through collaborative team efforts.

Through commencing with studying HIV and AIDS integration initiatives at our own HEIs and following up with a collaborative investigation of these initiatives across HEIs we were

able to counteract the possible limitation of isolation, as aptly described by Stobbe (1993). Our collaborative inquiry also provided us with a means of validating our own work in the area of HIV and AIDS integration, in line with the suggestion of Clausen et al. (2009). The collaborative inquiry brought about merging of knowledge that facilitated exchange of ideas and knowledge.

Theme 2: Deepening understanding of HIV and AIDS integration

We reflected on how collaboration deepened our understanding of HIV and AIDS integration in the higher education curriculum, and realised that it was the PVMs which opened up new ways of enhancing integration. In our responses we all maintained that collaboration during our three years of collaborative research actually deepened our understanding of how we can integrate HIV and AIDS in our teaching and research. Hence collaboration has many benefits vis-à-vis individual action.

The following reflection highlights the benefits of collaboration:

> No one knows everything, therefore collaboration will enhance learning from each other's experiences and sharing of ideas… I … learnt something I have never dreamt of ever using in my HIV and AIDS teaching and research. (Pius)

This reflection by Pius shows that as a collaborating team member he was mentored by his more experienced colleagues, who are experts in visual methodologies; this spurred his interest in the use of these methods towards the goal of contributing in the fight against the pandemic in different ways. Similarly, we stressed that through collaboration much can be learned. One of the points emphasised was that through collaboration we gained deeper understanding of the use of PVMs and techniques of teaching and researching HIV and AIDS. Funding emerged as an important tool to enhance teaching and researching HIV and AIDS integration, since there would be provision of necessary equipment.

Further, through collaborative research we extended our knowledge about HIV and AIDS integration. Our study equipped us with pragmatic knowledge of how to encourage curriculum integration, and developed our own professional capacity in HIV and AIDS curriculum integration. Also, our research project objectives were to locate and interview 'champions' of integration at our HEIs, and through learning about the experiences of our HEI colleagues we deepened our understanding of HIV and AIDS curriculum integration.

Theme 3: Engaging PVMs for integration

The use of PVMs facilitated collaboration and integration of HIV and AIDS issues in the academic curriculum, therefore simultaneously benefitting our teaching and research. In spite of us three teaching and researching in the field of HIV and AIDS, we are aware of the challenges identified in integrating HIV and AIDS, in particular "AIDS fatigue" (Shefer, Strebel & Jacobs, 2012, p.113) of colleagues and students. This is highlighted in a reflection:

> The challenge of integrating HIV and AIDS often lies in the 'being sick' (and tired) of HIV and AIDS; that it has nothing to do with me; that it is too sensitive a topic to address and that one already knows enough or all. (Naydene)

However, PVMs seem to be effective in overcoming this challenge and therefore can be used as an effective tool in tackling this difficult and overwhelming topic. This concurs with the work of De Lange, Mitchell, Moletsane, Stuart and Buthelezi (2006), who worked with

academics, introducing them to photo-voice and noting their interest and enthusiasm at trying out something new. The work of Moletsane, Mitchell, Smith and Chisholm (2008) about using visual methodologies as entry-points into researching sensitive topics with girls in Southern Africa opens up the possibility of using context- and culture-sensitive methodologies also in the context of HIV and AIDS. PVMs include drawing, collage, photo-voice, participatory video and so on, and we found that because of its participatory nature our challenging research focus of integration of HIV and AIDS into the academic curriculum became more doable and understandable. Several researchers in the area of HIV and AIDS have successfully used drawing with learners (Beyers, 2012), students (Van Laren, 2007) and teachers (De Lange, Mitchell & Stuart, 2011; Wood, De Lange & Mkumbo, 2013), and academics such as Theron, Mitchell, Stuart and Smith (2011) have found making use of drawings engaging.

Using visual methodologies draws researchers and their participants close to reality and creates the space for real experiences and real-life stories not only to be elicited, but also to be heard, representing their lived realities of HIV and AIDS, as the following reflection shows:

> Over the years of my working with the visual one 'image' that still lingers is where a community worker in our video documentary tells about the ill friends she had looked after, how she had written down their last wishes, and then she tilts her head, and says "they have all died now". This for me is powerful, making the reality of AIDS deeply felt. (Naydene)

Although sharing a poignant moment in the reflection is powerful, the power of visual methodologies can only be experienced in actively trying it out. In the collaborative project we therefore engaged in drawing and also in photo-voice, and in so doing came to experience and understand the power of PVMs. We considered the application of PVMs in other disciplines and how it could facilitate integrating HIV and AIDS into the academic curriculum. We also wanted other academics to understand the value of PVMs, and conducted a visual methodology workshop with academics from Nelson Mandela Metropolitan University and the University of Fort Hare, and provided them an opportunity to work with digital cameras to generate photographic data. In this workshop (in which we also participated), our photographs served as a medium through which our own meaning of HIV and AIDS integration could be developed, clarified and exposed to other workshop members. This allowed for exploration and encouraged interrogation of integration of HIV and AIDS issues in the curriculum.

We also found that by using drawings as data we were able to explore more deeply the catalysts that sparked off the integration initiatives of integrators of HIV and AIDS in disciplines:

> It is important to understand these catalysts so that it is possible to structure opportunities for other academics to initiate integration of HIV and AIDS in their own disciplines. (Linda)

The simplicity of using some of the visual methods, for example drawing, encouraged us to share this with other academics to use in enhancing integration of HIV and AIDS into the academic curriculum.

Pius illustrates (see Figure 4) how the use of visual methods allows researchers to see the community through 'a different lens'. He represented himself as the researcher taking photographs and placed himself on the left-hand side of the figure. The drawing shows the

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'ugly face of HIV and AIDS' rearing its head in the research setting where the researcher is using photo-voice as a participatory visual method. His research takes place through working within the community and is illustrated as a group of people on the right-hand side of his drawing. Some of these community members are shown as being HIV positive.

Figure 4: 'Researching HIV/AIDS in communities'
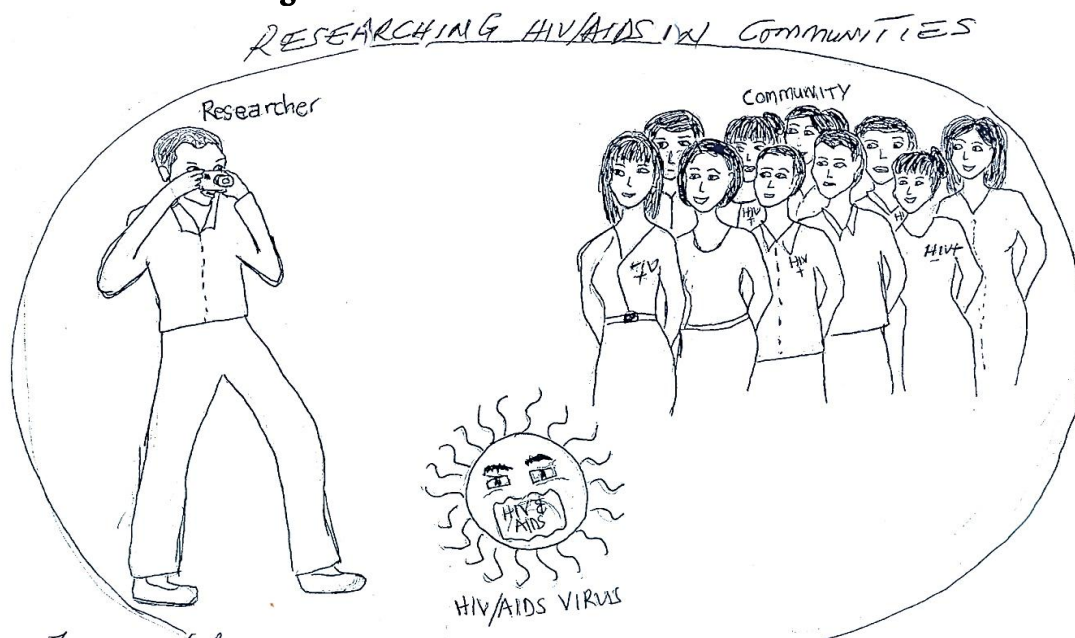
It is clear to us that using PVMs not only enabled our collaboration but also opened up possibilities for finding innovative ways of integrating HIV and AIDS into our curriculum. Working with the visual, we found that it not only opens up a space for sharing the lived realities of academics teaching and researching HIV and AIDS, but also enabled us to use these methodologies to provide additional ways of exploring issues of HIV and AIDS with our HEI students.

Discussion

To make meaning of the three themes that emerged from our reflective self-study, reference is now made to our conceptual framework. These themes reveal how we as collaborative researchers in our own small 'community of practice' came together, starting with ourselves, to work on a collaborative research project on HIV and AIDS integration into the higher education academic curriculum. For us the importance of starting with ourselves should not be underestimated, as it is only when we understand where we are coming from that we can consider improving how we are integrating HIV and AIDS into the higher education curriculum. It is in this regard that collaboration in a collegiate way has been helpful, as we learnt from each other. In the view of Tural et al. (2011) the most powerful professional learning occurs during collaboration, and it also leads to improvement in learning and researching practices (Clausen et al., 2009).

We developed a sustainable community of practice (Wenger & Snyder, 2000) by working with each other – three academics from different HEIs – focused on a particular domain, eager to collaborate, and in so doing improving our practice and capabilities. First, the different disciplinary knowledge of us three academics allowed for complementing of each

other's professional and personal experiences in the area of HIV and AIDS. Second, by working together and making use of infrastructural and funding support, we sustained our interest in making a difference in HIV and AIDS curriculum integration. Infrastructural support was provided by the three HEIs' physical facilities that we used while we worked as a community of practice. These physical facilities include the use of HEI venues for project meetings as well as other communication services (internet, electronic mail and telephones) made available to each collaborating academic at his/her HEI. The funding support was achieved through successfully gaining financial support from the National Research Foundation. Third, we made use of non-traditional methods in assessing the value of the community of practice. The non-traditional methods included making use of self-study methodology where we reflected on our own experiences during the collaborative project and used a visual method to explore our own involvement in the research project.

Rather than individual researchers working independently, our findings have shown that PVMs in our collaborative project counter our isolation of researching and teaching HIV and AIDS in our different disciplines. It has also deepened our understanding of ways in which to integrate HIV and AIDS into the curriculum, through our sharing of ideas and experiences in this domain. The visual methodologies that were chosen proved to be effective and efficient as they were accessible in exciting and fascinating ways which, according to Milne et al. (2012), led to increased effectiveness of our research approach. Similarly, PVMs not only enhanced our learning environment, as Mitchell (2008) holds, but also stimulated interest in the process of HIV and AIDS integration into our academic curriculum. Our goal as HIV and AIDS integrators was to reflect the interdependent real world of HIV and AIDS integration so as to provide a greater understanding that could be obtained, instead of looking at it separately (Imbimbo & Knopf, 2009) or in isolation.

Using PVMs in order to fight the AIDS fatigue which characterises the current teaching and researching of HIV and AIDS we reaped the benefits of collaborative research, which include a mapping of a coherent HIV and AIDS integration in our teaching and research, as reflected in our themes. Apart from our self-reflections, the drawings which we used to explore teaching and research in HIV and AIDS in higher education served as a means of persuading (Burns, 2010). The power of the visuals permitted exploration of the experiences of our higher education colleagues who integrate HIV and AIDS in their disciplines, as well as our own experiences as a collaborative team which works in the area of HIV and AIDS education research. This led us to conclude that PVMs could be used by academics in teaching and researching HIV and AIDS in South African HEIs to counteract AIDS fatigue. During our collaborative efforts in higher education the visuals facilitated vigorous, active engagement in curriculum integration.

Conclusion

Returning to Tuval et al.'s (2011) concern raised earlier – that deep research into how individuals in a community of scholars develop and benefit from collaboration has not been fully explored – our paper's objective was to ascertain how collaboration could facilitate integration of HIV and AIDS in higher education. Research has shown (Mitchell & Smith, 2003; Shefer et al., 2012) that many academics and students in higher education are 'tired' of hearing and listening about what action is required by others to stem the tide of the pandemic – hence the necessity to bring in new methods of teaching and researching HIV and AIDS. Instead of hearing and listening to what 'experts' advocate as the solutions for changing behaviour in relation to HIV and AIDS, 'listening by seeing for oneself' is an alternative

strategy to confront AIDS. Furthermore, exploring this 'seeing' of the pandemic collaboratively using PVMs is more likely to enable 'listening'. This listening may, in turn, bring about behaviour or attitude change.

The words in our title, 'listening with our eyes' were thus tactfully chosen to show the power of persuasion and where 'seeing is believing' to facilitate 'listening'. In addition, the importance of 'seeing for ourselves' through our own teaching and research experiences in higher education contexts in South Africa was a starting point for persuading our team of three collaborators to take action in the area of HIV and AIDS. Our own reflections of professional and personal experiences led us to 'listen with our eyes' to do research to address the limited understanding of the necessary teaching/research pedagogies.

In responding to the HIV and AIDS policy framework for Higher Education (Higher Education South Africa, 2008; HEAIDS, 2012) and the concerns of Tuval et al. (2011), working in collegiality on HIV and AIDS collaborative research, we decided to use the power of the visual and visual methodologies ('listening with the eyes') to show how academics can address the current complaint of fatigue in teaching and researching HIV and AIDS (Shefer et al., 2012).

The 3.4% HIV and AIDS prevalence rate of higher education students (Heywood, 2011) should be taken seriously by all higher education academics and researchers. Our research shows how the coming together of a 'small' community of academics whose goal is to address the epidemic through collaboration, used visual methodologies to further collaboration in HIV and AIDS curriculum integration in HEIs. The study points to the possibilities for other academics and researchers to consider collaboration, sharing their knowledge and expertise, to find innovative ways of HIV and AIDS curriculum integration. Furthermore, if the research collaboration makes use of visual methods, then opportunities are created for HIV and AIDS to be 'listened to with the eyes'.

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