

**Exploring students' experiences of an HIV/AIDS service learning module  
at the University of KwaZulu-Natal**

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## **DECLARATION**

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters in Social Sciences (Counselling Psychology) in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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## ABSTRACT

This critical interpretivist case study explored students' experiences of an HIV/AIDS service learning module run in the School of Psychology at the University of KwaZulu-Natal. The study was originally initiated in response to a request from CHESP to evaluate this module. It has since become an independent study with the purpose of exploring the kind of learning (HIV specific) that students gained from the module. A number of studies have attempted to explore students' experiences of service learning through students' evaluations, or have focused on the effects of the community intervention on the community. These are often of a quantitative nature and do not engage with students' experiences on a deeper level. They also tend to focus on measuring students' knowledge and understandings of HIV/AIDS. The objective of this study was to qualitatively explore whether students had experienced a genuine engagement in the service learning module, focusing on their level of reflection on their identities, their understandings of self and other, and their understandings of their own location within the HIV/AIDS epidemic. Furthermore, there would need to be evidence of Freireian critical consciousness. Using the voice-centred relational method of analysis, reflective essays of the 20 students who completed the service learning module in 2006 were analysed. The findings of the study revealed that most of the students *had* engaged at this level and were able to reflect on a number of critical issues that are pertinent to the HIV/AIDS epidemic. This study provides the impetus for further research to be conducted in the field of service learning, as it is a valuable educational tool for getting students to engage critically and openly with issues around sexuality and HIV. Moreover, the findings of this study should be used to promote service learning with a focus on HIV/AIDS in other degree programmes, as well as other tertiary institutions.

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## CHAPTER ONE: INTRODUCTION

The HIV/AIDS epidemic in sub-Saharan Africa is cause for concern. While overall infections levels appear to be stabilising in certain countries, large numbers of people continue to be infected. It is not surprising that many people feel overwhelmed by the sheer magnitude of this epidemic, and are almost forced into a place of hopelessness and disempowerment. Furthermore, the bleak reports of the many HIV/AIDS interventions that fail possibly feed further into people's despair. Such interventions fail as they tend to focus on individual behaviour change, while neglecting the contextual factors that constrain an individual's ability to negotiate their health related behaviour (Campbell, 2003; MacPhail, 1998; Parker, 2004). These interventions, mostly based on cognitive behavioural assumptions, aim to educate people about HIV through information and assume that the more educated people are, the more likely they are to protect themselves and lower their risks. However, this does not account for the large number of people who 'knowingly' place themselves at risk for contracting the virus (Berger, 2005). It also does not take into account, for example, the socio-economic status of women in Africa that often limits their sexual agency (Lary, Maman, Katebalila & Mbwambo, 2004); or youth, who are given mixed messages about sex from parents, friends and the media, and yet are not permitted to talk about sex (Wilbraham, 2002).

Due to the high prevalence of HIV/AIDS amongst youth in sub-Saharan Africa, there is an assumption that youth are uneducated about the disease, or that they are simply irresponsible. However, many youth are well-informed about it, but their circumstances prevent them from making health-enabling decisions (Campbell, Foulis, Maimane & Sibiya, 2005). For instance, young women who are reliant on their partners for financial support or rewards will willingly engage in unprotected sex as they are economically dependent on their partners and feel they have no power to negotiate these encounters (Campbell et al., 2005; Lary et al., 2004; Lesch & Kruger, 2004; Pattman, 2005). Moreover, youth often have little opportunity to openly discuss issues and concerns around sex and sexuality, for fear of negative reactions from parents and other authority figures (Campbell et al., 2005; Wilbraham, 2002). The types of messages that youth receive about sex and HIV are often based on the biological facts, and make use of scare tactics. Youth have been so inundated with HIV/AIDS information that it results in 'AIDS fatigue', whereby they simply stop listening and become resistant to any kinds of intervention



(Karnell, Cupp, Zimmerman, Feist-Price & Bennie, 2006; Kelly, 2001). This calls for a total reconstruction in understanding the factors that impact on youth sexuality, as well as for HIV/AIDS intervention programmes that can address these issues.

Universities have responded to the epidemic in various ways. Addressing issues of HIV in the curriculum, and the best way to go about it, is one of the challenges that universities face. While many university courses cover HIV issues in their teaching modules, they tend to use traditional, didactic models of teaching, focusing on the facts around HIV and transmission. Very few university courses undertake a critical engagement with the topic, and do not often engage students with the complex contextual factors that influence the spread of the virus and make it so difficult to curb (this will be discussed in more detail in the literature review). This has necessitated the development of courses in universities that serve to specifically address these issues.

Service learning modules have been introduced as fundamentally essential to educating and training students who are, knowingly or unknowingly, entrenched in the epidemic. Service learning engages students in both the theoretical and practical elements of learning, whereby students participate in community interventions while reflecting on their experiences. The students' engagement with diverse people and communities, who may have very different backgrounds to their own, enhances their learning and encourages students to be critical about their own location within the epidemic (Frizelle, 2008). Furthermore, students are provided with opportunities for discussion and structured critical reflection, while taking ownership of their learning experiences. Service learning allows for students to engage in what Freire (1970) refers to as 'authentic learning', as students are not simply passive recipients of knowledge from the 'expert' teacher, but are engaging with the teacher in a collaborative effort. Moreover, Freire (1970) argues that this type of experience promotes critical consciousness, whereby students are able to critically evaluate their world and their own assumptions, and reconstruct new understandings of the world. This is a vital and necessary component of an HIV/AIDS service learning module, as the epidemic provides a complex and challenging topic that has no simple solutions.

The effectiveness of a service learning module is often measured based on the students' evaluations of the module, or how the community has benefited from the intervention. However, I propose that a more accurate measure of a service learning module lies in

*student* learning. Therefore, this study aims to explore university students' experiences of an HIV/AIDS service learning module through their reflections of these experiences and, more specifically, how it has shifted their understanding of the epidemic.

The impetus for this study was originally initiated in response to a request by Community – Higher Education – Service Partnerships (CHESP) to evaluate the HIV/AIDS service learning module at the University of KwaZulu-Natal. It has since become an independent study with the purpose of exploring how engagement in the module has influenced students' understandings of HIV/AIDS and promoted their critical engagement within the epidemic. This research argues that service learning provides a qualitatively different learning experience than most other university courses and that its value in teaching students about HIV/AIDS goes beyond what usually takes place in a formal lecturing situation. This research used a case study approach, whereby students' reflective essays were analysed using the voice relational method of analysis in order to gain a deeper understanding of the participants' service learning experiences.

It is hoped that the findings of this study will make two main contributions. Firstly, it will provide feedback for the course co-ordinator in terms of how students' understanding of and critical engagement with the HIV/AIDS epidemic has developed through their participation in the module, and how to further develop the module to ensure its effectiveness. Secondly, it could have implications at a broader educational level, whereby service learning can be seen as an effective way in which to engage university students with the topic of HIV/AIDS.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### ***2.1 The HIV/AIDS epidemic in southern Africa***

The number of people living with HIV in 2007 is estimated at 33 million worldwide, and people between the ages of 15 to 24 accounted for 45% of new infections in 2007 (UNAIDS, 2008). Although only one tenth of the world's population reside in sub-Saharan Africa, this region accounts for 67% of all people living with HIV (UNAIDS, 2008). Nearly 60% of all women above the age of 15 living with HIV are in this region. It is here that women are disproportionately affected by HIV and AIDS when compared with men. In 2007, an estimated 1.9 million people in sub-Saharan Africa became newly infected, while 75% of all AIDS deaths occurred in this region (UNAIDS, 2008). The overall prevalence rate in sub-Saharan Africa appears to be stabilising, although at very high levels. However, in some southern African countries, such as Zimbabwe and Botswana, new adolescent and adult infection rates appear to be slowing. On a further positive note, research has shown a global increase in condom use amongst young people, showing a reduction in risky behaviour occurring in several countries (UNAIDS, 2008). As of December 2007, an estimated 3 million people in low and middle income countries were receiving antiretroviral therapy, which represents 31% of those who need the medications (UNAIDS 2008). The AIDS epidemic in South Africa has begun to show evidence of a decline, with the 2007 national HIV prevalence estimate standing at 28%, down from 29.1% in 2006 (Department of Health, 2008).

There are a number of factors that drive the HIV/AIDS epidemic in Africa, and in South Africa in particular. The historical and political climate of this country over the past few decades has contributed to the rapid spread of HIV. One example of this is amongst migrant labourers, such as mineworkers, who were forced to work in cities away from their families for long periods of time. Colonialism was largely responsible for this, as it encouraged a move away from rural agriculture to industrialised work in urban areas (Craddock, 2004). Many of these men resorted to engaging in sex with sex workers, contracting the virus, and then passing it on to their wives and partners when they returned home. Conditions of poverty and high levels of unemployment, overpopulation, poor access to sanitation and health care are amongst some of the other broader contributing factors (Craddock, 2004). Furthermore, national and international responses to HIV prevention and intervention have been so lethargic and dismal, that they have done little to

reduce the spread of the disease. The fact that HIV is driven by a vast number of contextual, historical and political factors makes it one of the largest challenges that human beings have ever encountered.

The predominant mode of HIV transmission in southern Africa has been identified as occurring through heterosexual intercourse (Akande, 2001; Berger, 2005; Onyancha & Ocholla, 2006; UNAIDS 2008), and thus many HIV/AIDS prevention and intervention campaigns have been aimed at challenging sexual practices and behaviours that place people at risk. However, the context in which people are engaging in high risk sexual behaviour is often not addressed. Thus, although changing behaviour and engaging in safer-sex practices is the most viable and potentially effective option for preventing the spread of the disease, individuals are often not in empowered positions to make those changes. Furthermore, the nature of the sexual encounter is in itself complicated, at times beyond logical reasoning and rationality, and the decision to engage in high risk sexual behaviour is often foremost an emotional one (Berger, 2005).

There are numerous contextual factors that position people in such a way that they are at increased risk to HIV infection. In South Africa, gender inequality has contributed to men being dominant in the socio-economic arena, and being afforded many more opportunities than women in terms of education and employment. On the other hand, women are expected to remain home to nurture the children and take care of the home (Shefer, 1997). The result is that women are economically dependent on men, and this constrains their ability to negotiate sexual activity. If women do try to engage their partners in talking about safer sex practice, such as condom use, they will often be accused of infidelity and risk being physically abused or raped (Lary et al., 2004). In their review of studies that found an association between HIV and violence, Lary et al. (2004) show that women with a history of violence and sexual coercion are more likely to be HIV positive than women without such history. It was also revealed that violent male partners had a higher chance of being HIV positive, and were more likely to practice risky sexual behaviours with their partners. The associated physical trauma from forced sex results in a higher risk of HIV transmission, and violence limits women's ability to negotiate safer sex practice (Lary et al., 2004). In their study of violent sexual behaviour in Tanzania, Lary et al. (2004) report that men felt they had the right to sex in a long-term or marriage relationship, and thus were justified in forcing their partners to have sex if their partners refused them. Thus, in

many regions of sub-Saharan Africa, men continue to determine when, with whom and under what circumstances they have sex with their partners.

Furthermore, consumerism and capitalism have contributed to the growing ‘sugar daddy’ phenomenon – that is, young women having sex with older men in return for gifts and outings (Leclerc-Madlala, 2002; Pattman, 2005). Many women will use their sexuality as a resource to secure basic needs, such as food, school fees and rent, to more expensive fashion accessories, such as clothes, make-up and cellphones (Campbell et al., 2005; Leclerc-Madlala, 2002; Pattman, 2005; Simbayi, Kalichman, Jooste, Cherry, Mfecane & Cain, 2005). In a context of HIV/AIDS, this is a dangerous practice as women who are dependent on men for economic benefits are often unable to negotiate safe sex. Moreover, having multiple sexual partners without ensuring that precautions are taken against HIV transmission severely increases these young women’s risk of contracting the virus. Both men and women in the study by Lary et al. (2004) reported having multiple sexual relationships, and infidelity was identified as one of the main reasons for violence in their relationships. Kelly (2001) argues that these ‘sugar daddy’ practices, sexual experimentation, unprotected casual sex, gender violence and sex with multiple partners are evident in African universities, making them high-risk environments for the transmission of HIV. In addition, the majority of people who attend universities are within the age group that has one of the highest prevalence rates for HIV infection.

## ***2.2 A critique of theories around HIV/AIDS and the nature of interventions***

In general, HIV/AIDS prevention interventions have been focused on individual behaviour change, based on cognitive theories and models of behaviour change, such as the health belief model, the theory of reasoned action, and theories of social learning (Parker, 2004). These behaviour change approaches assume that people are able to make rational choices about every sexual encounter and can moderate their risk for HIV infection. Interventions are thus aimed at changing *individual* knowledge, attitudes, perceptions and behaviour, without taking into account the complexity of every sexual encounter that is influenced by social, cultural, economic, and political factors (MacPhail, 1998; Parker, 2004). Furthermore, they do not take into account the socially constructed nature of youth sexual identity (Frizelle, 2005; MacPhail, 1998).

The intention of highly visible loveLife campaigns that are aimed at youth is to promote healthy lifestyles and HIV/AIDS awareness. However, Thomas (2004) is critical of these supposed overt messages which on the surface appear to be educating people about HIV, but in reality are doing nothing to prevent the spread of infection. Thomas (2004) argues that the loveLife messages further the divide between being HIV positive or negative, and avoid addressing the issue that make people vulnerable to the disease. Once again, these interventions are targeting individuals to take responsibility for their sexual behaviour and to make rational choices. Furthermore, the loveLife campaigns seem to address only those who are HIV negative in their slogans such as 'love yourself enough not to get infected'. This obscures the way that people who are HIV positive are intimately bound to those who are HIV negative, and essentially blames the individual for becoming infected (Thomas, 2004). Issues such as homosexuality and same-sex encounters, sexual violence, and sex work are not represented in these campaigns, further perpetuating norms and stereotypes around who gets infected with HIV (Thomas, 2004). These issues are true of most HIV/AIDS prevention interventions, which overlook the complexities of sexual relationships and interactions that are influenced by diverse changing contexts, and tend to rely on transmitting the biological facts (Parker, 2004). Moreover, Parker (2004) argues that prevention programmes and activities cannot be separated from the treatment, care, support and rights of those living with HIV. An integration of all these issues is required for more effective interventions, as those interventions that focus solely on individual behaviour change have proven ineffective in reducing infection rates, particularly amongst youth.

HIV should not be seen as a disease that only infects and affects those who are poor, ill-educated or marginalised. Research has found that youth are remarkably well informed on the issue of HIV/AIDS; yet many still continue to engage in risky behaviour (Campbell et al., 2005; MacPhail, 1998). Many studies have shown that despite knowledge that condoms are effective in preventing HIV transmission, very few youth report using them consistently (Campbell, 2003; Jones & Abes, 2003; Karnell et al., 2006; Lary et al., 2004). Many women who are empowered and able to negotiate their sexual encounters 'knowingly' engage in risky sexual behaviours (Berger, 2005). This is not to say that there are not still misconceptions and myths surrounding HIV transmission. In a study conducted in the Western Cape (Simbayi et al., 2005), some of the participants believed that washing their genitals after sex reduced their risk for HIV infection, while one in five men believed

that they could be cured from the virus by having sex with a virgin. Other studies (Akande, 2001; Jones & Abes, 2003; Kelly, 2001) have shown that university students do not perceive themselves to be at risk for contracting HIV, even though they engage in high risk behaviour. Furthermore, some youth believe they do not need to use condoms with their current partners as they are monogamous and promise to be long term (Akande, 2001).

Adolescence and youth is characterised as a time of developing one's personal and sexual identity, sexual exploration and learning how to negotiate intimate relationships (Frizelle, 2005). Youth are often conceptualised as irresponsible, requiring close supervision and monitoring by adults, and this results in stigmatisation of youth sexuality (Campbell et al., 2005; Frizelle, 2005). Adults often teach youth that sex is dirty and shameful, which prevents youth from talking openly about their sexuality or seeking out health enabling information. Furthermore, stigmatisation and victim-blaming attitudes towards people living with HIV and AIDS makes it difficult for HIV positive youth to publicly come out about their status (Kelly, 2001). These misconceptions of youth and their sexuality place them at high risk for HIV infection. In contrast, Simbayi, Chauveau and Shisana (2004) found that some youth in South Africa are taking measures to protect themselves against HIV infection. Youth reported high rates of condom use over their lifetime, as well as in their last sex act, reduced numbers of sexual partners, and talking to partners about HIV.

A number of researchers argue that sexuality and gender identity is socially constructed, through interaction with peers and adults of the opposite sex, and is not limited to universal constant definitions (Frizelle, 2005; Gordon & Abbott, 2003; Pattman, 2005; Reddy & Dunne, 2007). For example, sexual orientation is not limited to heterosexuality, which is often perceived as the norm. Homosexual and bisexual orientations and transgender sexuality serve to challenge this assumption of 'normality'. Furthermore, people are not even limited to these categories, and may choose to identify themselves along a continuum of sexuality, feeling differently at different times about sexual practices, sexual orientation and desire, and the like (Gordon & Abbott, 2003). Thus the meanings that people attribute to their behaviours and circumstances serve to shape reality as they come to understand it. Masculine and feminine identities, therefore, are as a result of social construction – the cultural, social and political understandings that people attach to what it means to be male or female (Pattman, 2005; Reddy & Dunne, 2007). Certain social constructions lead to stereotypes around these issues, for instance, that males are expected to be the initiators of

sexual interaction and have many sexual partners, and are encouraged to do so by their peers. On the other hand, females are expected to behave as modest and sexually pure, while females who engage in stereotypically male behaviours are seen as 'loose', and looked upon with disdain (Pattman, 2005; Reddy & Dunne, 2007). Within relationships, sexual preferences tend to be guided by the male partner, with his needs and desires being the focus, while the female's needs are ignored. These circumstances often place females in a situation where they are disempowered and unable to negotiate safe sex, as they are unable to voice their concerns, needs and desires for fear of negative consequences (Reddy & Dunne, 2007). This is noted by Moore and Rosenthal (1993) as the sexual double standard, whereby different expectations exist for males and females when it comes to sexuality. Moore and Rosenthal (1993, p. 83) remark that "The woman who expresses her sexuality is bad; the one who constrains her own sexuality and keeps men in check as well is the pure virgin, the 'good' girl." They are critical of these gendered discourses and stereotypes, which serve to silence youth on a topic which is so relevant to them, particularly amidst an HIV epidemic.

The diversity of social contexts in South Africa strongly suggests that HIV/AIDS interventions cannot be generic, but rather should be targeted at specific groups, such as encouraging youth who are HIV negative to engage in behaviours that reduce their risk of infection. Frizelle (2005) argues for the need for opening up space for dialogue and discussion, where youth can talk openly about and reflect on their sexuality and identity. It is argued that when negative representations of youth are challenged, youth begin to reflect on and better understand their ability to negotiate each individual sexual encounter, and develop a greater sense of agency and responsibility for promoting their own sexual health. While this process does not necessarily facilitate long term, nor stable, behaviour change, it does promote critical thinking around the factors that constrain their behaviour. When youth become aware of these factors, it places them in a better position to make use of enabling opportunities when they can, and to question why they were perhaps unable to negotiate behaviour change in other settings (Frizelle, 2005). When youth are able to recognise that their own identities are politically and socially constructed, they can begin to reflect on those political and social systems and exert some control over these systems. As they engage meaningfully with discourses around identity construction, they can begin to shape and construct new identities and effect change in their behaviour (Frizelle, 2005).



It appears that high risk behaviours are an accepted feature in the life and culture of students at universities. Students' perceptions of their risk to HIV infection often manifest in one of three ways – denial, feelings of fatalism (that contracting HIV is inevitable so they do not need to protect themselves), and feeling invulnerable (“it could never happen to me”) (Kelly, 2001). This is confounded by reports from South African youth experiencing boredom in relation to HIV interventions as a result of perceived overexposure to information about the disease. Furthermore, many new entrants to universities already have sufficient knowledge of HIV and experience a sense of ‘AIDS fatigue’, and thus tend to resist the messages imposed by interventions (Karnell et al., 2006; Kelly, 2001). In addition, students who are HIV positive tend to avoid seeking treatment from campus health services as they often have inadequate medication, and students fear the stigma around being HIV positive (Kelly, 2001).

### ***2.3 HIV/AIDS in higher education***

HIV and AIDS are of particular relevance to higher education institutions for a number of reasons. HIV/AIDS cannot simply be seen as a health issue – it is also a developmental issue, and thus affects not only the physical but also the social, economic and psychological well-being of people and organisations (SAUVCA, 2000). The epidemic impacts on all those who make up the university community, in the form of reduced student intake, students leaving university before they are qualified, illness and absenteeism of staff and students resulting in reduced productivity, and the emotional and psychological consequences of AIDS-related deaths. Students are the future generation of a highly skilled workforce, but they also represent an age group that is at risk for contracting HIV. Furthermore, preventing the spread of HIV and limiting its impact requires education, and universities have the expertise to educate, conduct research and disseminate knowledge around this issue. In addition, universities can work beyond their own confines, and provide influence and expertise at community and even structural/policy level to promote knowledge and enhance prevention and treatment (SAUVCA, 2000).

In the seven African universities investigated by Kelly (2001), the primary response of these institutions to the HIV epidemic has been in the form of student focused health related services. When new students enter university, they are often given a once-off presentation during their orientation, relating to the facts about HIV and the services available on campus. However, there are rarely follow-up activities throughout the year,

and therefore this information is unlikely to have any major impact on student behaviour (Kelly, 2001). University clinics and health services have increased their medical attention to the needs of students and staff. At many of these universities, condoms are freely distributed, posters and other educational materials are used to raise HIV awareness, and counselling is offered. Some of the universities have formed clubs or societies designed to sensitise students on HIV/AIDS issues, provide peer support, and promote HIV/AIDS awareness (Kelly, 2001). While treatment and care for those living with HIV is important, Kelly (2001) argues that there is a need for integrating HIV/AIDS concerns into teaching programs and courses on an ongoing basis.

At policy level, the Higher Education HIV/AIDS (HEAIDS) Programme report (Chetty & Michel, 2005) identifies various policy measures that have informed the response of higher education institutions to HIV and AIDS. The South African Department of Education's National Policy on HIV/AIDS (DoE, 1999, cited in Chetty & Michel, 2005) acknowledges that learners and educators are at risk for HIV, and is concerned with ensuring the rights of learners, prevention of stigma, and age-appropriate education regarding epidemic. Furthermore, the Tirisano document (DoE, 2001, cited in Chetty & Michel, 2005) has amongst its objectives the prevention of the spread of HIV on campus, and the management and alleviation of the impact of HIV/AIDS on the higher education sector. Plans to implement these objectives include promoting the integration of HIV/AIDS and its projected impact into policy and planning at institutional level, as well as promoting integration of HIV/AIDS into teaching and research programmes at higher education institutions.

According to the HEAIDS report (Chetty & Michel, 2005), the majority of higher education institutions in South Africa have developed an HIV/AIDS policy, with the remainder reporting that they plan to draft such a policy. At the time of the report, 37% had a formal policy for integrating HIV/AIDS into the curriculum, 20 % had allocated additional financial resources to HIV/AIDS planning and activities, 43% had an HIV/AIDS centre at their institution, and 80% had HIV/AIDS partnerships with NGOs, donors and government agencies. Most of the universities (approximately three quarters) provide prevention services, distribute free condoms on their campuses, provide Voluntary Counselling and Testing (VCT), offer treatment for Sexually Transmitted Infections

(STIs), and have an established peer education programme for students. However, only 12% offered antiretroviral therapy (ART).

A study by Williams (2002) explored the ways in which HIV/AIDS education had been included in curricula at the University of Natal (now the University of KwaZulu-Natal). Williams (2002) found that a number of courses incorporating HIV education were offered in disciplines such as psychology, anthropology, law, medicine, community development and adult learning, and a few others. These courses cover a range of subject areas from the basics of transmission to risky behaviour and the South African context. While didactic teaching methods are used in some of the courses, many utilise role plays, group projects, community interventions and discussions to facilitate learning. Williams (2002) suggests that students are more likely to learn when they are actively engaged in the learning process, and that this better prepares them for future employment and encounters in an unpredictable HIV/AIDS world.

Of seven African universities sampled, Kelly (2001) noted that some institutions had attempted to include HIV/AIDS in aspects of the curriculum, but that integration of HIV/AIDS into teaching programmes was lacking. Curriculum change with regard to HIV tends to be confined to the health and social sciences, and appears to be happening at grassroots level; in other words, changes are occurring within programmes or departments in the absence of institutional policy change (Kelly, 2001; SAUVCA, 2005). The necessity for integrating HIV/AIDS issues into the curriculum is that it prepares students to address these issues when they encounter them in their professional lives. Universities need to develop graduates who are competent to apply knowledge of HIV/AIDS in their professional and socio-cultural arenas (Chetty & Michel, 2005; Katjavivi & Otaala, 2003; Kelly, 2001). This is part of what the University of KwaZulu-Natal Training of Trainers Course (TOT) has attempted to do, in addition to designing and implementing courses with this focus, and training academic staff in methodology and methods of curriculum development and teaching HIV/AIDS (Katjavivi & Otaala, 2003). According to the HEAIDS report (Chetty & Michel, 2005), almost two thirds of the academic programmes sampled have integrated HIV/AIDS into their curriculum at undergraduate level. Core courses and service learning were identified as the most common means of integrating HIV/AIDS into the curriculum – 53% of undergraduate and 43% of postgraduate curriculum have integrated HIV/AIDS through service learning.

## ***2.4 HIV in the context of service learning***

Service learning (SL) can be described as a reciprocal process whereby students provide a service to communities, and their engagement and experiences with those communities enhances student learning (Higher Education Quality Committee [HEQC], 2006). To quote Mouton and Wildschut (2005, p 118), “The distinctive element of SL is that it empowers the community through the service provided, but it also has powerful learning consequences for the students or others (for example academics, service providers) participating in the service provision”. A service learning module works from an academic and theoretical, as well as a practical, framework, while providing structured opportunities to reflect on experiences (Roos, Temane, Davis, Prinsloo, Kritzinger, Naudé & Wessels, 2005). Service learning can be likened to experiential education, which involves second-order experiences, reflection and dialogue (Percy, 2005). New, second-order experiences subject the student to surprise, disorientation and a realisation of ignorance. The students bring into the situation their first-order experiences, which are their past experiences and knowledge, but are soon challenged by these second-order experiences to reconsider and modify such knowledge (Percy, 2005). Through the process of reflecting on their experiences, students can then transform their knowledge. Dialogue is also a vital component of this process, allowing for interaction and promoting active learning and critical thinking (Percy, 2005). Service learning programmes usually place students in contact with people and communities very different from their own. These opportunities allow for critical reflection of aspects of one’s own self and identity that were previously taken for granted. Students may begin a service learning programme thinking they are going to learn about ‘the other’, but consequently learn more about themselves than they knew before (Jones & Abes, 2004).

When students engage in structured reflection, it enables them to critically examine the issues they come across in the communities, to find personal relevance in their work, and to make the link or connection between the service they are providing and the learning that it results in (HEQC, 2006). Eyler and Giles (1999) note that the more structured the reflection in service learning, the better the learning outcomes. Reflecting on their experiences should support students in recognising what they have learned, and being able to take that learning into the future (Ash & Clayton, 2004). Structured and guided reflection often forces students to grapple more deeply with issues that they confront in a service learning context, as well as their own assumptions, stereotypes and prejudices.

Without critical reflection on these issues, students may continue to hold their current perspectives in place and not feel challenged to change them (Ash & Clayton, 2004). Reflection most often takes the form of written journals or diaries and reflection papers, and should ideally occur before, during and after the service learning experience. Group discussions and oral presentations are other useful ways of expressing insight. These reflections provide a means for assessment of student progress or learning and a qualitative indication of shifts in students' understandings (Frizelle, 2008; HEQC, 2006). They also provide an indication of how the programme has influenced the students and thus can be used as a course evaluation as well. This is in contrast to the popular quantitative evaluations that students often have to complete at the end of a course.

There have been a few service learning modules with a specific focus on HIV and sexuality. In a review of the research, Kirby (2002) noted that service learning in combination with a health education curriculum had a significant impact on the reduction of sexual activity amongst the students when compared to using a health education curriculum alone. Results indicated that in the short term it delayed the onset of sex, while in the long term (more than three years later) it both delayed sexual onset and reduced the percentage of students who had sex the previous month. In a case study analysis by Jones and Abes (2003), undergraduate students enrolled in a service learning module spent three hours a week at an AIDS service organisation, Project OpenHand-Columbus (POHC). The purpose of the study was to explore the development of students' knowledge, attitudes and behaviour regarding HIV/AIDS in the context of service learning. The students met once a week with a teaching assistant to reflect on their service experiences and to integrate academic course content into these experiences. They had to write a one page reflection every week on their service experience. They also had to write two reflective essays and participated in two group presentations regarding their service experience. The students reported that when they first began the module they knew very little about HIV, merely the basic facts. They were also unaware of the attitudes and stereotypes they brought with them, mentioning that HIV was something quite removed from their own realm of experience. The service learning programme challenged their preconceived notions and stereotyped attitudes of the type of person who is infected with HIV, and the circumstances around how they were infected. The results of this case study demonstrate shifts in student thinking and understanding of HIV/AIDS through their involvement in service learning (Jones & Abes, 2003).

Further studies on service learning have explored the influence of service learning on students' identities and how they have benefited from such programmes. In a study by Roos et al. (2005), 150 students from various disciplines within the Faculty of Humanities at a South African university were asked to share their experiences of service learning projects. The students had been involved in various diverse community-based learning contexts. Students reflected on their experiences by keeping diaries, which were later submitted for assessment purposes for the specific course. These diaries were then analysed for the study. The data indicated that being actively involved in service learning community projects encouraged personal growth and skills development for the students (Roos et al., 2005). Students were ultimately more aware of the complexity of social issues through their continuous reflection. Once again, engaging with communities different to their own challenged students preconceived ideas of the 'other', and resulted in greater insight and understanding of the diversity of culture, language and other differences (Roos et al., 2005).

In their evaluation of service learning modules at five higher education institutions in South Africa, Mouton and Wildschut (2005) found that personal journals were the most commonly used forms of student reflection, as well as reflective papers, diaries and student presentations to a lesser extent. Students were also given questionnaires to assess their attitudes towards and experiences of service learning, as well as their motivation to work with communities in the future. Students indicated that service learning and working with communities different to their own made them aware of cultural differences and challenged their own stereotypes. They also reported how their experiences in the service learning module affected their future career orientation, and that they would be more likely to be involved in community work (Mouton & Wildschut, 2005). Although the categories that students were evaluating in the questionnaires were pre-determined, there was opportunity for students to add more qualitative responses. There is a sense, however, that many of these previous studies have not made a deeper, more critical inquiry into how students understand their sense of self, their self in relation to others, and their location within an HIV/AIDS epidemic.

### ***2.5 Theoretical framework***

Service learning as a pedagogical approach is informed by a number of theories. The work of Friere (1970) is considered to be one such significant theorist. Freire (1970) focused on

the importance of developing critical consciousness through education. Developing critical consciousness requires that students engage in dialogue as opposed to the traditional didactic method of information transmission from teacher to student. Freire (1970) believes authentic education is carried out when teachers and students engage *with* each other in the process of learning and teaching. Critical consciousness is one's ability to critically examine the world, its contradictions and assumptions, and to constantly reconstruct new interpretations about the world. Furthermore, it is one's awareness of one's position in the world (Freire, 1970). Dunn, Halonen and Smith (2008, p. 1) describe the development of critical thinking amongst psychology students as sparking "students' insights and enthusiasm for tough topics" and developing an understanding that "social behaviour is usually more situational or contextual than personality-driven". Critical thinking also involves being skeptical about common sense knowledges and being aware of, and confronting, ones own personal biases, assumptions and values and how these impact on ones interaction with the world around them (Buskit & Irons, 2008). In the context of HIV/AIDS being able to recognise the way in which human behaviour is constrained by a complex set of contextual factors and being aware of ones positioning within a specific context is essential if we are to develop HIV/AIDS competent graduates.

Campbell (2003) recognises the importance of dialogue in order to develop critical consciousness, particularly in the context of HIV/AIDS interventions. In order for youth to become critically aware of the social context of their sexuality and begin to reconstruct their identities, critical dialogue around such issues needs to be encouraged. Thus, one of the key aims of education should be to develop critical consciousness, and service learning attempts to do this by getting students to actively engage in their learning through processes of critical dialogue, reflection and community intervention.

Both King (2004) and Martin (2003) argue for a more critical analysis of students' experiences and evaluations of service learning. King (2004) maintains that reflection should promote critical consciousness and self-awareness as it opens up a platform for questioning those things that are often taken for granted. Through reflection, students begin to critically re-examine their experiences in relation to the broader socio-political context. This is more than simply being aware of their own risk to HIV, or the differences between themselves as privileged and the communities as disadvantaged. It is a fundamental shift in

how they understand themselves and locate themselves in such a context, and the impact this has on their lives, careers and goals – it affects every part of their being.

King (2004) posits that in order for this to happen, students cannot only *think* about past experience – they need to engage in the process of defamiliarisation, whereby conventional thinking, practices and assumptions are critically questioned. Craig (1989) notes that when students enter university, they do so with prior learning or knowledge, skills and understandings. Students may attempt to apply what they already know to new situations that they encounter, only to realise that their prior learning experiences do not allow them to understand the new situation. Students find it difficult to interpret new experiences and interactions in different ways, and will tend to stay with their current understandings and interpretations without challenging them (King, 2004). It is in this space between what the task demands and what the students know that creates the ideal opportunity for learning to take place (Craig, 1989). Students find that they cannot rely on their current understandings to make sense of new situations and experiences, and therefore have to move into unfamiliar terrain. This is an active process, whereby students engage with perspectives that challenge their current understandings, and do not simply accept those that confirm these understandings. Defamiliarisation therefore occurs when doubt and hesitancy are introduced into familiar situations or assumptions, disrupting all sense of what is ‘right’ or ‘acceptable’ (King, 2004). The process of defamiliarisation thus promotes critical consciousness, as the students begin to question their ingrained assumptions and reconstruct new interpretations of the world (Freire, 1970; King, 2004).

In coming to care for and relate to others who are different to them, students gain a deeper understanding of others and their preoccupation with their own perspectives is challenged. When students attend to the lived experience of others, they are confronted by an experience different to the type of academic knowledge that is presented in lectures. King (2004, p. 134) notes that “For lived experience to act in the destabilising manner prescribed by critical pedagogy, however, it must be allowed to reflect upon current practices and assumptions in such a way that renders hidden tensions, inconsistencies, and inequities available for scrutiny and critique”. He argues that this is a form of border crossing, as students encounter new territory, experiences and situations that deviate so significantly from their own expectations and assumptions. It is through the process of defamiliarisation that students are confronted with the limitations of their own perspectives, and begin to



critically question the broader social and historical constructions that create such borders to begin with (King, 2004). Crossing social, economic and cultural borders, attending to and reflecting on the challenges that are posed by such action, and caring for those across the borders, provides the conditions under which developing critical consciousness becomes possible (King, 2004).

Along similar lines, Martin (2003) uses the concept of immersion experiences, as proposed by Ivan Illich, to explain how critical consciousness develops. He argues that when students are immersed in real-life situations, as opposed to formal didactic education, they engage with experiences that contradict their preconceived beliefs and assumptions about the world. When these immersion experiences are subjected to discussion and dialogue, students begin to critically address those ideas and understandings that are taken for granted (Martin, 2003). Immersion experiences promote a different kind of learning experience for students, one that is far more personal than anything they could learn in a classroom or lecture theatre. It promotes active engagement on the part of students, who are usually categorised as passive recipients of knowledge, and encourages students to learn about what they study, not merely through reading, but through experience (Martin, 2003). These experiences can then be documented in journals, involving critical reflection on the learning that has taken place, as well as providing the space to integrate theory and practice. Students are then encouraged to focus their consciousness on questioning assumptions and constructing new interpretations of the world (Freire, 1970; Martin, 2003).

## ***2.6 Conclusion***

As indicated by the literature, service learning programmes can provide immense value when integrated into the university curriculum. Through service learning, students have the opportunity to critically engage with theory and practice, be active participants working with communities, and reflect on their own and others' identities. This is essential in the South African context of HIV/AIDS, as it opens up a space for a critical engagement with the topic of HIV/AIDS so that student begin to better understand their own location within an epidemic characterised by a complex set of contextual factors. However, the focus of evaluation tends to be on how service learning modules influence students' knowledge, attitudes and behaviour. It is thus necessary to explore the influence that an HIV/AIDS service learning programme has on students' identities and understandings, and how

engagement in the module impacts on the way in which students understand their location within the epidemic.

Service learning provides a unique opportunity for students to become more critically aware of the HIV epidemic and how it impacts on their own identities, how they understand their place in society in relation to others, and the overall impact the epidemic has on the country as a whole. It is thus argued that service learning can promote students' development of critical consciousness (Freire, 1970), through the processes of reflection, defamiliarisation, and immersion experiences (King, 2004; Martin, 2003).

This study aims to address some of the shortcomings of other research regarding service learning and HIV/AIDS. Many of the studies reviewed, such as Jones and Abes (2003 & 2004), failed to engage with student learning at a deeper, more qualitative level. Their focus tended to be on the knowledge that students gained from service learning, and there was little exploration of how the service learning experience fundamentally shifted deeply entrenched understandings about themselves and others, and the HIV/AIDS epidemic. This study attempts to go beyond the surface of superficial, expected learning outcomes, by exploring students' qualitative learning experiences, as outlined in the research questions below.

The following research broad research question informed this study:

- Will the students' reflections indicate critical understandings of the HIV/AIDS epidemic and their location within the epidemic after having engaged in the HIV/AIDS and service learning module, and if so, what range of critical understandings will emerge from their reflections?

The following sub-questions informed this study:

- What impact have 'immersion experiences' and the process of 'defamiliarisation', through the service learning process, had on how the students understand their own and other people's location within the epidemic?

- In what ways has the students' engagement in the service learning module disrupted their own belief and value systems in relation to sexuality and HIV/AIDS?
- Is 'critical consciousness' evident in the students' reflections, and do the students reflect an understanding of the way in which a complex set of social, cultural, economic and gendered factors interact to drive the epidemic and people's positioning within it?
- Do the students' reflections indicate a critical understanding of the difficulties involved in HIV intervention and prevention work?

### CHAPTER THREE: CONTEXT FOR THE STUDY

The case study is based on a HIV/AIDS service learning module that has been offered over a number of years to third year students majoring in Psychology at the University of KwaZulu-Natal. It has since moved up to a postgraduate level, offered to students pursuing their Honours in Psychology. Its focus is on HIV/AIDS and sexuality, and university students are required to develop and implement an HIV/AIDS and sexuality intervention with youth at a local high school (Frizelle, 2008). The first half of the module involves the students being introduced to the theory around youth, sexuality, HIV/AIDS and interventions, and the interplay between these. They engage with critical, current literature and research around these issues, which serves to frame and inform their intervention with the learners, and are required to take turns presenting seminars on these readings. The second half of the module involves planning and implementing workshops around various issues, such as risky sexual behaviour, HIV/AIDS myths, and relationships. This is done in partnership with the learners, such that both partners benefit from and add to the learning experience (Frizelle, 2008).

The intervention lends itself to open spaces for dialogue and debate. The university students have the opportunity to apply the theory they learn into practice, as well as to begin to think critically about their own and others' location within the HIV/AIDS epidemic. The module opens up a space for critical reflection on the way in which HIV/AIDS in Africa is understood and explained, leaving the students in a better position to professionally deal with the demands they could encounter in the future with the pandemic (Frizelle, 2008). The high school learners have the opportunity to extend what they know through discussion and dialogue, and come to better understand issues that affect sexual behaviour and the transmission of HIV. The intended goal is that learners at the high school, by opening up a space in which to talk freely about their sexuality, are better empowered and enabled to make health promoting decisions (Frizelle, 2008).

The students' interventions are informed by research, literature and the learners' responses during the workshops. As the literature has revealed, changing sexual behaviour is not simply a matter of providing knowledge and thus proves quite difficult to do. However, what these workshops try to do is to help learners acknowledge the complexities of sex and relationships, and develop skills that they can use to negotiate their own identities in those

relationships and be in a better position to make more health enabling choices (Frizelle, 2008). These are also significant learning objectives for the university students, who themselves are young adults attempting to negotiate their identities and places in the world. Youth are generally used to didactic teaching methods, the passive transfer of knowledge from one who knows all to one who knows little. In these workshops, the learners are actively engaged in collaborative participation with university students who can guide and facilitate their discussion around relevant areas and help them to think critically about issues that are raised (Frizelle, 2008). Service learning in this context provides a more creative approach to addressing issues of HIV/AIDS and sexuality with youth, as university students and high school learners alike are able to engage freely with and critically reflect on such topics. Furthermore, students realise how difficult it is to get learners to think critically and to openly engage with some of the topics.

This community intervention programme, entitled *Let's Talk*, is a follow-up to the *Fast Forward* programme run by the School of Psychology. The programme invites Grade 11 learners from the local high school onto campus for a week, whereby they are introduced to the University, engage in a number of interactive dance, music and career workshops, as well as a basic HIV/AIDS and sexuality workshop. The follow-up to this component of the *Fast Forward* programme provided an ideal service learning opportunity (Frizelle, 2008). Moreover, the University's partnership with the community does not come to an end after these programmes. The high school learners are provided with links to access other services, such as clinics and hospitals, counselling and Childline services. This provides a more integrative approach to HIV, and health promotion and prevention, as argued by Parker (2004).

The university students have structured reflection sessions throughout implementation of the programme. They are given the opportunity to write in journals and engage in group discussions, sharing and debating their thoughts. It is through this reflection process that students begin to link theory to practice, realise how different practice and theory are, and understand the socially constructed nature of knowledge (Frizelle, 2008). They also begin to acknowledge the differences and similarities between their and the learners backgrounds, which contributes to critically reflecting on their own position in society and in relation to the HIV/AIDS epidemic. At the end of the module, students are required to write a reflection paper, based on experiences captured in the journals, which forms part of

their overall assessment. These reflection papers are a means of exploring how the experience of the module has shifted or adjusted their understanding of the HIV/AIDS epidemic, and how they locate themselves and others within it. The reflection papers also provide useful feedback for the module itself, a somewhat more qualitative means of evaluating a university course or programme. It is these reflection papers that have been analysed to explore the kind of learning that has taken place for the students.

## CHAPTER FOUR: RESEARCH METHODOLOGY

### *4.1 Methodological Approach*

The approach of this study is an interpretive and constructivist case study, whereby the internal reality of subjective experience will be explored (Terre Blanche & Durrheim, 1999). The case study method was selected as the particular case provides relevant characteristics of interest to the topic of research (Berg, 2001), thereby holding intrinsic value (Stake, 2005). The case study method can be used to gain an in-depth understanding of the context and experiences of those involved (Henning, van Rensberg & Smit, 2004). Furthermore, it also has instrumental value, in that the case can provide information that is relevant beyond its own boundaries at a broader level (Stake, 2005).

Interpretive, constructivist research looks at the way in which people make meaning of their experiences. The interpretation is intersubjective in that both participants and researchers co-create understandings (Henning et al., 2004). Both the researcher and the participants come from historically embedded positions in society, from which they interpret their experiences (Parker, 2005). In this sense, knowledge has a dialectical, subjective quality, as opposed to being an objective reality that can be understood at face value. Knowledge is often gained or filtered through social constructions, such as language, shared meanings and texts (Henning et al., 2004). Interpretive, constructivist research recognises that the meanings people make of their lives is embedded in particular contexts, and the researcher needs to be sensitive to these contexts and the role they play in shaping the participants' lived experiences (Henning et al., 2004; Schwandt, 1998). This approach emphasises a relativist ontology, whereby there are multiple realities and constructions to be explored as opposed to one, immutable truth; and a subjective epistemology, whereby meaning is co-created between researcher and participants (Guba & Lincoln, 1998).

This approach is well suited to this study because the focus of inquiry is students' reflections of meaning and understanding about HIV/AIDS and the learning that occurs in a service learning context. Furthermore, it allows for a multi-layered and qualitative exploration of intersubjective human experience and is different to many other studies that tend to use quantitative research designs to measure the impact of a particular service learning module on students.

#### ***4.2 Sampling***

The case study of the HIV/AIDS service learning module at the University of KwaZulu-Natal was purposefully selected to explore the effectiveness of such a module in the context of HIV/AIDS. The case was selected as it involves students' critical reflections of their experiences of the service learning module, and can thus provide useful insight into how the module has impacted on the students. The sample for this study includes the reflection papers of twenty students who completed the HIV/AIDS service learning module in 2005 at the University of KwaZulu-Natal. All the students were in the third year of their degree at the time of participating in the service learning module, and were doing a double Psychology major. Of the twenty students, fourteen were female and six were male. Three students were black (one student was African American, one student was from Lesotho and one student was from Zimbabwe), nine students were indian, one student was coloured, one student was a hispanic student from America, and six students were white, three of whom were from America.

#### ***4.3 Data Collection***

The students were required to reflect on their involvement in the module and community interventions by means of journals. Maintaining a reflective journal gives students the opportunity to integrate theory and practice (Martin, 2003). The journals that the students kept were not merely a record of their experiences, but included critical reflection of the learning that had taken place. At the end of the semester, the students reviewed their journals and wrote reflective essays based on the experiences that they felt had most shifted their understandings with regards to HIV and their location within it. The students were given the opportunity to state in a letter whether or not they gave consent for their essays to be used for research purposes. A copy of the letter of informed consent is included in Appendix A. The reflective essays were an appropriate method of gathering self-reported data regarding the way in which the students had grappled with the issue of HIV/AIDS, and particularly the shifts that may have occurred (Berg, 2001).

The information gathered was to provide a deeper and more qualitative understanding of students' experiences, as opposed to merely measuring attitudes, perceptions and beliefs. According to Burman and MacLure (2004), the way in which people make meaning, and get closer to 'truth', 'reality', other people and the self, is through writing. They argue for the value of written texts, as they believe that the world is inherently textual, and that



everything we do in the world is mediated through textuality. In this way, the students' experiences are revealed through their written texts, allowing the researcher to get close to these experiences.

#### ***4.4 Data Analysis***

The original method of data analysis considered was thematic analysis, whereby main themes are identified through intensive studying of the data (Henning et al., 2004; Willig, 2001). The themes should capture the essential concepts that are represented in the data. In addition, themes that share common characteristics are clustered together. However, it was felt that this method of analysis would fall short of eliciting the depth of students' experiences and reflections necessary for this research. Hence, the proposed data analysis is the voice-centred relational method (Mauthner & Doucet, 1998).

The voice-centred relational method of analysis is based on the idea of *relational ontology*, which posits the view of human beings existing within a complex web of social interactions (Gilligan, 1982, cited in Mauthner & Doucet, 1998). Thus human beings cannot be viewed as individuals separate from others, but rather interdependent. The voice-centred relational method aims to explore how people make meaning of their relationships with those in their immediate environment and with the broader social, political and cultural context in which they live (Mauthner & Doucet, 1998). The method involved four readings of the text.

The first reading comprised of reading for the plot and for the researcher's responses. When reading for the plot, one will look for the overall story as written by the participant, including main events, subplots, recurrent images, words, metaphors and contradictions in the story (Mauthner & Doucet, 1998). In the 'reader-response' element, the researcher will read for herself in the text, in that she reflects on her own background and experiences in relation to that of the participant, and tracks her feelings and responses to the participant. This process of reflexivity allows the researcher to become aware of her own assumptions and views of the participant, and how this may influence her interpretation of the text (Mauthner & Doucet, 1998). Thus the role of the researcher's theoretical and personal orientation can greatly influence the interpretations and conclusions that are drawn from the study, which emphasises the importance of researcher reflexivity in the process of analysis. The researcher used the techniques of the first reading to identify common or

general themes from the participants' reflective essays, as well as to monitor the way in which she interpreted these narratives.

The second reading involved reading for the voice of 'I'. This reading focused on how the participants wrote about themselves, how they saw and presented themselves, and their experiences (Mauthner & Doucet, 1998). Reading for these personal pronoun statements allows for the participants voices and understandings to be heard as opposed to the researcher imposing pre-set categories of analysis from the literature or her own understandings. It also examined the way that participants shifted in their personal pronouns, sometimes using "we" or "you" instead of "I" when dealing with topics that were uncomfortable for them.

The third reading involved reading for relationships. This reading looked for how the participants wrote about their interpersonal relationships and the broader social contexts in which they live (Mauthner & Doucet, 1998). The relationships that the participants shared with the learners in the community served to influence them far more than merely engaging in formal education within the university context.

The fourth reading involved placing people within cultural contexts and social structures. This entailed reading for the participants' accounts and experiences within broader social, political, and cultural contexts and structures. This reading allowed the researcher to gain an understanding of the often insidious and unquestioned factors that lead the participants to hold particular world views or beliefs.

Once all four readings had been completed, the findings were written into a coherent whole. The voice-centred relational method of data analysis allowed for multiple readings of the text, and with each reading came a deeper understanding of how the participants' understandings of self had shifted, and how they located themselves within an HIV/AIDS epidemic.

#### ***4.5 Limitations of the study***

According to Ulin, Robinson and Tolley (2005), the fundamental criterion for a qualitative study is its trustworthiness. Furthermore, trustworthiness can be determined by the standards of credibility, confirmability and transferability (Ulin et al., 2005). As with any

qualitative research, one can never be absolutely certain that the participants are being truthful and therefore the credibility or truthfulness of the findings in this study may be compromised. This may be due to the fact that the reflective essays were being submitted as part of their assessment, and hence some of the students may have written what they thought the lecturer wanted to read, as opposed to their actual experiences and understandings. While objectivity and neutrality are standards of quantitative research, these are often difficult to achieve with qualitative research due to the nature of what is being explored. Thus, the confirmability of the findings, whereby the researcher withholds personal values to allow for those of the participants to be heard (Ulin et al., 2005), may be affected. This is largely because the findings will be interpreted by the researcher who brings with her own assumptions, biases and reactions. However, the researcher will attempt to overcome this by engaging in reflexivity throughout the research process. The transferability of the study, whereby the findings of this study can be transferred to other contexts (Ulin et al., 2005), may be limited as the sample size of the data is quite small (only 20 reflective essays). However, it is hoped that the findings of the study will reveal viewpoints and experiences that reflect the key issues in the research problem, and that can be applied in other contexts.

Furthermore, ethical difficulties around participant involvement may have arisen when sensitive topics were mentioned in the essays. However, these were dealt with appropriately, as discussed below.

#### ***4.6 Ethical Considerations***

Informed consent was obtained from the participants prior to the study. The letters of informed consent were handed in to an administrative member of staff, and the course coordinator did not look at who had given consent until she had finished marking the papers, so that this would not bias her marking. This strategy of third-party management of the consent letters has been proposed by Bournot-Trites and Belanger (2005) to ensure students do not feel pressured to give their consent if they feel it would affect their assessment. The students were assured that their marks would not be affected if they chose not to give consent for their work to be used for research purposes. They were also able to highlight sections of their papers that they preferred not to be used for analysis. The names of the students were removed from the reflective essays so that their anonymity was

ensured throughout the research process. Each essay was coded with a letter from A to S as the only identifiable feature, and all names used in the analysis are pseudonyms.

From a value-based feminist model of ethics, simply applying universalist abstract principles, such as confidentiality and informed consent, to research is inherently flawed (Edwards & Mauthner, 2002). Not only are ethical dilemmas experienced in particular contexts, but the contexts themselves also alter and inform the ethical dilemmas that researchers are faced with, and how to go about resolving them (Edwards & Mauthner, 2002). Furthermore, researchers have a responsibility to care for those involved in the research process and to ensure that those who are in disadvantaged positions in society are not further exploited and disempowered through the research process. Thus, ethical practice needs to pay attention to differences in power positions, as opposed to ignoring or blurring them (Edwards & Mauthner, 2002). In this regard, sensitive issues that were referred to in the essays were not included in the analysis, and were treated with utmost care. One such instance did arise, where a student revealed a sensitive and potentially problematic issue in the reflective essay. The course coordinator followed up on this and subsequently referred the student for psychological intervention.

## CHAPTER FIVE: RESEARCH FINDINGS AND DISCUSSION

Once I began to analyse the data using the voice-centred relational method, it became evident that it would be a challenge to keep the findings separated into four ‘neat’ readings. I found it difficult to decide what should belong to each reading, as there was considerable overlap between them. In fact, the process of analysis seemed to reflect the nature of the learning experiences that had taken place – learning that would not normally be easily accessible and hence required a much deeper level of analysis. The separation of the findings into the four readings below may therefore appear somewhat artificial, but has been done for purposes of analysis. The term ‘youth’ has been used to refer to both the school learners and university students. When writing about the university students only, the term ‘students’ is used, and when writing about the school learners only, the term ‘learners’ is used.

### *5.1 Reading 1: reading for general themes and reader response to the narrative*

The first reading involved identifying some broad critical insights and themes that emerged from the students’ reflections. I used the techniques of this reading to identify general, broad themes as opposed to the main story or ‘plot’. In this reading, I was looking for more than changes in knowledge, attitudes and perceptions, which are characteristic of many HIV/AIDS intervention evaluations and service learning modules that make HIV/AIDS the focus of their community engagement (Jones & Abes, 2003). Rather, I was interested in the university students’ qualitative learning experiences in relation to their engagement with the service learning module, how they spoke about these experiences and whether they had taken opportunities to critically engage with and reflect on them. Furthermore, I took the opportunity to reflect on my own responses to each of the participants’ narratives.

#### *5.1.1 Problematizing the HIV epidemic and the difficulty of interventions*

Many of the participants spoke about their experience of facilitating the school intervention as being difficult, challenging and frustrating. This tends to illustrate the realities and complexities of working within an HIV epidemic. As Alistair, a Hindu Indian male stated:

I began to taste a hint of the difficulty that must occur at the frontline of the fight against the HIV/AIDS pandemic.

Alistair's reference to the sense of 'taste' and his use of the terms 'the fight' and 'frontline' reflects a learning experience that goes beyond simply acquiring knowledge or a change in attitude. The military metaphor that he activates 'unlocks' a more nuanced understanding of this student's learning experience. According to Cazal and Inns (1998), metaphor is "one of the keys to studying how humans ascribe meaning to events and to the world by working on the basis of similarities, association and substitution" (p. 189). Reference to the sense 'taste', suggests a much more phenomenological experience of the work involved in an epidemic that he has begun to compare with a 'battle'. His reflection on this experience and insight into the difficulties involved in HIV/AIDS work suggests a critical and engaged understanding of what it feels like to be working at the 'frontline'. Martin (2003) argues that this level of critical consciousness is only possible when people are immersed in real-life situations as opposed to formal didactic training and education.

Statements such as "we ran into obstacles and disappointments", "we were often unsuccessful in achieving our defined objectives" and "I found myself at a loss for words", reflect some of the students' anxieties and challenges involved in the planning and facilitation of the workshops. Furthermore, it reveals that regardless of how prepared one is, or how much knowledge one has, working with people around issues of sexuality and HIV presents unique challenges.

The students were often taken by surprise by the questions that were asked of them, the kinds of texts and readings they had to engage with, and how little they understood about HIV at an experiential level, in spite of knowing all the facts. This is similar to Jones and Abes (2003) findings, whereby students knew all the basics around transmission and prevention, but had not engaged in any further discussions about it. Many of the participants had been exposed to a fair amount of HIV education before they started this module. They expressed how some of them had "information overload" with regards to this topic, and in fact were tired of hearing about it. As Felicia, a Muslim Indian female stated:

... I was becoming desensitised to the issue and to put it bluntly – I was becoming sick of it... I began to engage in the readings out of obligation and not interest.

Felicia's reference to being 'sick of it' is once again a strong reflection of the feelings many of the students had when they began the module. As noted by Karnell et al. (2006) and Kelly (2001), this is not an uncommon response for many youth when confronted with the epidemic. Mary Crewe (2001) highlights three main responses to HIV/Aids that she has identified – 'resigned boredom', 'prejudice and hostility', and 'bleeding heart desperation'. Frizelle (2005) notes that these responses can have numerous negative consequences, including denial, lack of interest and fear, and ultimately render people incapacitated to do anything about the epidemic. However, over time the students' engagement with this module seemed to bring about a shift in how they understand themselves and how they make sense of their own location within the epidemic.

Interestingly on completion of the intervention, many participants questioned its effectiveness. This in turn directs questions back towards the initial aims and objectives that the students had in running the intervention. Despite engaging in critical literature regarding HIV interventions, it appeared that some of the students still believed that the intervention was about changing the learners' attitudes (and therefore, their behaviour) regarding sexuality and HIV. This resulted in them resorting at times to teaching (and possibly 'preaching' to) the learners, as is evident in the following quotes:

Felicia: ... we were adamant in getting our point across...

Alistair: I was determined to make this intervention work

Catherine Campbell (2003) reflects on a similar difficulty in her evaluation of a peer education programme. In her study the peer facilitators had been trained in participatory methods that encouraged active engagement in the programme, and critical thinking around sexual identities and how contextual factors constrain sexual behaviour. In spite of this, they tended to resort to traditional didactic teaching methods such as giving information and advice about the facts, without addressing important and critical issues as they emerged. As Campbell (2003, p. 136) argues:

...the ability to generate such critical analyses presupposes a very different style of thinking from that which characterises the didactic and authoritarian style of thinking used by both guidance teacher and peer educators in this study.

She goes on to suggest that this is an example of what Freire would have labeled a form of “democratic inexperience” (cited in Campbell, 2003, p. 136). Freire (1973) recognised how colonisation in Brazil resulted in economic and political exploitation, which served to create conditions in which those being exploited were prevented from furthering themselves socially and educationally. Those who were less powerful in society were forced to submit to those in power, which led them to adapt and adjust to the status quo and the conditions imposed on them (Freire, 1973). Without opportunities to engage in dialogue and actively participate in education, many were left with an “acritical frame of mind” and “developed a consciousness which ‘housed’ oppression” (Freire, 1973, p. 24). In the same way, the Apartheid system in South Africa ensured that access to knowledge and education was not equally spread across society, for political and economic reasons. Whilst South Africa has been a democracy for 14 years, the education system has failed to overcome its many inadequacies. The system tends to perpetuate old patterns of inequality in education, resulting in many learners having internalised an oppressive system, lacking experience in participatory methods of learning (Campbell, 2003), and lacking skills in critical thinking. Mary Crewe (2000) states that one of the foremost problems with the education system is that it has failed to integrate HIV and AIDS firmly in the curriculum. Furthermore, the type of messages that *are* sent out in an attempt to change behaviour largely emphasise the biomedical aspects of HIV (Campbell, 2003; Kelly, 2001). This tends to exacerbate the denial and apathy that people are experiencing in relation to the epidemic, and essentially perpetuates a non-critical approach and disengagement from more relevant issues (Campbell, 2003; Crewe, 2000).

The purpose of this HIV module was two-fold. On the one hand, it involved getting students to provide a group of local learners with the rare opportunity to talk about sexuality and HIV in an open and honest manner, but it was also about getting the students *themselves* to be more critical and to question many issues surrounding the HIV epidemic. One of these issues is how students are taught in school and even university settings. In their reflections, some of the students compared their practical engagement in a module and critical literature with their experiences of more traditional, didactic teaching methods. They discovered how this module, which required an active engagement, had compelled them to think in very different ways than many of their other university courses. One participant, a white American male, commented on an experience with his group of



learners, where a didactic approach led to the disengagement of his learners. He describes it emotively in the following way:

Lionel: The students stopped participating and their sense of disengagement was almost tangible. I couldn't have asked for a better demonstration of the ineffectiveness of didactic teaching methods.

This student has identified a major drawback of many HIV education campaigns and interventions, which attempt to teach people the facts without addressing many underlying issues. This method of teaching with regard to HIV/AIDS often results in complacency, HIV fatigue, and ultimately, an othering of the disease. While the module requires the facilitators to engage in critical thinking and participatory approaches, these are often unfamiliar terrain to students who may have had educational experiences which undermine these very skills. Even at the level of university, most students do not have the opportunity to engage in the kind of critical dialogue that would be of assistance in this module, due to large numbers of students in a class. Campbell (2003) thus argues for the importance of explicit guidelines for facilitators in order for them to engage in forms of critical thinking with their participants.

On the other hand, those who understood that the purpose of the intervention was to engage learners in critical dialogue around these issues felt as though these goals had been achieved by the end of the intervention. Lionel, however, recognised that at times the learners would be thinking critically, and at other times would fall back on learned responses:

Lionel: So, when I say I do believe we were successful in 'planting seeds' of critical thinking, this can by no means be accepted as an empirical fact.

Another student started off believing that she would be able to bring about behaviour change in the learners, but soon realised that this could not be the focus of their intervention:

Tina: I wanted to teach them and I must admit I honestly thought that if my group and I told them about HIV and pushed them to think critically they would. However I was wrong. From my sessions at the school I have learnt that the social and cultural norms that are instilled in all of us as soon as we are born are very hard to challenge or change.

Both of these students have recognised the limitations of critical thinking in bringing about major changes in how the learners understand and negotiate their lives. The first quote above highlights that critical thinking is not always possible and perhaps not even appropriate. This student recognised that the learners perhaps ‘need’ to resort to their learned responses out of ‘safety’. Campbell (2003) notes that youth are often afraid to talk openly about sex for fear of being punished by their parents or other authority figures. Many have been raised to believe that talking about sex and sexuality is shameful and disrespectful, and they would rather resort to learned responses than risk possible negative consequences. Furthermore, their educational experiences have been limited to formal didactic teaching methods with a focus on facts, leaving little room for discussion.

The second quote reflects another student’s difficulty with wanting to ‘teach’ (impart knowledge) and to ‘push critical thinking’ – a formula she ‘honestly’ thought would lead to ‘critical thinking’. However, Tina, a Hindu Indian female, came to recognise that social and cultural norms are pervasive and cannot simply be challenged through ‘critical thinking’. She acknowledged that the learners are entrenched in these norms, which provide a framework through which they engage with and understand their world. Furthermore, she included herself in the above quote when making reference to the difficulty of challenging social and cultural norms, which reflects insight into her own behaviour as being constrained by broader contextual factors. This quote suggests that Tina was gaining personal insight into the fact that getting others to think critically is difficult due to their entrenchment in their social and cultural norms. However, it also highlights the complexity of the contextual factors that continue to constrain people’s behaviour, *even if* critical thinking *is* achieved. As Parker (2004) notes, trying to change behaviour at the level of the individual through cognitive approaches fails to recognise the complex interaction of individual, cultural and socio-economic factors that influence people’s behaviour.

Over time the lecturer of the module began to recognise that the aim of the intervention should not be massive behaviour change. Rather, she argues that by having the opportunity to engage in critical dialogue around the factors that constrain people’s behaviour, individuals can begin to think about their sexual health in different ways in order to better negotiate their way in relationships and make more health-enabling decisions (Frizelle, 2005). This critical insight contributes to young people’s awareness of how their lives and

behaviours are often constrained by broader social and contextual factors, and they can begin to question how this plays out in their sexual encounters. Furthermore, it serves to ‘disrupt’ youth’s experiences of themselves and challenge their identities as they have come to know them. In this way, youth can begin to reflect on previous actions and develop new discourses for future actions, rather than repeating previous behaviour that could be potentially harmful (Frizelle, 2005). Similarly, while Campbell (2003) argues that critical consciousness is not enough for behaviour change, it *is* a fundamental starting point for getting people to *collectively* renegotiate their sexual and social identities and enhance their sexual health. It is in this space that Freire’s (1970) reasoning about the relationship between dialogue and critical thinking becomes apparent:

Only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue, there is no communication, and without communication there can be no true education (pp. 73-74).

A few of the participants referred to the intervention as a rollercoaster.

Lionel: ... gently-graded emotional ascents and descents, colossal drops, unimaginable highs, and moments of gut-wrenching anticipation.

Fazeela: I have gone through a rollercoaster of emotions.

Interestingly, the metaphor of a rollercoaster had been used before by a participant in Jones and Abes’ (2004) research, as a reflection on her service learning experience. She likens her service learning module to “the first hill of a roller coaster”, as it initiated and opened up a whole new realm of ideas, experiences and opportunities for her that she never would have had otherwise (p. 158).

Lionel also felt quite unnerved by the module, as he states:

... as with many things in life, I was left with more questions than answers at the end of the sessions.

This last reflection suggests a deep experience that transcended the module alone, and left Lionel with more to contemplate in the future. However, it also reflects something important about the outcome of such an engagement. While the students may have engaged in critical thinking and began to understand the complexities of the epidemic, it did not

necessarily provide them with final answers. In fact, the reference to being “left with more questions than answers” and his emotive description of his experience suggests that his engagement with the module has ‘opened up’, rather than ‘filled in’ information gaps. The assumption of many HIV intervention programmes is that the more educated people are about HIV, the more likely they are to protect themselves against it. The approach that knowledge transforms attitudes and perceptions, and in turn changes behaviour (KAPB) is strongly put forward as the only way to curb HIV infection rates, as noted by Campbell (2003) and McPhail (1998). However, as Tina remarks, knowledge is not the only essential factor in preventing HIV transmission when she states that “knowledge is not always power”. This was in response to finding out that one of the learners in another group was HIV positive, despite the learners being fairly well educated about HIV. In this way, Tina challenges the KAPB approach and recognises that far more work into the underlying factors that perpetuate the spread of the virus is necessary for sustainable behaviour change.

Campbell et al. (2005) note that youth often have competing discourses when it comes to safe sex, and can rationalise risky sexual behaviour due to the many benefits that can and often do accompany it, such as gifts or financial security for young women, and status among peers for young men. According to Colin, a white American male, the intervention that his group designed for the learners attempted to overcome many of the shortcomings of other interventions. He states:

Looking at other interventions in the process of making our own, it was clear that those who designed them had Western mindsets and did not critically think about and plan for the situation of poor black South African youth.

For Colin, it was evident that many HIV intervention programmes failed to recognise the broader social and structural factors that made youth vulnerable to HIV. In this way, both Lionel and Colin have perhaps gained insight into the ‘slippery’ and contextually driven nature of the epidemic. It is primarily a relational epidemic, driven by a complex set of factors that allow no easy answers (Frizelle, 2005).

### *5.1.2 Talking about sex, sexuality, and HIV/AIDS*

Many of the students found it difficult to initially engage the learners in critical discussion around issues of sexuality and HIV. A number of factors were suggested to account for

this. Firstly, the students found that the learners were rooted in the dominant education model of information transmission from a more knowledgeable source to a less knowledgeable one. This was something Richard, a white American male, remarked on:

Typically, the students would not express differing opinions unless they were directly asked whether or not they agreed with the previous statement.

The above quote is again a reflection of the school learners being so entrenched in traditional teaching methods, which limits their personal engagement that they did not dare to express themselves unless they were asked. They were also unaware that they may have had valuable input to provide to the group, or that they could possibly teach something to the university students, as their previous educational experiences were disempowering and ultimately resulted in their 'democratic inexperience' (Freire, 1973). The students also realised that these learners had more than likely been exposed to many HIV education campaigns, resulting in a general disengagement with the topic. Moreover, they seemed at a loss regarding how to facilitate critical thinking in the learners, and felt that much of the literature did not adequately prepare them for how to practically do this. As Richard revealed:

The literature emphasises the importance of building a critical consciousness but does not describe exactly how that is done.

However, the students found that by engaging with the learners, they began to understand how to get the learners more actively participating in the process. It was thus through the experiential and practical nature of the module that students could start to get others involved in critical discussion around these issues. They started asking different kinds of questions and developing activities which challenged the way learners thought about their own experiences.

From the perspective of theorists like Freire (1970) and Martin (2003), it was through critical dialogue and engagement with others that the students began to think critically themselves, and in turn were then able to stimulate this type of thinking in the learners. This type of immersion experience encourages learning at a deeper, more experiential level than that which occurs in a school lesson or university lecture. By engaging with the learners, the university students became immersed in and confronted by the lives and

situations of the learners, which served to disrupt their existing assumptions about the learners (Martin, 2003). They were challenged to think about the lives of the learners in new ways and how to stimulate this in the learners. The students had therefore begun to recognise that critical consciousness is not something that can simply be transmitted from one person to another. Rather, it is something that is gained through the learner's active engagement in reflection, dialogue and debate with others. Freire (1970, p. 63) argues, "As women and men, simultaneously reflecting on themselves and on the world, increase the scope of their perception, they begin to direct their observations towards previously inconspicuous phenomena." In this way, by examining and questioning those things that are taken for granted, individuals achieve a critical consciousness.

The other part of the students' difficulty was as a result of the social construction of sexuality as a topic that is not easily spoken about in public. Both the students and the learners had some resistance and discomfort in talking about sexuality in a frank and honest manner:

Alistair: A great challenge to me was going to be able to get over my own insecurities and be able to talk about sex, sexuality and HIV/AIDS in an open, frank manner.

Many of the students felt that their own religious and moral values were questioned, particularly around areas such as heterosexuality and homosexuality, sex outside of marriage, certain sexual acts and condom use. According to Lerato, a female student from Lesotho, "one of the hardest things for me was to talk about different sexual practices". Berger (2005) highlights how some of these 'different sexual practices' become labeled as 'dirty sex' practices, which many people may in fact engage in but are afraid to talk about or acknowledge due to the shame and stigma attached to them. It is generally accepted that sexuality is not an area that is mentioned unless absolutely necessary. Parents often find it difficult to talk to their children about sex, and when they do, it is limited to facts and lists of do's and don'ts (Wilbraham, 2002). It is apparent that adults are afraid to talk to youth about sex based on an unsubstantiated fear that this will encourage them to be sexually active (Frizelle, 2005). Due to these negative attitudes toward sexuality, and in particular a strong culture of adult denial of youth sexuality (Campbell et al, 2005), youth in turn find it difficult to approach adults to talk about sex and learn that sexuality is taboo, driving it undercover and ultimately making it a clandestine activity. For some of the University

students, engagement in this module provided them with the first opportunity to take part in such intimate discussions and activities. The following is the experience of Danielle, an indian female:

This was the first time that I had opened a condom or even touched one. I must admit that I did feel a bit nervous and shy to open and touch a condom.

Hence the imperative for interventions such as peer education and service learning programmes, where youth can talk to other youth, and provide each other with opportunities, not only to talk about sex but to recognise their vulnerability and risk, and think about ways in which they can make more health enhancing decisions and negotiate safer behaviour (Campbell, 2003; Frizelle, 2005; Frizelle 2008). Furthermore, Berger (2005) argues that it is important to acknowledge sexuality in its entirety, and that people can only make themselves safer if they engage in open and honest debate about how to do this. As the students became open to being challenged, there seemed to be significant shifts between their initial anxiety and discomfort, to feeling more comfortable with such topics *themselves*:

Alistair: I quickly realised that talking openly about sex and sexuality is something that I could do.

### 5.1.3 *Questioning and re-defining identities*

As a result of their engagement in this module, many of the students found themselves questioning things that were fundamental to their very identities. Their reflections revealed inner dialogues where they struggled to come to terms with certain parts of themselves which they may have considered 'abnormal', 'sinful', 'dirty', and 'wrong'. The following quote reflects this struggle for Tina:

After engaging in some of these 'physical activities' however I experienced emotions of guilt, shame and self loathing. I felt like I was doing something that was 'dirty' and 'wrong'... helped me to 'forgive' myself for showing physical affection towards my boyfriend. I have learned that I am 'normal' and that many people also battle with the same social and cultural norms that surround and shape their sexuality.

Tina's sense of guilt and shame regarding her own sexuality is once again evidence of how youth sexuality is stigmatised, particularly by religious and/or moral codes of practice, or

what is deemed as socially acceptable. However, by engaging in this service learning module, the students were given the opportunity to discuss and reflect on these issues, thereby reducing stigma and normalising their own experiences. Frizelle (2005) asserts that in talking openly with each other about these issues, youth begin to question the religious, cultural and social norms that surround their sexuality, and this was certainly the case for these students. Frizelle (2005, p. 90) goes on to argue that these discussions provide opportunities for youth to “gain more insight into how they perceive themselves as sexual and social beings”, as evidenced in the students’ reflections. Youth often fail to view themselves and their identities as constructed by wider social and political systems. Frizelle (2005) maintains that, by creating spaces where they can discuss and reflect on the influences of these systems on their identity formation, youth can begin to exert some influence and control over these systems. She suggests that the political context of HIV/AIDS in South Africa can provide opportunities for youths to engage with and debate these issues, enabling them to reflect on how this impacts on their sexual identities.

Many students also had to take a step back and reflect on whether they were being judgmental of people who engage in sexual practices that are in conflict with what the students believe. Lerato had a particularly difficult time in reconciling her personal beliefs and what she had to engage with in the module. Her struggle is evidenced in the following quote, where she engages in an internal dialogue:

... how do I come to terms with other norms, values and beliefs that might be different from mine... I think it takes practice, recognising every time when I become judgmental and dealing with it, each step at a time, although it is not at all easy for me.

This student begins to question how her own personal beliefs could influence her attitude towards others, as well as how difficult it is to avoid becoming judgmental of others, even when one is aware of it. The students’ reflections on their struggles provide evidence for King’s (2004) claim that service learning disrupts students’ thinking when they choose to engage with different perspectives that challenge their own. By engaging with topics that are uncomfortable or outside of their frames of reference, the students could no longer maintain their prior understandings or beliefs about the nature of social reality. In this way, the students had to go through the process of defamiliarisation (King, 2004). The students’ reflections also further support findings from other studies, including Jones and Abes



(2003; 2004) and Roos et al. (2005), whereby students came to reflect on their own values, beliefs and attitudes because of their engagement in a service learning module. It would appear that structured critical reflection, as argued by Frizelle (2008), King (2004) and Martin (2003), is responsible for shifts in how the students began to question and re-define their own identities. It is therefore once again emphasised that this type of engagement is not always encouraged in other learning experiences at school or university, and that service learning provides a unique learning opportunity different to any other university course. Alistair says the following about this experience:

...this kind of learning was different to what I was used to, and involved a lot more speaking out than I was previously comfortable with... I quickly realised that talking openly about sex and sexuality was something that I could do... I became more and more comfortable, to the point of absolutely loving, my new role as a facilitator.

The following participant, a Hindu Indian male, came away from the module feeling fulfilled and enriched by the experience, and found that what he had learned could be applied beyond the limits of a university course or degree:

Nathan: As I worked through the material I was presented with week after week, I found myself discussing it with those around me outside of the class. I found that these ideas had started to take an important place in my consciousness.

#### *5.1.4 Researcher's response to the participants' narratives*

Reading the participants' reflective essays gave me a sense of déjà vu. This was largely due to the fact that I had completed the HIV/AIDS service learning module myself in 2003. I was interested to see how the module had evolved, but more particularly, how the students had experienced it and what they felt they had learned from it. I attempted to immerse myself in each participant's narrative, finding areas of commonality that I could identify with, and in other places being unable to relate. I was fascinated by the rich and detailed stories that the participants were telling through their essays, and due to the method of analysis, was constantly aware of my own feelings and thoughts and how these could impact on my interpretation.

At times I felt angry with those who were negative about the intervention and the impact it had. These students had a tendency not to reflect on their own experiences, but rather on

the community intervention, showing very little *self-reflection*. I also found myself becoming irritated with those who had idealistic views of the intervention, as they had read about interventions in the theoretical component of the module, yet still believed they were going to change the learners' attitudes and behaviour.

I was amazed at how naïve some of the students were. They were in their third year at university, but appeared to have led very sheltered lives, and so different to what the learners had been exposed to by Grade 11. The students were at varying levels of maturity, and some had more life experience than others. The more mature students seemed to contain those who were more prone to anxiety and provide an excellent support base.

There were some students with whom I identified very easily, particularly those with strong moral and religious views. I must admit that I also found it difficult when I was doing the module not to push my own personal views or agenda, but to remain neutral and objective as far as possible. In conducting this research, I came to realise how one's moral stance can often become judgmental, and that this can sometimes be in conflict with one's professional and ethical duty. This is a challenging dilemma, and not one that I am certain I have resolved as yet. Through the readings of the essays, I also realised that my own privileged position in society, as well as my personal beliefs, have meant that I am at far lower risk of contracting HIV than many of the learners in the community where the intervention takes place.

A few of the students were really able to identify themselves within the epidemic, either because they had experiences with someone who was HIV positive, or they had chosen to make it personally relevant to their lives. However, there were a number of areas that I felt more reflection could have occurred. Some of the students were unable to realise how their own privileged status in society reduced their risk substantially when compared to the learners at the school. Furthermore, the international students could have reflected more on how their different upbringings, culture, and backgrounds gave them a unique perspective and the mutual learning that took place because of that. However, some of them chose to use this as a way of distancing themselves. Only one international student really engaged with this. Moreover, the students needed to become more aware of their own stereotypes, prejudices and assumptions, as well as an increased awareness of themselves. Some of them were aiming to become psychologists, but had been so overwhelmed by the

intervention and the content of many of the discussions, I wondered if they were ready for everything that comes with being a psychologist?

One difficulty I found in using the reflective essays without interviewing the participants in person was that I did not have the opportunity to explore further what some were trying to say, or challenge them on some of their assumptions. It would be interesting to know whether the service learning module has had an enduring influence on the students.

### ***5.2 Reading 2: reading for the voice of the 'I'***

This reading entailed looking for how the participants wrote about their perceptions and experiences and how these may have changed throughout the service learning module, as well as how they wrote about themselves. This process also highlighted any shifts between personal and collective pronouns such as 'I', 'you' and 'we', and where participants had struggles with certain experiences. In this reading, I was particularly interested in whether the students would be able to identify themselves within the HIV/AIDS epidemic, or whether they tended to 'other' the disease. As noted by Lawthom (2004), and Edwards and Mauthner (2002), the process of reading for personal pronouns allows for the participants' voices to be heard and acknowledged, as opposed to the researcher merely imposing her own interpretation on their narratives.

#### *5.2.1 Learning and change*

Ingrid: It is unbelievable how the right kind of information and looking at a topic from an angle that one had never looked at it from can change your whole outlook about something, and that is how *I* feel about this course and how it has changed *my* perspective on the HIV/AIDS pandemic.

What became apparent during this reading was how many of the students spoke about intrapersonal changes that they believed were as a result of completing this module. Initially, many of the students began the module with the attitude that it was simply a means to an end, that is, the final course to complete their degrees. While they understood that they would be involved in a community intervention, they did not realise the extent to which it would impact on them personally and how much they would gain from their interaction with the high school learners. This has also been noted in research by Roos et al. (2005), whereby students became aware of the reciprocity of community work. The

students in their study recognised the diversity of the people in the community they were working with, and how those people could contribute to the planning and preparation of their intervention. In this way, the students came to understand that engaging with these people resulted in mutual learning taking place. King (2004) argues that service learning should create a space where students recognise that they are not merely providing a service for those who are 'less fortunate' than them, but that they also stand to benefit from the experience. He goes on further to say that students are made aware of this through the process of guided and structured reflection, which is a fundamental pre-requisite for critical consciousness.

The active engagement of these students in a context different to their own encouraged personal growth and skills development. This is what Martin (2003) would refer to as an immersion experience, whereby students are fully immersed in real life situations and contexts that challenge their assumptions, resulting in defamiliarisation (King, 2004), that is, being unable to reconcile these experiences with what they already know. The following quotes reflect this personal sense of engagement, which is strongly reflected in the bold use of the personal pronoun I.

Nathan: *I* feel that I have reached a new level of spirituality and maturity as a result.

Megan: It felt good to know that there was an exchange: *I* would be sharing information while simultaneously learning about their lives, attitudes, cultures, experiences and perspectives.

Megan: *I* not only learned from theory and lecture...

Tasha: *I* did not expect that the same things that *I* was presenting to them [the learners] would be the very things that *I* would take away from the experience.

This reflection of self in relation to others was also evident in Jones and Abes's (2003) study, in which students, when exposed to unfamiliar experiences in a service learning context, became more open-minded to ideas and experiences they had not previously considered.

Megan, a hispanic American student notes how she felt after the module. Again, the use of the personal pronoun suggests a strong personal ownership of the lessons learned and the

level to which *her own* prior knowledge and localised understanding of the epidemic was challenged:

Megan: After learning about HIV/AIDS and the contextual factors that allow for the epidemic to spread, *I* was dumfounded. I was appalled at the lack of attention that my own society places in this pandemic. *I* felt ignorant. *I* found it really depressing to realise that I had to come to South Africa to learn about HIV/AIDS, instead of having been informed about the seriousness of the virus in Sub-Saharan Africa in classes I took at the University of California, Santa Cruz.

Interestingly, the student acknowledges that as an international student her understanding of the contextual factors that drive the epidemic in Southern Africa were limited prior to her engagement in this module. It took coming to South Africa to begin to fully comprehend the factors that drive the epidemic in this part of the world. It has been argued that the international focus on the epidemic often reflects an ‘othering’ of the disease, whereby HIV/AIDS is seen as primarily an ‘African problem’ (Irwen, Millen & Fallows, 2003; Oppong & Kalipeni, 2004). Furthermore, the spread of HIV in African countries is often attributed to generalisations about African culture (which is seen to be homogenous), customs and behaviours, yet fails to consider significant contextual factors such as colonisation, socio-economic and political inequalities, and structural violence (Irwen et al., 2003; Oppong & Kalipeni, 2004). However, this student comes to personally own her knowledge gaps, and is critical of her privileged education in a first world country that has done little to accurately inform people internationally of the realities of the epidemic in southern Africa. In this way her political positioning in the epidemic is disrupted and personalised.

### *5.2.2 Neutrality versus humanity*

As part of the intervention with the school learners, an openly HIV positive woman came to speak to the students:

Ella: ... the moving speech by F, an HIV positive woman, enabled *me* to finally put a person, a human being, alongside these numbers. Moreover, this experience enabled *me* to see a person who, although infected with the virus, was so much more than just her illness. As such, *I* began to see the numbers we learnt about as people...

Many of the students discovered it was virtually impossible to maintain a 'neutral' stance when engaging with a topic that has had such a personal impact on the lives of so many people in South Africa. This is strongly reflected, again, in the use of personal pronouns when describing some of their experiences and learnings. At first, it was easy for them to be neutral when reading nameless, faceless statistics regarding infection rates. However, as they began a deeper engagement with the literature and their interventions, it became evident that a neutral stance would render them ineffective in reaching the school learners. Pretorius-Heuchert and Ahmed (2001) note that scientific neutrality serves to perpetuate the status quo and disregards the social and contextual factors that influence human experience. They argue for "values and social needs" to "form the context for understanding and valuing human subjectivity" (p. 30). From this position, the students began to understand how HIV affects the lives of people, other human beings not unlike themselves, and could no longer adopt an impartial approach. The following quotes are a reflection of this from some of the students:

Nathan: *I had hoped that these sessions would provide for me the opportunity to practice 'scientific neutrality', and see how it would be possible to keep my work separated from my personal life, but it became more and more apparent that it is not possible to do this.*

Nathan: *I discovered that it was impossible to remain detached when dealing with people with hope, dreams and determination. I was not ready for the humanity I encountered.*

Colin: *... we engaged in a human experience that is bigger and much more magnificent than any virus could ever be.*

The last quote makes reference to 'we', rather than 'I' and appeals to a sense of mutual learning through the use of teams to facilitate the intervention with the learners. However, it is interesting to note that despite this team work, most students chose to speak strongly of their own, first person, experiences.

Some of the other students tended to get more emotionally involved and had to learn how to deal with it in such a way that it did not affect their intervention. Something they had to learn was how to balance being emotionally present and sensitive, while at the same time not allowing themselves to become overwhelmed by these emotions. An international student notes:

Colin: I had to learn how to not be emotionally drained by the many painful realities of the HIV/AIDS crisis in South Africa, but still remain emotionally available and sensitive.

Megan speaks about how she should address the epidemic “both as a scholar and as a human being”. This reflects that there needs to be a balance between scientific enquiry and human empathy when dealing with HIV/AIDS.

### *5.2.3 Positioning of self in relation to HIV epidemic*

There were many significant shifts evident in students’ understanding of their own location within the context of the HIV epidemic. Anita, a coloured female, revealed that she wanted to study the module out of a need to help others and it forced her to question her responsibility as a person living within an HIV epidemic:

These reflection sessions helped me to reflect on my positioning within the context of this epidemic. That is, what my role is, what I am doing in light of the epidemic...

This particular student has had many personal experiences with the epidemic, where people close to her are either infected with or affected by HIV. Other students, however, started the module with a sense that HIV is far removed from their immediate frame of reference. They referred to HIV in ways such as “a foreign and unfamiliar medical issue”. As noted by Kelly (2001), this is common among students who feel invulnerable to HIV, or who assume that HIV is a disease that only affects the poor and uneducated, resulting in an ‘othering’ of the disease.

After completing the module, the students came to realise that ‘othering’ of the disease only serves to perpetuate the stigma and silence surrounding the epidemic.

Lionel: I have realised how we all, as humans, share responsibility for the contextual factors that have facilitated the pandemic and the ways in which we all have a stake in helping to reverse these trends.

Megan: In my own experience I knew that I had to slowly personalise this HIV/AIDS pandemic and not see it as something that only affects HIV positive people.

This service learning module therefore gave the students an opportunity to reflect on their role in fighting the HIV epidemic as students in the field of mental health. Through the processes of critical dialogue, reflection and participating in the intervention, the students began to develop a critical awareness regarding their own positioning in relation to the epidemic. They were also able to critically examine those factors that perpetuate the spread of HIV, as well as the stigma surrounding the disease. According to Parker (2004) and Berger (2005), it is imperative that interventions focus on bringing the social, cultural and contextual factors that impact on the epidemic to the fore, and that youth are able to recognise how these operate to constrain their behaviour. These findings are in keeping with that of Jones and Abes' (2003; 2004) studies, which found that after completing an HIV service learning programme, the students had been challenged regarding the assumptions and stereotypes they previously held about the disease. According to Jones and Abes (2003), the knowledge that students have regarding HIV *before* they engage in a service learning module is largely around the facts of the disease and a focus on high-risk groups or individuals, with whom they do not identify. This leaves young people with the perception that they are invulnerable to HIV, and the distance between the disease and them provides reassurance of this. Yet when confronted with the reality of knowing an HIV positive person or someone affected by HIV, the students in this study could no longer continue to 'other' the disease and keep it at a distance. Many of the students were forced to assess their own risk and vulnerability, and reflect on their current and previous sexual encounters and behaviour. Tina admitted:

... having more knowledge about the virus has actually made *me* quite paranoid to the extent where *I* actually phoned one of my ex-boyfriends to ask him about his HIV status.

Through reflection on their own personal experiences, and being involved in the intervention with the high school learners, the students came to understand that HIV *is* relevant to their lives. This is the type of learning experience which King (2004) and Martin (2003) contend is a necessary requirement for raising critical consciousness and self-awareness. The findings in this study also provide further support of Freire's (1970) notion that critical consciousness results in the reconstruction of new interpretations about oneself and one's positioning in the world.



#### 5.2.4 Democratisation of knowledge

The personal reflections revealed that many of the students felt naïve and inexperienced when it came to talking and being knowledgeable about issues regarding sex and sexuality. Some of the students admitted that they had not yet come close to having sex. This is in stark contrast with most research findings around youth sexuality (Campbell, 2003; Campbell et al., 2005; Jones & Abes, 2003), which reveals that many youth are engaging in unsafe sexual behaviours despite being informed of the risks. One possible reason for this, that the students themselves alluded to, was that many of them have particular religious beliefs which preclude any sexual activity outside of marriage – a topic that will be further elaborated on in the fourth reading. As such, the students wondered how they would be able to interact with the learners, some of whom could be more knowledgeable and experienced than them regarding these issues. These fears and concerns tapped into the students' perceptions that they needed to be the more 'knowledgeable other', and alerted the researcher to the subtle (or perhaps not so subtle) power inequality between the university students and school learners. Furthermore, the students' position of privilege can often reduce their risks of engaging in unsafe sexual practices and contracting HIV, as they may not have the same pressures or demands as that of impoverished township youth.

As Tomlinson and Swartz (2002) note, those who have knowledge also have power. The students' apparent resistance to relinquish that power reveals a lack of critical understanding regarding this issue. However, by engaging with the learners, the students also engaged in, and developed an understanding of the importance of, a type of democratisation of knowledge (Swartz & Gibson, 2001), whereby the learners became partners with the students in the construction of knowledge for the intervention. The learners were encouraged to anonymously raise issues that they would have liked to discuss through a topic box, and in this way contributed to the content of the workshops. While the students developed a theme for each workshop, they worked in collaboration with the learners as to how the workshop would run, whereby "both parties benefit from and add to the learning experience" (Frizelle, 2008, p. 266). Furthermore, the intervention allowed the *students* the space to talk about issues regarding sex, sexuality and identity, which for many was the first time they had such an opportunity. As Fazeela, a Muslim indian female, stated, "I welcomed this space to talk about sex without any reservation".

### 5.2.5 *Increased awareness of differences*

In the following quote, Nathan talks about becoming aware of generalisations he makes about people who are different to him – based on gender, race, culture, religion, and so forth – and how this often prevents him from getting to know people for who they really are:

...becoming aware of it helps *us* to control it and use difference to *our* advantage.

Fazeela comments that:

biases and prejudices are ever-ready to feed into *our* minds when *we* see someone different to *ourselves*.

The use of the pronouns ‘us’, ‘our’ and ‘we’ suggests that this learning is a shared experience, but it also reflects an acknowledgment and understanding that many people fall into the trap of judging others based on their differences. It might also reflect a sense of discomfort with these insights, especially in a country with a history of Apartheid and therefore difficulty in acknowledging and owning these ‘politically incorrect’ positions. During Apartheid, South Africa was fraught with socio-political and economic segregation on the basis of race. White people were privileged members of society and were afforded opportunities, while black people were subjugated to third world conditions of poverty and exploitation (Pretorius-Heuchert & Ahmed, 2001). This racial stratification resulted in different race groups being allocated separate living areas, with interaction between people of different race groups largely limited to master/servant engagements. While Apartheid was abolished over 14 years ago, it left behind a legacy of mistrust of the ‘other’ and many socioeconomic and educational inequalities. Service learning, while mutually beneficial for all parties involved, is thus largely provided to those less privileged in society by those who are more privileged. However, service learning also serves to bridge these knowledge gaps by forming partnerships that take cognisance of community needs and available resources (Frizelle, 2008). Through participation in this service learning module, the students thus had the opportunity to work with people (other students and learners) whom they would not usually interact with. While the students could acknowledge that differences existed, they learned to work with them and use them to their advantage:

Nathan: Later experiences proved however that these differences were an asset. We learnt more about each other while working on our project.

Overcoming fears, anxieties and reservations about those who are different allows for meaningful engagement around topics such as HIV/AIDS. As the students were prepared to push themselves beyond their comfort zones, they grew to understand how differences could be utilised in positive ways. One student, a black Zimbabwean female, acknowledged the advantages of being different to the learners and how this facilitated a more open and trusting engagement between the students and learners as reflected in the 'we':

Lisa: .... our difference and otherness provided a safe space within which *we* could talk with no fear of having any information divulged to the public or parents.

On the other hand, the fact that this student includes herself in the above quote is evidence that the students also began to identify similarities between themselves and the learners. The notion of 'us and them' became blurred through the process of interaction and dialogue, what Martin (2003) would likely describe as a true immersion experience.

#### *5.2.6 Students' experiences and shifts between 'I', 'you' and 'we'*

It is often the case that when people wish to distance themselves from a particular attitude or position they will resort to 'we' or 'they'. This has been noted in other studies that have made use of the voice relational method of analysis (Kell, 2006; Mauthner & Doucet, 1998) whereby some of the respondents tended to shift between pronouns when discussing issues that were uncomfortable or problematic. However, in the following quotes, difficult emotions, knowledge gaps and judgements are acknowledged and owned boldly in the first person:

Nathan: *I had not even seen a female condom...*

Fazeela: *I feel so incredibly overwhelmed! There are so many sexual acts that I know next to nothing about!*

Alice: *I knew a lot about the role sex and sexuality plays in HIV, but I did not know much about 'real life sex that people do in their bedrooms'.*

Tasha: *I hate to admit my homophobia but I never saw that my own heterosexual orientation was a construction but saw it as natural and homosexuality as*

something resulting from some sort of crisis in the person's life, even though I accepted it as a valid option.

While the statements above reflect students who were able to acknowledge these issues, other students found it difficult to do this and would often use the pronouns 'you' and 'we' instead of 'I' when speaking about topics that made them uncomfortable, or issues that were experienced by many others.

Lisa: In order to get people to openly talk about their own experiences *you* have to be able or willing to share *your* own experiences with them ... an inability to talk about the penis and vagina as they are suggests that *you* are maybe uncomfortable with the subject.

It is obvious from Lisa's avoidance of the pronoun 'I' that even after engaging in the module and intervention there is a persistent discomfort about talking around the topic of sexuality and sharing her own experiences with others in explicit ways. What is interesting to note is that the majority of the students doing the module were female, and how many of them struggled with being open about sex and sexuality. This could possibly be as a result of the so-called sexual double standard, as noted by Moore and Rosenthal (1993). Sex role stereotypes tend to categorise males as having a stronger sex drive than females, the ones who should be initiating sexual activity, and males are encouraged to brag about their sexual experiences. Girls, on the other hand, are often socialised to be pure, chaste and never to talk about sex or behave in sexually explicit ways, or risk tarnishing their reputations. Despite many strides towards gender inequality, these discourses still exist today even amongst educated, modern women such as these students. This reveals how important and necessary it is that this HIV/AIDS service learning module exists, so that students (and more especially female students) can have the opportunities to engage in talk around these issues, and take the vital steps towards bringing about some change in their understandings.

Megan reflects on the difficulties of acknowledging and questioning certain things in her life, and how this is a shared experience of many:

*I* know that it is hard to express what *we* feel and think about issues that are so integrated in *our* everyday life.

Furthermore, the students seemed to share a common experience of discomfort with regards to talking about certain issues, which this student picks up on:

Ingrid: A big concern of mine is the fact that *we* will have to talk about certain things that *I* find difficult to talk about in front of my classmates.

Although Ingrid, a white female student, identifies herself as feeling uncomfortable with this, she understands that this is a shared experience, and perhaps knowing that others will have to talk about such issues as well would give her some reassurance, which she later acknowledges. One student seemed to resolve her discomfort by realising that being open and honest about her sexuality would be of greater benefit to the intervention than remaining silent, which could perpetuate the learners' silence around these issues. She speaks confidently about herself retaining the 'I' pronoun throughout this reflection:

Megan: *I* realised that although *I* felt a bit embarrassed because *I* do not usually just share information with others, if there was ever a situation where *I* could share this information with anyone it would be now. *I* felt confident and somewhat relieved; it was easier than *I* imagined.

Another student admits how difficult the intervention was for her as she speaks quite negatively of her experience:

Fazeela: *I* am assailed by a barrage of uncertainties... All my energy and enthusiasm burst in a bubble of despair... *I* am tense and overwrought.

She tends to isolate herself and forget that others are perhaps sharing many of the same issues. This next participant, a white female student, picks up on the shared anxieties of her fellow students and is reassured that she is not alone in this. The shared experience is evident in her shifts between 'I' and 'our':

Ella: *I* was certainly relieved to hear that many of my classmates shared some of the same fears *I* had – for example, what if *our* cultural differences and *our* inability to speak isiZulu would render *us* unwanted or even useless by the participants?

Although her anxieties are present, her tone is far more positive than the previous student, who perhaps believed at that point that she was the only one who felt that way. This last quote does reveal something interesting about the issue of language and the real ways in

which it impacts and places constraints on social interactions. This is discussed more in the next reading, which focuses on the relationships that the participants identified.

### ***5.3 Reading 3: reading for relationships***

This reading entailed reading for how the participants spoke about their relationships with others. Those relationships mentioned most frequently were how they understood themselves in relation to the learners and the other participants, and how these changed over the time spent engaging in the service learning module.

#### *5.3.1 Relationships between students and learners*

Some of the students were able to relate to the learners on some level, either through shared language or similar cultures. However, the majority of the students had very different cultural and ethnic, socio-political and economic backgrounds to the learners, and it was through immersing themselves with the learners in their world that many assumptions were challenged. As Martin (2003) argues, these immersion experiences are then discussed and dialogued with others, whereby existing assumptions regarding social relations are questioned and challenged. One of the assumptions of the students was that the learners did not have much knowledge about sexuality and HIV, and the facilitators were surprised to find out that some learners actually knew more than they did. The underlying assumption here is that if people are educated about HIV, they will not become infected. However, the students began to realise that despite the knowledge these learners had, some of them were still engaging in risky sexual behaviour, as noted by other researchers (Campbell et al, 2005; MacPhail, 1998). It was interesting to note that this was the case despite the fact that the students are provided with reading material and literature that engages them with these ideas. However, it seems to take an interpersonal engagement with the learners for them to really understand this as a reality. Tina, acknowledged that:

... sexual intercourse happens in many different contexts and for many different reasons and that it is not fair to judge people without knowing the different factors that play a role in their decisions.

She was also able to identify with this based on her own personal experiences of sharing physical intimacy with her boyfriend, without having sex, but still feeling guilty about it due to her religious and cultural beliefs. This reflects a personalised understanding of the complex and somewhat fluid nature of sexuality, and a realisation that it does not fit into

neatly prescribed categories, but is rather socially constructed. This student was beginning to grapple with the idea that youth are not simply irresponsible when it comes to sex, but that their sexual behaviour and agency is largely constrained by a multitude of individual, cultural, and socio-economic factors (Frizelle, 2005; MacPhail, 1998).

Megan: This opportunity to engage with the students served to push me a step further than what other classes normally do... Working with people and not books required that I critically thought about my own potential to work with other people, in particular working to prevent the spread of HIV/AIDS... I had to think about all the different aspects of myself... as they pertain to discourses about sex, sexuality, HIV/AIDS, and how they disrupt and/or conform to society's conventions.

Megan notes how the module and engaging with the learners forced her to think critically about working in the field of HIV/AIDS and with others. While Megan attributes this to “working with people and not books”, it is important to note that her reference to “discourses about sex, sexuality and HIV/AIDS” is an indication of her engagement with the theory that informed her practice. This suggests that while engagement with others is an important part of the learning process, the ‘value’ of these experiences is strongly influenced by the students’ theoretical preparation before they engage in the practical component of the module. The above quote suggests that service learning provides a powerful context in which the students come to reflect on themselves in relation to others. Jones and Abes (2004) also found that students in their study had begun to reflect on the self in relation to ‘the other’. Their participants believed that their service learning experiences had caused them to critically examine themselves and their upbringing in fairly homogenous environments, as well as motivated them to continue with community work and take a genuine interest in the needs of others.

Alice, an African American student, comments on how fascinated the learners were regarding her ethnicity:

I felt that they were not really interested in me, that they were just interested in my “Black-Americanness”... To them, I seemed to be an unreal “American entity”, simply there to tell them what the life of a “Black American” is like; not to talk to them about important issues such as sex and HIV.

Although Alice speaks about how discouraged she feels regarding the learners’ apparent disinterest in anything but her nationality, she does not recognise the importance of her

‘difference’ and how this provided an important immersion experience for the learners she was engaging with. Her concern also highlights an urgency on her part to talk about what she considers to be important to these learners, that is, “sex and HIV”. Embedded in her frustration is an indication that these learners wanted to understand her context as much as she wanted to understand theirs. This highlights the process involved in becoming more critically engaged, and in particular, the fact that it is impossible for students to ‘step-out’ of their value systems and own agendas. Neutrality and objectivity (as sold by mainstream psychology) is just not possible.

Some of the students picked up on what appeared to be a certain level of mistrust and resulting defensiveness on the part of the learners. Colin notes:

I was saddened that our students were feeling defensive and acting as though we wanted something out of them... they seemed to view what we said with something other than total legitimacy.

He goes on to say that he felt the learners’ impressions of the students were that:

...we’re outsiders, that we think we’re superior, that we’re distancing ourselves, that we don’t think that what we’re saying applies to us too, and that we’re just on a pulpit.

King (2004) acknowledges that many researchers are often critical with regards to who benefits from service learning. He warns that when those who are providing the service are in a privileged position compared to those receiving the service, service learning may actually further perpetuate relationships of inequality and marginalisation. The above student is aware of a certain level of distrust amongst the learners he works with. While these are clearly his impressions of how the learners were responding, they are important reminders that we should be careful of idealising ‘community work’. This student disrupts the often held assumption that ‘communities’ are uncritical recipients of the ‘good’ others bring to them. This student, unlike many others, is acutely aware of a level of distrust amongst the students. The use of a religious metaphor, “the pulpit”, suggests a cold, distant and judgmental engagement, rather than an interaction based on warmth and collaboration. King (2004) also points out that those offering the service are only there for a short period of time and that the service is not ongoing. It is therefore difficult for the people being offered the service to really invest in the project, knowing that it is only offered on a short-term basis.



Gibson (2002) comments that it is not unusual for communities to be mistrustful and suspicious of outsiders who want to help, as fear and mistrust had become such an integral part of their lives during apartheid. Furthermore, fear and suspicion could be responsible for some learners not feeling comfortable enough to voice their opinions. Hence, the students recognised that a certain level of safety had to be established before the learners would be able to speak openly. The following quotes illustrate this point:

Ingrid: Our group made a point of it to reassure them [the learners] of confidentiality and that they could discuss whatever they wanted and ask all the questions they wanted to ask, but I think that they did not completely believe or trust that.

Nathan: ... the overwhelming sense of trust and comradeship that was felt in the group...It was all worthwhile.

Megan: Establishing trust was a primary goal for us because we wanted to make sure that they did not feel intimidated by us.

Ingrid: As a group I think we formed a relationship that is conducive to what we aimed to achieve with the students – namely an environment where they feel comfortable to talk with us, ask questions and share concerns and uncertainties that they may have.

Certain students acknowledged that language differences created some difficulty in their interactions with the learners:

Tasha: Language and cultural issues were not as threatening as I had created them for myself (despite an indication of a language barrier when addressing technical terms).

Alice: Though race would put us in the same category – Black – our ethnicity, our culture indicates otherwise. Our languages are different. Oftentimes I felt left out because the kids would share a joke amongst themselves in Zulu. Even our English was different. Oftentimes, I had to ask them to repeat themselves because I could not understand their accents, just as they had to do the same because they couldn't understand me.

These difficulties could have certainly placed some constraints on the social interactions amongst the students and learners. The learners may have been unable to fully express and articulate themselves in English, thereby remaining silent on issues that they had valuable opinions about. Alice, however, reflects on a much deeper issue with regards to language. She comes to realise that although her race makes her similar to the learners, their language

differences (Alice is a Black American) disrupts this similarity. In this way she comes to understand that people are not only differentiated along the lines of race, and that even within a 'race category' there are differences. Moreover, the idea of race as a homogenous identity is disrupted. Alice also shows insight into the way in which English is often privileged. Her quote reflects an acknowledgement that it is not just the non-English speaker who has an accent, but that she also has one.

Penny, an Indian female, had a slightly different view of the language issue:

Interestingly, there is another way to look at the language issue, but not from the viewpoint as a barrier...because of the way that they [the learners] have been restricted by parents, schools and society to talk about sex, they lack a sufficient language about taboo aspects of sex, sexuality and HIV/AIDS.

Penny has come to recognise the extensive silencing around youth sexuality and how difficult this makes speaking and communicating about sexuality.

### *5.3.2 Students' relationships with each other*

This module was uncomfortable for students on many different levels. Not only were they required to talk about intimate issues, they also had to work with other people to develop their intervention programme, do class presentations, and run an intervention with high school learners. There was much uncertainty with regard to how everything would work, what to expect, and what role each person would have to play. Tasha, a white female student, states how uncertain she felt before they began their intervention:

I felt like I would be more comfortable if it were all just spelled out for me, a kind of rule book of how to conduct the sessions, what to expect etc. I felt I had to be totally prepared and expect every outcome etc and it was in this regard that working in a group made it difficult for me.

She goes on to say:

...so playing a part role, learning to rely on others, presented a new challenge for me. The more laid back attitude of my group conflicted with my over-prepared preference...working in a group meant that I could not fall back on didactic teaching methods as I was challenging and challenged by my group members on this.

Ella also found herself having to adjust to group work:

...I find it very difficult to work in a group due to issues of trust, and have often, in the past, attempted to take on all the work in order to be certain that everything is done 'properly'.

These students had to learn how to rely on the others in their respective groups, that they could not always be in control, and that one can never be certain of everything all the time. This accurately reflects the nature of working within an HIV epidemic, which demands (and expects) team interventions and a level of uncertainty. Eyler and Giles (1999) note that service learning provides students with an experience close to that of adults in the workplace, providing opportunities for teamwork and interpersonal development. Many of the issues facing adults in work situations do not have simple solutions and often require that people work together in order to achieve certain outcomes. These students will one day have to work with others in the workplace who come from different backgrounds and experiences, and who have different personalities and views. Learning to work with each other in the context of service learning therefore prepares them in advance for these types of interactions later in life. Furthermore, in their national survey of service learning outcomes at a number of colleges and universities in the United States, Eyler and Giles (1999) reported that 81 percent of students found learning to work with others to be the most, or at least, a very important benefit.

Alice notes how little the students knew each other, and how this may have potentially contributed to difficulties with their intervention:

We met outside of class numerous times, but it was always for work...We only knew each other in the academic context, so when we were off campus and at the high school, I think our uncomfortability with each other was visible to our group members.

Alice then suggests that in future the students should meet informally outside of the academic setting and get to know each other on a more personal basis. As they become more comfortable with each other, they could then model that for the group of learners, which would provide a more relaxed environment and facilitate open and honest discussions.

Eyler and Giles (1999) remark that despite the diverse student body on a university campus, students tend to socialise with their own circle of friends, and may rarely take opportunities to engage with students from other backgrounds. It is not surprising, therefore, that the students would feel uncomfortable with each other, especially as some of the topics they had to engage with were of quite a personal nature, and that this could have had some negative impact on their intervention with the learners. It is once again important to emphasise the usefulness of structured and critical reflection that service learning provides, as the students were able to talk through many of these difficulties.

A number of students made reference to what it was like working in their specific groups; some had positive experiences with their groups, while others highlighted particular difficulties, as evidenced below.

Nathan: I admit that I had a certain curiosity as to how our group could work together, again a sign of hidden biases and stereotypes – we were an African American female, a Muslim South African female of Indian descent and me, Hindu male of Indian descent.

Colin: ...my experience inside of my group was indescribable. It was also, at times, frustrating and due to the foreign culture, kind of bizaare... What was a problem sometimes was trying to ensure that the pathways of communication were always open and that information could flow freely. There was a general lack of openness to others' suggestions, insights and ideas.

Ingrid: We have been working in a group together for a couple of weeks now and one would think that things would go smoothly but everything does not. Sometimes different group members want to do things a specific way and you have to continually compromise and discard your own ideas which irritated me...

Ella: I have actually come to believe that facilitating the sessions in groups is fundamentally important. Indeed, the very fact that we all had such different experiences meant that we were all able to contribute in different ways.

Megan: The exchange of ideas and views between my peers and I allowed me to expand my perceptions on issues such as sexuality, cultural norms, and societal influences as they relate to our human behaviour... More importantly, the information shared by my classmates forced me to think about myself and the things that I consider an essential part of who I am.

Nathan remarks how he held certain perceptions about the other members of his group at the outset of the programme, and wondered how they would be able to work together due to their different cultural and ethnic backgrounds. One of the perceptions which he later

speaks about is what he terms the “emotionality” of the females in his group and something he viewed as a weakness. However, through reflection, an invaluable part of the service learning module, he becomes aware of his gender stereotyping. As King (2004), Frizelle (2008) and other service learning proponents advocate, reflection is a vital tool to get students to think critically about their assumptions about the world and others in it. Due to the interpersonal nature of service learning, the students’ lives were drawn together, forcing them to work with those who were unfamiliar and presenting challenges to their understandings. By choosing to attend to those challenges instead of falling back on comfortable, familiar ways of knowing, the students began to question and reconsider prior understandings (King, 2004).

Colin, Ingrid, Ella and Megan appeared to have conflicting experiences with their respective groups. Colin found that his group members were not open to suggestions and that communication was often blocked, while Ingrid felt that she continually had to compromise her ideas and that her own voice was not being heard. Many of the participants noted that when group dynamics were strained, group members became frustrated and could have unwittingly sabotaged the aims and objectives they were trying to achieve. At the beginning of the module, some of the students tended to romanticise the community intervention, perceiving it as an opportunity to collaborate with and contribute to others. Some of the above quotes disrupt these positive and idealistic associations, as it was soon revealed how strained these interactions could be. This once again stresses the importance of training students in the skills necessary for negotiating social situations, how to work together with others who may be different, and that they become aware of any unrealistic expectations they may have about community work (Mouton & Wildschut, 2005). While service learning provides the opportunity for students to develop these skills, it is important for them to have some of these skills in place before starting an intervention, so that communities are not short changed in the process.

Ella’s and Megan’s experiences were far more positive. Ella recognised how she and her group members’ differences allowed for valuable contributions to be made. Megan’s group was open to sharing and exchanging ideas, and this process facilitated a deeper reflection for her on aspects of her own identity. Freire (1970, pp. 70 & 71) argues that dialogue cannot “become a simple exchange of ideas to be ‘consumed’ by the discussants” and that “true dialogue cannot exist unless the dialoguers engage in critical thinking”. For Megan,

dialogue and the exchange of ideas between herself and her peers allowed her to critically assess some of her perceptions regarding sexuality and culture, as well as question fundamental parts of her identity which she had never thought about before. In this way, the ideas generated from group discussions were not simply assimilated into the students' existing understandings of the world and themselves in the world, but pushed them to challenge these understandings (Freire, 1970; King, 2004).

### *5.3.3 Relationships outside of the service learning module*

Some of the students mentioned relationships with parents, friends and partners. Of particular interest was that fact that the students could identify with the learners in terms of how their parents had educated them – or neglected to educate them – about sex.

Fazeela: Although I am extremely close to my mother, there are some topics you steer clear of, the intricacies of sex being one of them!

Penny: My parents like most of theirs [the learners] did not talk to me about sex...after the first session, I had asked my mother why she did not talk about sex to me and she said that “it is the task of the school and I am sure that you know by now”.

Tina: Just as the learners I taught did not have the opportunity to talk openly about sex and the issues that surround it with their parents, I too did not have this opportunity.

Like many parents, Penny's mother expects that sex education is “the task of the school”. This serves to reinforce the unfounded notion that it is not parents' responsibility to talk to youth about sex, and therefore leaves youth with no other choice but to find out the details via media and friends, which often prove to be unreliable sources (Wilbraham, 2002). In contrast, Anita's experience is that of an open and honest relationship with her parents, who helped to facilitate her decision-making around her sexuality:

...much of the information and the choices I have made around my sexuality come from my parents because I have always been able to speak openly about my feelings and things that concern me, specifically with my mother.

It is apparent from this current study and other research (Campbell, 2003; Wilbraham, 2002) that youth are better able to negotiate their sexuality when parents and other adults engage in non-judgmental, open and honest discussion with them.

The students' engagement with the service learning module also extended to talking to their partners, friends and family about HIV and encouraging them to get tested.

Ella: ...my intense interaction with the topic of HIV/AIDS in the "Let's Talk" sessions has made me vow to talk to my boyfriend so that we can both be tested together.

Lisa: I shared my results with not only my friends but my boyfriend as well who were all pleased with the results and I encouraged them to consider getting tested just so that they at least know.

Felicia: During the first few weeks of the course, I realised that most of my conversations with others (friends and family) routed itself towards HIV/AIDS and related issues. A heated discussion resulted between a close friend and me.

Jones and Abes (2003) found that the students in their study had recognised that many people were vulnerable to HIV, and encouraged their friends to practice safe sex, as well as sharing with friends and family what they had learned from their service learning experiences. Hence, engagement in service learning promotes awareness that goes beyond the limits of the programme that students are involved in.

#### ***5.4 Reading 4: placing people within cultural contexts and social structures***

This reading attempted to explore how cultural and social influences impacted on the participants and their sense of the world in which they live. Cultural, religious and social norms are often so entrenched and insidious that they remain unquestioned by the majority. This reading served to discover if the participants revealed any shifts in some of these broader influences due to their engagement with the service learning module.

##### *5.4.1 Cultural, religious and dominant views*

Being 'value-neutral' becomes increasingly difficult when speaking about topics such as sex and sexuality, as many students hold religious or moral views about it. For Lerato, a black Christian woman, the module was most challenging in this regard, as she often felt she had to compromise her personal beliefs in order to get certain information across to the learners. This struggle was evident throughout her reflection paper, as she wrestled with remaining true to herself, while at the same time acknowledging that her moral stance at times subjected her to being judgmental of others' behaviour. She states:

The major conflict comes when I have to give someone information about whatever might work to protect themselves from contracting HIV if they are sexually active and that piece of information is against what I believe is right.

At the end of the module, Lerato had not necessarily resolved this conflict, but at the very least her engagement in the module had forced her to re-examine her personal beliefs and how they can often pre-dispose her to particular judgments or preconceptions about others. The module facilitated a process of disruption that forced Lerato to explore the way in which her religious beliefs impact on her ability to work within the context of HIV/AIDS and sexuality. This also reveals a disconcerting possibility, that if not directed by a particular theoretical framework or approach to youth and sexuality, Lerato's religious beliefs could have become the framework for her intervention. Through critical reflection (Frizelle, 2008; King, 2004), she was able to recognise how her religious and moral stance could have impacted on the intervention with the learners, and how on a larger scale it could prevent her from engaging openly in discussions around such topics.

Based on their engagement with the literature and the learners, many of the students began to challenge their own prejudices and the dominant discourses that had become so ingrained in their understanding of self and other. As King (2004) and Martin (2003) argue, crossing borders and immersing oneself in a different cultural and social territory promotes this kind of response. The students found that they could not hold onto their previous learning, assumptions and understandings when faced with the unfamiliar. Below are some of the ideas students believed were challenged due to their engagement in this service learning module:

Danielle: The course for me has really opened up my eyes for example I always assumed that people that are HIV positive except for rape victims are to be blamed because they were not responsible enough to use a condom.

Tina: I never realised how much I have adopted my religion's idealistic and moralising way of thinking about issues such as sex and HIV/AIDS... I also used to think that girls who got pregnant and had sex before marriage were sluts... I blamed HIV positive people for their status. I thought that they deserved it because they were very promiscuous individuals.

The above two quotes reveal that these students' service learning experiences allowed them the opportunity to critically reflect on what they themselves came to acknowledge as



problematic assumptions and moralising attitudes with regards to people who are infected with HIV. Tina acknowledges that her idealism and moralising was largely non-conscious, that is, that she was not aware of the extent to which she had internalised these religious views and how they were informing her view of HIV infected people. Her engagement in the module and with the learners had activated a level of awareness and critical thinking that allowed her to recognise the socially constructed nature of her view. On the other hand, her religious views have also strongly influenced her decision not to have sex until she is married. Tina acknowledges that the difference between her and many of the youth she worked with is that she has the agency to make that choice, which in turn drastically reduces her risk of HIV infection.

Tina remarks on how the service learning module forced her to interact for the first time with people from other races:

For majority of my life I have never had to really interact with other races. I attended a same race school and most of my friends are Indian. Being in the Community Psychology 3B class has forced me out of my comfort zone of only interacting with the same race majority of the time.

It is interesting to note that despite South Africa being a democracy for 14 years, many people still continue to live under the legacy of apartheid, particularly in terms of where they live and are educated, and who they socially interact with. Tina found it more comfortable interacting with people of the same race as her as it was all she had known. Although it was her third year at university, it was not until engaging in the service learning module that she really began to interact with students of other races. Her experience has enabled her to be more open to communicating and interacting with people of other races, as she acknowledged that it was almost impossible not to do so living in South Africa. She also states that the experience has made her more accepting of other races, indicating possible prejudices that she may have had based on skin colour, without having personal interaction with people of other races. In Tina's case, her experience of defamiliarisation occurred through her interaction with those who were previously unfamiliar, and she found that her previous understandings of people had to change to accommodate this new experience (King, 2004).

#### *5.4.2 Questioning positions of privilege*

Many of the students were humbled by how privileged they were in comparison to many of the learners at the school. For Lionel, his own sense of privilege was challenged as he contemplated how others lived:

this experience has humanised not only the HIV/AIDS pandemic but also global trends of disparity. It has made me think critically about what I, as an American citizen, may enjoy at the expense of wonderful and beautiful people such as my students.

Some of the South African students were equally as insightful and critical regarding their positions in society:

Danielle: I learnt never to take anything for granted because I am not as disadvantaged as the students in the intervention.

Ella: ...I am very different to the main “at-risk” group...due to my being of a different class and a different culture...

Alistair: One of the first feelings that I became aware of when we entered the school was how grateful I suddenly was for my own schooling experiences and being given the life that I live.

Similarly, in the Jones and Abes (2004) study, participants were amazed at the disparities between their own privileged status and that of the people in the community they were serving. Many began to question social class for the first time, as they became aware of the advantages associated with their own positions of privilege, particularly educationally. Freire (1970, p. 62) argues that “Students, as they are increasingly posed with problems relating to themselves in the world and with the world, will feel increasingly challenged and obliged to respond to that challenge”. Thus as the students in the current study became immersed with the school learners, their different cultures, class and race, and the problems associated with this, they began to think more critically about their own positioning in the world and in relation to others. Frizelle (2008) reports how during one of her class discussions on the difference between risk and vulnerability to HIV, one of her students had for the first time realised that her privileged position in society had reduced her vulnerability to HIV, whilst the social positioning of many of the learners she had engaged with increased their vulnerability.

Colin, an American student, was surprised when a South African class mate suggested that he would be able to write far more in his reflection paper as he was a foreigner. He reflects on the fact that this person lacked a critical understanding of her own positioning in relation to the school learners, as she was different to them in terms of race, language, culture and socio-economic status. He goes on to say that “she was clearly a foreigner as well in the community where we conducted our intervention”. Colin’s quote highlights that some students may have struggled to identify their own social positioning in relation to the learners, despite their engagement with critical literature and the learners. It is possible that these students’ culture (white culture) is so normalised that it is rendered almost invisible and as a result their own cultural and social positioning in relation to the learners is not open for critical reflection.

#### *5.4.3 Challenging social norms and stereotypes*

Nathan: ... I was relieved that our group was majority females. This may indicate a deep seated prejudice regarding black males.

Nathan realised that he held a lot of latent resentment for black male youth, based on his experiences of their aggressiveness during school. He had come to associate all young black men with aggressive and unreasonable behaviour, and had anticipated that the male youth at the school would be the same. He was surprised both by his discovery of this latent racism (as he had many black friends), but also that the youth at the school defied his preconceptions. This student had begun to question his assumptions about black male youth, as these youth provided contradictory evidence to this ‘familiar’ knowledge (King, 2004). By engaging in caring relationships with the learners, Nathan was faced with an unfamiliar experience which challenged his preconceptions, and through reflection, he chose to attend to this new information and allowed it to disrupt his thinking (King, 2004).

The following two students alluded to how difficult it is to change certain beliefs or prejudices, particularly when they have become so normalised:

Alice: I must acknowledge that it was hard for me to challenge core beliefs that have been instilled in me since my youth, beliefs that make me who I am.

Ella: I do, however, acknowledge that even though I do not consider myself a racist, racism could have subconsciously played a part in such ‘othering’ as it is

very difficult to dispel the prejudices that one grows up with, and my father was most certainly a racist.

Many of the beliefs and prejudices that students held were long-standing due to their upbringing and personal influences. Ella mentions how she tended to 'other' HIV onto African people, and admits that she grew up with a father who was racist, which could have influenced her beliefs. The terms "core beliefs", "instilled" and "subconsciously" all reveal how insidious and ingrained these beliefs become such that they are not even recognisable. However, through critical reflection they are brought to the surface to be confronted and challenged (Frizelle, 2008; King, 2004).

Some of the students also recognised that heterosexual discourse was the norm for most of them:

Tasha: I hate to admit my homophobia but I never saw that my own heterosexual orientation was a construction but saw it as natural and homosexuality as something resulting from some sort of crisis in the person's life, even though I accepted it as a valid option.

Richard: Throughout the program I constantly found myself and my colleagues using language that portrayed heterosexuality as normal. The pervasive nature of social norms became even clearer to me when I noticed myself display thoughts similar to those which we were aiming to disturb amongst the youth.

Felicia: Kinsey's indication that we all exist along a continuum made me question the binaries that exist in our social world.

Tasha and Richard both acknowledged that heterosexuality is perceived as natural and normal in society and often remains unquestioned, whereas homosexuality is perceived as the opposite. Felicia takes this argument one step further by commenting on the idea that sexuality exists along a continuum, hence heterosexuality and homosexuality are not mutually exclusive categories or binary opposites, but rather, sexuality is fluid and complex. Berger (2005) also argues along these lines, and particularly with regard to how an emphasis on heterosexual sexual interaction by HIV prevention programmes neglects all other kinds of sexual interactions and practices that could place people at risk. In the Jones and Abes (2003) study, which is set in the United States, many students had assumptions that HIV was a disease of gay males. During their service learning experiences, they came to discover that this was not necessarily the case, and had their

assumptions challenged. However, unlike the students in the current study, the students in the Jones and Abes (2003) study, upon having those stereotypes challenged, failed to then engage with their own homophobia, and were able to continue to hold the belief that homosexuality is wrong. They tended to focus rather on their perceived identities of others as opposed to engaging with their own sexual orientations and how that is as much of a social construction as other forms of sexuality. However, the students in the current study attempted to grapple with these issues as they arose, choosing to attend to them rather than to ignore them, and once again becoming critical of this type of stereotypical thinking in their reflections (King, 2004).

Felicia goes on to argue that she became aware of many issues, in particular gender norms imposed by society, through critical discussion:

*We became more aware of the gendered social norms that exist today, when we critically discussed such issues...I was bewildered by the thought that female desire is a missing discourse.*

Once again, critical discussion is used as a means to push students further than most university courses would, by forcing them to engage with social issues that often go unchallenged, as argued by Frizelle (2008) and Freire (1970). This student, and many others, began to recognise the socially constructed nature of such ‘normalised’ issues and, when held up to critical scrutiny, could no longer simply be accepted as immutable truths (Frizelle, 2008; King, 2004). The following student, a fairly conservative Hindu female, found freedom in being able to engage in the service learning module:

Penny: What I find liberating is that within my family I am breaking the norm, firstly, by going into a Black township, educating myself and specifically having more constructive knowledge about a global situation that is politically, racially, socially and economically constituted.

For Penny, crossing borders of culture and ethnicity while immersing herself in the intervention, confronted by real life situations that learners in black townships experience, and yielding her immersion experience to critical reflection and dialogue, had a significant impact on her (King, 2004; Martin, 2003). She felt that she was able to break away from familial traditions and expectations of what a young Hindu woman should be like – submissive and domestic – by becoming more educated and independent in her thinking.

## CHAPTER SIX: INTEGRATED SUMMARY OF FINDINGS

The voice-centred relational method of analysis proved to uncover the rich and varied learning experiences of the university students. It was noted that there were common themes that arose across the four readings of the data, again emphasising the somewhat artificial separation of the readings. The following is a summary of the main research findings that appeared to be common across the four readings.

### ***6.1 Working in the HIV/AIDS arena***

The students began to recognise the complexities and challenges involved in working in the HIV/AIDS arena, and particularly with regard to implementing interventions. They realised that this occurs regardless of how prepared one is or how much knowledge one has. Some of the students questioned the effectiveness of the intervention with the learners. Despite engagement in critical literature, some still believed they were aiming for massive attitude and behaviour change, and were disappointed when they realised this was not going to happen. Many students tended to fall back on traditional, didactic teaching methods instead of engaging in dialogue and discussion with school learners. This was largely as a result of not having previous exposure to participatory education methods. It appeared that they were encountering this kind of engagement for the first time in doing this service learning module. The students were also able to link this to the weakness of many HIV/AIDS campaigns and interventions, which tend to teach factual information to people without engaging with the critical issues. The students were also critical of the KAPB model of interventions. The students were able to reflect on their own positioning in the context of the HIV epidemic, making it relevant to their own lives. There was a significant shift from 'othering' the disease to recognising the part they have to play in intervening, as well as becoming aware of and questioning their own risk and vulnerability.

### ***6.2 Sexuality and its complexities***

For some of the University students, engagement in this module provided them with the first opportunity to take part in such intimate discussions and activities. Many had to learn how to overcome their discomfort with and reservations regarding talking openly about issues such as sex and sexuality. The students had many opportunities during the module to engage with issues around *their own* sexuality and identity, and recognise how these parts of themselves are also constructed and influenced by broader social and political systems.

By engaging with the learners, what the students had read about in literature became a reality for them, particularly regarding youth sexuality and how informed youth are when it comes to this issue and HIV/AIDS. They began to see how even those who are knowledgeable about such issues still sometimes engage in risky behaviours. Moreover, they recognised how silence and denial around the topic of youth sexuality places youth at greater risk for HIV infection, as they have no means to discuss and debate these issues. They thus acknowledged how important it was for youth in the context of an HIV epidemic to have this space to talk about such things.

### ***6.3 Immersion experiences and defamiliarisation***

The students learned that through engaging and immersing themselves within the context of the school learners, they were able to gain far more than learning information in a lecture or out of a textbook. It also caused them to become more aware of world of the learners, to question and critically evaluate many assumptions they may have had, as well as questions their own beliefs and how these colour their view of others and the world. The students engaged in experiences that were unfamiliar to them, which introduced doubt and hesitancy into their somewhat comfortable existences. They also found broader applications for what they learned in the module that went beyond the module itself, or even just their degrees. The students' community work enabled them to recognise that mutual learning had taken place – they were not merely providing a service, but that the learners also had something to teach the students. The international students became aware of the vast knowledge gaps they had from the US regarding HIV in Africa and the assumptions that went along with that knowledge. Most of the students acknowledged that their learning was not limited to head knowledge, but that an engagement with others left them touched by human experience. This experience increased their ability to empathise with others and gave them a more personal awareness and understanding of how others live. Some of the students were also able to identify some similarities between themselves and the learners.

### ***6.4 Questioning identities and belief systems – becoming critically conscious***

The students had come to realise that they were entering into the community from privileged positions, particularly with regard to education, and the perception that the learners had of them as a result. In this way, they also became critical of their own privileged backgrounds and upbringings and how this impacts on HIV intervention work

The students also came to understand the privileged positioning of the English language. For once, some of these students recognised the disadvantage of not being able to speak an indigenous language, as those learners who were not proficient in English may have felt disempowered to engage in many of the issues, despite having relevant opinions or thoughts. The students learned that it was difficult to be value-neutral when dealing with the topic of sexuality and HIV/AIDS, as their own personal belief systems conflicted with some of what they had to engage with. Some were forced to re-examine their own personal beliefs and how these may have influenced their engagement with the learners, or predisposed them to particular judgments or preconceptions about others. They also recognised how insidious some of the beliefs are, and that it was only through critical reflection that these ideas could be challenged. Many of the students questioned the prejudices, moralising attitudes and problematic assumptions they held, and came to recognise that their own privileged position in society reduced their risk of HIV infection, whereas the learners were at higher risk due to their social positioning. Moreover, they became more aware of their social class and how this placed them in better positions for access to quality education and health care, to achieve a higher social status and employment, and to enable them to negotiate various social interactions. The students learned that through critical discussions, many issues that are normalised and appear ‘natural’ are in fact socially constructed, and resulted in the disruption and deconstruction of many stereotypes and personal beliefs.



## CHAPTER SEVEN: CONCLUSION

### *7.1 Contributions made by findings*

Due to the current state of the HIV/AIDS epidemic in sub-Saharan Africa, particularly amongst youth, and the failure of many interventions to curb the infection rates, this kind of research is invaluable in order to understand how best to educate students in tertiary institutions about these critical issues. The findings of this research indicate that an HIV/AIDS service learning programme, geared towards encouraging critical thinking amongst students and getting them to engage with others outside of their comfort zones, promotes a different kind of learning experience than those students are usually exposed to in the traditional university setting. This module also gives youth (university students and school learners) the space for critical dialogue and reflection on pertinent issues regarding sexuality and HIV/AIDS, which opens up opportunities for the deconstruction of harmful social, cultural and gendered discourses that are so embedded in their thinking.

In a similar way to the Jone and Abes (2003) study, the findings of this research suggest that student understanding of HIV/AIDS is affected by their engagement in an HIV/AIDS service learning module. The students recognised that their knowledge had certainly increased and their attitudes towards the disease and those infected had shifted. They were able to critically reflect on how their existing assumptions and limited knowledge could result in judgments being passed and prejudices being reinforced. Thus the service learning module challenged the students' stereotypes and assumptions through engagement in critical literature, structured reflection and interaction with the learners, who were quite different to them. However, their learning did not end there. What is even more pertinent is how the students began to engage in critical reflection on *their own* identities and location within the HIV/AIDS epidemic. They had to grapple with the fact that their own privileged position in society impacts on their levels of risk and vulnerability to contracting the virus. Furthermore, they realised that they are of the same age demographic as the learners, placing them in the high-risk category for becoming infected.

Through the service learning module, the students came to accept that HIV/AIDS was relevant to their lives, and were challenged to become active in prevention and intervention. Confronting many of their issues regarding HIV/AIDS through the processes of reflection, defamiliarisation (King, 2004), and immersion experiences (Martin, 2003),

forced the students into unfamiliar territory and causing them to engage in new perspectives. Many of the students had never been challenged on these issues before, and in fact some had never interacted with others who come from such different contextual backgrounds to their own. Furthermore, a number of the students commented that at the beginning of the module, they had focused on how they would be able to make a difference in the lives of *others*. They had no idea that by engaging in service to others, they would learn so much about *themselves*. The findings of this study therefore demonstrate the potential of an HIV/AIDS service learning module to provide the context for reflection on one's own identity, how one relates to others, and how one locates oneself within the HIV/AIDS epidemic.

The findings will give the module co-ordinator insight into the factors which contribute to and constrain students' ability to engage in critical thinking around the HIV/AIDS epidemic, and enable her to further develop this module. Some of the suggestions that the students identified include training the students in group facilitation skills, and providing them with the opportunity to get to know each other on a more informal basis outside of the university setting. On a broader scale, the type of learning experiences that this particular service learning module offers should not be limited to the Psychology department at the University of KwaZulu-Natal. Service learning of this kind needs to be implemented on a university wide basis, as well as extending to other tertiary institutions, in order to reach the large numbers of youth who pass through each year.

While the infection rates in sub-Saharan Africa appear to be leveling off, there are still large numbers of people being infected daily, especially amongst the youth and those in tertiary institutions. It is thus an imperative that educators in these institutions make use of the most effective educational strategies for enhancing critical understandings of HIV/AIDS. Ultimately, a service learning module of this nature is in itself an HIV intervention for students, and results in an increased HIV/AIDS competence in professionals involved in the field of psychology. The findings of this study suggest that being HIV/AIDS competent is not only about having knowledge, but also an ability to critically engage with a number of complex issues that make this field so challenging to work in.

## ***7.2 Limitations of the study and recommendations for further research***

- The small sample size of this study – 20 participants – may affect the transferability of the findings to other contexts. It is therefore recommended that further research be conducted in this area, with a focus on the qualitative learning experiences of students doing service learning modules at tertiary institutions.
- The students' essays were being evaluated for assessment purposes, and therefore could be more reflective of their concern with writing what they thought would bode well for their assessment, instead of focusing on their actual learning experiences. To overcome this, a follow-up study could be conducted, whereby the researcher could interview as many of the participants from this study as possible, in order to assess whether what they learned through the service learning module has had an enduring influence. A study of this kind would provide further support for the effectiveness of an HIV/AIDS service learning course.
- As purposive sampling was utilised to select the case study, the participants within the case study were in a sense conveniently selected on the basis of their being involved in the programme. As a result, there was a limited number of male participants. However, this is indicative of recent trends in the helping professions, particularly in Psychology, which is increasingly feminised.

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## APPENDIX A: INFORMED CONSENT FORM



Dear Student of Community Psychology 3B

As discussed with you during your lectures I would love to be able to use your reflection papers as part of my evaluation of my course, and more specifically to explore whether it initiates critical thinking about the HIV/AIDS epidemic amongst you as University Learners.

If you consent to allowing me to use your papers, please be assured that I will not quote any of you directly and in this way you will remain anonymous. If after signing you feel at all uncomfortable with your consent, you may at any time contact me and request that I do not use your paper.

Please be reassured that asking **not to** have your paper used **will not** affect your mark for this paper in any way!

I hope to use the findings to support an article I hope to publish in a peer-reviewed journal.

Many thanks

Kerry Frizelle

I DO / DO NOT (please tick) consent to allow Kerry Frizelle to use my reflection paper for research purposes \_\_\_\_\_ (Please sign)

## **APPENDIX B: ETHICAL CLEARANCE**

RESEARCH OFFICE (GOVAN MBEKI CENTRE)  
WESTVILLE CAMPUS  
TELEPHONE NO.: 031 – 2603587  
EMAIL : [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za)

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29 AUGUST 2007

MRS. J AITKEN (201500558)  
PSYCHOLOGY

Dear Mrs. Aitken

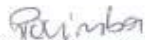
**ETHICAL CLEARANCE APPROVAL NUMBER: HSS/0496/07M**

I wish to confirm that ethical clearance has been granted for the following project:

“Exploring students’ critical understanding of the HIV/AIDS epidemic after engaging in an HIV/AIDS service learning”

PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years

Yours faithfully

  
.....  
MS. PHUMELELE XIMBA  
RESEARCH OFFICE

cc. Post-Graduate Office (Lyn Marriott)  
cc. Supervisor (Ms. K Frizelle)