

**On being firefighters:  
insights on curriculum transformation in  
HIV and AIDS contexts**

*Musa W Dube*<sup>1</sup>

Department of Theology and Religious Studies,  
University of Botswana, Gaborone, Botswana

*Abstract*

The article theorises about various responses to an HIV and AIDS outbreak by comparing it to a burning hut in the village. These responses range from indifference to action oriented engagement with HIV and AIDS. It is a framework that challenges scholars of religion and other disciplines to place themselves within the story of HIV and AIDS and to plot their own response. The approach is both autobiographical and institutional in its analysis. The article thus highlights insights on curriculum transformation gathered from individual experiences and intuitional engagement by highlighting the writer's response, organised efforts from the World Council of Churches, the Circle of Concerned African Women Theologians, the University of Botswana and other institutions. The conclusion emphasises that both research and teaching should be justice seeking.

**Introduction: the theory of a hut on fire**

In his artistic expression of “response to HIV and AIDS”, Dr Manoj Kurian of the World Council of Churches uses the metaphor of a burning hut in a village. He shows that when a hut catches fire in the village there are several types of responses from members of the village community. Some villagers jump into action, running towards the burning hut and doing all they can to put out the fire and save the hut. Perhaps these villagers are influenced by such Setswana thinking as *matlo go sha mabapi*, that is, if one hut burns, the neighbouring huts are also likely to catch fire. The saying underlines that one person's vulnerability is our vulnerability, hence encouraging us to identify distance ourselves from the burning hut.<sup>2</sup> Those who jump into action may fully understand that saving one burning hut is saving the whole neighbourhood. The piece of art also shows that some villagers, however, stand still, put their hands on their heads and cry, *Malo nna wee! Ke tla dira jang?* This group of villagers consists of those who just stand, crying helplessly about the situation. The piece depicts a third group of respondents as well. The third group of people give a burning hut in the village one glance and say, “It is none of my business. Those who play with fire will get their fingers burnt”. Sometimes they give one glance and say nothing. This group of people continues with business as usual and ignores that a hut is burning in the village. They don't seem to care or know that *matlo go sha mabapi*, that is, the vulnerability of the other is the vulnerability of all of us.

I am sure there should be many other forms of responding to a burning hut in the village. Readers can add to this art by demonstrating other forms of responses that occur or have occurred in the HIV and AIDS era. They may wish to highlight the responses along the lines of gender, class, age, ethnic, religious and sexual identities. But these three can serve to assist us to perform a SWOT (evaluation of strengths, weaknesses, opportunities and threats) analysis on ourselves individually and collectively as creative and empowered members of the academic institutions studying religion and theology. Individual academic staff members and the institution itself are somewhat interlinked and interdependent. From this artistic metaphor we may ask several questions: In the HIV and AIDS context, have we recognised ourselves, our communities and world as a hut on fire? Have we recognised ourselves as respondents? If so, how do we categorise our response? Have we been the action people, the helpless or the indifferent respondents?

But given the twenty-eight years of living with HIV and AIDS in our world, we should now be able to plot how we have been, at some point, action people when facing a hut on fire; then helpless people and at other times indifferent people. We should even interrogate why we have moved from one

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<sup>1</sup> Co-Researcher for the Research Institute for Theology and Religion, University of South Africa, Pretoria, South Africa.

<sup>2</sup> Another Setswana saying with a similar meaning is, “*Setshege yo o oleng mareedi a sele pele,*” literally, “do not laugh at the person who falls for the slippery road is ahead of you.” Both sayings seek to encourage compassion judgment or indifference.

place to another. Institutionally and individually, how do we plot our story in the HIV and AIDS era? This question is an invitation to individual and collective or institutional storytelling within our twenty-eight years of living with HIV and AIDS. Storytelling is, first, an invitation to self-diagnosis, and second, an invitation to self-transformation. Thus a grandmother who sits with grandchildren to tell a story has as her greatest goal not just to entertain the children, but also to instruct, to enable children to diagnose and to transform themselves. HIV and AIDS and the story it tells is, therefore, an important space for all of us. Twenty-eight years of living with the HIV and AIDS story in our world has been a research and teachable moment. There has never been a dull moment. Indeed every moment of these twenty-eight years of journeying with HIV and AIDS has repeatedly presented us with questions – questions that demanded answers, answers that did not easily lend themselves to simplicity. HIV and AIDS has been a crux of interpretation for research, teaching and community engagement.

First, it revealed the knowledge that we knew to be obviously inadequate; forcefully calling us to be fully engaged in the production of new knowledge. Second, it repeatedly dodged solutions from long term, short term and highly funded research programs that set out to come out with useable answers in prevention, care, treatment, stigma and discrimination and mitigating impact – thus repeatedly pointing to the inadequacy of our old and new knowledge. Third, HIV and AIDS affected all disciplines, putting to question the adequacy of our knowledge production and underlining the need to produce new knowledge, by continuously resisting to grant researchers significant success to flaunt (although we acknowledge the creation of ARVs as one such success story). In so doing, HIV and AIDS presented a major puzzle to the academic communities. For example, when it became apparent that 90% knowledge about HIV and AIDS does not necessarily translate into right action of successful prevention among the informed, the saying “knowledge is power” could no longer be flaunted so easily. Indeed, if the goal of teaching was to empower people to protect themselves from infection, HIV and AIDS Education and Information campaigns glaringly demonstrate that those who are taught, those who understood, are not necessarily able to translate what they know into self-defensive mechanism – judging, of course by the numbers of HIV and AIDS sufferers that continued to rocket for a while. How then is knowledge power? When is knowledge power? Can knowledge be power? How do we know we have done successful teaching, if high acquisition of knowledge does not translate into informed action or behaviour change? What needs to be put in place to cause the knowledge we give out to successfully empower the targeted groups? These critical questions were tabled by our encounter with HIV and AIDS complexity.

In my view, this has been the heart of HIV and AIDS’s challenge to the academic communities, whose core business is the production of knowledge and to teach with the view to empower and to transform individuals and society. This is, perhaps, a good example of an academic hut on fire – when knowledge could not easily translate into power; when big research projects could hardly deliver desired results for prevention and cure. It is on these grounds that when all was at stake it became easier for many academicians to adopt the position of *Malo nna wee* – the helpless group that stands there and watches the burning house. It even became much easier for the majority of academicians to become the indifferent lot that preferred to go about with business as usual, for if they had to face the fact that knowledge alone is not necessarily power, then they might just be out of business, or irrelevant. The indifferent lot then continued teaching their good old modules, theories and producing knowledge as they have always done – even as HIV and AIDS was raising 101 questions about *what we do and how we do it as academicians*. This business as usual group totally ignores HIV and AIDS by categorising it as a medical issue or any such category that exonerates them from engagement. But this burning hut, whether the fire starts from the medical hut or wherever we choose to transfer responsibility, was moving fast to engulf the global village, demanding and embrace a passive response. HIV and AIDS was, and still is, everybody’s business, including academic scholars of religion and theology (Dube 2003a:vi).

### **Academic firefighters in the HIV and AIDS context**

As a member of the academic community, I do not have much to boast about. As we know, HIV and AIDS have repeatedly beaten all of us, by always staying several steps ahead of our efforts. The struggle continues. The challenge remains with all of us to research and produce new effective knowledge; to find better and more effective ways of teaching; measuring successful teaching as well as working with our communities for the knowledge and the learning to occur successfully. Consequently, in this article, I wish to share the lessons I have learnt as one who has taken my dance steps from *malo nna wee*, to indifference, to being “a firefighter”, and back along these three routes, several times. I will capitalise more on being a firefighter – that is – being part of that group of villagers who run to a burning hut to try and put off the fire and save the hut and the neighbourhood.

Let me underline that untrained firefighters are not always knowledgeable heroes or calculated saviours, who have got it all right. Since it is an emergency job, many untrained firefighters run into a burning hut – driven by passion and compassion – but, inadequately prepared for putting out the fire. They risk putting their own lives and those of others in danger, but they also stand a chance of gaining useful experience. Needless to say, the temperatures of blazing flames and smoke make a burning hut a dangerous work site. Thus in the process of putting out fire, both inexperienced and experienced firefighters are bound to get burnt and choked, and occasionally need to run out to get some fresh air. Sometimes they die in the burning hut. It goes without saying that being a firefighter is not a pretty job. It is a dangerous job. Be that as it may, “the hut is still on fire!” and *matlo go sha mabapi*, so this moment of sharing lessons learnt in the hut on fire remains relevant for self-evaluation and transformation.

I do not know where you (readers) have been as individual academicians and as your institutions in the past twenty-eight years of living in an HIV positive world, but I assume that by reading this article on mainstreaming HIV and AIDS in teaching, research and community engagement, the reader is also saying, *le nna ke ya rata go bona manyoloi...ha e duma e ya tsamaya koloi ya Elia* – that is, you want to jump into Elijah’s chariot of fire and be whisked to the burning hut to put out its flames. You are fired up, so to speak. You are welcome to the continuing twenty-eight years journey of endless firefighting. HIV and AIDS is no doubt a catastrophe happening to our world on a daily basis. I therefore cannot overemphasise that it is never too late to join the HIV and AIDS struggle, given that many huts are now on fire. I believe we all have many stories to tell about this journey with HIV and AIDS of the past twenty-eight years. In this article, I will be sharing my story on HIV and AIDS and curriculum transformation in religion and theological education.

Among the Circle of Concerned African Women Theologians, storytelling is emerging as a central method for highlighting the impact of HIV and AIDS on women and for articulating feminist/womanist HIV and AIDS theology liberation. Some good examples include the articles of Chauke (2003:128–148), Ackerman (2004:27–59; 2006:221–242) and Landman (2003:189–208). Commenting on the storytelling method, Phiri and Nadar (2006:8) note that “African women theologians have frequently and unabashedly used this method of theologising as a powerful and potent method to critique oppressive practices in African Religion-culture”. Dube (2003a:109) also points out that when, “we listen to each other’s stories, we create a space of breaking the silences, of understanding, of empathy, of being prophetic to one another and hopefully of giving justice a better deal”. I will thus be sharing my story on HIV and AIDS, religion and curriculum transformation, for to hear each other’s stories is to share useable models and to empower each other in the quest for curriculum transformation in the HIV and AIDS context. I want to present my story in five scenarios:

- 1 Running to the burning hut: my personal response
- 2 Becoming a lead firefighter: working with World Council of Churches
- 3 Hanging out with some firefighters: Circle work
- 4 Inhabiting a burning hut: University of Botswana work
- 5 Conclusion

Let me underline that the stories of individual academicians are important within institutions, since for any change to occur, members must make the difference. Indeed while most of us were not trained in the field of HIV and AIDS we have, nonetheless, been trained and equipped with skills of research and knowledge production which are applicable to different issues confronting our world. I thus tell my stories to underline that we all have the responsibility to bring our academic tools for engagement with HIV and AIDS and for curriculum transformation that needs to occur in our institutions and communities. Some versions of the stories that I tell here have been told in other places and times, but a story does not lose its magic no matter how many times it is told! (see Dube 2003:10–23; Dube 2008:23–36). Further, each time a story is told new germs are born and added to its continuing life. I believe that from the above four scenarios of my story we will be able to draw a number of new insights for curriculum transformation in the light of HIV and AIDS which I have not told in other versions of the story. So, once again, welcome to the fire place, where storytelling occurs in the traditional Southern African context.

### **Running to the burning hut: my personal response**

In the mid 1990s, when the HIV and AIDS epidemic came to its peak, I had newly completed my PhD and was a newly returned lecturer of the New Testament in the University of Botswana, teaching the gospels and other related subjects. HIV and AIDS was a self-evident story in our lives and the air that

we were breathing – it was a burning hut in the midst of our village. Word was out from the government that we should all use the tools in our hands to put out the fire. Playing, then, the role of an indifferent respondent and going around with my business as usual, I did not think that my training as a New Testament scholar was one of the tools needed for putting out the HIV and AIDS epidemic in my village. I did not think I need to take HIV and AIDS to my classrooms, my research, my publications, my public speaking and my community engagement. Well, sooner than later, I began to face a crisis of meaning in my career. As I wrote elsewhere:

As I went about with business as usual, teaching the synoptic gospels from a feminist, narrative, historical or redactional criticism and the like, there came a point that this academic approach became artificial and strange even on my tongue. I began to ask myself: Why am I talking about the historical context of Jesus, redactional criticism, narrative and all this stuff and skirting the main issue in this context and the gospels; namely, sickness and healing? (Dube 2002a:64–65).

I continued to reflect on the meaning of my career and how it can be actively involved with the HIV and AIDS question. Thus I wrote that:

Teaching Synoptic Gospels in an HIV/AIDS context forces me to rethink the purpose of the academy. I am forced to ask myself what good does my teaching do if it cannot address the most pressing needs of my students and society ... I am forced to ask the “how” question – how can I make my teaching of the Synoptic Gospels, which are full of the healing miracles of Jesus, a social space for preparing students to live in their own context of HIV/AIDS (Dube 2002b:124).

My own academic hut had caught fire. This personal career crisis marked a turning point. I was becoming increasingly dissatisfied with my posture of going around with business as usual in my research and teaching, while many huts were now on fire in my neighbourhood. My dissatisfaction marked a moment of taking one step forward from indifference to being an active firefighter. As the above quote highlights, I was well trained in my discipline with many theories and methods, but hardly anything on HIV and AIDS and its context. As I joined the army of firefighters, I was hardly armed with tried and tested tools for firefighting in the area of HIV and AIDS, nor was I in possession of any experience from the area of HIV and AIDS. It was thus a creative academic moment of self-criticism, self-interrogation, search for other ways of teaching and knowing. This moment involved asking questions about the purpose of the academy and the how question: “How can I teach the gospels in the context of HIV for healing?” The tools that I came up with at that moment were nothing dramatic, but they were indeed useable tools, which may still be used in curriculum transformation in the light of HIV and AIDS.

First, my dialogue partners expanded from the academic circles to include the community that lives in the village on fire (Dube 2004:4–12). Second, I adopted several methods of mainstreaming HIV and AIDS by:

- Asking students to read the stories of Jesus’s healing miracles with the outer community and give presentations in class (Dube 2002:134–146). Our research had moved from just library and academic community to the wider non-academic society.
- Including questions on HIV and AIDS in my examination papers.
- Informing students that I will be willing to supervise those who want to write their research projects on an HIV and AIDS and religion related topics (Dube 2008:23–36).
- Encouraging and organising departmental seminars that focus on HIV and AIDS from our various disciplines, and including the outer community as presenters, and inviting the whole University community to join us (ibid 28–29).
- Adding HIV and AIDS in my international talks (ibid 29–31).
- Proposing and editing a special issue on HIV and AIDS and religion (Dube & Maluleke 2001).
- Developing an educational and advocacy tool about the plight of orphaned children and what the churches can do (Dube 2008:61–76).
- Working with other scholars to develop a tool to assist church leaders in mainstreaming HIV and AIDS in their programmes (Dube 2003b).

These strategies and activities constituted my curriculum reform for mainstreaming HIV and AIDS in my teaching, research and community engagement and encouraging others to do the same. They were

my tools in my new role as a firefighter in the HIV and AIDS context. I believe those who are in the teaching and research roles will still find some of the strategies/activities helpful in mainstreaming HIV and AIDS in research, teaching and community engagement. Indeed in a recent publication on *Mainstreaming HIV and AIDS in theological education*, Chitando (2007:6) has pointed out that “much more remains to be accomplished as many theological themes have not been examined. In addition, scholars in Anglophone West Africa, as well as the Francophone and Lusophone regions, are yet to contribute in a more engaged way”.

### **Asked to be the lead firefighter**

My innovation caught the attention of others and was viewed as desirable for the whole continent (Dube 2004:9–11). This leads me to my second story scenario, where I was asked to become a lead firefighter, Africawide. As you can imagine from being an inexperienced and experimenting firefighter, I was asked to take my fire-fighting tools and skills to the rest of Africa, as an HIV and AIDS Theological and Gender Consultant for African churches and theological institutions. My new job was to train others (academic lecturers and faith leaders) on mainstreaming HIV and AIDS in theological, research, teaching and faith-based communities. This journey began back in 2001 and still continues today: it has involved over a thousand lectures/tutors/professors of religion in all the regions of Africa, save for North Africa (Dube 2008:3–16) and thousands of church leaders in and outside the continent. Together with other concerned theologians (Maluleke 2003) we began by drafting a curriculum for mainstreaming HIV and AIDS in theological programs in Africa (WCC 2001). It was this document that I took around the continent to hold conversations on mainstreaming HIV and AIDS in academic theological programs through training trainers in workshops.

Methodologically, I began each workshop by asking participants to share whatever strategies they had developed in their institutions. I asked them to share what they have been doing to respond to HIV and AIDS. Earlier on, and to some larger extent even now, most religion/theology lecturers would report awareness activities for students, and what their church-related hospitals are doing, medically. If there was any reform to formal curricula, then more often than not, it would be in counselling. The rest of the formal curricula and research remained in business as usual mode. The days of the workshop were arranged according to disciplines:

- 1 HIV and AIDS facts and sexuality
- 2 Biblical studies
- 3 African theologies, African indigenous religions and Islam
- 4 Counselling and project proposal and management

These themes followed the five units of the curriculum document. On each of the five days allocated to a specific discipline/s, a key concept paper on ways of mainstreaming HIV and AIDS in the particular area was presented and followed by a discussion. HIV and AIDS sensitive worship and testimony of PLWHA would precede a key concept paper, presented for each day, thus framing our thinking and underlining the context of our training and theological construction. I made sure that key concept papers were presented by scholars from the area. The approach often challenged presenters to creatively think about the “how” question for the first time. Once given such a challenge, scholars often discovered they had a lot more to offer than they had thought before.

Following the discussion of the concept paper, participants would break into working groups where they had four tasks. First, they began by sharing what they had been doing about mainstreaming HIV and AIDS in their particular discipline. As I have said, it was largely the story of business as usual, save perhaps for awareness activities, counselling and project development. Second, they would then open their departmental brochures, pick an existing course from the area of focus concerned, and rewrite it to feature HIV and AIDS themes of prevention, care, social justice, gender, stigma and discrimination and reducing impact. (In those days we did not have much to say about treatment due to its unaffordability, which is now becoming a big theological issue.) Third, the participants would design a new course that is more focused on HIV and AIDS such as Counselling in the HIV and AIDS context; Reading the Bible in the HIV and AIDS context; Islam in the HIV and AIDS context; African indigenous religions and the HIV and AIDS context etc. The groups then presented their work to plenary, which commented and made further suggestions for the review and course design activities. The reviewed work of each group was typed and distributed to all participants by the end of the workshop – with hope that the participants would be inspired to start either teaching a completely new course or mainstreaming HIV and AIDS in existing courses, depending on what their institution allows.

These Africa-wide conversations and processes highlighted other crucial needs in the agenda of mainstreaming HIV and AIDS and curriculum transformation. First, it became clear that the trained participants needed accompanying literature to enable the mainstreaming of HIV and AIDS. They needed discipline-specific materials. This led to the second stage in the story of mainstreaming HIV and AIDS in religion/theological education – this was the production of relevant books (Dube 2003a; Chitando 2008), including distance learning modules (Kithome 2003:240-258; Landman 2003; Dube 2007) and materials for faith communities (Govinden 2003:259-290; Dube 2003b). It led to encouraging scholars to produce relevant books, a call best addressed by the Circle of Concerned African Women Theologians, that produced at least six books (Phiri, Haddad & Masenya 2003; Oduyoye & Amoah 2004; Dube & Kanyoro 2004; Amoah, Akitunde & Akoto 2005; Phiri & Nadar 2006). Second, this conversation led to re-assessment of the contents of their given curricula (at least during the workshops!) and other resources such as the library and staff members. What emerged was that most programmes and libraries are packed with colonial content, which hardly addresses the contextual issues of Africa. Many theological programmes do not even know anything about inculturation, liberation and African women's theology. Often, African indigenous religions are not offered and where offered they are taught from a Christian perspective by a non-specialist. In churches this would manifest itself with colonially inherited liturgy, which they were unwilling to change and include new prayers that would mainstream HIV and AIDS in public worship. At best here we encouraged each other to review and design new courses that capture the most burning needs of our communities. But it also emerged that not all participants were free to review or design new courses, given their controlling boards, who acted more as guardians of the prevailing curricula than as promoters of innovation in research and curriculum transformation. Lastly, the process included focusing on the role of leaders in mainstreaming HIV and AIDS in teaching and research by challenging heads of department, principals of schools, academic deans, board members and faith leaders to draw up HIV and AIDS policy documents that guide all action in their institutions.

In the past five years, I have noted significant growth in the project of mainstreaming HIV and AIDS in research and teaching. This takes the form of establishment of HIV and AIDS programmes and Centres (Chitando 2008:10). Good examples here include the Master of Arts in Community Care and HIV and AIDS offered by St Paul Theological College in Limuru, Kenya (Mwangi 2007:19–32), a Masters programme in Ethiopian Graduate School of Theology and Makumira in Tanzania (EGST). In 2008, the School of Theology and Religion in Kwazulu launched its Centre for the Study of HIV and AIDS in Religion and Theology, CHART. Indeed, centres for the study of HIV and AIDS have characterised institutions' strategy for mainstreaming HIV and AIDS into research, formal and informal curricula and engagement with affected and infected communities. Some examples of centres are found in the University of Pretoria (Crewe 2000:117–122) and the University of Botswana's Centre for the Study of HIV and AIDS.

The second part of my journey and the experiences I gathered suggest that mainstreaming HIV and AIDS in research, teaching and community calls for:

- re-training lecturers, since most of them were not trained about HIV and AIDS;
- listening and dialoguing with PLWHA;
- finding and including other ways of teaching that do not only focus on the mind but also speak to the heart and spirit;
- producing relevant materials, be they modules, books, chapters and articles;
- reviewing and revamping current programs to exclude irrelevant and colonially derived courses;
- improving library collections and engaging other African scholars
- designing new courses that address the most current issues of our communities, including HIV and AIDS
- willingness and flexibility in the introduction of new courses and review of old ones;
- introducing African indigenous religions in the programmes and committing to training scholars in the area;
- establishing graduate programmes on HIV and AIDS;
- setting up interdisciplinary centres for the study of HIV and AIDS;
- funding for material and human resources purposes;
- drawing up and adopting institutional policy documents on HIV and AIDS;
- adopting frameworks that underline liberation and embodiment.

Effective mainstreaming of HIV and AIDS in research, teaching and community engagement undoubtedly calls for funding. All the activities described above were kindly sponsored by the World Council of Churches' Ecumenical HIV and AIDS Initiative in Africa (EHAIA). EHAIA has been an

extremely important partner for both the academic and faith institutions in the HIV and AIDS context since 2002. I believe academic institutions can measure their commitment by the amount of budget allocated to mainstreaming HIV and AIDS in research, teaching and community engagement. But where funds cannot be found, vision and will can still energise the mainstreaming HIV and AIDS in the existing courses. Consequently, the presence or absence of a policy document on HIV and AIDS can be a key indicator of an institutional position and commitment.

I cannot speak about the individual institutional history of response; however, I believe some of the above points are important activities in the quest to mainstream HIV and AIDS in teaching, research and community engagement. They offer doable activities in the journey towards curriculum transformation. If an institution and its lecturers have not done so already, it is recommended that they should begin by taking stock of their own activities, to assess what has been done and to identify the gaps. A compilation of HIV and AIDS sensitive research and of HIV and AIDS specific courses, modules, student research and community projects would be one good way to start, since it will point to the resources and gaps, where emphasis and training are needed.

### **Hanging out with some firefighters: the role of academic associations**

The third brief story that I wish to share with you, involves my work with the Circle of Concerned African Women Theologians, a pan-African academic association with about 600 members. In 2002, the Circle made a decision to focus its research on HIV and AIDS for five years. This became another forum for capacity building in researching HIV and AIDS and religion/theology related areas and producing relevant resource materials. As the reference list highlights, at least seven books were produced in five years, which adds to the resources and enables curriculum transformation to occur in theological institutions.

Most academics belong to one or more academic associations. Academic associations are places where academicians try out new ideas and hold intense conversations about where and how they should proceed in their particular areas. It is the place where the newest research findings are reported and new plans are hatched. Members can always make a case that HIV and AIDS should become a focus area for a forthcoming conference, and publish the subsequent conference proceedings. Associations can also evaluate their engagement with HIV and AIDS by assessing their conference programmes and publications of the past ten years. The Circle of Concerned African Women Theologians has shown the way for other academic associations and how they can collectively commit to HIV and AIDS research and publication.

### **Inhabiting a burning house: University of Botswana context**

As my first story indicated, I am housed in the University of Botswana (henceforth UB), where most of my dance with the burning hut occurred. How has UB endeavoured to mainstream HIV and AIDS in the curriculum and research in the past twenty-eight years? I think the pattern is pretty much consistent across most institutions in Southern Africa and Africa as a whole (Otaala 2000). The initial activities focused on student and staff awareness programmes and formed part of the informal curriculum; the next move towards a formal curriculum largely confined itself to counselling and medical departments (Seloilwe 2000:103–112; Mwangi 2007). Concurrently, many members of the academic staff in various departments had independently begun to mainstream HIV and AIDS in their research and teaching (Dube 2003:10–23), although there was no central coordinating body. The move towards a formalised mainstreaming of HIV and AIDS in UB could be associated with the appointment of the campus-wide HIV and AIDS coordinator (Seloilwe 2000), who reported directly to the Vice-Chancellor, and the subsequent drafting of the HIV and AIDS policy (2002). The latter began to make room for a wider formal engagement including research, teaching and community engagements.

In many ways, mainstreaming HIV and AIDS into research has taken a more visible presence than teaching in the University of Botswana. For example, the Office of Research and Development, (ORD) has listed health as one of the top priority areas for research, which means that policy-wise it is highly encouraged and is allocated more funds for research. ORD also encouraged the establishment of an interdisciplinary Centre for the Study of HIV and AIDS. I headed the committee that pioneered its establishment, by writing a proposal and spending the whole year visiting each department and different schools for inputs. Stakeholders from the wider society were also invited to make their inputs. The process was a deliberate strategy of both mobilising input and cultivating ownership of the Centre, which started functioning in 2006. The Centre promotes, facilitates and coordinates all HIV and AIDS related research and teaching activities, by providing space for collaboration between departments and disciplines, students and staff and between regional and international HIV and AIDS researchers. One

of the highlights of UBs institutionalised encouragement of HIV and AIDS research was demonstrated by a group of UB researchers who won a US\$2million National Institute of Health (NIH) grant, for capacity building in researching HIV and AIDS prevention. This grant is an internationally collaborative research programme, spear-headed by UB academic staff. It includes three research projects on church, education and nursing – all focusing on adolescents' response to HIV and AIDS. Comparatively the mainstreaming of HIV and AIDS in teaching is less visible and more effort is needed to document various models developed and used.

## Conclusion

In conclusion, what are the insights learnt over this twenty-eight year history of being firefighters in the hot and smoky blaze of HIV and AIDS? What should be a must in our endeavours to mainstream HIV and AIDS? I think many examples have been given in the above scenarios. There should be numerous other stories of individual and institutional journeys in the twenty-eight years of living with HIV and AIDS in our world. Nevertheless, I want to underline that our efforts to mainstream HIV and AIDS in both research and teaching should work within an interdisciplinary and justice/rights-based framework. The character of HIV and AIDS – its tendency to work through pathways of social injustice in various social categories – calls for an interdisciplinary and justice-based approach. I would underline that our efforts should be creative, contextual, communication-oriented and communally informed. They should also be national, regional and international. We should ever be seeking for ways of collaboration and networking. But if I was to pick and prioritise one item from the above, then it would be that our efforts to mainstream HIV and AIDS should be human rights or justice oriented (Dube 2004:1–24). In other words, if you were to ask me what we have learnt; what is it that we should say the history of HIV and AIDS taught us as producers and teachers of knowledge; I would say that, “never again should any knowledge that we produce, interrogate or teach sideline issues of justice at any level. Never again should we sit comfortably in the presence of injustice”. It is justice that makes knowledge powerful and effective. I would therefore like to underline that what HIV and AIDS requires from us, is *transformative research and teaching* in the business of producing and disseminating knowledge for utilisation by students, communities and the world at large.

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