Factors that enable and constrain the internationalisation and Africanisation of Master of Public Health programmes in South African higher-education institutions

J Witthuhn,[1] D Ed; **C S le Roux**,[2] D Ed

[1] *Programme Leader – Public Health, Faculty of Social and Health Sciences, Monash South Africa, Roodepoort, South Africa*

[2] *Department of Educational Foundations, College of Education, University of South Africa, Pretoria, South Africa*

Corresponding author: J Witthuhn (jacqueline.witthuhn@monash.edu)

Background. Higher education worldwide is currently shaped by globalisation and internationalisation, while African and South African (SA) higher-education institutions (HEIs) are required to Africanise their curricula to equip students to become effective and responsive global citizens, with globally and locally relevant knowledge and skills.

Objectives. To establish the extent to which curricula for Master of Public Health programmes (MPHPs) within schools of public health or faculties of health sciences in selected HEIs in SA are currently internationalised and Africanised.

Methods. The study followed a multiple-case-study design. Semi-structured and focus-group interviews with course co-ordinators, lecturers and students provided data. The study was conducted at three HEIs in SA that offer an MPHP. Tesch's interactive process of qualitative data coding and analysis was used.

Results. According to academics, there is no clear understanding or working definition of concepts and processes such as internationalisation and Africanisation as they apply to their professional contexts. The institutions do not subscribe to policies regarding internationalisation and Africanisation either. Academics are uncertain whether curricula meet the requirements of internationalisation and Africanisation, while students consider the curricula to be internationalised and Africanised to the best of their institutions' and lecturers' abilities.

Conclusion. There is an urgent need for curriculum transformation in SA, to ensure that the internationalisation and Africanisation of curricula occur. Curriculum transformation and the formalisation of the processes of internationalisation and Africanisation through policy changes and capacity building need to be forefronted.

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Globalisation and internationalisation are unquestionably processes that are part of the twenty-first century. Their influence has been particularly felt, *inter alia*, in higher education (HE), and the demand for globally competent graduates who are sensitive and responsive to both local and international contexts and cultures has increased. Higher-education institutions (HEIs) are striving to meet these demands to remain current.[1] Changes in the management and administration of HE, and the presence of a more diverse student population attending HE institutions, have necessitated changes in and differentiation within curricula.[2] The impact of the trend towards internationalisation and globalisation has also been felt in Africa and South Africa (SA).[3] Initially, it was only evident in a small way, but its considerable effect is evident in the increasing number of foreign students and academic staff who study and teach at HEIs in SA.

Considering the impact of globalisation and internationalisation on HE in Africa and SA, we cannot ignore the influence of 'Africanisation' in the HE context. Knight[4] describes Africanisation as encompassing all the dimensions of a process whereby a university endeavours to establish and maintain an African character, to achieve certain academic, economic, political and cultural aims. Given such a context, the call for the Africanisation of the curriculum in HEIs in SA has become inescapable. The need for an African approach to the internationalisation of HE is illustrated by what Kotecha[5] refers to as the responsible approach 'that aligns the international dimension of the sector to the enhancement of the national, regional and continental development imperatives'. It is therefore important for HEIs on the African continent, including SA, to find a balance between

the processes of internationalisation and Africanisation within their own institutions and organisations.[6]

To gain a deeper understanding of how internationalisation and Africanisation impact HE in SA, and in particular in Master of Public Health programmes (MPHPs) offered at SA HEIs, it was decided to undertake this study, which aimed to determine which factors enable and constrain the processes of developing, implementing, and evaluating the internationalisation and Africanisation of the curricula of MPHPs within the HEIs selected for this study.

Methods

Ethical clearance (ref. no. 2014MARCH/05951321/MC) as required by the HEI through which the research was undertaken was obtained prior to the research being conducted. Ethical clearance requires that all data be collected and used in an ethical way. Participants' signed consent to voluntarily participate in the study was obtained after the researcher had fully explained the nature and purpose of the research, and the role that participants would play therein. Participants were also informed of their right to withdraw from the study at any time without fear of reprisal. The researchers were obliged to maintain research-participant and institutional anonymity and confidentiality.

The study utilised a multiple-case-study design. The HEIs that were identified to participate in the study were required to offer an MPHP and to have a cohort of international students. The research sample was drawn from institutions that met these criteria. Of the 23 registered universities in

SA, six met these requirements. Through convenience sampling based on proximity to the workplace of the researchers, three of these six institutions were selected for study. The research participants consisted of lecturers and course co-ordinators involved in the design and teaching of MPHD programmes within faculties of health sciences or schools of public health, and students who were enrolled in these programmes. Course co-ordinators were chosen as it was presumed that they would have a sound knowledge and understanding of the design and presentation of the modules within the MPHP offered at their institution. They could therefore provide a comprehensive response to research questions about the degree at their institutions, and its internationalisation and Africanisation in general. Lecturers teaching specific units or modules within the programme that particularly lend themselves to internationalisation or Africanisation, and who could provide insight into the processes of internationalisation and Africanisation, were purposively selected for participation. In total, 10 lecturers at the three institutions participated in the study, while five course co-ordinators were included. Since students are the main beneficiaries of the programmes, students in the MPHPs were asked to participate in the study and share their perceptions and insights. A total of 36 students volunteered to participate in the study. Initially, the sample size of the research participants was provisional, since the researchers decided that if required, the sample size could be extended until data saturation was reached. Prior to data collection, an in-depth literature review of the key underlying concepts of globalisation, internationalisation and Africanisation, and how they apply in HE locally and internationally, was undertaken. The purpose of the literature review was to establish a sound basis and theoretical framework for the study. The literature reveals no consistent definition of the key concepts or how they apply to HE. It seems that the definition of globalisation varies according to the context of analysis. The definition generally refers to increasing levels of interaction across national boundaries, which affects many aspects of life: economic, social, cultural and political.[7] According to Knight[8] and Fourie,[9] internationalisation in the context of HE is understood as the process of integrating an international/intercultural dimension into the teaching, research and service functions of the institution. As far as the curriculum is concerned, Africanisation implies an attempt to move away from colonial or apartheid systems.[9] It goes far beyond a simple adaptation to include transformation and innovation, in the sense that the curricula should respond to the needs of the people and help them in their fight against underdevelopment, poverty, wars, diseases, unemployment and illiteracy.

Data from the research participants were collected through semi-structured interviews with course co-ordinators and lecturers, and focus-group interviews with students from each of the participating HEIs. The interview schedules for each of the three categories of participants were designed to meet a specific research purpose. The interview schedules were pilot tested with relevant individuals from an HEI that met the research requirements, but that was not included in the research sample. The primary focus of the interviews with course co-ordinators and lecturers was to establish their current understanding, status, principles, rationales and processes, as well as the enabling and constraining factors associated with the internationalisation and Africanisation of the MPHPs. The primary purpose of the focus-group interviews with the students was to establish their general understanding of the concepts of internationalisation and Africanisation, the importance of both an international and Africanised curriculum and the current status of their institutions in relation to both concepts.

The interviews were recorded, with the signed consent of the research participants. The interviews were transcribed to facilitate data analysis. Tesch's[10] eight-step approach to the coding of qualitative data was used. The process included reading through the data and identifying and clustering topics that emerged from them. The data were then coded, and the coded topics grouped into categories, each with related subcategories or themes. This iterative process is by nature reflexive, and key to gaining insight into the research question and developing meaning. The process culminated in the reporting of the research findings based on the iterative data-analysis process followed.

Results

It emerged from participants' responses that there are no formal processes that mandate or facilitate the internationalisation and Africanisation of Master of Public Health curricula. Academics and students struggled to articulate or identify factors that enabled the process of internationalisation or Africanisation, since institutionally, these processes are not established or enforced. However, students were of the opinion that as far as they were concerned, the institutions and their lecturers did strive to ensure that the curriculum they studied met what they understood as international and Africanised principles and standards. When reflecting on the process that could be said to facilitate the actual promotion of internationalisation and Africanisation, respondents were only able to speculate on what they thought were processes that could enable the process of implementing new programmes and initiatives that address and make provision for internationalisation and Africanisation. Participants' responses were related to their daily experiences and general assumptions linked to their involvement in teaching or studying the programmes.

Synthesis of perceptions regarding possible factors that could enable the processes of internationalising and Africanising Master of Public Health curricula

Possible factors which could facilitate internationalisation and Africanisation were identified mainly by academics, with students largely alluding to the fact that the student cohort was international in composition, and that this fact consequently necessitated lecturers providing international and African examples and case studies in the learning content, thereby internationalising and Africanising the programme.

Academics noted that the active links and collaboration with and between professional associations, for example, the Public Health Association of SA and the African Public Health Association, have the potential to be supportive of internationalisation and Africanisation endeavours. These collaborative efforts promote and encourage the discussion of international and African-based public-health initiatives, which contributes to the internationalisation and Africanisation of curricula. Furthermore, academics are able to attend international and local multinational conferences, where typically, papers are presented that provide insight into issues from an international point of view. Depending on the nature and thrust of the conference, Africanisation processes were also sometimes addressed during conferences. An added advantage of attending such conferences is that networking opportunities arise, and delegates are able to discuss international and African trends and developments that could be transferred to their own contexts.

Generally, academics acknowledged that they have access to African educational resources relevant to MPHPs, which would support Africanisation processes. Furthermore, existing international public-health frameworks, standards and tools are recognised and utilised by the

HEIs that participated in the study, and these have paved the way for internationalisation. The presence of international students and academic personnel from other parts of Africa could potentially further advance and support attempts to internationalise and Africanise the curricula – an observation that was also commented on by students.

Respondents also identified factors that, although not currently in place, they believed would contribute to the internationalisation and Africanisation of the curricula, and facilitate the necessary processes. Respondents argued that it is essential that institutional vision and mission statements calling for an international or African approach to doing business should be instituted in their HEIs. Furthermore, institutional leadership that is committed to an international and African vision, which could contribute to establishing policy, research and training initiatives for the internationalisation and Africanisation of the curricula of the programmes on offer at the institution, is seen as an imperative. Respondents also suggested that funds be allocated to review current programmes (including the MPHPs) to determine their current level and status of Africanisation and internationalisation. In relation to the MPHPs, determining students' efficacy and ability to apply their public-health knowledge in local and international contexts was imperative, as this would serve to indicate whether Africanisation and internationalisation were indeed in place. The need for the facilitation of seamless access to the internet and social-media platforms that would allow academics and students to readily obtain local and international information relevant to the programmes was also forefronted by respondents.

Since formal processes are not in place to promote and implement the internationalisation and Africanisation of the curriculum in HEIs, these factors can only be viewed as potentially enabling, as anticipated by the respondents. However, the researchers are of the opinion that the respondents have adequate working experience to equip them to successfully identify potentially enabling (as well as constraining) factors.

Following the identification of enabling factors, it was important to establish factors which respondents anticipated would either inhibit or aid the development and provision of an internationalised and Africanised curriculum.

Synthesis of perceptions regarding possible factors constraining the processes of internationalising and Africanising MPH curricula

Factors that possibly constrain the processes of internationalising and Africanising the MPH curricula offered at the HEIs in question are elaborated on according to respondents' points of view. Inhibiting factors would be those that prevent HEIs from developing and providing internationalised and Africanised curricula. Again, owing to the lack of formal processes for the internationalisation or Africanisation of curricula, responses related to respondents' daily experiences and their personal views on what could inhibit these processes.

The most obvious inhibiting factor was considered to be the lack of institutional vision and policy regarding internationalisation or Africanisation, and the consequent fact that academics themselves lack clarity on the meaning of and rationale for the internationalisation or Africanisation of curricula.[11] This lack of policy indicates that both these processes are seen as having low priority. Funding is consequently not made available, and neither is time or expertise devoted to the process. Collaboration with international bodies with the express purpose of promoting internationalisation and Africanisation is non-existent.

Despite the abovementioned factors, respondents identified a variety of constraining factors that could potentially inhibit the internationalisation and Africanisation of programmes in general and MPH curricula in particular.

According to respondents, there is a shortage of adequately trained and experienced personnel, especially international staff, to successfully develop and implement new initiatives that incorporate internationalisation and Africanisation principles. In addition to this, there is also a shortage of the appropriation of funding to equip personnel with the required experience and skills through training and exposure in relation to internationalisation and Africanisation. An established means of enabling and promoting international exposure and expertise is through affording academics the opportunity to attend international conferences. Although HEIs fund deserving academics to attend conferences, conference attendance is dependent on incumbents presenting a paper at that conference and producing research output, to allow their attendance. Attendance for the purpose of attendance only is not permitted, but it is argued that academics could fruitfully open up networking opportunities and gain international exposure if they were able to attend relevant events without the requirement to present a paper. Networking could therefore be the main purpose for attending such conferences, but current policy does not allow for this.

The diversity of the student body, sometimes representing more than 40 countries in the research sample, represents a challenge when it comes to ensuring that the content concerning public health is relevant for various contexts and cultures. Academics are ill-equipped to develop and implement appropriate learning opportunities that meet this need. Apart from the lack of expertise to effect appropriate learning, the various public-health modules are generally co-ordinated by different lecturers, leading to inconsistency in the general objective of the modules in the programme, the teaching approach and the content. It is also believed that the current content lacks evidence-based, relevant and contextually germane public-health readings and case studies essential for providing content for an internationalised and Africanised context. It should also be taken into account that the scope of public-health issues faced in different parts of the world, including Africa, is vast, and appropriate readings on how to address these issues effectively need to be included in the curriculum. Intercultural communication in the context of public-health issues and designing public-health interventions in different cultural contexts is another aspect that needs to be factored into any curriculum that is appropriately internationalised and Africanised.

Historical inequities related to education were also cited as a constraining factor. To support affected learners, academics are required to devote additional time to assisting learners in bridging this gap. This significantly impacts lecturers' workload. Excessive workload and additional work pressure negatively impact on academics' ability to devote time to additional activities such as the internationalisation and Africanisation of the curriculum.

A further aspect that also needs to be considered when contemplating factors that inhibit the internationalisation and Africanisation of MPHPs is that overseas donors seem to lack trust in African institutions, and this limits the possibilities of HEIs in Africa taking a lead in public-health research, publications and projects.

Conclusion

Since there are no formalised policies in place at the HEIs that participated in the study to ensure the internationalisation and Africanisation of

curricula in general, and MPHPs in particular, there are no review processes in place to determine the extent to which existing curricula are indeed internationalised or Africanised. Respondents had difficulties identifying prevailing factors that either enable or constrain the internationalisation or Africanisation of curricula, and were only able to suggest factors that they, through their experience in the field, anticipated could enable or inhibit the processes in question.

Collaboration with professional bodies, access to a wide range of international and African resources and exposure to international researchers and experts were suggested as factors that would promote the internationalisation and Africanisation of curricula. However, it was pointed out that owing to the lack of formal internationalisation or Africanisation policies, there is no drive to recruit international or African experts as faculty staff, nor is there emphasis on promoting international or African collaboration. There is also no concerted effort to support current staff in gaining the necessary expertise to internationalise or Africanise their programmes, nor is funding for this purpose made available.

Regarding factors enabling the internationalisation and Africanisation of the MPHP curricula, it is recommended that the supporting factors that are currently evident should be endorsed, extended and utilised more effectively by HEIs to actively promote the internationalisation and Africanisation of the curricula in the various schools of public health, and within professional bodies associated with public health. These factors include, for example, certifying committed leadership and ongoing strategic collaboration, and promoting access to resources and expertise that advance internationalisation and Africanisation.

Regarding the factors that constrain the processes of internationalisation and Africanisation, it is recommended that these factors should be identified and addressed by the relevant HEIs, to ensure that the processes are not inhibited. Dedicated research on the subject needs to be undertaken as a priority in these HEIs. Some of the constraining factors evidenced by the research that need to be addressed include instituting clear policies for internationalisation and Africanisation processes, dedicating funding to monitor and review the status of the internationalisation and the Africanisation of programmes within the various HEIs, ensuring consistency and continuity in relation to programme delivery, appointing and retaining appropriate staff and providing relevant in-service training to enhance expertise among current staff.

Accelerated global changes in social, economic, and environmental conditions require HE graduates to be adept at intercultural relationships as well as being internationally competent in the workplace. Twenty-first century HEIs should acknowledge the importance of adapting to both the international and intercultural dimensions of the local, national and global contexts in their curricula. Within the context of this research, there is thus an urgent need for curriculum transformation in SA, and in the curricula of MPHPs. Curriculum transformation and the formalisation of the processes of internationalisation and Africanisation through policy changes, information transfer and capacity building need to be forefronted.

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