

Fact Sheet 9 Teaching/learning about HIV/AIDS

- Introduction
- Continuing education for nurses and midwives
- The nurse and the midwife as educator
- Basic principles of adult education
- Preparing educational sessions
- Methods of teaching/learning
- Questions for reflection and discussion

• Introduction:

Education is the key to change in knowledge, attitudes, and behaviour. Education about HIV/AIDS must be improved in order to reduce gaps between policies and their grassroots implementation, and to ensure the adoption of effective prevention strategies. This Fact Sheet examines the different methods of teaching/learning, not the actual information to be taught. This Fact Sheet is divided into four major components:

- the importance of continued education for nurses and midwives,
- nurses/midwives as health educators,
- some of the basic principles of adult education, and
- some teaching/learning strategies.



*In Nigeria, a woman speaks to an audience about HIV/AIDS.
(Credit: JHU/CCP)*

• Continuing education for nurses and midwives

Research, practice and treatment for the prevention and care of HIV are changing so rapidly that nurses/midwives need to have continued education to remain up-to-date in their knowledge, skills and practices. Educational opportunities are not always easy to access, and nurses and midwives may have to look for the latest information. There is no doubt that good practices are dependent upon adequate, accurate and up-to-date information. Much of the misinformation, myths and folklore surrounding HIV/AIDS can be corrected with ongoing education. Such education will reduce the fear, stigma, isolation, and denial of care for people living with HIV/AIDS (Fact Sheet 6).

Although continued education is not always a priority in health care settings, nurses/midwives should advocate for refresher courses and other ongoing education. In addition, nursing/midwifery students should request and advocate for comprehensive HIV education in their basic training. HIV/AIDS is one of the greatest public health challenges of this era. Consequently, adequate educational preparation of nurses/midwives (as well as other health care workers) should be viewed as a priority, and advocated by schools of nursing and midwifery, nursing/midwifery associations, and other organizations.

• The nurse and the midwife as educator

Nurses/midwives are increasingly required to act as HIV/AIDS health educators. The general public including youth, pregnant women, school children, parent groups, sex workers, and drug users, all need information about HIV/AIDS. In addition, traditional healers, trained birth attendants, other health care workers, volunteers, family members, caregivers, friends, counsellors, religious and civic leaders, community health workers and other health and social service personnel will require continued education from nurses/midwives on issues related to prevention and care of HIV.

• Basic principles of adult education

Before starting any educational session, it is important to assess the learning needs of the group and to be familiar with the cultural environment from which the participants come. It is then possible to plan the most relevant educational sessions and materials and to deliver information that is meaningful and useful to the participants. Evaluation of the educational strategies used and the learning outcomes of the participants is also critically important. Most adults learn best by being actively involved in the learning process. It is also important to realize that different people learn through different educational strategies. Consequently, no single learning tool should be used in all situations.

For example, it might be important to provide an opportunity for learners to practice one particular technique, while at other times, a lecture, text book, or other written document would be more appropriate. Also, learners need time to reflect on their learning and to revisit what they have learned, perhaps through practice, discussion, critical questioning, research, or active participation in teaching others. Educational sessions should be conducted such that learners feel safe to admit when they do not understand something, and feel empowered to seek additional teaching/learning and support. If students fear ridicule, they are less likely to admit their ignorance -- a circumstance which could later lead to unsafe and unethical practice.

Timing is also important in the teaching/learning process. Learners learn best when they feel they have a need to know. It is the responsibility of the teacher to foster this "need to know." In addition,

retention of learning should be assessed periodically and supported over time. Rarely is knowledge that is learned only once, through one medium, retained. Therefore, it is helpful to use a variety of teaching/learning techniques and to repeat important information over a period of time, in order to reinforce learning.

Prevention and care of HIV involves consideration of sensitive issues such as sexuality, different sexual practices, drug use, and other risk behaviours. Traditionally, nurses/midwives have not been educated to feel comfortable with openly discussing sensitive, embarrassing, or offensive practices. Practice in discussing these subjects should begin in a safe learning environment. Finally, it is important to teach risk analysis and risk avoidance strategies.

• Preparing educational sessions

Ask these questions as you begin to prepare an educational session:

- How can nurses and midwives work together to support learning?
- Who is the audience? Are they male, female, young or older, educated or less well educated? It is important to know the participants before choosing or producing educational materials. What is the level of their knowledge on the subject?
- What do you hope to achieve? What is your expected outcome of the educational session? What is your main message? Do your expected outcomes for learning to match the learning needs of the group?
- How will you access the information you need to conduct the educational session?
- How much will the educational session cost? Are there enough funds available?
- How long will the educational session take? Will the participants be able and willing to stay for the entire session?
- What equipment will you need? Is the equipment available, or can you adapt your session by using available equipment?
- Is there existing material available? If material is available, use this (and adapt if necessary) rather than starting from scratch.
- Is the language appropriate? Are you presenting the information at the educational level of the learner? Is your language too complex, or too simple for the participants? What is the literacy level of the group?
- Are the illustrations appropriate? Are the illustrations culturally sensitive and appropriate? Are they clear so that the participants can understand them? Do the illustrations reflect issues and images with which the participants are familiar?
- Do the educational materials look good and attract people's attention? Is the

design and colour attractive? Are they culturally sensitive? Can the participants identify with the materials?

- Does the educational material avoid discrimination? Does the material show people of similar racial origin, age, and sexual orientation? Do the illustrations foster stigma or fear? For example, showing a person dying of AIDS might lead some people to believe that all people living with HIV are about to die.

- Does the educational material generate feelings of fear? Messages such as "AIDS Kills" might scare people away, and such scare tactics rarely help promote effective behavioural change. Positive messages often promote changes in attitude and behaviour. However, some illustrations that catch people's attention, even negative illustrations, can be effective in raising people's awareness. The key is to know the target group well and choose your messages accordingly.

- Does the educational material avoid moralizing and preaching? People resist listening to someone telling them what they should and should not do. Such practices often lead the learners to become silent and less likely to engage in open and productive discussions. For example, if young people are told that they should not engage in sexual intercourse before marriage, they are less likely to then enter into discussions about safe sexual practices. The best materials provide information in a clear, respectful way and enable people to make their own decision.

- Do the educational strategies build upon already acquired skills, and promote confidence? It is important to build on the expertise of the group. What do they already feel confident in doing? How can that confidence be translated to other circumstances?

- Does it help to build a supportive environment? People learn best when they feel cared for and supported. If people work together toward the same ends, much can be achieved. Does the learning session provide an opportunity for ongoing support for one another? Can this group be supported in promoting effective change in other people, in changing health care practices, and even changing legislation?

- What educational materials work best for the participants? Consider using attractive posters, local radio, TV or newspaper announcements, leaflets, fact sheets, and training aids such as flip charts, or flash cards. Open discussions, interviews with PLHAs and their families, listening to stories from other care providers, or patients, and advertisements are also deliver powerful educational messages. It will be important for participants to visit PLHAs in hospital and in the community.

- How will you distribute educational material? Sadly, there are often excellent educational materials that are not used simply because the methods of distribution are inadequate.

- Do the learners leave with any materials to help reinforce learning? Learning takes place over a period of time and with reinforcement. What methods of reinforcement of learning have you considered? Do you have Fact Sheets available, or are there posters to reinforce learning? Do you provide additional educational sessions? Do you test the learners at a later date? Do you require supervised practice after a teaching/learning session? Is there a library

available and a list of recommended reading? What other strategies have you considered to reinforce learning?

- Have you considered pretesting the educational material before it is printed or published? Pretesting educational material can be a very important step towards ensuring that the message is understood, well received and has the potential to motivate behavioural change, or to promote the best practices.

- What methods of evaluation of the educational sessions have you considered? Evaluation of student learning can be done through conducting pre and post testing. Observation of practice, and observation or anecdotal reports of behaviour change are other forms of evidence. Have the participants been asked to evaluate the teacher, and the educational sessions? Has behavioural change been observed over time (i.e. retention of learning)? What other forms of evaluation have you considered? What will you do with the evaluation information? Will you make changes to your educational material and teaching/learning processes if necessary?

• Methods of teaching/learning

There are many teaching methods or strategies to promote learning, including:

Group discussion

This method is useful if group members feel comfortable with one another and individuals are not hesitant to speak. Feelings of group safety can take time, and is not always achieved, but can be facilitated by the instructor's skills and encouragement. Group discussion exposes other members to the beliefs, values, and practices of others. Such discussion can lead to peer support. One of the best ways to encourage group discussion is through problem posing and problem solving. These problems can be developed by the educator, or from the experiences of the participants.

Role play and simulation

Students often find it beneficial to practice new learning by acting in, or observing, a role play or simulated exercise. They are then more able and confident to transfer this learning to the "real world."

Building on success

Find out what the learners have been successful in achieving and use the experience of this success toward teaching other subjects. This strategy provides students with a sense of confidence and empowerment.

Visual aids

Posters, photographs, pictures, overhead projections, slide presentations, videos, and works of art all can be powerful educational tools. Discussion can follow the use of such visual aids. For example, the group can be asked what the visual aid meant to them, what they liked or disliked about it, what was unclear, disturbing, or helpful.

Group activities

There is considerable evidence to suggest that people learn best when they are actively engaged in their learning. Often the group develop their own teaching/learning sessions. Evidence shows that young people learn best from their peers, and when they are actively engaged in the development

of peer group learning.

Group participation

Evidence also shows that people learn best when they participate in the learning rather than behave as passive observers. In the past, students were often placed in rows, while the educator lectured to the group. Although this method is sometimes useful to communicate important messages in a short period of time, reinforced learning leading to behavioural change is best accomplished through the active participation of the learners.

Learning aids

Flip charts, fact sheets, flash cards, wall charts, drawings done by the group or others, diagrams, tables, and graphs provide clear and easy access to information. These visual aids can also be used to promote group discussion. For example, questions such as "What does this graph tell you?", "What is missing from this information?", "How could you go about getting this information?", "What does this drawing tell you?", "How would you have drawn this picture differently?", "Why is that so?" all promote discussion. Models of anatomy can be used to help the learners understand how HIV and other sexually transmitted diseases are passed from one person to another. Models are also suitable for practicing correct condom usage and many basic nursing care procedures.

Social marketing and use of the media

These can be powerful methods of sharing information. Posters can be displayed where people live, work and play. Leaflets and written information can be left for people at health centres, shopping centres, parks, or recreational facilities. The media can be involved in providing educational messages to the larger community. Nurses and midwives can be interviewed by the media, or students can be encouraged to participate in media presentations. Cartoons and comic strips can reach wide audiences and be useful methods of peer support and education.

Story telling and sharing one's experiences

These can be an effective method of learning. People like to hear about the experiences of others, and often find they can relate to these experiences better than trying to grasp facts that seem to have little relevance for themselves. Fictional stories are also helpful in sharing important messages. Although the story might be about a fictional character, the message is one that the listener can easily relate to and understand.

Participating in drama

Dramatic events can also be a powerful way of expressing important information. Not only do the participants of the drama learn from this method, but the audience can also be brought into the drama. Young people are particularly open to this form of learning.

Learning through games and play

Board games making models out of clay or play dough and Puppets can be used to present important messages. Puppets often help to make the subject matter more playful and less intimidating. Puppets can be made by the students who can also participate in creating the story to go with the puppet show.

Community fairs or meetings

These events can be used to present important information. Such community gatherings can increase public awareness of the issues and challenges of HIV/AIDS and encourage the wider community to become actively involved in the care and prevention of HIV.

Questions for reflection and discussion

When you think about preparing to teach a session about safe sex practices, what principles of teaching/learning might you consider?

What methods of teaching/learning have you used? Did you find them helpful?

What other methods might you now consider?

What methods of evaluation (both student and teacher) might you consider? Why would it be important to obtain this information?

What role do you see yourself playing in providing information to a wider audience?

What methods might you use to encourage learner participation? Why might it be important to actively engage the learner in his/her own learning?

What preparation do you see yourself needing in order to be an effective educator? How would you go about gaining this knowledge?

References

AIDS Action. Making messages clear. Healthlink (formally AHRTAG), 40, March-May, 1998

World Health Organization (1993). HIV Prevention and Care: Teaching Modules for Nurses and Midwives. WHO/GPA/CNP/TMD/93.3