
Learning Unit 8: Aids Education

**BOTH
TRACKS**



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Introduction

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You were introduced to various theories and models of behaviour change in the previous learning unit. In this learning unit you will get the opportunity to implement some of those principles to develop prevention programmes.

Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- What should prevention programmes look like in practice?
- How can negative attitudes about HIV be changed?
- What are the basic principles of adult education?
- What teaching and facilitation skills do counsellors and caregivers need?

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Key concepts

Look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used (or look up their definitions in the glossary):

Facilitating empowerment	Discrimination
A holistic approach	Learning Aids
Stereotypes	Facilitation skills
Prejudice	

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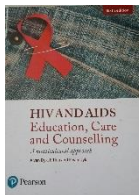
Practical aspects of prevention programmes

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In this learning unit we will discuss a number of pointers to help you when designing and implementing programmes.



Study



Prescribed book: pp. 210-212

Section 8.1: Prevention programmes. The best way to master this section is to see if you can evaluate an existing programme in terms of the following questions:

- Does it have national support from the leaders of the country?
- How many partners (different organisations and different kinds of professional people) are involved in the programme?
- Does the programme offer peer support, or is it restricted to advice given by people in authority (e.g. doctors, nurses or social workers)?
- Are people living with HIV involved in the programme?
- Are condoms distributed in an effective and sensitive way?
- Is the programme holistic in nature, offering counselling, education, support and care services?

Did you notice that the above practical aspects of prevention programmes mostly have to do with:

- how and by whom information regarding HIV and Aids is disseminated?
- how people can best be motivated to change behaviour?
- how emotional and physical support can be given to HIV-positive people?

We have talked about principles of behaviour change (Learning Unit 7) and practical aspects of implementing prevention programmes, but what about negative attitudes?

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Negative attitudes

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Negative attitudes towards HIV-positive people often continually trouble the best-conceived prevention programmes.

Let's consider the following example: Your neighbour moves away without selling his house. He has a lovely vegetable garden and he proposes that, if you take care of it, you can have the vegetables for your own use. There is no water supply to his house which would require of you that you bring water from your own house.



Will you take care of this vegetable garden if you do not like gardening, if you feel that food can be bought from a shop and if you do not want to increase your water bill? The street vendors also have to make a living!

Probably not! If I asked you why not, what reasons would you give? The following may be some of your answers:

- I don't care.
- I have never had a vegetable garden. Why would I now want to take care of one?
- I don't like vegetables.
- Somebody else can do it.
- Good riddance, more work!

On the other hand, if you were a keen gardener and a vegetarian, would you try to take care of the vegetable garden? Probably yes. Why? Because you can practice a hobby and benefit financially from it! What is the difference between the two scenarios? I believe it is a question of negative versus positive attitudes. It doesn't matter which so-called rational reasons we may supply for not wanting to take care of the garden; the real reason can be found in our negative attitudes, in our stereotypes and prejudices. Negative attitudes towards a specific action "give us permission" not to do it. The same goes for people and diseases. If we have negative attitudes towards a specific group of people, or find a specific disease distasteful and scary, we often react either with indifference or hostility.

In the Aids field, negative attitudes often lead to indifference – probably because indifference is socially more acceptable than overt hatred. Unfortunately, the stigma produced by stereotypes and negative attitudes makes it difficult for HIV-positive people to acknowledge and accept their status, to access help and support and to feel positive about themselves. This is a major stumbling block in preventing the further spread of HIV and in helping people who are HIV positive. Negative attitudes are killing people. For this reason, all HIV prevention programmes should consider negative attitudes seriously and deal with them. Watch this video <http://goo.gl/Tpei2l> in which Nelson Mandela talks about fear, stigma and discrimination killing people because they are too scared to be tested and to access help.



Study



Prescribed book: pp. 212-214

Section 8.2: Changing negative attitudes. While reading this section, try to answer the following questions:

- What are the emotional and social reasons for stereotypes and prejudices?
- Are stereotypes really reasonable?
- How do negative attitudes impact on a society?
- How can I combat my own and other people's negative attitudes?

Prejudice and stereotyping may sometimes have serious consequences and make people very angry. It may therefore be a good idea to sometimes add a bit of humour to a situation. If people can laugh about their own prejudices, they may also be willing to recognise them and try and change them.

In the next section we cover the last important aspect concerning prevention programmes: how to facilitate learning.

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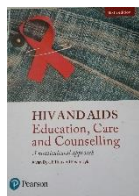
Teaching and facilitation

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In this section you have a choice, either to learn all the principles of HIV education and facilitation by heart, or to learn as you are attempting to implement them. Although the first method seems to be the shortest and most desirable route, this is a false impression. You will learn much more and remember the principles better if you try to *implement* the theoretical principles. We therefore suggest that you first read the sections, as indicated below, just to give you an idea of the principles of HIV education and facilitation and then to jump in and immediately do the activity of preparing and presenting an educational session. As you go along you will need to constantly refer back to the prescribed book to ensure that your presentation is in accordance with the relevant theoretical principles of education. By doing it this way, your mind will be focused and it won't be easy to forget the basics about HIV education and facilitation.



Study



Prescribed book: pp. 214-226

Section 8.3: Aids education. How do you teach people, especially adults, about HIV? How can you prepare such an educational session in the most interesting way and make sure that your message has the maximum impact? Not by just standing up in front of the group and giving them a sermon! This is the surest way of losing them within a few minutes. This section will teach you the tricks of the trade. Give special attention to the methods of teaching.

Section 8.4: Facilitation skills. One of the most useful tricks of the trade in education is not to merely tell people about something, but to help them discover it themselves. This is what facilitation is all about. It is especially useful when you wish to use group work as part of your educational workshop. Watch the following YouTube video <http://goo.gl/927zSc> on seven key skills on workshop facilitation.



Now that you have a basic idea of what HIV education is all about, it is time to implement the basic principles of Aids education.

ACTIVITY 8.1 – PRESENT AN EDUCATIONAL SESSION

The purpose of this activity is to prepare an educational session on any aspect of HIV and Aids. Go to [Activity 8.1](#).

Feedback: Presenting a workshop for the first time can be a nerve-racking experience. Start, therefore, on a small scale and practice your skills until you feel more comfortable. Teaching can be one of the most rewarding experiences in life.

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Assessment

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Study reflection

After completing Learning Unit 8 (Aids education), you should have acquired the following knowledge and understanding and be able to:

- design prevention programmes in such a way that they include essential practical aspects such as peer group support, support by leaders and the cooperation and involvement of various stakeholders.
- expose and combat negative attitudes and stereotyping in the HIV and Aids field.
- implement the principles and facilitation skills required for HIV and Aids education.

Self-Assessment 8



Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 8](#) to do a few questions on this learning unit.

You are now finished with the assessment. Got to Learning Unit 9.

Appendices

- Activities
- Self-Assessment
- Glossary

ACTIVITY 8.1 – PRESENT AN EDUCATIONAL SESSION

The purpose of this exercise is to prepare an educational session (e.g. a workshop) on any aspect of HIV and Aids, to choose a target group, and to present your lecture or workshop to them.

1. For this activity do the following:
 - Decide on (a) a target group and (b) a topic that you would like to discuss or workshop with your participants. Note: Rather concentrate on adult education. (Educating schoolchildren has all sorts of complications. For example, you will need the written permission of their parents.) You may ask colleagues or a group of friends to attend your educational session. There should be at least five participants attending your session.
 - Decide on your method of teaching (e.g. lecture, group participation, role-play, or a combination).
 - Decide what your main message should be (what do you hope to achieve?), how long the educational session should take, what equipment or educational material you will need, etc.
 - Study your topic (use your prescribed book as well as additional material) and make brief notes.
 - Develop your educational materials, or collect pamphlets, posters and other training materials from your nearest health department, if possible.
 - Which evaluation methods are you going to use to evaluate your educational session?
 - Think about your role as a facilitator (see section 8.4 in your prescribed book).
 - Present your educational session.

2. Write down your experiences. Answer the following questions:
 - a. Who was your target group? How many people attended?
 - b. What was your method of teaching?
 - c. What was your topic?
 - d. What was your main message?
 - e. What educational materials did you use?
 - f. How did you evaluate the educational session?
 - g. How did you feel standing in front of a group to facilitate the session? (Concentrate on your feelings.)
 - h. What did you learn about yourself as a facilitator? What will you do differently next time?

3. Write a report about your experiences.
 - Give an outline of your workshop plan.
 - Describe the educational materials you used (e.g. pamphlets, posters).
 - Provide a reflection of your experience as a facilitator of the workshop. How did you feel? Did you merely lecture, or did you guide your participants to empower themselves in a safe environment? Were you sensitive to group dynamics and did you do more listening than talking?
 - Describe your participants' responses. Did they talk a lot, did they ask many questions, or were they absolutely quiet?

[\[FEEDBACK\]](#)

FEEDBACK 8.1

They say practice makes perfect! Keep on practicing until you get it right.

[\[BACK\]](#)

SELF-ASSESSMENT 8

Question 1

Which one of the following reflects some of the principles/aspects to be kept in mind when developing an Aids prevention programme?

1. Facilitating empowerment, individual approach, partnerships
2. International support, partnerships, a holistic approach
3. Partnerships, facilitating empowerment, a holistic approach
4. National support, peer support, facilitating growth

Question 2

What are the main reasons why people do not go for HIV tests, access ARV drugs, adopt safe feeding methods for their babies, or change sexual behaviour?

Question 3

Name some of the entities who should implement efforts to fight against stigma and discrimination?

Question 4

Link the descriptions below with the corresponding methods of teaching/learning:

1. After a play, the class asks questions of the character played by the actor.
2. The use of posters, leaflets, written information, cartoons, and comic strips.
3. A short account of a person's experience to clarify what is being taught in class.
4. Using the experiences of learners who have achieved something relevant to what is being taught, to teach the other learners.
5. Active involvement of the learners.

Question 5

Indicate whether the following statements on facilitation skills are true or false:

1. Subjectivity is very important.
2. The facilitator should provide many opportunities to ask questions.
3. All people attach the same meanings to concepts.
4. The facilitator should be alert to expressions indicating deep or strong feelings.
5. The four cornerstones of being a good facilitator are empathy, respect, genuineness, and concreteness.

FEEDBACK 8

Feedback Question 1

The correct answer is partnerships, facilitating empowerment and a holistic approach (alternative 3).

Feedback Question 2

The main reasons why people do not access HIV-related services are stigma and discrimination.

Feedback Question 3

Some of these entities are: all leaders; people living with HIV; human rights protectors; governments; the legal environment; prevention and treatment, care and support services.

Feedback Question 4

The corresponding method of learning is:

1. Discussion in character
2. Social marketing and the use of the media
3. Case study
4. Building on successes of learners
5. Group participation

Feedback Question 5

The correct answers are:

1. Subjectivity is very important: False.
2. The facilitator should provide many opportunities to ask questions: True.
3. All people attach the same meanings to concepts: False.
4. The facilitator should be alert to expressions indicating deep or strong feelings: True.
5. The four cornerstones of being a good facilitator are empathy, respect, genuineness, and concreteness: True.

[\[BACK\]](#)

Facilitating empowerment

The process of involving and encouraging individuals, groups and communities to address their own health concerns and to find solutions to their own problems (p. 153)

[\[BACK\]](#)

A holistic approach

A combination of various approaches to provide an inclusive continuum of HIV prevention and care.

[\[BACK\]](#)

Stereotypes

Frames of reference or patterns of expectations that strongly influence the processing of incoming social information.

[\[BACK\]](#)

Prejudice

A negative attitude toward members of a group, based solely on their membership of that group.

[\[BACK\]](#)

Discrimination

Negative behaviour or actions based on prejudice.

[\[BACK\]](#)

Learning Aid

Any object used to assist an educator in the teaching process.

[\[BACK\]](#)

Facilitation skills

The skill of helping other people to discover knowledge, to explore their potential, to build upon experience, and to generate their own learning.

[\[BACK\]](#)