COMMUNICATION AND EDUCATION ABOUT AIDS

A STUDY OF MEDICAL STUDENTS' VIEWS IN THE CONTEXT OF ACTUAL STRATEGIES ADOPTED IN TRINIDAD AND TOBAGO

Godfrey A. Steele

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FOREWORD

At Jomtien in 1990, member states of the United Nations adopted the Framework for Action to Meet Basic Learning Needs and created the International Consultative Forum on Education for All (EFA Forum). One decade later, the EFA Forum embarked on an assessment of this initiative, intended to assist member states in examining their education provisions to inform the formulation of policy.

Once the Caribbean EFA Regional Advisory Group had embarked seriously on the assessment, it was quickly realised that it would be difficult to capture, in any one place, an assessment of all that had transpired in education in the Caribbean during the period 1990-1999. Moreover, the technical guidelines constrained assessors to specifics within quantitative and qualitative frames. However, because it was felt that education in the Caribbean is too dynamic to be circumscribed, the idea of a more wide-ranging monograph series was conceived.

Researchers, education practitioners, and other stakeholders in education were invited to contribute to the series. Our expectations were that the response would be quite moderate, given the short time-frame within which we had to work. Instead, we were overwhelmed by the response, both in terms of the number of enthusiastic contributors and the range of topics represented.

Caribbean governments and peoples have invested in the hardware for education—buildings, furniture, equipment; in the software, in terms of parent support and counselling services; and they have attended to inputs like books and other teaching/learning resources. They have wrestled with ways to evaluate, having gone through rounds of different national examinations, and modifications of ways to assess both primary and secondary education.

But, as the efforts to complete the country reports show, it has been more difficult to assess the impacts, if we take the eventual aim of education as improving the quality of life—we have had mixed successes. That the sub-region has maintained relative peace despite its violent past and contemporary upheavals may be cited as a measure of success; that the environment is threatened in several ways may be one of the indicators of how chequered the success has been.

Writers in the monograph/case study series have been able to document, in descriptive and analytic modes, some of the attempts, and to capture several of the impacts. That this series of monographs on Education for All in the Caribbean has been written, edited, and published in nine months (from first call for papers to issue of the published titles) is itself an indication of the impact of education, in terms of human capability and capacity.

It reflects, too, the interest in education of a number of stakeholders without whom the series would not have been possible. Firstly, the work of the writers is acknowledged. All worked willingly, hard, well, and, in most cases, without material reward. The sterling contribution of the editor, who identified writers and stayed with them to the end of the process, is also recognised, as is the work of the printer, who came through on time despite the severe time constraints. The financial contribution of the following agencies also made the EFA assessment process and the publication of the monograph/case study series possible: Caribbean Development Bank (CDB), Commonwealth of Learning (COL), Department for International Development (DFID), International Labour Organization (ILO), Sub-Regional Headquarters for the Caribbean of the United Nations Economic Commission for Latin America and the Caribbean (UNECLAC), United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), The University of the West Indies, Cave Hill; and the UN country teams based in Barbados, Jamaica, and Trinidad and Tobago, Haiti, and Guyana.

We invite you to peruse individual titles or the entire series as, together, we assess Caribbean progress in education to date, and determine strategies to correct imbalances and sustain positive impacts, as we move towards and through the first decade of the new millennium.

Claudia Harvey
UNESCO Representative and Coordinator, Regional Technical Advisory Group (RTAG)
EFA in the Caribbean: Assessment 2000
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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Deficiency</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge, Attitudes, Beliefs, and Practices</td>
</tr>
<tr>
<td>KABPS</td>
<td>Knowledge, Attitudes, Beliefs, Practices, and Skills</td>
</tr>
<tr>
<td>UWI</td>
<td>The University of the West Indies</td>
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</table>
ABSTRACT

There is a tendency for health education, particularly education and communication about AIDS, to be controversial. Sometimes a public statement can signal a possible educational controversy with significant social implications. A newspaper report in October 1998 echoed the Chief Medical Officer’s statement that there were 35 deaths from AIDS each month in Trinidad and Tobago. This paper explores potentially controversial AIDS education and communication issues described by medical students, and compares these issues with those reported in the Trinidad and Tobago daily press and discussed in the research literature. An analysis was conducted using retrospective data on medical students’ views on the incidence of AIDS in Trinidad and Tobago, and their approach to educating a young person about AIDS. The findings indicate that from an educational perspective, medical students, who may be regarded as future health professionals, emphasize socioeconomic factors and a view of education as information giving. From a communication perspective, the most common concern among six issues cited was with perceptions. Students’ views about a suitable approach were characterized in terms of four main goals, twelve types of focuses or emphases, and four key aspects of the communication process. The implications of these findings are discussed in relation to the medical education curriculum and public health communication efforts about AIDS targeted at youth.
Communication and Education about AIDS*

Introduction

The rationale for the theme of the Fifth Biennial Cross-Campus Conference on Education—Controversies in Education—described conflict and disagreement as essential elements of controversies in education. Do controversies in education involve more than conflict and disagreement? Judging from media reports, a popular notion of controversy involves dimensions of alarm, surprise, and public attention or outcry. Not all controversies, however, receive significant attention. Definitions of controversy are formed by those who define them. Put another way: Controversy is in the eyes of the controverter. This monograph examines a controversial issue in medical education through the eyes of the students and compares their views with professional and academic views.

In two medical communication skills courses offered by The University of the West Indies (UWI), St. Augustine, students are introduced to the study of principles of health communication and their application to various health contexts. A study was conducted among 235 medical students using retrospective examination data to obtain students’ views on the incidence of AIDS in Trinidad and Tobago.

Purpose of the study

The purpose of the study was to

- Examine students’ responses to a controversial health communication topic;
- Identify controversial aspects of the views of students by comparing them with the views of health professionals and educators;
- Explore possibilities for addressing the controversial issues in the communication skills programme in the medical education curriculum.

Literature Review

Education and information have been identified as being among the most powerful weapons in the fight against AIDS (Rostant, 1997). Despite the best prevention and education efforts, the AIDS pandemic continues to expand (Mann & Tarantola, 1996 as cited in Morisky & Coan, 1998, p. 185). Notwithstanding the importance of knowledge, it is widely recognized that knowledge of HIV/AIDS is not enough (McKeganey & Barnard, 1992, p. 11). It is contended that “As no vaccine or cure for HIV/AIDS will be available in the immediate future, prevention is the key to halting the spread of HIV infection through the implementation of education and communication programs aimed at changing high-risk behavior” (Svenkerud and Singhal, 1998, p. 216).

* An earlier version of this paper was first presented at the Fifth Biennial Cross Campus Conference on Education, April 7-9, 1999, The University of the West Indies, St. Augustine, Trinidad.
Education about AIDS reported in the press

The seriousness of HIV/AIDS has taken some time to receive attention in the Caribbean (Aids alarm in Tobago, 1995; Aids education a priority in St. Lucia, 1998; Ramcharitar, 1997; Renewing Aids alarm, 1996; Rostant, 1997). Although the existence of AIDS has been known since the early 1980s, such knowledge has not prevented Trinidad and Tobago from being ranked as the location of the second highest rate of reported cases in the Caribbean (Rostant, 1997).

Misinformation about AIDS has been cited (Roop Dass, 1995) and controversy over speculations about the cause of AIDS has been reported (Blatter & Cleghorn, 1998; Gooding, 1998). Statistics on AIDS have been sensationalized (Dillon-Remy, 1997) and the cautious interpretation of statistics has been urged (Wagner, 1997). There have been concerns about vaccine trials in Trinidad and Tobago (Aids vaccine possible, 1998; Bartholomew awaits approval, 1999; Bartholomew: No testing, 1998; Rafeeq, 1998).

Efforts at the community level have been reported locally (Arthur, 1998; Coker, 1998; Elias project, 1998) and policy formulation at national level (Arthur, 1998; Ramcharitar, 1997; Tobago students told, 1998). Policy formulation in Trinidad and Tobago has focused on screening of pregnant mothers, deregulation of condom sale, health promotion and consideration of vaccine trials, and establishment of a National AIDS programme.

One of the best HIV/AIDS prevention strategies at community level includes a recommendation for the incorporation of two communication theories: “diffusion of innovation and social marketing… market segmentation and tailoring of messages…” (Morisky & Coan 1998, pp. 179-180)

It has been found that most public service announcements on television “encouraged people to seek out more information,” but it was argued that “these messages should, instead, motivate people to change their behavior” (Freimuth, Hammond, Edgar, & Monahan, 1990 as cited in Frey, Botan, Friedman, & Kreps, 1992, p. 5).

A survey of communication and education efforts in the English-speaking Caribbean and in Trinidad and Tobago

Studies of knowledge, attitudes, beliefs, and practices (KABP), and sometimes skills (KABPS), of members of a population usually provide baseline information for communication and education programmes about HIV/AIDS. In the English-speaking Caribbean, studies have been conducted among secondary school children (Ellis et al., 1990; Walrond et al., 1992a; Walrond, Jones, Hoyos, Roach, & Ellis, 1992b) and adults in Barbados (Walrond & Hoyos, 1994). Similar studies have been done among men (Weller, Figueroa, Woods, & Helquist, 1992) and among 8-9 year old children (Green, 1991) in Jamaica; among men in Guyana (Persaud, Charles, & Edwards, 1993); among three prison populations in St. Vincent and the Grenadines (Eustace, Helquist, Woods, Renaud, & Rohde, 1992); in the Eastern Caribbean among youth (Francis & O’Neil, 1992); in Trinidad among the general population in 1988-89, and another among youth aged 15-24 in 1995 (Trinidad and Tobago, 1995). In the Trinidad and Tobago context, the results of the 1988-89 KAPB and the findings of a series of focus groups interviews in 1992 contributed to the creation of a peer education project, RAP PORT, under the aegis of the National AIDS Programme of Trinidad and Tobago and the Health Education Division of the Ministry of Health.

Given the focus of the present study on youth, both as medical students and as persons receiving help, it is useful to consider relevant interventions undertaken. There seemed to be a
range of views on educating youth during the period of the mid-1980s to the mid-1990s. In 1993-94, a peer education project for teenagers was undertaken among Red Cross clubs in Jamaica. Bain, Hue, White, & Fee (1995) judged it effective enough to be offered beyond the Red Cross clubs. After studying the changes needed in education programmes seeking to reduce childhood HIV transmission in Barbados, Walrond et al. (1992a, p. 208) concluded that "overall the results indicate that education efforts prior to the survey had been effective, but that reinforcement of such efforts as well as their extension into the primary schools is warranted." Green's (1991, abstract) study of RAP among 8-9 year old Jamaican boys and girls concluded that "insufficient knowledge and negative attitudes towards HIV/AIDS victims by some of the 8-9 year old [children] can be considered risk factors of acquiring the disease." Interestingly, factors to be considered in designing a programme for preadolescents and parents were investigated in Jamaica (Bain, White, Madden, Bain, & Anderson, 1993) around the same time.

Focus groups discussions were conducted with sexually active youth in Trinidad and Tobago in 1992 by the National AIDS Programme "to specifically meet the needs of out of school youths." Among the concerns of youth reported by Brathwaite (1996, p. 2) were views that: "the language for AIDS prevention messages should be less lofty and more appropriate to the vernacular," and "party posters competed with AIDS information."

In an evaluation of RAP PORT Brathwaite (1996, p. 12) reported the need to strengthen the management structure and provide further support to overworked staff. It was noted that the project "has been addressing a necessary gap among the needs of youth" and that "its strongest outreach has been the use of television to send information to youth" but a better structured media programme was necessary. Griffith's (1998) evaluation of RAP PORT included interviews with students who were "generally enthusiastic about the programme" which had had "a profound effect on them" (p. 5). The evaluator reported that "most impressive was the creative manner in which information was disseminated to youths (sic) who accessed such at the Centre" and concluded that "this research validates the effectiveness of RAP PORT in helping youths to choose more responsible lifestyles...[that]...thereby contributes to a healthier world" (p. 7).

The NAP National Coordinator, Muriel Douglas (personal interview, August 19, 1999) described the project as successful and expressed pride in its achievement.

The impact of educational programmes: The case of RAP PORT in Trinidad and Tobago

It is difficult to assess the effectiveness of RAP PORT purely on the basis of quantitative measures, especially when postevaluation data are not readily accessible to the programme administrators. However, during its first 8 months of operation in 1995, 580 youth had sought information, 322 had sought counseling, and 29 had sought both information and counseling (Brathwaite, 1996, p. 8). An analysis of shifts in responses from pretest to posttest at a RAP PORT workshop showed better knowledge (Brathwaite, p. 10) but it was difficult to access actual behaviours of respondents. Griffith (1998, p. 2) described RAP PORT's goal as one designed "to promote healthy lifestyle practices among the youth by creating a supportive environment which would engender information flow, education, communication, counselling and referral services." A possible way of exploring communication and education channels among youth, based on comparisons of the 1988-89 KABP survey of the general populations and the 1995 survey of youth 15-24, has been described (Trinidad and Tobago, 1995).

Communication skills in the medical education curriculum
The introduction of medical communication skills teaching into the medical education curriculum has been advocated for some time, but has recently received greater attention since the publication of the recommendations of the General Medical Council (1993). In 1995, two courses in health communication were introduced at UWI (The University of the West Indies, 1995).

The first course, CM10A: Communication Skills for Health Personnel, introduces students to the study of health communication principles. It focuses on history taking and interviews, oral and written communication (essays, reports, and short correspondence such as letter and memos), and issues relating to interpersonal and group communication within health settings and through case studies. The second course, CM10B: Communication Skills for Health Professionals, focuses on the review of health communication principles and their application to counseling, handling problematic areas such as breaking bad news and dealing with difficult situations; presenting case conferences, patient education, and communication with a mass audience on health issues. During each course, students are assessed by course work (50%) and, at the end, by examination (50%). Data for this study were collected retrospectively from a final examination in the first course, CM10A: Communication Skills for Health Personnel.

Counseling in health involves more than advice giving or information sharing (Dickson, Hargie, & Morrow, 1997; Hargie, 1997). The definition of HIV counseling is contentious for three main reasons: the problematic definition of counseling in general, the character of HIV counseling, and the extent to which HIV counseling matches the definition of counseling in general (Silverman, 1997, pp. 4-5). Two matters have controversial implications for this paper. Firstly, there is need for HIV counseling for the main reasons cited by Silverman (pp. 3-4):

1. It is primarily a social phenomena with urgent and consuming medical issues attached (Watney, as cited in Silverman, 1997).
2. Short of a medical breakthrough, the most effective response to HIV infection is via cultural and behavioral change.
3. Such change will depend upon communication processes that are complicated and little understood.

Secondly, Silverman (1997, p. 10) argues that, “HIV professionals are pulled into two, potentially different directions: health promotion (conceived as information giving) and non-directive counseling.” In other words, telling clients what to do is different from facilitating client’s decision making. Differences between the two emphases are sometimes easily blurred.

As part of the experience of doing CM10A, students were able to explore the use of a three-function model of interviewing that is distinguished from history taking (Cohen-Cole, 1991). This three-function model advocated the use of data gathering, building rapport and responding to the patient’s feelings, and educating and motivating the patient. This three-function model was applied when students presented Assignment 3, which required them to role-play how they would deal with a diabetic patient, and comment on the conduct of an interview with him.

From an educational perspective, two controversial matters are addressed in this paper. The first is: What are the controversial aspects of the way we communicate about AIDS? The second is: What are the controversial issues from (a) the point of view of medical students being educated in a health communication course, and (b) the point of view of medical students role-playing their attempt to educate others about AIDS?

**Method**

**Sample selection**
A total of 235 students (169 medicine, 26 pharmacy, 29 dentistry, and 11 veterinary) wrote a health communication skills examination with two sections. In the second section, students had a choice between two questions, 4 and 5. Question 5 dealt with a newspaper report on the incidence of AIDS in Trinidad and Tobago, while Question 4 dealt with an article containing a report on medical research. The majority of candidates (89.79%) wrote essay responses to Question 5 (the report on AIDS). The minority (10.21%) wrote essay responses to Question 4 (the report on medical research). Table 1 summarizes data on students’ choices.

Table 1. Distribution of Health Communication Essay Responses

<table>
<thead>
<tr>
<th>CANDIDATES</th>
<th>QUESTION 4</th>
<th>QUESTION 5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Pharm</td>
<td>1</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>DDS</td>
<td>1</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>DVM</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>MB.BS</td>
<td>21</td>
<td>148</td>
<td>169</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>24</strong></td>
<td><strong>211</strong></td>
<td><strong>235</strong></td>
</tr>
</tbody>
</table>

Criteria for selection of scripts for analysis

In each of the four categories of candidates, the scripts with the highest and lowest scores were selected for analysis. Table 2 provides a profile of the selected scripts. Scripts were marked out of 25, with 10 marks or 40% of the weighting for Language and 15 marks or 60% of the weighting for Content and Organization. For example, in one category of students, a script with the highest mark (17 or 68%), such as B. Pharm. 2 earned 6.5 out of 10 marks for Language and 10.5 out of 15 marks for Content and Organization. Another script, B. Pharm. 1, earned 3.5 out of 10 for Language and 1.5 out of 15 for Content and Organization. This script obtained the lowest mark (5 or 20%) in this category of students.

Table 2 Scripts Selected for Analysis

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>LANGUAGE (10 MARKS)</th>
<th>CONTENT &amp; ORGANIZATION (15 MARKS)</th>
<th>TOTAL SCORE (25 MARKS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Pharm 1 Script 23</td>
<td>3.5</td>
<td>1.5</td>
<td>5</td>
</tr>
<tr>
<td>B. Pharm 2 Script 1</td>
<td>6.5</td>
<td>10.5</td>
<td>17</td>
</tr>
<tr>
<td>DDS 1 Script 26</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>DDS 2 Script 17</td>
<td>5</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>DVM 1 Script 11</td>
<td>4.5</td>
<td>2.5</td>
<td>7</td>
</tr>
<tr>
<td>DVM 2 Script 7</td>
<td>5</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>MB.BS 1 Script 11</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>MB.BS 2 Script 7</td>
<td>7</td>
<td>12</td>
<td>19</td>
</tr>
</tbody>
</table>
Data collection

Permission to analyze the examination scripts of students who wrote the final examination was obtained. Every effort was made to protect students’ confidentiality by concealing identity and related individual performance on the examination. Scripts were read and selected for closer analysis according to the criteria described below.

Analysis of data

Content analysis procedures as described by Frey et al. (1991, pp. 212-215) were adopted for this study. Additionally, collected data were recorded under two main headings: Issues Identified by Candidates, and Approach Described by Candidates.

Using eight scripts representing the highest and lowest scores earned by candidates in the four disciplines in the programme, responses were analyzed on the basis of categories generated from the data studied. These categories are described in Table 3. The method of analyzing the data reported in this study offers a protocol for analyzing the responses written by all candidates.

Findings

A total of 235 students responded to an examination question based on an adapted version of an article entitled “HIV out of Control” (Mejias, 1998) that attracted much public attention. In a review of news events that earned roses or rocks on a scale of 1 to 5 (depending on their newsworthy significance, with 5 being the highest), this story received one of the highest ratings among other 1998 Express news stories dealing with race relations, attacks on the press and on calypsonians, the pitbull menace, the John John Towers housing issue, the remarks made by Winnie Mandela on her visit to Trinidad, and the defacing of a street sign honouring Wendy Fitzwilliam, the Trinidadian Miss Universe 1998.

Students were asked, “What are the health communication issues in the following newspaper report? Describe relevant aspects of the communication process you would need to take into account if you were approached for help by a young person who had just read this article” (see Appendix A).

Issues

The following issues (see Table 3) were generated by the selected candidates in response to the question given.
Table 3. Education and Communication Issues Identified by Selected Candidates

<table>
<thead>
<tr>
<th>Education Issues</th>
<th>Communication Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Socioeconomic, includes references to age, class, money, employment, gender</td>
<td>1. The nature, meaning, understanding of the communication process</td>
</tr>
<tr>
<td>2. Education as information means giving information, e.g., explaining, telling, showing; seeking information, e.g., asking questions</td>
<td>2. Characteristics of senders of messages</td>
</tr>
<tr>
<td>3. Format/language of education means references to language used, description, explanations, information transmission, delivery, showing statistics, graphs</td>
<td>3. Perception includes references to self conception, perception of others and self, values: cultural and ethical, etc., attitudes and beliefs about messages</td>
</tr>
<tr>
<td>4. Educators’/health professionals’ characteristics refer to attitudes, beliefs, impressions, self presentation, role</td>
<td>4. Environmental and contextual factors include physical, temporal, psychological states of anxiety, fear, physical and mental state which affect communication</td>
</tr>
<tr>
<td>5. Learners’/clients’ characteristics refer to attitudes, beliefs, impressions self presentation, role</td>
<td>5. Characteristics of receivers of messages</td>
</tr>
<tr>
<td>6. Education as advice or counseling refers to statements about advice-giving, providing counseling</td>
<td>6. Medium or channel refers to means used to convey/receive a message; word choice, use of visuals, graphics tone or mood</td>
</tr>
</tbody>
</table>

Data from selected scripts

A summary of data obtained from the 8 selected scripts is presented in Table 4. The issues were analyzed under two broad headings: Education and Communication. Details of the data analyzed are shown in Appendix 2. In Appendix 2, the total essay score was marked out of 25 and was based on Language (10 marks or 40 %) and Content and Organization (15 marks or 60%). The Content and Organization score out of 15 marks is shown separately.

Education

The results indicate that, from an educational perspective, the concern with socioeconomic factors was most evident in candidates’ responses (ED Issue 1). The notion of education conceptualized as information giving was also a common concern (ED Issue 2). Other concerns included characteristics of learner/clients (ED Issue 5), characteristics of the educators/health professionals (ED Issue 4), a conception of education as advice giving and counseling (ED Issue 6), and a concern with the format or language of education (ED Issue 3).

Communication

From a communication perspective, the most common concern was with perceptions. These perceptions referred to self-conception of the medical student; how others such as the client were
perceived (CM Issue 3). The role of values, attitudes, and beliefs about messages was also taken into account. Candidates listed other factors such as characteristics of receivers of messages (CM Issue 5), and of senders of messages (CM Issue 2), the verbal or nonverbal medium or channel used (CM Issue 6), the nature of the communication process (CM Issue 1), and the environment and context (CM Issue 4).

Table 4. Summary of Categorized Issues Identified by Selected Candidates

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>EDUCATION ISSUES</th>
<th>COMMUNICATION ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. Pharm 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>B. Pharm 2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>DDS 1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>DDS 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DVM 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DVM 2</td>
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<td>X</td>
</tr>
<tr>
<td>MB.BS 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MB.BS 2</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*Note. This issue was inadvertently discussed by the candidate in the approach section of the question.

Approach

The approach taken by candidates referred, in general, to goals, focuses or emphases, and aspects of the communication process.

Goals

Four main goals were identified:

1. explaining information
2. facilitating communication
3. educating persons
4. relating to/helping persons

Focuses/Emphases

Twelve emphases were noted among the discussion of approaches:

1. The importance of precautions/prevention
2. The nature of the disease, transmission, & epidemiology
3. Reassurance
4. Making receiver/client comfortable
5. Being nonjudgmental
6. Appealing to fear
7. Giving facts
8. Reducing fear and anxiety
9. Offering advice
10. Answering questions/avoiding intrusive questions
11. Preparation for future support
12. Demonstrating empathy, respect and partnership

Relevant Aspects of the Communication Process

Typically candidates considered four main aspects of the communication process:

1. Verbal communication
2. Nonverbal communication
3. Avoiding information overload
4. Considering receiver/client characteristics such as age, susceptibility and risk factors, sensitivity/privacy

Table 5. Summary of Categorized Approaches Described by Selected Candidates

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>GOALS</th>
<th>FOCUSES/ EMPHASES</th>
<th>RELEVANT ASPECTS OF COMMUNICATION PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Pharm. 1</td>
<td>1</td>
<td>1, 2</td>
<td>-</td>
</tr>
<tr>
<td>B. Pharm. 2</td>
<td>2</td>
<td>3, 4, 5</td>
<td>1, 2</td>
</tr>
<tr>
<td>DDS 1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DDS 2</td>
<td>3</td>
<td>6</td>
<td>3, 4</td>
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Discussion

This investigation has established three main findings that will be discussed. These findings relate to: (a) medical students’ identification of issues and a suitable approach to communicating and educating about AIDS with a hypothetical client; (b) the approach to communication and education in Trinidad and Tobago society as documented in daily newspapers’ accounts; and (c) reports about efforts to communicate and educate about AIDS that are documented in the research literature.

Issues identified by medical students

In discussing issues from an educational perspective, medical students emphasized a view of education as information giving in the form of explaining, advising, and sharing knowledge. Second, medical students stressed a consideration of socioeconomic issues that would affect their efforts to educate clients, in their references to age, class, money, employment, and gender. This finding reflects a predominant view of education as transfer of information. However, an important axiom in education is that the transfer of information is not enough if one wishes to educate. Medical students’ concern with information giving seems similar to the health promotion (conceived as information giving) focus that Silverman (1997, p. 10) has identified among HIV professionals. Reference to the patient education protocol devised by Cohen-Cole (1991) makes it clear that in medical situations, information giving is just one aspect of the whole process. The
patient’s perception of illness and the patient’s emotional response to illness also receive attention in patient-centred care.

From a communication perspective, medical students were mainly sensitive to perceptions in relating to the hypothetical client who had asked for help after reading the article on the incidence of AIDS. Students referred to perceptions of self and others, and values, attitudes, and beliefs about messages. This finding reflects an awareness of the significance of perception in communicating with patients. It is not clear, however, whether this awareness has any influence on conceptions of educating patients/clients.

**Approaches identified by medical students**

When students commented on a suitable approach to helping the client who had approached them, they typically described 4 main goals, 12 sets of emphases, and 4 relevant aspects of the communication process that should be considered. The significance of education and communication programmes has been asserted (Svenkerud & Singhal, 1998), and the importance of cultural and behavioural change has been stressed (Silverman, 1997, pp. 3-4). However, inadequate understanding of the relevant communication processes has been acknowledged (Silverman 1997, p. 4). Perhaps the characterization of the approach to be taken by medical students as goals, emphases, and relevant aspects of communication may yield possibilities for better understanding of the health communication process.

**Approach to AIDS communication and education reported in two daily newspapers**

The predominant approach to AIDS education reported in the Trinidad press (Express and Trinidad Guardian) has focused on correct information giving, addressing misconceptions, and collaborative community level efforts with some official support. More recent reporting has been highlighting recognition of the need for behavioural and attitudinal change. This finding suggests a changing trend that is in keeping with the experiences reported in the research literature. However, the precise strategies for implementing this change appear not to be as well reported in the press. A finding in relation to public service announcements in the United States argued for messages that would motivate people to change their behaviour instead of seeking more information (Freimuth, Hammond, Edgar, & Monahan, 1990 as cited in Frey, Botan, Friedman, & Kreps, 1992, p. 5). It is clear that this recommendation seems applicable to the Trinidad and Tobago context.

**Research on efforts to communicate and educate about AIDS**

The research literature suggests that it is important to do more than merely give information. Some of the best efforts reported include diffusion of information as well as social marketing/market segmentation that targets specific groups. It is clear that both medical students and persons involved in public health communication efforts need to be better informed and trained to use more of the communication theory and practice that have been shown to be successful (Morisky & Coan, 1998).

Several factors in the research literature have implications for the education of medical students faced with the prospect of responding to appeals for help in the setting of the HIV/AIDS epidemic. Certainly, an understanding of KABP studies can provide baseline guidelines for designing intervention strategies. The results of KABP studies among youth are relevant to the present discussion.

In the case of RAP PORT in Trinidad, such baseline information has been helpful. There are limitations involved in comparing general population data in the 1988-89 KABP study with the
youth response data from the 1995 study of knowledge, perceptions, and practices that are noted in the youth response survey (Trinidad and Tobago, 1995, pp. 11, 38). However, some findings seem instructive for the medical education communication skills curriculum and for intervention strategies against HIV/AIDS in the Caribbean:

1. It has been speculated that "persons have been relying less on friends and more on foreign television as a source of information" (p. 38).
2. It is felt that "persons may have relied more on radio... from 5.7% in the general sample in 1989 to 19.4% among youth in 1995" (p. 38).
3. From this writer's perspective, youth appear to rely less on doctors for information, down from 4% in 1989 to approximately 2% of respondents in 1995. They also appear to rely less on friends, down from approximately 22% to about 4% in 1995.
4. The 1995 study revealed that, on average, 13.9% of the respondents in institutions and non-institutions regarded a doctor as a credible source of information, and 5.7%, on average, regarded a nurse as a credible source of information. It was found that "information on television - both local and foreign (60.3%), and information from posters and pamphlets (31.5%) were perceived as most credible" (p. 39).
5. Another finding was that "schools (38.6%), health workers (31.9%), and parents (30.4%) were perceived by youth to be agents who should be providing AIDS education to youth. Doctors (17.7%), churches (17.1%) and the media (14.9%) have also been recommended for this task" (p. 40).
6. The best channels recommended for sending messages on AIDS to young people were (p. 41):
   - face to face lecture/discussion 25.8%
   - lectures by HIV+ persons 18%
   - presentations by drama groups 16.7%
   - music 14%
   - television shows 13.1%
   - posters and pamphlets 5.5%
   - lectures by celebrities 3.4%
7. Youth respondents mentioned the following information sources (p. 41):
   - NAP 32.4%
   - National AIDS Hotline 33.7%
   - Ministry of Health 22.6%
   - Health Offices 26.1%
   - Youth Drop In Centre (RAP PORT) 14.3%
8. The main items of information requested from the Hotline related to "the transmission of and testing for HIV" (p. 41).

In light of the eight observations reviewed above, an intervention programme such as RAP PORT stands to benefit from additional support in the form of technical and financial assistance from the private sector and other interested groups. Moreover, medical students, as future health professionals, need to recognize that youth seem to have special concerns regarding the source, channel, and type of information requested.

Medical students are not always comfortable in dealing with human sexuality in the context of HIV/AIDS education (Wickramsuriya, 1994), but there is a suggestion that their participation in a communication skills programme and attendance at a one-day workshop hosted by the National AIDS Programme could help them to be better prepared (Unpublished interview with Muriel
Douglas, 1999). The findings presented earlier indicate that, from an educational perspective, medical students often express concerns about socioeconomic factors and present a conceptualization of their role in HIV/AIDS education as providers of information. It is clear that these are necessary issues for attention, but they are not enough. A model-based projection of the course of the HIV epidemic under different sexual behaviour and intervention scenarios underscores the importance of changing behaviour (van Vliet, Holmes, Singer, & Habbema, 1998, pp. 230-231). A report on a pilot programme on promoting healthy family lifestyles among women and young adolescents aged 10-15 years old in Trinidad and Tobago emphasizes the need for repeated reinforcement of AIDS information, perhaps by "bringing students, teachers and parents together" (Brathwaite, 1999, p. 8). If medical students, as future health professionals, are to have a significant impact on HIV/AIDS information, education, and communication activities, their medical education curriculum needs to be enriched by involving these students in additional outreach and community-based programmes.

From a communication perspective, the data presented in this study show students' awareness of several issues, including the communication process and the role of senders, receivers, perception, and environmental and contextual factors, medium, or channel (see Table 3). Such awareness seems to suggest a degree of sensitivity, among students, about what is required to engage in HIV/AIDS educational and communicative activities.

Conclusion

Educational controversy does not always attract attention. This paper has sought to demonstrate the quiet controversy existing in the lag in thinking of those who regard education mainly as information giving. Some research suggests that more successful efforts include recognition of not just the need for behaviour change, but an awareness of the relevant and effective strategies to bring about the required change.
References

The University of the West Indies. Faculty of Medical Sciences. (1997). *Students Information Booklet*. St. Augustine: Author.
Appendix A. Question 5 - CM 10A: Communication Skills for Health Personnel

5. What are the health communication issues addressed in the following newspaper report? Describe relevant aspects of the communication process you would need to take into account if you were approached for help by a young person who had just read the article.

HIV OUT OF CONTROL
(An adaptation)

By Olive Mejias Trinidad Express Saturday October 31, 1998 Page 3

People are dying from Aids in Trinidad and Tobago at the rate of a little over one a day – or 35 deaths per month.

And the majority of them are young, unemployed women from lower income groups who are being taken advantage of by older men.

In fact, the HIV virus that causes Aids is now a full-blown epidemic, Dr. Rawle Edwards, Chief Medical Officer in the Ministry of Health, told a press conference yesterday.

Dr. Edwards said between 35 to 40 new HIV and full-blown Aids cases are being diagnosed every week while 35 deaths occur each month from Aids-related complications.

“In 1996 Trinidad and Tobago was averaging 35 cases per 100,000 population. By March of 1997, that had risen to 210 cases.

“The figures to date are not yet available, but it is estimated that we have crossed 300 cases per 100,000. These are frightening statistics, but they are scientific and true,” Edwards said.

He said that although no firm figures were available, it was costing the health care system a lot to care for Aids patients, since treatment drugs were expensive and a lot of hospital beds were being monopolized.

The rate of infection was fastest among the young female population Edwards warned, as young girls were increasingly targeted by old, unscrupulous men. For every single male between 15 to 19 infected with the virus, there were seven females.

Young women, he said, who were unemployed and lacking in self-esteem were having sexual relationships with men, sometimes for the monetary gains, and becoming infected.

“Our young female population of child bearing age is threatened by decimation and this may be a reflection of broader issues that have to be dealt with – education, employment….”
Appendix B. Details of Data from Selected Candidates

B. Pharm. 1  5/25  1.5/15
Script 23

Issues

None were identified.

Approach

1. “I would ask the young person to read the same article she read”
2. “At first I would explain to her the safety steps she have (sic) to take before having a sexual relationship. And why it is important referring to the article what can happen.”
3. “Secondly I would explain how people getting aids and/or what HIV virus is and how it multiply (sic) that fast.”

B. Pharm. 2  17/25  10.5/15
Script 1

Issues

1. “Apparently the lower income groups are not being educated about the disease AIDS and how it is spread.”
2. “If the lower income groups are given information about AIDS it is probably in a form that they can not understand, that is the language may be too complicated for them to understand.”
3. “The ‘educators’ may not present themselves as being approachable, that is they may present themselves to be superior to those around them, and so hinder any form of communication.”
4. “The environment in which the communication is occurring may not be appropriate for the communication process to occur.”
5. “The ‘educators’ are probably not taking into consideration that the people are from a different cultural background and they may not see anything wrong in having unprotected sex or multiple sexual partners. It is possible that their culture may be against the use of condoms.”
6. “The time at which such lectures were probably held was not appropriate. They could be at a time when most people were at work so there would be a poor turnout. They could have been at a time when most people came from work and were tired and thus were restless, irritable and not very attentive.”

Approach

Verbal Communication must be sufficiently emphasized

1. Simple word choice, sentence structure, clear organized discourse.
2. “Individual ...would be most likely younger than I am, of a different cultural background and less educated than myself.”

Non verbal communication: “By using this nonverbal communication I would be able to further facilitate the communication process and hence minimize and even eliminate any possible communication challenges.”

1. “It would be best for me to speak slowly and use an appropriate tone and pitch when addressing the individual so as to get as much information as possible across to the individual, because such a voice would facilitate listening and hence communication.”
2. “To facilitate communication I should place the individual at a comfortable distance (for both of us) from me, ensuring that both our heads are at the same level. This would enable me to interpret and understand the feelings of the individual.”
3. “It is important that I use reassuring gestures so as to make the individual feel comfortable. Such gestures would be to minimize hand movements, avoid frowning, have a relaxed countenance and probably lean forward at times. Such behavior would tend to facilitate communication.”
4. “When used appropriately touch can be a powerful reassurance and comforting tool. It can serve to calm the individual who is hysterical, comfort the individual who is depressed and reassure the individual who is confused.”
5. “Finally, appearance of both individuals can lend itself to some misinterpretation and hence a communication barrier. It is important for myself not to judge the individual by his external appearance, but to look at him as someone with a personality worth discovering. I can help this process by not being too formally dressed. Formality of attire tends to lend itself to a misinterpretation of superiority, something I would like to avoid.”

Issues

1. “One of the main purposes of communication is that of informing or educating. This seems to be the biggest communication issue being put forward in the article adaptation.”
2. “As the extract illustrates, targets and victims are young unemployed females with no self esteem. Here communication is lacking as it is evident that the ladies are ignorant to basic methods of prevention.”
3. “Since these females are of low income, it is of high probability that they cannot afford regular visits to health professionals. Much more so, they cannot afford treatment and medication. Therefore, they do not get advise (sic) and counseling available from various health personelle (sic). This issue of treatment and care is illustrated in paragraph seven of the extract. Due to the difference in class and social level, these young females lose most of the deserved education and counseling.”

Approach

None was described.
Issues

1. “The social factors considered was (sic) the group of women that were most susceptible to contracting the HIV virus. This was unemployed women with little income that obviously resorted to prostitution or some other means of sexual intercourse for money with older men. This illustrates the group of women in society with the highest risk of getting HIV. The writer has also made quite a profound impact by quoting some very alarming statistics which would undoubtedly instill a sense of fear upon his readers who are overly sexually active”.

2. “Another health communication issue was the effect of the AIDS epidemic on the infrastructure and the development of the nation’s economic status. He informed the readers of the cost to care for AIDS stating that it was quite expensive and the fact that accommodations in hospitals were being monopolized by HIV patients. He also quoted mortality rates as ‘35 deaths occur each month from Aids-related complications’”.

3. “Also addressed in the article was (sic) two main factors responsible for the AIDS epidemic – education,”

4. “Employment”

5. “It was noted how high the rate of infection was in the young female population and the following line may be quoted ‘For every single male between 15 and 19 infected with the virus, there were seven females’”

Approach

1. “The first part of the communication process I would take into consideration is that of educating the youth on the disease, its method of transmission, the impact on the community and lifestyle changes that someone infected with HIV would have to endure.”

2. “The physical factor of age difference would have to be noted and I think it would be more appropriate if my discussion with him was more open instead of one way. Dewey’s model of communication could be employed by first asking his perception of the illness and then later deal with the problems.”

3. “I would have to be cautious in not overloading him with too much information since studies have shown that after interviews with patients and doctors, 50% of patients have no clue of what disease they are suffering from.”

4. “It is also imperative that I clear up any misconceptions about the HIV virus which he may have and advise him of practicing (sic) safe sex with the use of contraceptives such as condoms.”

5. “Most importantly I would stress the fact that pre-marital sex (sic) or abstinence until marriage was his best alternative.”

6. “It would also be much more successful if I were to encourage him of coming to a seminar or group discussion with his colleagues.”

7. “After informing the youth about the disease, and clearing up his misconceptions I would also instill a sense of fear in him by quoting more mortality rates and emphasizing the fact that there is no cure for the HIV virus.”

8. “I would also take into account social factors such as the youth’s background and family income in order to determine if he was at a high risk and also caution him if so.”
Script 11

Issues

1. “The issue of who is at risk the most is addressed, mainly the young female population, and”
2. “the lack of treatment facilities and funding for the infected.”

Approach

Misinterpretation in response is demonstrated. Cites ambiguity, use of jargon, use of grammar as obstacles to understanding article for the reader.

DVM 2 13/25 8/15
Script 7

Issues

1. “Firstly, Dr. Edwards’ choice of description of the effect AIDS patients were having on the health care systems was not the best way the passage of information could have been handled. The idea that the AIDS patients were costing the health care system a lot conveys the impression that he views this as a burden, and is making a value judgment on the AIDS patients themselves, which I think is inappropriate. Likewise, the idea that the hospital beds are being monopolized by AIDS patients is tactless, and exhibits little empathy for the AIDS patients or their families.”
2. “Secondly, Dr. Edwards states that young women are being taken advantage of by unscrupulous older men. Once again, this is his personal opinion and analysis of the situation. He does not provide any proof that the older men in question are in fact unscrupulous, or that they are ‘older’. He may infer this from his knowledge of the country and its people and society, but the delivery of a comment with such negative connotations could do much to prejudice the minds of younger people, to make decisions they might not otherwise make. In the same vein, younger women may be led to believe by this article, that as long as they stay away from “unscrupulous older men”, they will be safe and not contract the disease. As is common knowledge, this is not true.”

Approach

“My main goal would be to relate and help as opposed to persuade…”

1. “I would first of all concentrate on the facts and figures in the article, and not on the opinion brought out in it. I would do this to try to lessen the fear and anxiety a young person might feel.”
2. “I would try to convey an open attitude and non judgmental mind set by not pronouncing negative opinions on a youth who wish to be sexually active.”
3. “I would counsel the youth to be sensible in choosing partners, and of course to take all necessary precautions.”
4. “I would take time to answer any questions the youth had, and not ask any intrusive questions.”
5. “I would be aware that the youth might want me to be available to discuss matters of a personal nature.”
Issues

None were identified.

Approach

1. “When approaching such a topic as AIDS to a small child they should be taken to a classroom setting or somewhere with a board and chalk. One must explain to this child what AIDS is and how one would get it.”

2. “Next you want to show the child statistics. In 1996 Trinidad and Tobago had 35 out of 100,000 cases by 1997 March it rose to 210 cases, which means 175 cases more. Then with the graph you explain that each month approximately 35 people are dying with it. As to date about 300 cases have passed out of 100,000.”

3. “Therefore you explain about how much medication is. The health care system is having a problem trying to add up on how much the medication is. You add in that the case of this is due to the fact that many older men have having sleeping around with young women.”

4. “The women in such circumstances are too young to get jobs or from poor families. Many females lack self esteem that let them lead to a brighter tomorrow.”

5. “Finally I end by saying that when you think of sleeping around with a boy/girl think twice. First of all has this girl/boy slept with anyone before me. Are they taking the proper precautions. Secondly, you should know that sleeping around is not a good thing and AIDS is not the only thing you can get, but it is a major virus.”

Issues

1. “The high mortality from HIV infections in Trinidad and Tobago.”

2. “The high incidence of HIV infection among young (age 15 to 19) unemployed women.”

3. “The high financial burden of treatment for HIV infected persons on the Health Care Systems in Trinidad and Tobago due to the expensive cost of drugs and use of large numbers of hospital beds.”

4. “The involvement of older men in the rate of infection of young girls, especially those with low self esteem and who are financially challenged.”

5. “The role of education and employment as mechanisms of dealing with these issues (among young women) so as to prevent HIV infection.”

Approach

1. “The need for empathy.”

2. “The need for respect.”

3. “The need for responsiveness.”

4. “The need to form a partnership for assistance.”
5. “The use of the correct context.”