Teachers and student teachers in Belarus, Ukraine, and The Netherlands use value
dilemmas of life, developing HIV/AIDS related strategies for education

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Introduction

The increase of HIV/Aids infections in Belarus, Ukraine and Russia is now even faster than in
Africa. It started by drugs addicts, spreading the virus through the repeated use of non
sterilized needles by many people. Now the HIV/Aids also spreads through unsafe sex.
Unsafe sex is an issue in Ukraine and Belarus but also in The Netherlands especially among
youth between 12 and 25 years old. Those young people are a subject of misunderstandings
and prejudices about HIV/Aids (Schultz et al, 2003).

In the past students of INHOLLAND University did several research projects about health in
schools in Belarus and The Netherlands. It started by projects related to the nuclear disaster in
Tsjeernobyl in 1986. These regions around Tsjeernobyl are the poorest of their countries,
suffering an economic and social breakdown even 20 years after the disaster (Brinkman,
1998).

Students developed communication strategies based on investigation of pupil’s assumption of
issues as food, alcohol and HIV/Aids. They used different methods to teach pupils and make
them aware about issues in their life’s, making choices and HIV/Aids. Examples of methods
recently used are a video movie (Brinkman et al, 2005) and a mime-game (De Vries et al,
2005).

In February 2006 a group of students and teachers of the School of Communication, Media &
Music started a new research project. The main goal was to make teachers aware of their and
others’ values of life and (active) educational strategies, and motivate them to develop their
own strategy in relation to HIV/Aids. The target group in this project existed of (student)
teachers1 in The Netherlands, Ukraine and Belarus.

In The Netherlands education about HIV/Aids is part of the curriculum. Teachers explain
pupils about STD’s (sexual transmissible diseases) and use education materials about this
subject. Pupils should know about the risks of unsafe sex and how to prevent themselves.
In Belarus and Ukraine the approach in teaching is different. HIV/Aids is not a topic in the
school curriculum. Teachers are free how and to what extend they lecture about this issue.
The president of Belarus has sent orders to schools to forbid the use of the words ‘sex’ and
‘condoms’ in school classes.

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1 The target group existed of student teachers and teachers from secondary schools and universities. In the paper they are mentioned as
‘teachers’.
Therefore we investigated ideas of teachers about their values in life and how to challenge their idea about HIV/AIDS. Based upon these investigation we developed a teaching strategy for teachers aiming to apply their ideas into practice.

In The Netherlands the research was done on secondary schools in Amsterdam and Tilburg and the teacher training college of Fontys University (48 participants in total). In Ukraine the research was done in Kiev on secondary schools and the National Schewtsenko University Kiev (52 participants in total). In Belarus the research was done in Minsk on The Institute of Modern Knowledge and the Academy for postdoctoral education (60 participants in total). Any distinction in sex or age is not made.

Methods

This project started by researching the social, cultural and scientific situation in The Netherlands, Ukraine and Belarus. Then we inventoried the perceptions of teachers of their own life in the Netherlands, Ukraine and Belarus by concept mapping and drawing tasks (Brinkman et al, 1995). This method consists of the following steps:

1. Collecting associations (10 minutes).
   Teachers were asked to individually write down words they think of when they think of ‘Your life’.
2. Clustering of associations into groups (10 minutes).
   Teachers were asked to arrange their associations into coherent groups of their opinion.
3. Structure and name (10 minutes).
   Teachers were asked to describe the relation of their groups with the stimulus word in one sentence.
4. Drawing.
   Teachers were asked to draw a picture of their perception of ‘your life’.


The stimulus word in these tests was ‘Your life’, translated into Dutch, Ukrainian and Belarusian.
Subsequently we challenged the teachers to compare these life concepts with the life of an HIV infected woman, interviewed in a video documentary and asked them how they should use this information in teaching secondary pupils. The ethical dilemmas the teachers felt themselves confronted with were also registered.

Inventories of teachers ideas

By asking teachers to write and to draw their perception of their life, they gave personal information if and how particular aspects take part in their life. Table 1, 2 and 3 are an oversight of the most frequently made associations in a top 5 ranking.
The results are partly similar and partly different in the three countries. Different is the aspect health in the perception of life. Also different is that Belarusian and Ukrainian teachers mention motherland and patriotism and the Dutch teachers didn’t. Similar are the other aspects as relationships, job & study, philosophy of life and future. The results in this tests showed us that none of the teachers mentioned HIV/Aids in their perception of their life.
The teachers are confronted with this problem by seeing the interview with the HIV infected woman. Reactions on this fragment where about the impossibility of a laughing HIV infected women. Some teachers wondered: „Is she infected for real or is she an actress“? Others though of explaining the behaviour of this woman to the pupils. One person said: „With this fragment Aids gets a human face.“. Most of the teachers mentioned the message the HIV infected woman has: it’s dangerous to be naive, you have to think about consequences even when you think it’s not important.

**The development of a communication strategy in education**

We developed a strategy based on the values of the teachers life’s and the fact of the increase of HIV/Aids. Starting point in this strategy is that the perceptions the target group have about something will influence their attitude about that something. In this strategy, we as a sender of the message took the perceptions of the target group – receiver of the message- into consideration.

We offered the teachers a case study about a new HIV infected pupil in their (future) classroom. This strategy was on one hand an introduction on working with an active learning method: dilemma oriented learning model (DOLM) (Boschhuizen et al, 2000). DOLM is a four-phase model:

A. The intuitive phase: The students read a shot description of a case study involving dilemma’s. They intuitively choose a course of action in this specific situation and formulate the arguments and moral values underlying their choice. The students then discuss their choices and values.

B. The phase of knowledge acquisition: In the next stage, the students study relevant bodies of knowledge. Subsequently, they again make another choice and offer their arguments and an explanation of their values. This is followed by a discussion between the students on choices and values.

C. The phase of reflection on the relevant bodies of knowledge: In this phase, the students reflect on the truth of the relevant bodies of knowledge from a philosophical perspective, after which they make their choices again, present their arguments and clarify their values.

D. The phase of reflection on the learning process: The students reflect on the three choice made in the earlier phases an give a verbal description of their learning process.

In Ukraine and Belarus they mostly use an inactive way of teaching (i.e. Aids is dangerous). In The Netherlands they now more replace that way of teaching in an active way (i.e. What do you think are the advantages and disadvantages of Aids?).

On the other hand we asked them to take place in a possible situation in reality. They listed positive and negative arguments and values in this case, formulated dilemma’s and discussed possible solutions.

After that, they were asked to develop a lesson about HIV/AIDS for the secondary level. The ethical dilemma experienced here by the (student-) teachers were compared with the dilemma’s scheduled after the interview of the HIV/AIDS patient.
Most of the respondents in The Netherlands, Ukraine and Belarus thought that AIDS is an important aspect in the teachers’ lives in the other countries (i.e. Ukrainians thought it’s important in Belarus and The Netherlands, and so on). One solution that they mentioned in all the three countries is to set up a special HIV-school.

- Ukrainian teacher: „Send the HIV infected boy to a special school with only HIV infected pupils.“

In The Netherlands teachers think that pupils are better informed, learn to handle the disease and have more understanding when they have a classmate with HIV. They also think that pupils and their parents are afraid for a pupil with HIV and that the pupil in particular will be teased.

- Dutch teacher: „Pupils are not well informed about HIV.“.

Teachers in Ukraine and Belarus think that health is an important aspect in teachers’ lives. Some teachers think that pupils know how to prevent themselves from AIDS and the consequences of using drugs and unsafe sex. In their opinion parents are very important in informing about AIDS. Some of them think that parents don’t allow their child to go to the same school as a child with HIV. In their opinion, a child infected with HIV is not like others, pupils can not accept him and will avoid him.

- Belarussian teacher: „Parents can ask the school to send the HIV infected boy out of school.“.

A part of the teachers in Ukraine think that a child with HIV will infect others on purpose. In Belarus teachers think that even with the right methods, pupils will not have any respect for people with AIDS.

**Discussion**

The teachers react different on the DOLM. That brings us to interesting questions for teachers and teacher education. How well are teachers informed about health issues in their country? What is their knowledge in relation to HIV/AIDS? What are the methods they use to inform their pupils? One of the teachers said: „We should help children understand to what consequences leads drug abuse and disorder in sexual life.“. She thinks she should help children, but does she know you she could help them?

What about the HIV infected child? Are the teachers afraid of getting infected or are they not well informed and afraid to be embarrassed? Is the image of the teacher in their social environment an explanation of not accepting a HIV infected child? Recently the organisation Human Right Watch wanted to pay attention for the HIV infected children in Romania. Those children are being discriminated in the society and they will be insulted and teased on schools. Is that the next step in Belarus and Ukraine where the virus is spreading quicker then the useful information?

Video movies are known as education material by teachers. Teachers in Ukraine and Belarus reacted positive on the method. But a laughing HIV infected woman was not the appropriate person to inform pupils. Interesting is that there were student teachers who didn’t watch the fragment with the HIV infected woman. They did develop a structure for a video movie to inform pupils about HIV/AIDS. Those structures existed of success stories of HIV infected people and ‘normal’ HIV infected people. Rising questions are about the effect of the
message. Maybe teachers don’t think a laughing HIV infected woman is serious, but pupils don’t get the message. Or are the structures with success stories social desirable answers? Teachers in Ukraine and Belarus also mentioned that pupils can’t imagine the disease Aids. Further research can explain if this is a matter of ignorance or not. More than the Dutch teachers they mentioned that their influence as a teacher is inadequate with a problem as HIV/Aids.

Teachers are in a position to help pupils to develop their knowledge and their values. In general when we look at the results, the conclusion is that the participants don’t think of themselves. They involve most of the time their environment as parents, pupils and setting up a special school. In Ukraine and Belarus they argue that family takes that place in pupils life’s.

Teachers should reflect on their profession. Do they think that parents need to have the only influence on their child then teachers? Do they think a special school for HIV infected children will help the society to control and accept HIV/Aids?

Perhaps teachers would like to inform their pupils and support them in their development, but they don’t have and don’t know the right instruments.

References


