

Commentary

Use of a participatory learning appraisal tool in AIDS awareness programme

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ABSTRACT

The Participatory Learning Appraisal (PLA) is an effective tool for engaging audiences in health awareness campaigns, as it can provide insight into the community's existing knowledge and misconceptions, as well as provide opportunities to conduct health activities with active community participation. We celebrated "World AIDS Day" at UHTC (Urban Health Training Centre) with health education using the PLA tool "Rating and Ranking." The use of the PLA tool turned a basic awareness session into an interesting learning process. Positive feedback from this activity motivates the facilitator to conduct health education programmes on various topics by using different innovative tools in an interesting way to enhance the active participation of the audience.

Keywords: PLA, Active participation, Awareness programme, Rating and ranking

INTRODUCTION

"World AIDS (Acquired Immunodeficiency Syndrome) Day" is celebrated on December 1st each year to increase public awareness of the disease. Doctors, health staff, social workers and Non-Government Organizations (NGOs) take advantage of the opportunity to spread word and bust common AIDS related myths and misconceptions. For the awareness campaign, our public health system has been using social media and mass media, as well as conducting AIDS-related seminars, workshops, and training programs. Health education is the common weapon used by the health staff in their awareness campaign. Question-and-answer sessions and feedback are steps in which the audience plays an important role, but how can we actively engage the audience in health education?

PLA: a useful tool

Participatory Learning Appraisal (PLA), also known as participatory learning and actions, is commonly used in

rural communities by the institutes; therefore, it is also popularly known as Rapid Rural Appraisal (RRA) or Participatory Rural Appraisal (PRA).¹

The technique essentially involves an informal, rapid, exploratory study of a specified geographical area to understand the local problems with the involvement of local people. It is a technique which enable community to analyse, share and evaluate their knowledge of life and conditions. Tools like diagramming, mapping, ranking can be developed to gather information. The PLA is an effective tool for engaging audiences in health awareness campaigns, as it can provide insight into the community's existing knowledge and misconceptions, as well as provide opportunities to conduct health activities with active community participation.

With the given idea, we celebrated "World AIDS Day" at UHTC (Urban Health Training Centre) with health education and a PLA activity. A rating and ranking tool was used to give messages to the audience about the risk groups for the disease.

PREPARATION OF ACTIVITY

Material required for the activity is chart paper, paper chits, different photographs of the risk groups mentioned earlier, and pens and pencils. Three different coloured boxes were drawn on the chart paper. The red box denoted a high-risk group, the yellow box a moderate-risk or bridge population, and the green box a low-risk group. High-risk groups include: sex workers, injectable drug users (IDU), patients who require regular blood transfusions, and men having sex with men (MSM). Bridge populations that are at moderate risk include truck drivers, migrants, clients of sex workers, and partners of IDUs. The general population (low risk) includes housewives, men, children, and youth.

Promoting AIDS awareness with a PLA activity

The propaganda of the awareness programme was carried by the social workers of the Department of Community Medicine in the field practice area since a week. Total participants were 30, and the majority of them consisted of OPD patients, relatives of the patients, community members, and paraclinical staff of the hospital. The medical officer of the UHTC introduced all the medical staff, along with the facilitator and social workers, as well as the agenda of the gathering to the audience in the local language. A social worker conducted the icebreaking session by reciting a poem about AIDS. Later, the seven volunteers were called from the audience for the PLA activity and asked to introduce themselves. PLA session was conducted with participants sitting in a circle on the ground with a facilitator maintaining an atmosphere of friendliness. The instruction was given first, followed by distribution of chits which contains the names of various risk groups (male homosexuals, intravenous drug users, female sex workers, truck drivers, blood transfusion patients, housewives, youth) in the local language. The chart paper was stuck to the wall facing the audience. The participants were told to read the chit and stick to any boxes representing risk (high, moderate, or low) as per their existing knowledge related to AIDS. We let them make their decision without any help from health staff. Following that, the other four volunteers were given pens or pencils and asked to rank the risk of contracting AIDS based on the chits. At both the rating and ranking stages, we took answers from participants on why they think in such a certain way. We let the wrong answers be displayed to the audience. Later, a faculty from the Community Medicine Department addressed the audience, provided information on AIDS-related health through a power point presentation and answered their questions. For the visual mode of education, photographs of each risk group were stuck to the charts correctly. Lastly, feedback was taken from the audience and hospital staff regarding the awareness programme.

Such a basic, PLA-oriented AIDS awareness session actively engaged people which helped to promote community participation. The PLA tool helped medical

personnel to assess the audience's existing knowledge so that he/ she can focus on dispelling common misconceptions related to the AIDS while providing health education. We noticed that the participants had no idea about bridge population and how bridge population plays an important role in spreading disease in the community. While informative points such as the mode of HIV infection transmission (sexual route, blood transfusion) and youth awareness were reflected in the participants' responses.

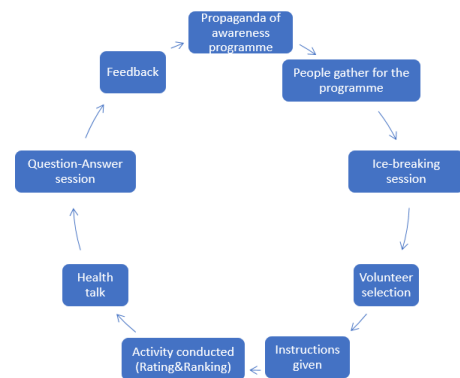


Figure 1: Process of conduction of PLA session.



Figure 2: Participant response on risk category of HIV in PLA activity (A).



Figure 3: Participant response on risk category of HIV in PLA activity (B).



Figure 4: Participants' responses on risk category for HIV.



Figure 5: Correct pictorial representation of risk category for HIV.

Dusit Duanga reported in his PLA note (1995) that combining PLA with other media and activities, can turn the basic awareness session into a complete learning process.² The use of PLA can empower participants in planning IEC (Information, Education, Communication) activities to prevent spread of HIV/AIDS in their own communities. The feedback from the participants showed the effectiveness of the PLA tool in spreading messages to a wide audience in such an interesting way.

CONCLUSION

The use of PLA tool turned a basic awareness session into an interesting learning process. The use of PLA has more effectiveness to deliver important health messages in the community with the engagement of different stakeholders. Positive feedback from this activity motivates the facilitator to conduct health education programs by using different innovative tools to enhance the active participation of the audience.

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REFERENCES

1. Learning P, Freire P. PRA and PLA Approaches : A Case Study with examples of participatory approaches employed by MAG and CMAC in Cambodia 1. 1999;1997:1–6.
2. Duangsa D. A participatory approach to promoting AIDS awareness in. 2001;(23):66–8.

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