

HIV/AIDS Care: Minding the Midwifery Education Gap

This letter is in response to the article “Assessment knowledge, attitude, and willingness to care for patients with HIV/AIDS among midwifery students of selected universities in Iran in 2020,” published in your esteemed journal.^[1] The study examines midwifery students’ HIV/AIDS care readiness. Although the authors suggest that student’s attitude is appropriate, it is not entirely positive. How can educators improve this? Three potential considerations will be outlined.

First, priority should be given to identifying educational gaps concerning HIV/AIDS care. Cultural and religious practices in Iran that associate immoral conduct with HIV/AIDS, for example, may lead midwives and nurses to exclude HIV-positive individuals.^[2] This implies that HIV/AIDS appears to be socially constructed. If this crucial factor is ignored, students may be oblivious to their social stigma and judgements, which may explain why none of the study participants were entirely positive.^[1]

Next, students need more real-world participation than lectures and webinars. Bringing in experienced midwives to teach and promote excellent practices can improve learning. They can also highlight stigmatizing practices such as extensive personal protection equipment and delay of care.^[3] In addition, having speakers who are HIV-positive at the session could be beneficial. According to a study conducted in Hong Kong, stigma among health workers can be diminished through standardized knowledge sharing and fifty minutes of contact with HIV-positive patients.^[4]

Simultaneously, it is critical to heighten the visibility of the HIV/AIDS subject across the current midwifery curriculum, particularly with an increased concern about HIV/AIDS cases among Iranian women. Active learning initiatives, such as final-year research projects, a student-led event commemorating World AIDS Day, or community outreach projects, may be implemented instead of standalone classroom sessions. Students could also be provided with more opportunities to care for patients in real settings, where they can assist with HIV/AIDS patients, as suggested by the present study.^[1]

In summary, to improve the students’ attitude in HIV/AIDS care, a candid reflection on how the current curriculum values the subject of HIV/AIDS, including its contents, teaching, and visibility in both theoretical and clinical settings, is deemed necessary. Student learning needs, cultural values, and community sensitivity should also be considered.

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Conflicts of interest

Nothing to declare.

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