



## Mud Hut Learning

By: **Linda Johanson**

### Abstract

As a nurse educator for the past 30-plus years, I am comfortable teaching in most classroom or clinical environments. In fact, I view teaching as one of my spiritual gifts. Romans 12:6-7 (NIV) states: "We have different gifts, according to the grace given to each of us. If your gift is prophesying, then prophesy in accordance with your faith; if it is serving, then serve; if it is teaching, then teach." Through this gift of teaching, I have been positioned to assist nursing students, fellow educators, and staff with biblical truth and words of encouragement. Recently, on a medical mission trip to Uganda, I was called to teach in an unusual and unfamiliar environment—a mud hut! God stretched me, a seasoned educator, and showed me that the gift of teaching has application anytime and anywhere.

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# Mud Hut Learning

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My host and I arrived at a little church in a remote village in the mountains of western Uganda. Our team began to arrange the mobile clinic. Hundreds of people in colorful African wraps and turbans were already lined up awaiting medical care. As a participating nurse, my job was to organize the pharmacy; however, the host missionaries had a new idea for our group. Knowing my education background, they asked me to present a class on health and hygiene to local women.



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Twenty-three eager women, ages 20 to 66, gathered into a cramped mud hut. All were mothers, married, and had lived in this village their entire lives. Through an interpreter, I introduced myself and noted the topic for discussion. The relationship of hygiene to health was explained in simple terms, with demonstrations of hand washing and teeth brushing.

Satisfied that I had covered the topic sufficiently, I followed my normal

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post-lecture protocol of asking if anyone had questions. Immediately, a woman in a bright yellow T-shirt asked a question that was interpreted (following giggles by the group). “They want to know how it is that you only have *two* children” (referring to a random statement from my introduction). Another hand went up. Was it possible to *catch* cancer in the way that AIDS is contagious? And, also, which family planning methods are the most effective?

Somewhat surprised that there were no questions on the topic of hygiene, I realized we had mistakenly assumed that this subject was a priority concern among these village women. I had not clearly assessed their needs before starting the class. So, I changed course. I began to ask them questions, women, it wasn't so much that they lacked knowledge about the serious health challenges they faced. Rather, it was their inability to do something about those challenges, about their knowledge

of family planning, of HIV/AIDS and other infectious diseases.

I discovered the women had accurate knowledge of transmission, risk, and symptoms for HIV but had a problem because the men in their lives would not agree to wear condoms or remain faithful. They had accurate knowledge about treatment for HIV with antiretroviral therapies but, again, had a problem because they had no access to secure these treatments. They wanted to plan family size but lacked access to birth control materials. These were the kinds of healthcare concerns on their minds. They didn't really expect answers but were delighted to express their concerns. We laughed as we shared about our lives from a woman's perspective, and we mutually enjoyed learning about each other's lives and unique cultures.

Exiting this unusual classroom, I made a note of a foundational detail from teaching I had omitted: the importance of assessment and avoiding assumptions. By careful listening, I discovered the real healthcare concerns of these village women. Jesus, the master teacher, set an example for us, as he often asked those who came to him, “What do you want me to do for you?” (Matthew 20:32; Mark 10:36, 10:51; Luke 18:41). He assessed what people were seeking, to help them realize what they wanted, as well as to respond with what he knew they needed. Sadly, for these village women, it wasn't so much that they lacked knowledge about the serious health challenges they faced. Rather, they lacked the ability to do something about what they understood.

In a little mud hut in the Ugandan mountains, God reminded me we don't need to fix everything with our teaching. But we do need to listen and show that we care.