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HIV/AIDS Education at Union County High School

As a senior in the University of Tennessee College of Nursing, I had the opportunity to teach a health class at Union County High School through the Teen Awareness Program conducted by the March of Dimes. This experience was very rewarding, and I found that I thoroughly enjoyed teaching students and already knew that I had a passion for promoting health initiatives in the community. Therefore, I chose to continue this education process by returning to the health classes to teach about HIV/AIDS, with the goals of transmission prevention, early detection and treatment, raised awareness of the problem, and understanding of the negative stereotypes experienced by people living with HIV/AIDS and ways to prevent related discriminatory feelings and actions.

To prepare for teaching this class, I researched the most recent information and statistics about HIV/AIDS and located national and statewide teaching objectives for high school health classes, to ensure that curriculum standards were met. I also refamiliarized myself with the general information I have learned through courses at UT, including AIDS and Society and a variety of nursing classes. I then organized the information into a teaching plan and integrated activities to make the teaching time more interactive.

To begin the class, I asked students how much they had learned about HIV/AIDS from their health classes in school. They shared that they had covered some information
but did not know much. I then asked what they knew, and in all four classes, the only responses I received were that HIV causes AIDS and that it is deadly. I then asked some leading questions and discovered that some had also heard it came from monkeys, Africa, or gay people. I was fairly positive that there would be some confusing or incorrect thoughts shared by the students, and this confirmed that suspicion and opened the conversation for discussion about common misconceptions and stereotypes that people hold toward people living with HIV/AIDS. I found this conversation to be very positive in all four classes, because the students were open to sharing their feelings about the subject and what they had heard, and were generally receptive to the information I shared.

During the class time, I taught the students about the relevance of the AIDS epidemic to every group of people in the world, preventing the spread of the disease, and counteracting discriminatory tendencies that people have toward those living with HIV/AIDS. The effectiveness of the teaching were assessed by the pre- and post-tests that were taken by the students. These tests asked questions about symptoms, transmission, and statistics about HIV/AIDS, and some questions showed marked improvement, while others showed little or no change.

The questions missed most commonly on both the pre- and post-test were those about statistics, which I believe may simply demonstrate difficulty in remembering the numbers. The students did show significant improvement, however, on the question about how many people are living with HIV worldwide, with 71 students missing it in the pre-test, but only 19 missing it in the post-test. In my opinion, this was the most important statistical question on the test, because it demonstrates an understanding of the
scope of the problem. Most other statistical questions did not show significant improvement.

Questions that did show improvement included those about mother to child transmission and methods of transmission. On the pre-test, 55 students incorrectly did not believe that it is possible to significantly lower the risk of an HIV positive woman infecting her baby, and 20 more students answered this question correctly on the post-test. Fifty students believed that HIV is most commonly transmitted by either drug use or homosexual sex before the class, but after the class 21 of those students correctly answered that heterosexual sex is the most common mode of transmission. Seventeen students incorrectly believed that people can get AIDS from sharing the cup of an infected person, and only four students missed this question on the post-test. Additionally, 24 people who missed the question on the pre-test correctly answered on the post-test that insects can not transmit HIV. These questions most probably showed improvement because the subject of transmission was discussed at length and the information was reinforced by in-class activities.

One question in particular shows the significance of prior prejudices and may cause one to question the outcome of many of the questions. The first question on the test was “Does HIV only affect gay people?” to which 9 students answered yes. This topic was discussed thoroughly in class, including why this stereotype exists and why it is a false concept. Although the answer to this question was made clear during our lengthy discussion, 11 students answered yes to the question in the post-test. This increase in the number of incorrect responses demonstrates that either the students refused to change their beliefs that HIV is a problem only affecting or caused by gay people, or they wanted
to answer incorrectly for an alternative, unknown motive. It quite possibly confirms the fact that it is very difficult to replace misconceptions with truth and that negative stereotypes regarding HIV/AIDS are still prevalent in our society today.

Overall, teaching these classes at the high school was a very positive experience. I learned that I am capable of holding class for ninety minutes and that I thoroughly enjoy teaching on subjects that I am passionate about. I experienced that students can be difficult to interact with and may have no interest in or even oppose the material you are teaching, but other students may be very interested and open to learning new information. Having this mix of students requires the teacher to accommodate for the different needs in the classroom and to find a balance in teaching style, and working to find this balance during my teaching time was a valuable experience for me.

Education about HIV/AIDS is lacking amongst most people in the United States, and is certainly lacking amongst high school students in Union County, as evidenced by their statements regarding what they had learned about the subject before our class. Efforts must continually be made to educate the population about this pandemic, because it is a problem that affects the whole world and has the potential to affect any and every individual. In order to improve the quality of life of people living with HIV/AIDS, it is also important to educate the population in ways that will eliminate stereotypes and help extinguish discriminatory thoughts and actions against people living with HIV/AIDS. As a healthcare provider who will be respected for my expertise in subjects on health, my goal is to accept this responsibility and educate people about HIV/AIDS so that the spread of the virus is minimized, those exposed to the virus are quick to seek diagnosis and treatment, and all people will treat others with HIV/AIDS with dignity and respect.
Lesson Title: HIV/AIDS: Truth vs. Myth
Created By: Lisa Qualman
Grade Level: 9th-12th
Subject Area: Health, HIV/AIDS

Short Description of Lesson:
The students will learn the facts about HIV/AIDS transmission, prevention, and treatment, and issues of discrimination against people living with HIV/AIDS will be addressed.

Time Allotted for the Lesson:
90 minutes total; 20 minutes for pre- and post-tests, 30 minutes for in-class activity, 40 minutes for teaching the lesson

Instructional Objectives:
Students will address the issue of discrimination as it pertains to HIV/AIDS, learn about the current HIV/AIDS epidemic, identify factors that contribute to HIV transmission, and participate in large group learning experiences. At the end of the lesson, students will be able to state modes of transmission and ways to prevent the spread of HIV/AIDS, and be familiar with local resources for learning more about or getting help for dealing with HIV/AIDS.

Tennessee State Learning Accomplishments to be Addressed and Assessed:
Disease Prevention and Control: Standard 10: The student will understand attitudes and behaviors for preventing and controlling disease.

10.1 Describe signs, symptoms, and risk factors related to communicable and non-communicable diseases
10.2 Evaluate how heredity, environment and lifestyle impact both the wellness and disease process

Rationale:
Although these standards are targeted towards 6-8th grade students, after discussing the students' knowledge with both the health teacher and students, the lack of knowledge in this area even at the high school level justified the decision to pursue this topic.

Classroom Layout:
Students will be in individual desks and the teacher will remain at the front of the classroom, where the white board is located. When asked to participate in the activity, students will complete the written assignment in their seats and pass their answers to the instructor.
Materials and Resources:
1. pamphlets from Hope Resource Center and Knox County Health Department
2. diagram of stages of HIV reproduction
3. chart of daily dosing of available antiretroviral agents
4. white board and dry erase markers

Set:
I will begin by stating the subject of the class and by asking the students what they already know about HIV/AIDS. This will allow me to assess what information must be covered and the depth in which it must be discussed. I will also administer a pre-test in order to compare what they know at the beginning of class to what they know at the end.

Techniques and Activities:
1. The teacher will introduce the class and administer the pre-test.
2. Statistics will be shared to emphasize the importance of HIV/AIDS.
3. Activity will occur in which students write down three statements they know or have heard about HIV/AIDS.
4. All three statements will be collected from each student and placed in a hat.
5. One statement at a time will be drawn from the hat and read aloud.
6. Students will decide as a class whether they agree or disagree with the statement.
7. The instructor will discuss why the statement is true or false and make note of the students' decision on the white board.
8. True/false statements will be read regarding information learned throughout the class, and students will respond with answers aloud.
9. The post-test will be administered.

Closure:
At the completion of the lesson, the teacher will ask students what they learned and offer a time to answer any questions that still remain. The teacher will then remind students that many prejudices still exist toward people living with HIV/AIDS and that it is everyone's responsibility to overcome these and to help others do the same.

Informal and Formal Evaluation-Plan for Documentation and Evaluation:
I will assess the student's knowledge informally by asking questions about HIV/AIDS and evaluating their responses.

I will formally assess their knowledge by administering the pre- and post-tests and reviewing the questions commonly answered correctly and incorrectly.
HIV & AIDS Post-test

1. Does HIV only affect gay people?
   Yes  No  Only gay men  Only gay women

2. Approximately how many people are living with HIV worldwide?
   40.3 million  25 million  3.5 million

3. How can you tell if somebody has HIV or AIDS?
   Because of the way they act
   They look tired and ill
   There is no easy way to tell

4. Can you get AIDS from sharing the cup of an infected person?
   Yes  No  Only if you don't wash the cup

5. Roughly how many people are living with HIV/AIDS in the USA?
   One million  Three million  One hundred thousand

6. Of the following, which protects you most against HIV infection?
   Condoms  Contraceptive pills  Spermicide jelly (kills sperm)

7. What are the specific symptoms of AIDS?
   There are no specific symptoms
   A rash from head to toe
   You start to look very tired

8. What is HIV?
   A virus  A bacterium  A fungus

9. Can insects transmit HIV?
   Only mosquitoes  Yes  No

10. What does STD stand for?
    Sexually Transmitted Disease
    Standard Transmission Deficiency

11. Is there a cure for AIDS?
    Yes  No  Only available on prescription

12. Roughly how many people died of AIDS in 2005?
    1.7 million  4.9 million  3.1 million

13. Worldwide, HIV is most common is which age range?
    0 - 14 years old  15 - 24 years old  25 - 34 years old

14. Is there a difference between HIV and AIDS?
    Yes, HIV is the virus that causes AIDS
    No, HIV and AIDS are the same thing
    Yes, AIDS is the virus that causes HIV

15. What percentage of those infected with HIV are women?
    Nearly 25%  Nearly 50%  Nearly 75%

16. Is it possible to lower the risk of an HIV positive woman infecting her baby?
    Yes, the risk can be made much lower
    No, not at all
    Only very slightly

17. How is HIV transmitted most often?
    Homosexual sex  Heterosexual sex  Drug use

18. Roughly how many children have been orphaned by AIDS?
    2.7 million  11.2 million  15 million

19. Roughly how many people were newly infected with HIV in 2005?
    4.9 million  1.5 million  8.9 million

20. Roughly how many people become infected with HIV per day?
    14000  18000  8000
Answers

Question 1.
Answer - No

Question 2.
Answer – 40.3 million

Question 3.
Answer - There is no easy way to tell

Question 4.
Answer - No

Question 5.
Answer - one million

Question 6.
Answer - Condoms

Question 7.
Answer - There are no specific symptoms

Question 8.
Answer - A virus

Question 9.
Answer - No

Question 10.
Answer - Sexually Transmitted Disease

Question 11.
Answer - No

Question 12.
Answer – 3.1 million

Question 13.
Answer - 15 - 24 years old

Question 14.
Answer - Yes, HIV is the virus that causes AIDS

Question 15.
Answer - Nearly 50%

Question 16.
Answer - Yes, the risk can be made much lower

Question 17.
Answer - Heterosexual sex

Question 18.
Answer - 15 million

Question 19.
Answer - 4.9 million

Question 20.
Answer - 14000