A Model Human Sexuality–HIV/AIDS Prevention and Intervention Service-Learning Program

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Abstract

This article deals with a service-learning program focused on human sexuality and HIV/AIDS prevention and intervention at the Howard University Department of Health, Human Performance and Leisure Studies. Topics discussed include how this program was created, an overview of peer education, HIV/AIDS peer education training, and services provided to clients. Program trainees create a culturally sensitive environment that contributes to the dissemination of information on preventing HIV/AIDS transmission. The presentation techniques vary according to the type of audience served, from adolescents at a Planned Parenthood Organization to adults at an Amnesty International Organization to high school students at local high schools and recreation centers.

Introduction

The Human Sexuality–HIV/AIDS Prevention and Intervention Service Learning Program was designed for educating the community at large about sexually transmitted diseases (STDs) or sexually transmitted infections (STIs) and, more specifically, the HIV virus and the killer known as AIDS. This case study illustrates how HIV/AIDS prevention and intervention have been integrated in the courses Addictive Behavior and Human Sexuality, explains the role of peer education for this successful program, and gives examples of the clients served through various organizations. Peer education is consistent with the philosophy of higher education in that it helps students take responsibility for their own lives and assist with the improvement of the lives of others. Peer educators may have an advantage in delivery of HIV/AIDS prevention and intervention information because some of their peers will feel more comfortable receiving sexuality-related information from them than from adults. Peer educators may have added credibility because of their experiences with the issues being discussed. A benefit that is often overlooked is that presenting such information increases peer educators' own knowledge and skills related to HIV/AIDS prevention and intervention.

Prevention involves deterrence: causing another action to not occur or unwanted consequences to not result; intervention refers to taking measures or actions to change an already existing situation.

Program Rationale

"Sexuality education is the lifelong process of acquiring information about sexual behavior and forming attitudes, beliefs, and values about identity, relationships and intimacy" *(Hyde and Delamater 2006, 565)*. Sexuality education should include information that is culturally sensitive, age appropriate, medically accurate, concerned with male and female sexual anatomy and physiology, abstinence and contraception, STDs/STIs, and especially the interpretation and understanding of statistical data concerning the prevalence of STDs/STIs. "The main focus in relation to STDs is prevention. . . . Individuals should be motivated to be responsible for their intimate behaviors and to engage in intelligent sexual decision making. . . . STDs are very prevalent; in fact, they are among the most prevalent communicable diseases. One of the most powerful factors contributing to the prevalence of STDs is lack of adequate sex education. . . . STDs are some of the most common communicable diseases in America" *(Westheimer and Lopater 2005, 610–11)*.

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The Human Sexuality–HIV/AIDS Prevention and Intervention Service Learning Program originated with courses in the Department of Health, Human Performance and Leisure Studies at Howard University. Courses were selected based on consistency with the goals of the service-learning program, such as addressing risky behaviors: Human Sexuality and Human Sexuality Writing, for their incorporation of HIV/AIDS education; and Addictive Behavior because, as Hanson, Venturelli, and Flecken-stein *(2004, 490)* observe, "Individuals addicted to illicit drugs are currently the second largest risk group for contracting AIDS." One major goal of this service-learning program is to develop peer health education leaders specifically in human sexuality. These students will take

what they learn in class and apply their knowledge to help improve and enhance the sexual wellness of individuals in their communities.

Program Goals and Objectives

The program focuses on a number of goals and objectives.

- Students will take what they have learned in the class and apply their knowledge to improve and enhance the sexual health and sexual wellness of people in their communities (central goal).
- Students will distinguish between HIV and AIDS and deliver prevention messages to their peers on HIV methods of transmission, symptoms, diagnosis, and treatment.
- Services are performed to fulfill course requirements. This reinforces students' perception that they are receiving academic credit for service as well as for classroom learning.
- Students gain invaluable work experiences; community organizations receive free services; and Howard University, by facilitating this community service, adheres to one of its mission goals.
- Students will be able to enhance knowledge, engender comfort, and allow choice. Knowledge by itself is not as likely to be useful to the student as is knowledge integrated with comfort and choice.
- Student HIV/AIDS peer educators will present culturally appropriate, sensitive material to their peers.

Program History

This service-learning program was officially started at the beginning of spring semester 2003. However, preparation for its initiation started as early as summer 2002. On June 5, 2002, the author of this article attended a faculty service-learning workshop conducted by the Center for the Advancement of Service Learning (CASL). CASL is a unit of the Howard University Center for Urban Progress (CUP) and the College of Arts and Sciences. CASL promotes initiatives at Howard University that integrate service-learning into existing courses and curricula throughout the university. During this summer, after much deliberation, consultation, and technical support from CASL, a foundation was established for fall semester 2002. Human services

agencies were notified and were encouraged to register with CASL and to participate in this service-learning program. A Faculty Mini-Grant Application for this program was submitted to CASL and approved for implementation of in spring semester 2003. Students enrolled in the Human Sexuality courses were offered a service-learning option, and the majority elected to participate. Most of the students participating in this option completed the following forms: (1) Student Pre-Service Survey, (2) Service-Learning Contract, (3) Service-Learning Time Sheet, and (4) Service-Learning Program Student Self-Evaluation. After completing the service-learning projects, each student submitted a student self-evaluation of the service-learning program and a résumé. Finally, at the end of spring semester 2003, for additional enrichment and enhancement concerning service-learning, the author of this article participated in a Faculty/Staff Service-Learning Workshop sponsored by CASL, Service-Learning: Nuts and Bolts.

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Students in this service-learning program were also given the option of participating in the HIV/AIDS Peer Educator Training and Certification Program. A pilot program was initiated during summer session 2003 with full implementation of this training and certification program for academic years 2003-04 and 2004-05. Since its emergence in spring semester 2003, approximately 331 Howard University students have contributed to this program, with 212 participating in the HIV/AIDS training and certification program. This training and certification program was administered by the National Association for Equal Opportunity in Higher Education (NAFEO), which has been conducting peer education programming at historically black colleges and universities (HBCUs) throughout the United States.

According to B. W. Jones of North Carolina Central University, many HBCUs were established to serve local community needs by addressing and solving the community's problems. Today, institutions of higher education favor university involvement with local communities. HBCUs have achieved this by tapping the rich source of helping hands, positive role models, and peer educators in their student bodies as well as their faculty.

Increased faculty interest and involvement in community concerns have led some colleges and universities to rethink their tenure, promotion, and merit pay increase policies *(Zlotkowski 1998, 109–23)*.

Peer Education

Each organization, school, or agency has molded its definition of peer education to meet the needs of its participants; however, in all cases members of the same social group or individuals of similar status educate each other on a specific issue *(Parkin and McKeganey 2000)*. To prevent the spread of HIV and AIDS, peer education is the preferred approach because of its low cost and high success rate. Evidence indicates an increase in the number of incidents of risky behavior among young people over the past three decades. Many risky behaviors originate in teenage years as adolescents experiment with new ideas or emulate the behaviors they observe in others. Programs have been implemented to teach young kids, adolescents, and young adults to think about their actions before participating in risky behaviors.

Peer educators can be effective because adolescents rely on their peers as a leading source of information *(Sawyer, Pinciaro, and Bedwell 1997)*. However, success in peer education requires certain attributes. An extensive literature review noted that the key to peer education's credibility is that "informal peer education by contrast [to the formal education by employed authority figures] seeks to maintain the cultural and social equality within a peer group and does not attempt to recreate hierarchical positions and values." Research indicates that "peer educators should have 'person-based credibility' (relating to age, sex, ethnicity, etc.); 'experience-based credibility' (based upon, e.g., their drug misuse); and 'message-based credibility' (the way in which information is communicated, preferably in a non-moralistic and non-judgmental manner)" *(Parkin and McKeganey 2000, 295)*.

Hope *(2003)* provides more solid support for the effectiveness of peer influence based on his research in Botswana, which has one of the world's highest rates of HIV infection. To provide immediate attention for this problem, the country initiated the Peer Education HIV/AIDS Prevention Program (PEHAPP), which utilizes peer education to teach citizens about the effects of risky sexual behavior. There is evidence that PEHAPP has increased knowledge about sexual behavior and inculcated more conscientious attitudes about sexual behavior. Since attitudes often

predict actions, there is a reasonable expectation that incidences of HIV and AIDS will begin to show a significant decrease.

Madray and van Hulst *(2000)* examined the consequences of peer groups and education on drug use. Injection drug users participated in a class that focused on safe drug use: specifically, safer methods of injection to prevent transmission of HIV. They were also exposed to peers who advocated safer drug use. Madray and van Hulst concluded that the class by itself did not significantly reduce risky drug use; however, a combination of peer influence and the class did in fact reduce the incidence of certain risky behaviors (in this case, the number of incidents of syringe- and water-sharing decreased).

Peer Educator Training and Certification

From technical assistance from CASL with service-learning assistants, through NAFEO's Peer Education and Prevention Project (PEP), Howard University's students and community participants receive training and certification to take the HIV prevention message to their peers and their surrounding communities. This twenty-hour certification program utilizes a "train the trainer" curriculum that instructs students to become trainers themselves *(NAFEO 2003)*. The HIV/AIDS training and certification program was open to any currently enrolled student at Howard University. After the students were properly trained and certified, they delivered the HIV prevention message to other students and the community. These students utilized their training through oral presentations, internships, and research projects. They also participated in HIV/AIDS focus groups at various placement sites, including Metro TeenAIDS, the Sexually Transmitted Diseases Control Program of the District of Columbia, the Abstinence Education Program of the District of Columbia, Planned Parenthood of Metropolitan Washington, DC, Amnesty International's Human Rights Education Services Corps, and local recreation centers and high schools.

The training and certification process conducted by NAFEO encompasses awareness of current events. Students may read newspaper articles on such topics as new methods of testing for HIV or recognized strategies for AIDS prevention. Topics highlighted in the training include key issues such as male and female condom use and HIV testing and counseling. The training also encompasses acquiring good communication skills, including dos and don'ts for presentation delivery.

Community Intervention

NAFFCCA, a nonprofit organization, is focused on the personal and social development of current and former foster care children. By providing programs geared toward foster care youth ages thirteen to twenty-one, NAFFCCA aims to offset the discouraging changes that life presents. In the same manner, the organization teaches its participants how to embrace and benefit from the opportunities that may result from these changes. By promoting self-growth and advancement NAFFCCA hopes to trigger a successful segue from youth to adulthood. During spring semester 2004, this organization supported a presentation by three certified HIV/AIDS peer educators. The audience of twenty-one consisted mainly of teenage and young adult mothers. The presentation encompassed areas associated with HIV/AIDS and STDs, and was promptly followed by a question-and-answer period of enthusiastic audience participation.

> *"These students utilized their training through oral presentations, internships, and research projects."*

The Abstinence Education Program of the District of Columbia requested students to help teach their "I'm Worth the Wait" Program. This program is specifically designed to encourage youth to postpone sexual activity until marriage. Additionally, during spring semester 2004, students presented two assigned research reports to the coordinator of this program: "Suggestions for Educating Our Youth on Human Sexuality Grades (K-5)" and "Exploration of Novel Approaches to Human Sexuality Education: A Focus on Public School Students in the District of Columbia, Grades 6–12."

Metro TeenAIDS, one of the area's few youth AIDS organizations, experienced budget cuts "because of a new CDC initiative that focuses most available AIDS money on helping people who have HIV, rather than on preventative measures" *(Becker 2004, B1)*. As a result, in fall semester 2004, certified HIV/AIDS peer educators fulfilled the organization's request for assistance in teaching the eight modules of Making Proud Choices, a curriculum focused on teen pregnancy prevention and a safer-sex approach to HIV/AIDS. This curriculum sought to reduce the incidence of unprotected sexual behavior among teenagers and to aid in the certification process of peer educators for this organization.

Amnesty International's Human Rights Education Services Corps is a human rights organization with an international scope. An HIV/AIDS presentation was given to the young adults of this organization. This program places college students in inner-city high schools to facilitate discussion about human rights education. A part of the presentation included discussion of the rights of people with HIV/AIDS.

Two community organizations that have peer education training programs have hired at least six of Howard University's HIV/AIDS peer educators to assist in the training and to provide other services. At least three of these organizations requested that students do research projects in order to help the organizations acquire funding sources.

Phases of Service-Learning

The evaluation process is also important to service-learning programs. Greenberg, Bruess, and Haffner *(2004)* consider five phases essential in service-learning: planning, action, reflection, celebration, and evaluation. Most service-learning programs include planning, action, reflection, and celebration, but not evaluation. "The evaluation phase is designed to determine whether the service-learning activity was successful in achieving its objectives. The evaluation should be qualitative and quantitative. . . . The quantitative evaluation can be used to provide information regarding the achievement of the service-learning objectives, and the qualitative evaluation can be used to understand the quantitative data better" *(738–39)*. Ascertaining whether service-learning programs are meeting the needs of students and community partners is vital to their success, and it can be achieved only through evaluation.

Suggested program model:

- Select appropriate course(s) for service-learning component.
- Identify program goals and objectives.
- Integrate the five phases of service-learning with an emphasis on evaluation.
- Acquire funding for service-learning endeavors.
- Inform students of service-learning rights and responsibilities.
- Contact appropriate community organizations for service-learning sites.
- Have community organizations register with the Center for Service Learning.

- Construct service-learning forms for students, such as a student pre-service survey, service-learning contract, service-learning time sheet, and service-learning program student self-evaluation form.
- Construct service-learning evaluation forms for community organizations.
- Implement an HIV/AIDS peer educator training program.
- Disseminate HIV/AIDS message to the community through HIV/AIDS peer educators.
- Analyze student self-evaluation forms to ascertain student benefits and suggestions.
- Analyze community organization evaluation forms to acquire qualitative and quantitative data.
- Evaluate program to establish whether goals and objectives were met.

Conclusion

At the end of each semester, the community organizations who collaborated in the service-learning program are requested to submit an evaluation. In the evaluation responses received so far, all the organizations have indicated that they were very pleased with the performances of the students, that they benefited from the services students performed, and that they wished to continue their relationships with the service-learning program for the upcoming academic year. On student self-evaluations, some students indicated that the training had improved their leadership development skills. Because they had enhanced their communication skills and presentation delivery, most of the students felt confident about their oral presentations. This activity also allowed participants to become acquainted with information on such topics as forms of transmission of HIV, risk groups, HIV antibody testing, and techniques of prevention. This familiarity facilitated effective dissemination.

From these lessons learned, the next project for this service-learning program will be a comprehensive evaluation done by community-based research (CBR). "CBR is a partnership of student, faculty and community members who collaboratively engage in research with the purpose of solving a pressing community problem or effecting social change" *(Strand et al. 2003, 3)*. The community in this case consists of the community-based organizations that have partnered with the service-learning program to disseminate the HIV/AIDS prevention and intervention message. One possible

CBR method would involve creating an instrument for distribution to the members of the audience to ascertain the effectiveness of the peer educators' presentations. Quantitative data from evaluation forms can be used to generate a qualitative evaluation of program results. Evaluation responses will indicate whether the program is meeting its objectives and can guide decisions in adjusting services provided to community partners.

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