Instructional Design: A Woman-Centered Approach to Teaching HIV/AIDS

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**Statement of Purpose**

**The Problem**

While recognizing that Africa is a large continent with diverse populations and cultural traditions, countries in the region of sub-Saharan Africa face many of the same challenges to development and are often referred to as a collective unit. Sub-Saharan African nations account for 34 of the 50 least developed countries worldwide (United Nations, 2006), and have some of the lowest literacy levels, highest maternal mortality rates, highest rates of HIV/AIDS infection highest adolescent birth rates and lowest rates of contraceptive use (United Nations, 2009). Thus, there is an urgent need to address the issues of reproductive and sexual health in the sub-Saharan Africa region.

The World Health Organization (WHO) (2010) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition can be expanded to include all “matters relating to the reproductive system and to its functions and processes” (World Health Organization, 2010). Sexual health refers to the “physical, psychological and socio-cultural well being related to sexuality” (World Health Organization, 2010). Sexual and reproductive health implies that individuals have a “responsible, satisfying and safe sex life” (World Health Organization, 2010), have the freedom to reproduce and access to family planning methods, and access to safe pregnancy and delivery.

In sub-Saharan Africa, there are many challenges to sexual and reproductive health, including maternal mortality and morbidity, unsafe abortion, family planning, sexually transmitted infections including HIV/AIDS, and violence against women and children (World Health Organization, 2010). The importance of improving maternal health has been recognized by the United Nations, which has targeted the issue as a Millennium Development Goal. Sub-Saharan Africa is particularly vulnerable to maternal mortality and half of all maternal deaths world-wide occur in this region (United Nations, 2009). A woman’s risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in the developed regions (United Nations Development Program, 2005). Additionally, socio-cultural practices put women at and increased risk for HIV infection. Behaviors that put women at risk for infection include early sexual initiation, unprotected sex, sex with a much older partner who is likely to have been exposed to HIV, transactional sex and violence against women and girls (United Nations, 2009). There is a lack of comprehensive knowledge about HIV/AIDS particularly amongst young women, with only 19 percent of young women (aged 15-24) possessing a thorough and accurate understanding of HIV (United Nations, 2009).

Women in sub-Saharan Africa lack the knowledge and skills necessary to ensure sexual and reproductive health and there is a need to address this issue. The concepts of global feminism provide a solid foundation for the justification for why a curriculum should focus on reproductive and sexual health.

**Contextualized Teaching and Learning**

Women lack the information and social support to make informed decisions about their health thus, a curriculum design that will simultaneously provide information and empower women to act on this information is necessary. In order to incorporate the concept of empowerment into the curriculum it is important to first define the meaning of empowerment. The women’s empowerment discourse often focuses on alleviating “suffering among the poor in the developing world, particularly women and other vulnerable populations” (Agot, 2008, p. 287). Yet this concept of empowerment does not suffice because empowerment is not a single trajectory and it does not mean the same thing to all populations. Empowerment must be recognized as a “multidimensional and dynamic phenomenon that changes according to context, circumstances, and interests” (Agot, 2008, p. 289). This curriculum recognizes the fluidity of empowerment and allows women to define empowerment for themselves while urging them to understand that empowerment presents itself differently for different populations. Empowerment is not a process that can be done to or for women, but must emerge from within. Many development agencies attempt to qualify empowerment outcomes, yet “empowerment is not the end product in terms of food in store or safe water in the tank; it is the knowledge and assurance that you have the means and ability to obtain the food or safe water whenever it is needed” (Agot, p. 297). This definition of empowerment as a means to an end, and not an end in itself provides the foundation for the curriculum and is the underlying message in all of the lessons. Understanding sexual and reproductive health concepts has little meaning for women unless they are able to act on this knowledge and change their behaviors and practices.

Education programs teach students what and how to think, in order to prepare them to be productive members of society. What constitutes an active member of society differs for each society but the role of education in the “transmission of knowledge, the socialization and acculturation of children, the selection and differentiation among children, and the legitimization of knowledge” (Okano & Tsuchiya, 1999, as cited in Kubow & Fossum, 2007, p.78) remains the same. Curriculum is the means through which knowledge is imparted to future generations in order prepare them for their eventual roles as citizens, workers and parents (Pai, Adler & Shadiow, 2006). The development and implementation of a curriculum allowing for the examination of women’s sexual and reproductive important because improving women’s health will have positive effects on economic and social development. When women are educated they are more likely to seek medical attention during pregnancy and delivery, give birth to healthy children, have fewer children, and decrease their risk of infection from HIV. All of these factors provide positive benefits for the women as individuals and for society as a whole.

Another societal factor that must be considered in the curriculum is culture. Culture plays a major role in shaping behaviors and in presenting realistic opportunities of choice; opportunities that will enhance or hinder the ability of women to make positive health decisions. Lingam (2008) writes that women must have “access to and control over resources to create the preconditions for the exercise of choice, active agency to exercise choices, and achievements that are the outcomes of choice” (p. 120). However, the options from which to choose are shaped by culture. Implementing a curriculum that affords women opportunity and access to health education does not ensure that the information will be utilized or that this knowledge will empower women to act. Acceptable behaviors are defined by cultural norms and these deeply rooted cultural values and beliefs shape an individual’s identity. Thus, in order for the implementation of a women’s sexual and reproductive health curriculum to be successful, there must be a shift in cultural belief “The cultural conditioning that leads them (women) to accept unfairness and inequality must be systematically undone” (Lingam, p. 290). The curriculum includes an emphasis on cultural values and practices in order to question and challenge these assumptions. This cultural component is an important aspect of the curriculum because it allows the curriculum to be adapted to the population and recognizes that there is not a one-size-fits-all approach to education. The approach contextualizes the learning recognizing the “interpretative nature and context-specificity of the concept of empowerment” (Lingam, p. 291).

**Instructional Model: Problem Based Approach**

Curriculum addressing social issues, such a sexual and reproductive health challenges individuals to interact with the material at a personal level and to reflect and interpret their learning according to their own experiences. This curriculum was developed from a personal relevance orientation which “posits that the learner is in the best position to assess his or her needs and what content meets those needs” (Chiarelott, 2006, p. 22). Providing women with access to information about their sexual and reproductive health will allow them to make informed decisions about their bodies and recognizes that women have agency over their lives. This curriculum will teach women the concepts and skills necessary for proper hygiene, healthy pregnancy and delivery, reduction of risk for HIV infection and strategies to implement this knowledge.

Project based learning, in which students are expected to develop and evaluate their own interpretations of the curriculum, “builds on students’ individual strengths and allows them to explore their interests in the structure of defined curriculum” (Harada, Kirio & Yamamoto, 2008, p. 14). A project based approach to teaching gives students a significant role in “determining the importance of the problem ot the project in meeting his or her needs” (Chiarelott, 2006, p. 93). In other words, a problem based approach allows for personal freedom in the curriculum. The concept of personal freedom, as it relates to education, is embedded in the humanistic approach to curriculum and can be paralleled to the feminist concept of empowerment. Carl Rogers argues that this approach allows students to “probe, explore, and deepen their understanding of what they are studying” (Ornstein & Hunkins, 2009, p.143). Although the teacher has authority in the classroom and presents the curriculum to the students, the teacher does not control the curriculum, but shares the control of learning with the students (Harada et. al, 2008). Students are permitted, through collaboration with peers and the teacher, to create projects and control their own learning, making the curriculum both meaningful and relevant to students’ lived experiences. This approach promotes independence and encourages students to “engage in more intellectual risk taking” (Mitchell, Foulger, Wetzel, & Rathkey, 2009, p.345). All of these aspects of student learning are especially important to consider when designing a new curriculum focusing on the concept of the empowerment of women.

Paulo Freire, like Rogers, also favors a problem-posing approach to education in which students collectively create knowledge through their experiences. Freire approaches curriculum from a constructivist psychological school of thought, focusing on engaging students in “active, collaborative, reflective, and shared learning experiences” (Hernandez-Ramos & De La Paz, 2009, p. 152). In this approach, meaning and understanding is generated by the learner and the learner is responsible for connecting new learning with prior knowledge (Ornstein & Hunkins, 2009). According to constructivist theory, combining traditional direct instruction with a project requiring student activity, creativity and collaboration should lead to enhanced student learning (Hernandez-Ramos & De La Paz, 2009). Increasing student communication with peers and the teacher is essential in generating true thought and knowledge because communication allows the freedom to explore problems and create solutions. Through communication students are challenged to critically consider their reality and thus are able to create a deeper understanding of the curricular issue. Thus curriculum must provide students the opportunity for freedom to take charge of their learning, to collaborate with peers and adults, and to challenge social issues.

Drawing upon the humanist and constructivist approaches to curriculum, the theoretical framework for developing this curriculum emerged. This curricular design recognizes the learner as actively involved in the thinking and learning process and promotes personal freedom of the learner to examine and challenge prior understanding in order to build upon existing knowledge. The learner is engaged in collaborative projects and discussions and is responsible for creating their own meaning and understanding within the curriculum. The implementation of a problem centered curriculum allows students to examine social issues without restraint and promotes the development of students capable of challenging and addressing these social issues. “Students, as they are increasingly posed with problems relating to themselves in the world and with the world, will feel increasingly challenged and obliged to respond to that challenge” (Freire, 1970, p. 62). When women are permitted to explore social issues such as HIV/AIDS, family planning, and reproductive health, they are more likely to engage in social or political action.

**Learning Environment**

As sexual and reproductive health is both a personal and sensitive topic, the establishment of a supportive and non-threatening learning environment is essential to successful implementation of this curriculum. This instructional design focuses on the subunit of HIV/AIDS within the Sexual and Reproductive Health curriculum. This subunit contains complex ideas and vocabulary, especially for women who may lack basic education skills. Therefore, the learning environment is structured according to William Gordon’s Synectic Model, which encourages students to “think analogically and nontraditionally to break through the constraints of traditional thought” (Chiarelott, 2006, p. 120). This approach is a useful means through which to introduce ideas which may conflict with cultural ways of thinking. Additionally this approach provides a means to contextualize the learning for a population which may not have high literacy skills. Using personal analogy and instructing students to become the concept or skill they are to learn creates a visual representation of the concept which may give students a more comprehensive understanding. One of the most useful tools of this approach is the direct analogy which “involves taking the attributes of one concept and using them to illustrate the attributes of another more abstract or difficult concept” (Chiarelott, 2006, p. 120). The direct analogy allows the learner to relate abstract concepts to concepts with which they are already familiar in order to contextualize the learning. The manner in which this learning environment can be created in the classroom is detailed in the sample lesson plans.

**Expected Learner Outcomes**

The aim of this course is teach women the concepts and skills necessary for sexual and reproductive health while simultaneously empowering these women to act upon this knowledge. Education is the first step toward activism and through discussing and challenging accepted social norms and traditional gender roles this course aims to empower women to be a catalyst for social change. This course will equip women with a basic understanding of male and female anatomy which, because of cultural taboos, is often denied. Understanding of anatomy will allow women to conceptualize the reproductive system and make informed decisions about their bodies. The intended outcomes of this course are to teach women an appreciation of their sexual and reproductive health and to empower women to make informed choices about how they want to care for their personal health.

**Lesson #1: Introduction to HIV/AIDS and the Immune System**

* Students will describe the functions of each part of the immune system (memory/recall)
* Students will explain how the immune system operates when healthy and when compromised by HIV (comprehension)
* Students will be able to define HIV and AIDS (memory/recall)
* Students will be able to explain the difference between HIV/AIDS (comprehension)

**Lesson #2: Transmission and Disease Progression**

* Students will explain how HIV is transmitted (comprehension)
* Students will explain the disease progression (comprehension)
* Students will explain why women are especially susceptible to contracting HIV/AIDS (comprehension)
* Given a situation, students will be able to determine if a specific behavior increases the risk of HIV infection (analysis)

**Lesson #3: Disease Prevention**

* Students will demonstrate the ability to properly use a condom (application)
* Students will demonstrate ability to utilize strategies for negotiating condom use (application)
* Students will create a personal plan for preventing/reducing risk of HIV infection (synthesis)
* Students will identify a location where they can determine their HIV status (synthesis)
* Students will create and implement a plan for increasing HIV/AIDS awareness in the community (evaluation)

**Pre-Assessment**

Pre-assessment will be conducted not only of individual women but of the community as a whole. This course is created as a response to the social issue of women having limited access to information about sexual and reproductive health and issue which affects not just the individual but the community. Pre-assessment will be based on both formative and summative assessments including observations, health center records of number of hospital births, maternal mortality rates, and HIV/AIDS prevalence rates. The summative assessments will create a picture of the community response toward sexual and reproductive health and the formative assessments, such as observations, will allow for an understanding of attitudes and cultural beliefs about this topic. Assessment of individual pre-existing knowledge and experience prior to instruction will be done through informal conversation at the first class meeting. As the purpose of this curriculum is to contextualize the teaching and learning these conversation will not follow an established script but the following questions should serve as a guide for pre-assessment.

*Sexual and Reproductive Health Pre-Assessment*

* What are some of the issues that you want to address in this course?
* Why do you think maternal mortality rates are so high?
* Do you think HIV/AIDS is an issue in this community? Why or why not?
* What are some ways in which women try to prevent pregnancy?

**Sample Lesson Plans**

**Lesson #1A: Introduction of HIV/AIDS and the Immune System**

**Time: 40 minutes**

**Description:**

Participants will play a series of interactive games to illustrate how the immune system protects the body and how HIV affects the immune system.

**Objectives:**

* Students will describe the functions of each part of the immune system (memory/recall)
* Students will explain how the immune system operates when healthy and when compromised by HIV (comprehension)
* Students will be able to define HIV and AIDS (memory/recall)
* Students will be able to explain the difference between HIV/AIDS (comprehension)

**Introductory Activity: Baby Elephants (25 minutes)**

*Explanation and Set-Up (10 minutes)*

Take students outside or move classroom furniture so that students have a large space to run around. Divide students into groups of 7-8 and have them sit with their group in a circle. Choose one group to demonstrate the activity. Have this group stand and form a circle then join hands. Ask one student in the circle to stand in the middle of the circle. Then ask two students to leave the circle and stand on the outside of the circle. Explain that the student in the center of the circle is the baby elephant and the students joining hands around the baby are the adult elephants. The adult elephants want to protect the baby elephant from harm. The students on the outside of the circle are the lions, and lions like to eat baby elephants. The object of the game is for the lions to try and tag the baby elephant while the adult elephants prevent them from doing so. Explain the rules of the game: (1) Adult elephants cannot let go of their hands; (2) the baby elephant must stay in the middle of the circle at all times; (3) the lions must reach over or under the hands of the adult elephants, the lion cannot touch the adult elephants. If the lion tags the baby elephant, the lion wins. If the lion does not tag the baby elephant, the elephants win. Have all groups set up their game then give students a signal to begin. Allow student to play the game for about 3 minutes.

*Discussion (5 minutes)*

Once the time runs out, have the groups sit in their circles. Ask the groups who won in that round. The elephants should have won the majority of the games. Ask the lions what made the game difficult. Now ask students to reflect on what they think this game could represent knowing that we are discussing HIV/AIDS. Allow students time to think and then ask a few students to share out their ideas. Tell students the baby elephant represents the human body. Ask them what they think the adult elephants might represent. What protects the human body? (Immune system). If the baby elephant is the human body and the adult elephants are the immune system, what might the lions represent? (diseases or infections) Ask students why they baby elephants were able to keep out the lions. Relate this to the benefits of having a strong immune system

*Baby Elephant and HIV (5 minutes)*

Choose a group with which to demonstrate the next part of the activity. Have the students form the circle just as they did for the start of the game. Now explain to students that you are representing HIV. HIV attacks the immune system. When you tap an adult elephant on the shoulder tell them they must sit down. Go around the circle and tap 2-3 students. The remaining students must now try to protect the baby elephant. Give the lions the go signal to try to get the baby elephant. The lions will easily be able to win the game.

*Discussion (5 minutes)*

Explain that HIV does not kill people directly. HIV kills the immune system which allows for other infections to enter the body and kill the person. These are referred to as opportunistic infections. Ask students to name a few examples of opportunistic infections. When a person has two or more of these infections attacking their body, they are said to have AIDS. Allow students time to reflect and discuss the activity. Return to the classroom to continue the lesson.

**Defining HIV/AIDS (5 minutes)**

Write the letters H-I-V on the board. Ask students what each letter means. Explain the meaning of each word so that students get an understanding of what HIV is. H-human; explain that this is a disease passed from one human to another. It cannot be passed from other species and humans must contract the disease from another individual. I-immuno-deficiency; this attacks the immune system making the immune system weak and unable to fight infection. V-virus; this is a virus, HIV is the name of the virus that causes AIDS. Next write the letters A-I-D-S on the board. Ask students what each of these letters mean. A-acquired; this is a disease that must be acquired from another human, it is not something that you are born with. I-immuno D-deficiency; same definition as before. S- syndrome; a collection of diseases. A person is said to have AIDS when they have multiple opportunistic infections attacking their body.

**Read and discuss the following story to further explain the difference between HIV and AIDS (10 minutes)**

HIV invades the body like termites invading house. To begin with, there is no apparent damage. But slowly the termites eat up the poles and thatch which hold the house together. One day a strong wind comes along and knocks the house down. What caused the house to collapse: the wind or the termites?

*Stepping stones* (1995) by Alice Welbourn, ActionAid, page 79.

**Lesson #1B: Introduction of HIV/AIDS and the Immune System**

**Time: 40 minutes**

**Description:**

Participants will play a series of interactive games to illustrate how the immune system protects the body and how HIV affects the immune system.

**Objectives:**

* Students will describe the functions of each part of the immune system (memory/recall)
* Students will explain how the immune system operates when healthy and when compromised by HIV (comprehension)
* Students will be able to define HIV and AIDS (memory/recall)
* Students will be able to explain the difference between HIV/AIDS (comprehension)

**Introductory Activity: Review of Vocabulary Terms (5 minutes)**

**Immune System Lecture (20 minutes)**

The teacher will use an analogy to illustrate how the immune system functions. Remind students that the immune system serves to protect the body from infection. Introduce and define the following vocabulary words.

* Immune system: Works to protect the body from infection
* Pathogens: These are diseases such as malaria or diarrhea that enter the body
* Macrophage: Literally means big eater. The macrophage is responsible for catching and eating any pathogens that enter the body.
* Helper T cell: Controls the immune system response
* Killer T cell: Kills pathogens
* Opportunistic Infection: Infections that enter the body and are very harmful once the immune system has been compromised.

Draw a castle on the board. Explain to students that the castle represents the human body. Inside the castle lives the queen. Draw a big T and put a crown on it. This is Queen Helper T. She is responsible for making sure that everything in the castle is functioning. The castle has a guard dog names Macrophage. Draw a dog guarding the castle. When intruders such as Malaria try to enter and attack the castle, the dog bites them and catches them to bring to the queen. Once the dog brings the intruders to the queen she calls her chief of security Killer T. Draw a T with mean eyes on the board. She orders the Killer T to destroy the intruder and the castle is safe from attack. However when HIV enter the body it kills the queen. Without the queen there is no one to order the security to kill the invaders so they can come into the castle and take over. These invaders take advantage of the fact that the queen cannot stop them.

*\*Note: This analogy can be adjusted depending on the population. Castle changes to village, queen to chief, etc.*

**Immune System Role Play (10 minutes)**

Select five students to come to the front of the class to participate in a role play demonstrating how HIV enters the body. Provide costumes for each of the roles as well as a clear name label. Have students re-create the analogy described on the board.

**Discussion (5 minutes)**

Have the class discuss how HIV attacks the immune system. Make sure they understand that HIV attacks the immune system but a person will die from an opportunistic infection.

*\*Note: If time permits, or as a follow-up lesson students can be divided into groups in order to create an analogy and role play of their own.*

**Lesson #2A: Transmission and Disease Progression**

**Time: 40 minutes**

**Description:**

Participants will play a series of interactive games to illustrate how HIV/AIDS is transmitted and how it affects the body. Participants will then discuss cultural practices and other factors which make women particularly vulnerable to infection.

**Objectives:**

* Students will explain how HIV is transmitted (comprehension)
* Students will explain the disease progression (comprehension)
* Students will explain why women are especially susceptible to contracting HIV/AIDS (comprehension)
* Given a situation, students will be able to determine if a specific behavior increases the risk of HIV infection (analysis)

**How HIV/AIDS is Transmitted (20 minutes)**

Explain to students that HIV is transmitted through bodily fluids. Tell them there are four fluids which can carry HIV. Ask them to name all four (blood, breast milk, semen, vaginal secretions). Students may bring up other fluids such as saliva and sweat. Explain that HIV cannot be transmitted through these fluids. Then tell students that HIV cannot enter the body through the skin but must enter the body through a mucous membrane or opening in the skin such as a cut. Ask students to explain the meaning of mucus membrane. Explain that a mucous membrane is a very thin skin, through which HIV can pass. Tell students there are six mucus membranes in the body and ask them to name them (mouth, eyes, nose, vagina, tip of penis and anus). Set up a math equation on the board INFECTED FLUID + MUCUS MEMBRANE/OPEN WOUND = HIV.

**Transmission game: Are you at risk for HIV infection? (10 minutes)**

Tell students to partner up. Give each group of two a scenario card detailing an activity that may or may not put them at risk for contracting HIV. Give the groups a few minutes to read their scenario and then decide if this activity is a risky behavior. Tell them they must be able to explain their decision. Have groups come to the front of the room and read their scenario aloud. If they think the activity can transmit HIV, they must name the fluid being passed and the membrane through which is will pass. Students will stick cards with the words onto the math equation on the board. If it cannot transmit HIV, they must explain why. Once a group gives their answer the class will discuss if they agree or not.

*Possible Scenarios:*

* You and your husband are in a monogamous relationship and you have unprotected sex
* You and your boyfriend have not been tested for HIV and you kissed for the first time
* You go to the health center where they give you an injection with an unused needle which you saw them take out of the wrapper
* You go to the traditional healer where you undergo cutting with a razor blade
* You practice oral sex with an HIV infected partner
* You have sex with your boyfriend and use a condom most of the time

**Discussion (10 minutes)**

Once all groups have completed the activity, discuss why women may be more likely to contract HIV. What makes women vulnerable to contracting the virus? Why do you think this is? What can be done to prevent HIV transmission?

**Lesson #2B: Transmission and Disease Progression**

**Time: 40 minutes**

**Description:**

Participants will play a series of interactive games to illustrate how HIV/AIDS is transmitted and how it affects the body. Participants will then discuss cultural practices and other factors which make women particularly vulnerable to infection.

**Objectives:**

* Students will explain how HIV is transmitted (comprehension)
* Students will explain the disease progression (comprehension)
* Students will explain why women are especially susceptible to contracting HIV/AIDS (comprehension)
* Given a situation, students will be able to determine if a specific behavior increases the risk of HIV infection (analysis)

**Transmission game: Clinking Glasses (15 minutes)**

Continue discussion about what can be done to prevent HIV transmission. Tell students you are going to play a game. Have students select a drink (a bottle of Gatorade or some other type of drink). There should be 1 purple drink, 4 blue drinks, 5 red drinks, 4 yellow drinks and 4 orange drinks and 2 pink drinks (for a class of 20 students). Depending on the color of drink students selected, give them a corresponding card explaining their role in the game.

Purple: You toast glasses with as many people as you can.

Blue: You can toast ONE other blue drink person as many times as you want but you cannot toast any other person. And this person can ONLY toast with you.

Red: You toast glasses with as many people as you can

Yellow: You toast glasses with as many people as you can

Orange: You toast glasses with as many people as you can

Pink: DO NOT toast glasses with anyone

Tell students to read their role card but to not share it with anyone else. Tell students they will have 5 minutes to go around the room and visit with each other (you may provide some snacks for them to have during this part of the lesson). They can eat and drink as they move around the room and toast glasses with one another as they do so.

**Discussion (20 minutes)**

Once the time limit is up, have students return to their seats. Have them write down on a piece of paper everyone with whom they toasted glasses. Then write the following on the board:

Purple: You are HIV infected but do not know it.

Blue: You are in a monogamous relationship

Red: You always use a condom when you have sex

Yellow: You use condoms sometimes, but not always

Orange: You never use a condom

Pink: You have decided to abstain from sexual activity

Ask students to discuss what they believe their risk for contracting HIV might be if clinking glasses with someone was representative of having sex with that person. Discuss how women might be more vulnerable to contracting HIV through sexual intercourse? Discuss how women in some countries have little power to negotiate sex and condom use. Ask students to reflect on the lesson and how they think this goal can be reached for women.

**Review (5 minutes)**

Have students review the fluids and membranes through which HIV can enter the body.

**Lesson Plan #3A: Preventing HIV/AIDS**

**Time: 45 minutes**

**Description:** Students will discuss how HIV/AIDS can be prevented and learn how to properly use a condom.

**Objectives**

* Students will demonstrate the ability to properly use a condom (application)
* Students will demonstrate ability to utilize strategies for negotiating condom use (application)
* Students will create a personal plan for preventing/reducing risk of HIV infection (synthesis)
* Students will identify a location where they can determine their HIV status (synthesis)
* Students will create and implement a plan for increasing HIV/AIDS awareness in the community (evaluation)

**Introductory Activity: How can HIV be prevented? (10 minutes)**

Divide students into groups of 4-5 and give each group a sheet of newsprint. Have the students discuss how they can prevent HIV and write these on the newsprint. Come back together as a class and discuss what each group wrote on their paper. Tell students that today they will learn how to properly use a condom, which is effective at preventing the spread of HIV.

**Discussion of Cultural Values (10 minutes)**

Have students express cultural values and beliefs about condom use. This is an opportunity for the discussion of myths about condoms as well as a chance to correct misconceptions.

**Condom Demonstration (25 minutes)**

*Demonstration with step-by-step explanation (10 minutes)*

The teacher will demonstrate the proper use of a condom using a condom and a demonstration penis.

1. Check the expiration date
2. Check the packaging for rips, tears and punctures. Squeeze the package between your fingers to check that there is still an air pocket.
3. Tear open the package without using your teeth or other sharp instrument because you could rip the condom.
4. Remove the condom from the package and determine which way it rolls.
5. Place the condom on erect penis. This must be done before any sexual contact.
6. Roll the condom down to the base of the penis. If you put the condom on the penis upside down it will not roll down. DO NOT turn it over. Throw it out and start again.
7. Make sure there are no air pockets and that there is room at the tip of the penis for ejaculate fluids.
8. After ejaculation remove penis. Penis will become flaccid and the condom could slip off.
9. To remove the condom, carefully slide the condom up the penis from the base. Be sure not to spill any fluid.
10. Tie the condom off and discard in a safe place such as a latrine.

*Group practice (15 minutes)*

Divide students into groups of 2-3 and have them practice putting on and removing the condom.

**Lesson Plan #3B: Preventing HIV/AIDS**

**Time: 40 minutes**

**Introductory Activity: Condom Relay Race (10 minutes)**

Divide the class into groups of 4 and provide each group with several condoms and a demonstration penis. The game is to see which group can have each member correctly put on and remove a condom the fastest. Focus on correct form rather than speed.

**Determining HIV/AIDS status (10 minutes)**

As a class discuss where students can determine their HIV/AIDS status. Additionally go over the procedure for testing and show the equipment used. You will need to determine what testing method is used by the nearest testing center.

**Creating a Plan of Action (20 minutes)**

Have students create a personal plan of action for preventing HIV/AIDS infection. Students will write out their plan of action and if comfortable share with the class.

*\*Note: If time permits, or as an additional lesson, have students create a plan of action for raising HIV/AIDS awareness in their community*

**Post Assessment**

The goal of post-assessment testing is to “measure how well that information was applied and transferred to an out-of-school context” (Chiarelott, 2006, p. 101). As this curriculum is designed for an informal education setting and there are no standardized grades or reporting systems, a written final evaluation is not applicable to this course. Because this is curriculum is structured as a problem based model of learning dealing with current social issues, the assessment of learning outcomes must be an assessment of how prepared students are to address these issues. Therefore, the post-assessment of this course will be the personal and community plans of action. If students are able to create a plan for behavior at the individual level and implement this plan then the learning objectives have been achieved. Additionally, if the class is able to create and implement an action plan for raising awareness of HIV/AIDS in the community then it is clear that the learning goals have been met, the curriculum was contextualized for the learner and the learner has now become the teacher transferring their knowledge to others.

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