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ABSTRACT

This program was designed to provide Acquired Immune Deficiency Syndrome (AIDS) prevention education for African-American women of child bearing age at a child care center which serves low income high risk families. The primary goal was to reduce the risk of African-American women at the child care center for contracting the Human Immunodeficiency Virus or AIDS and to reduce the risk of these women transmitting the disease to their future offspring. Although the workshops were originally targeted to parents and staff at the agency, no parents attended the first session so the sessions were closed to staff only. The ethnic composition of the sessions included 15 African-Americans, two Caucasians, two Asians, and one Persian. The age range of the women was 21 to 54 years old. Participants included teachers, teacher assistants, supervisors, office managers, social workers, and a mental health consultant. Five workshops were presented on the following topics: facts about AIDS/HIV; feelings and attitudes; meeting a person with HIV/AIDS; processing feelings (i.e., integrating the factual, emotional and social aspects of HIV/AIDS) and reviewing prevention; and an AIDS awareness assessment. Analysis of the data suggested that at least 14 or more African-American women of child bearing age at the agency have sufficient knowledge about AIDS and skills in risk reduction behaviors. The women's enthusiastic responses in the small group discussions suggests that they are committed to disseminating AIDS awareness information throughout the child care center communities. The appendixes include the preliminary survey form as well as other assessment forms with responses. (ABL)

Development and Implementation of an AIDS Prevention Program for African-American Women at a Child Care Center

Paula Moten-Tolson

Development and Implementation of an AIDS Prevention Program for African-American Women at a Child Care Center

by

Paula Moten-Tolson

Cluster XXXIII

A Practicum I Report presented to the
Ed.D Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Eric McDonnell

Eric McDonnell

Fiscal Administrator and Center Manager

San Francisco, California

October 3, 1992

Date

This practicum report was submitted by Paula Moten-Tolson under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

Dec. 30, 1992
Date of Final Approval of Report

June S. Delano
June S. Delano, Ph.D., Advisor

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Development and Implementation of an AIDS Prevention Program for African-American Women at a Child Care Center. Moten-Tolson, Paula J., 1992: Practicum I Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Acquired Immune Deficiency Syndrome/Prevention/Disease Control/Health Education/Blacks/Mothers/Self-Efficacy/Adult Learning

This practicum was designed to provide AIDS prevention education for African-American women of child bearing age at a child care center which serves low income high risk families. The primary goal was to reduce the risk of African-American women at the child care center for contracting the HIV virus or AIDS and to reduce the risk of these women transmitting the disease to their future offspring. In addition, the goal was to develop the capacity among these women to disseminate AIDS awareness information to other African-American women at the child care center and surrounding communities.

The writer conducted a survey among parents and staff at the center to determine their knowledge and attitudes about AIDS; developed a series of five workshops which were gender and culturally specific; implemented the workshops which provided knowledge about AIDS as well as skills in risk reduction behaviors; administered a pre and post quiz for the first workshop and developed and administered an AIDS awareness assessment and small group discussion topics for the fifth session. Although the workshops were originally designed for parents and staff only staff participated.

The objectives of the practicum were met. Analysis of the data suggest that at least 14 or more African-American women of child bearing age at the agency have sufficient knowledge about AIDS and skills in risk reduction behaviors. The women's enthusiastic responses in the small group discussions suggest that they are committed to disseminating AIDS awareness information throughout the child care center communities.

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CHAPTER I

INTRODUCTION

Description of Community and Work Setting

The community is a large metropolitan city in the Northern part of a West Coast State. The city has a large upper class population and the cost of living is fairly high. The city also has several pockets of poor and has developed a sizable number of homeless citizens. There is a rich ethnic diversity of races and cultures in the city; in fact every ethnic group in the world is probably represented in the population. The setting is a private, nonprofit child care and mental health agency with 3 sites; two Centers are located in a disadvantaged, low income, high crime community and the other Center is located in an economically mixed, multi-ethnic community which was a haven for hippies in the 60's. The three Centers are actually in a 1.3 mile radius of each other.

The agency serves low income, multi-ethnic families that have young children (age 2 through 6 years old) who have special developmental, emotional or social needs.

The majority of the children are referred to the agency because they have been physically abused, neglected, sexually molested, or are at risk for developmental delays or come from dysfunctional households with drug, alcohol or mental health problems.

All of the families are low income - 70% receive AFDC and the services the agency provides are subsidized. Approximately 85% of the families are African-American, 6% are Asian, and 3% are Hispanic. Most of the households are headed by single women and 10% of them are teen age mothers. About 70% of the families live in the disadvantaged community and 30% live in the economically mixed community. The agency staff tends to mirror the demographics of the client population with the exception of not receiving AFDC.

Each Center has a full time social worker, a psychology consultant, counselor interns, early childhood teachers and teacher assistants, and senior volunteers. Early childhood education is provided for the children along with play therapy, developmental assessments, nutritional services and health screenings. Family counseling, support groups, resource and referral services are provided for the parents and guardians.

A career development program is provided for the staff which includes in-service workshops, classes at the local state university and competency based training to develop a pool of ethnic professionals with child development

expertise. The agency receives multiple funding from city, state, federal government as well as a foundation, United Way and private [illegible]or sources. In summary, the basic mission of the agency is to provide quality child care and mental health services for at-risk families that strengthen the family unit, promote wholesome child development and contribute to the revitalization of the communities it serves.

The Writer's Work Setting and Role

The writer is the executive director of the agency. She administers the agency's five programs based in the three Centers. The writer prepares the million dollar budget; oversees 30 professional, technical and support staff and over 20 volunteers and interns; writes proposals and grants; and liaisons with leaders in the child care, mental health and African-American communities. The writer was initially employed by the agency in 1984 as the Respite Care coordinator for families in crisis. In 1985 she became center manager of one of the Sites and in 1987 she obtained her present position.

The writer has a master's degree in social work and is a licensed clinical social worker. She is presently in a doctoral program in Early and Middle Childhood. After 12 years of working with emotionally disturbed adolescents and their families, the writer realized that she needed

to be involved in prevention and early intervention programs for at-risk children.

The writer attempts to bring about the marriage of early childhood education and mental health at the agency. She also advocates for the services for at-risk children locally in child care and mental health associations. The writer sees a need for more providers who are ethnically matched with the clients they serve. She carries forth the agency's tradition of actively recruiting and training community residents as child care providers. The writer feels that she is ultimately responsible for creating a climate in the agency whereby problems can be openly analyzed and creative solutions can be sought and implemented.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

AIDS (acquired immune deficiency syndrome) is a national health crisis. The disease breaks down the body's natural immune system which leaves a person vulnerable to life threatening illnesses. AIDS is caused by a virus called HIV (human imunodeficiency virus) and it is spread through sexual contact and sharing bodily fluids (Aronson, 1987). Specifically, AIDS is spread by the following means: (a) sexual contact in which an infected person transmits AIDS to an uninfected person, (b) shared needles which people use to inject illicit drugs, (c) perinatal transmission in which an infected woman passes the disease to her infant before, during, or after birth, and (d) blood transfusion with contaminated blood (American National Red Cross, 1988). AIDS has no known cure at present - it is fatal.

According to the Centers for Disease Control (1988), an estimated 74,000 cases AIDS will be diagnosed, and 54,000

people will die from the disease in 1991. Nyamathi, Shuler & Porche (1990) note that although AIDS was initially manifested in the Gay community, the minority population, particularly the poor, have been disproportionately affected. "...Black and Hispanic women account for almost 71% of adult women with AIDS and more than 78% of children with AIDS are Black or Hispanic" (1990, p. 74).

The rate of increase of new cases of Gay men with AIDS has peaked and is actually declining. The rate of increase of new cases of women and infants with AIDS continues to rise at an alarming pace. Carpenter, Mayer, Stein, Leibman, Fisher, and Fiore state that "The rate of increase of human immunodeficiency virus [HIV] infection in 1990 was greater in women than in any other defined population in North America" (1991, p. 307).

Ellerbrock & Rogers (1990) note that most women with AIDS are young. "..85 per cent of the women with AIDS were of reproductive age, or between 15 and 44 years, at the time of diagnosis." (p. 527) A major consequence of women in this age bracket being infected with AIDS/HIV is the transmission of the virus during childbirth.

Unfortunately, most African-American women do not realize that they are at risk for AIDS and therefore do not take the precautions necessary to prevent themselves from contracting AIDS. Low income African-American women of child bearing age are particularly vulnerable. The virus can be passed into their future offspring without

these women even realizing that they have the HIV virus. Low income African-American women are the major population served by the agency and the major recipients of all subsidized child care in the city.

The agency has pamphlets in the parent areas which target AIDS education messages to women in general and a few that target specifically African-American women. The writer does not feel that just having AIDS educational materials around is that effective. Most of the staff and parents have heard about AIDS and how it is transmitted. They, however, do not believe that they have any need to be concerned as long as they are not sleeping with anyone who has AIDS (translated: a gay man); and they do not use IV drugs (shoot up).

The sad fact is that these women think that they are very safe from AIDS. Given all that is known about the transmission of the disease in the African-American communities; this attitude of false security is exactly what is contributing to the spread of AIDS at an epidemic rate.

The writer does not believe that we in the child care community can stand by and just ignore the problem as if it really does not concern us. Women of child bearing age are our consumers, our clients, our target population, the source of our need for existence. Often our centers are the locus of much of the information these women receive concerning health, education and the welfare of their

families. Particularly, centers that provide subsidized child care are viewed by these women as one of the few institutions in their lives that provides them with an impor ant service without exacting a price of powerlessness and victimization. In the writer's setting AIDS has already taken a devastating toll on the Gay community.

Sumchai (1989) reports that the predictions are that the African-American community in the city is sitting on a time bomb and that large numbers may already carry the HIV virus. Given this information, the writer feels that this problem must be addressed in the setting since most of the agency's clients are affected.

The problem then, is that African-American women of child bearing age at the writer's agency (both staff and parents) and surrounding community are unknowingly at high risk of contracting AIDS and transmitting the disease to their future offspring. The writer wants to change this situation so that the African-American women of child bearing age who are staff or clients of the agency can be knowledgeable about their risks of AIDS and the risks of infecting their future offspring. Further, the writer proposes to bring about change so that these women woul be knowledgeable about prevention techniques; and they would be prepared to advocate for effective AIDS education in the community.

Problem Documentation

A survey was conducted for the city's Health Department concerning AIDS related knowledge, attitudes, beliefs and behaviors among Black adult male and female residents of the city. Polaris Research and Development (1990a) found that most of the respondents knew about AIDS and how it is transmitted (although many still thought transmission could be through toilet seats, hugging and so forth). The respondents also felt that AIDS was a problem in the Black community. However, "In terms of personal concern, 84% of the respondents said that they considered their own risk of AIDS 'to be very low'." (1990b, p. 1)

The Centers for Disease Control (1990) documents that in 1989, 10% of the adult population in the U.S. with AIDS were women and 90% of these women were of child bearing age. African-Americans accounted for 53% of the women diagnosed with AIDS and 62% of the children. This is overwhelming proof that the disease is affecting African-American women and their offspring and that there is a cause for alarm. Further evidence is the fact that as of July 1987, AIDS became the leading cause of death for women aged 25 to 34 in urban areas of the United States (Nyamathi et al., 1990).

In order to discover whether the staff and parents of the writer's setting mirrored the target population in relationship to beliefs about the Black community and

AIDS and then their own personal risk and AIDS, the writer conducted a survey. The survey (see Appendix A) was distributed to 50 parents and staff at the agency. No distinction was made between gender or ethnicity in the distribution of the surveys; however, respondents were asked to check on the survey whether they were male or female.

Since 85% of the population is African-American, the writer did not feel it was necessary to distinguish ethnicity on the survey. The writer felt that the beliefs of all staff and parents concerning the target population were equally important since the attitudes held by the milieu is just as powerful as the attitudes held by one member of the milieu. The simple true/false questionnaire was designed by the writer and has no statistical significance.

The survey results demonstrated that almost all of the respondents had knowledge of the AIDS virus and felt that AIDS is a problem in the Black community. The respondents felt that Black women were at equal risk of contracting AIDS as Black men; but the majority felt that Black women were not at greater risk of contracting AIDS than White women. Paradoxically, the majority of the respondents stated that they always practice safe sex; nevertheless, the same number of respondents stated that they did not know as much about AIDS prevention techniques as they needed to know. In later discussions, some of

these women shared that they considered safe sex to mean they only had sex with heterosexual men who were not drug addicts. Their definition of safe sex did not include the use of a condom.

Surprisingly, most respondents knew that women can transmit the HIV virus to their newborn infant; however, many respondents thought that the majority of children under 3 years of age got AIDS through blood transfusions. The writer had a final question which asked the respondent if he/she made guesses on many of the survey questions. The majority of the respondents marked that they did not make guesses. Again, indicating that this population is sure of their knowledge about AIDS as it affects their personal risk and this population believes that their personal risk is low, even though they do not know all of the prevention techniques that they need to know.

Causative Analysis

The evidence presented in the previous section clearly illustrates that the main reason that African-American women of child bearing age are at high risk for contracting AIDS and transmitting it to their future offspring is that the majority of African-American women do not perceive themselves to be at risk of AIDS; therefore, they do not take appropriate precautions to prevent themselves from contracting AIDS. Unfortunately, the problem of unawareness

is compounded in the writer's setting because African-American women represent only a small percentage of the adults presently diagnosed with AIDS, unlike the rates in Northwestern cities; and there is little media focus on this small number. The local media does little to chronicle the devastating effect AIDS has wreaked in the Black communities elsewhere.

There has not been a major campaign to target African-American women in the city for prevention programs by local government and health officials. The African-American Caucus at the National AIDS Update Conference in San Francisco in 1989, noted their concern that "There is not an African-American agenda regarding HIV/AIDS which operates to assure adequate and appropriate education and prevention messages, treatment, care and services". There is also a lack of AIDS prevention education materials and prevention programs that are gender specific and culturally sensitive to African-American women.

Another major determinant for the problem is that acquiring the AIDS disease has been linked almost exclusively with either IV drug use or homosexual activities; therefore, there is a reluctance of African-American women to be associated with any prevention program for fear of the stigma associated with AIDS. This is even more true in the writer's setting since AIDS is almost exclusively linked with Gays. Pearlberg of Women's Alliance, an AIDS project, was quoted in the New York Times

in 1989 as saying:

> There is a huge amount of denial...Most women don't see themselves as having any possible risk. Most think that by asking a man what his past has been they will get a sufficient answer. Most have bought the idea that this a gay and I.V. drug user's disease. (Kolata, 1989, p. B16)

According to Dalton, a law professor at Yale and an African-American member of the National Commission of AIDS, the impact of AIDS may not be perceived by low income African-American women as the most critical problem to focus on in the face of racism, poverty, the drug epidemic, crime, unemployment, teen age pregnancy, and other social ills which are already crippling the Black community. Certainly, the communities surrounding the writer's setting are struggling with many problems, the disadvantaged community is being bombarded with drugs from within and redevelopment from without.

Relationship of the Problem to the Literature

After making a rigorous search of the literature, the writer discovered that there have been some recent newspaper and journal articles in the last 3 years which focus on the AIDS epidemic as it relates to the African-American woman; but, the number is small compared to the large volume of literature concerning AIDS in

general. The articles that are focused on women and AIDS all point to an alarming trend toward high numbers of women contracting AIDS with the majority of the women being African-American; and a high number of African-American babies being born with the AIDS disease (Nyamthi et al., 1990). The shocking news is that many women find out that they are infected with the AIDS virus when their newborn babies develop AIDS.

There have been only a handful of articles concerning AIDS in the child care journals and periodicals. What seems to be the pioneer article "AIDS and Child Care Programs" appeared in the health update November issue of Child Care Information Exchange. The author, Aronson, discussed what risk, if any, there may be for the spread of AIDS in child care settings. The article endeavored to allay hysterical fears and advocated for dialogues in the child care profession on policy guidelines. Since this article was written, there have been a handful of other articles about AIDS and the child care setting. The writer, however, has found not one AIDS-related article focused on parents, the consumers of child care. In the past year there has been a proliferation of AIDS education program guidelines for school districts and parents. There are excellent materials geared toward helping put together AIDS prevention for elementary, junior high and high school students. In reviewing such guidelines, the writer discovered they made the common mistake of assuming that

the parents understand all the risk of AIDS and therefore their attitudes and beliefs about the disease are taken for granted and their issues are not addressed. The writer feels that these programs for students in African-American communities can not be totally effective unless the parents are also educated about the true risk of AIDS infection in their community.

The literature reveals that the main cause of the problem is the lack of awareness among African-American women that they are at risk of AIDS; therefore there is a lack of risk reduction behavior among the target population. Lester & Saxxon (1988), in their article entitled "AIDS in the Black Community: The Plague, The Politics, The People"; assert the following:

> For people of color, 'inclusion' and 'advocacy' are key words regarding the AIDS epidemic. People of color were not included at the outset of the assessment of groups at risk for AIDS. So, in turn, they have not been among the initial recipients of the vast amount of information and education available. (p. 567)

Karan (1989), director of a chemical dependence treatment program for the Medical College of Virginia, writes that "women may fear rejection and abandonment, conflict, a partner's potential violence or the loss of economic benefits of a relationship; and therefore they may not demand that their partners follow safer-sex

practices". Another point of view is rendered by Lamptey, of AIDSTECH, he states that the issue of using contraceptives to prevent AIDS is controversial among African-American women. "Given American's history of racism, both the slow government response to the epidemic's spread in the minority community and recommendations that infected Black women refrain from having children are viewed with suspicion as 'another form of genocide by neglect'". (Craffey, 1990, p. 25)

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of the Practicum was to reduce the risk of African-American women at the writer's agency for contracting the HIV virus or AIDS and reduce the risk of these women transmitting the disease to their future offspring. Further, the goal was to develop the capacity among these women to disseminate AIDS awareness information to other African-American women in the agency and within the two communities it serves.

Behavioral Objectives

The objectives were projected as follows:

1. At least 14 African-American female staff at the agency would have adequate knowledge of their risk for contracting AIDS and passing it onto their future offspring as measured by their responses to an AIDS awareness test.

2. These women at the agency would have knowledge

of and skills in risk reduction behaviors to prevent AIDS as measured by their written responses on an AIDS awareness test.

3. At least 7 African-American women from the agency would have acquired sufficient knowledge to disseminate correct AIDS awareness information to the target population and to give correct information about risk reduction behavior as measured by their responses on an AIDS awareness test.

Measurement of Objectives

Three separate instruments were used to measure the practicum objectives. The East Bay Perinatal Council AIDS Awareness Pre-Quiz and Post-Quiz (see Appendix D) is a straightforward test that measures knowledge about AIDS. It was used to measure the level of awareness of the target group before implementation of the solution. The instrument was recommended by an AIDS education facilitator who used the instrument to evaluate AIDS awareness with her client population who were predominantly African-American women.

Several AIDS awareness instruments were studied which measured attitudes as well as knowledge. All of the instruments had the same basic questions, yet none of them specifically addressed the subject matter from the perspective of African-American females. The writer was concerned that the objectives could not be measured unless

the tests were culturally and gender specific.

The writer decided to develop an instrument using basic questions that appear on most AIDS awareness tests with the additional phrasing and questions which were directed toward the target population. No specific AIDS awareness test was used as a guideline, however, three tests had been previously studied and finally rejected. One of the test was developed by Harris and Associates (1987) and measured knowledge about AIDS. The second test was the Self-Efficacy Scale for AIDS developed by Lawrance, Levy & Rubinson (1990) which measured the likelihood that the subjects would engage in risk reduction behavior once they acquired the knowledge about AIDS and safe sex. The third test was developed by the Wedge program and had questions which measured indept knowledge about how one could acquire AIDS.

The writer developed an AIDS assessment instrument (see Appendix E) to measure all three objectives as well as to provide an opportunity for the participants to evaluate their own beliefs and propensity toward acting on those beliefs.

A third instrument was later added which measured the participants responses to the solution strategy and solicited feedback. The instrument was a set of topics to be used in small group discussions (see Appendix F).

CHAPTER IV

SOLUTION STRATEGIES

Discussion and Evaluation of Solutions

Most of the solution strategies gleamed from the literature were targeted towards males or adolescents. There was, however, some research which seemed to indicate appropriate action for realizing the goals and objectives which the writer hoped to accomplish with the target population of African-American women.

The City's Public Health Department commissioned a study (Polaris Research and Development, 1990a) to analyze the effects of the AIDS epidemic on African-Americans in the community and a major recommendation was to develop AIDS education programs which emphasize both effective risk-reduction strategies, and the effect of the epidemic on African-Americans.

Lawrance et. al. (1989) conducted a study in which an AIDS Self-Efficacy scale was utilized to identify self-perceived areas of difficulty in performing preventative behaviors and avoiding high risk behaviors

concerning AIDS. In the study 58 pregnant teens, mostly Black, were assessed for four behaviors that were identified as being most vulnerable. These areas were "using condoms, discussing previous homosexual activity, discussing previous bisexual activity, and telling a partner about an experience with a bisexual" (p. 19). The findings of the study highlighted the importance of teaching communication skills as a necessary component of an AIDS prevention program. The authors stated that "students would benefit from practicing these skills with their peers, through role playing and decision-making exercises, to reduce discomfort and prepare them for situations requiring sensitive responses" (p. 23).

Rugherford et al. (1987) in their guidelines for the control of perinatal transmission of the HIV infection and care of infected women and children; recommended that providers be educated and trained to counsel clients who are at high risk for infection of the AIDS virus. The authors also recommended widespread health education campaigns that address the risk of infection for child bearing women and the strategies to prevent sexual transmission among heterosexual adults.

Black and Jones (1988) insist that any AIDS prevention plan must be part of an overall comprehensive, sequential health education program. "A comprehensive approach to health instruction proves more successful in developing positive health habits than approaching instruction by

isolated health topics, such as substance abuse or sexually transmitted diseases [or AIDS]." (p. 320)

An innovative solution based on sensitivity to the cultural issues of African-American women is presented by Nyamathi, Schuler and Proche in the 1990 July/August issue of Family and Community Health. The authors developed and implemented an AIDS educational program for minority women based on a model of social responsibility rather than individualistic preservation. The basic message promulgated was that women must act by any means neccessary to remain alive to take care of their parents and children; in essence, they have to be responsible for the continued existence of the Black race. The authors also stressed the need for any solution design to have the planners and implementators share a cultural and social bond with the target population.

Another culturally sensitive intervention was recommended by Flaskerud and Rush (1989) who conducted a qualitative study of the health beliefs and practices of African-American women. Implications from their research suggests that the solution to the problem is designing an AIDS education program which takes into account the traditional health beliefs and practices of the target population and presents prevention and risk reduction strategies within the context of their belief system which may differ radically from that of the trained health professional.

Finally, the writer offers a solution gleaned from reading Dalton's article, AIDS in Blackface (1989). In the article Dalton presents a framework in which to view the Black community's response to AIDS. Dalton does an admirable job of demonstrating that the "Black community's impulse to distance itself from the epidemic is less a response to AIDS, the medical phenomenon, than a reaction to the myriad social issues that surround the disease and give it its meaning" (p. 205).

Mr. Dalton's solution then, is to provide AIDS prevention strategies as part of a comprehensive program which focuses on the critical societal issues that African-American women face daily, that is, poverty, racism, crime, drug abuse and so forth; whereby, a model is used for empowering these women to take proactive steps to break the cycle of victimization as individuals and as a community.

All of the recommended solutions seemed appropriate for the writer's work setting. Due to time, money and the small scope of the practicum; a solution that involved a comprehensive health education program was ruled out. For the same reasons, the Dalton's solution of a comprehensive program of empowerment development to enhance the target population's ability to effectively address the critical issues in their communities, was too broad. The recommendation that health professional staff be educated and trained to counsel individual clients who

may be at risk was workable; but it would not provide the opportunity to impact the total target population on a wide scale.

Description of Selected Solution

A decision was made to develop and implement an AIDS prevention program for the female staff at the agency which combined the most salient strategies listed among the solutions. Sequential workshops would be developed and implemented which would provide an opportunity for the participants to gain adequate knowledge of their risk of contracting AIDS and passing it onto their future offspring; gain knowledge of and skills in risk reduction behaviors; and acquire sufficient information to disseminate correct AIDS prevention information.

The development and implementation of these workshops to meet the above objectives would be a major step toward realizing the goal of reducing the risk of African-American women at the agency for contracting the HIV Virus or AIDS and reducing the risk of these women transmitting the disease to their future offspring. This strategy would also develop the capacity among these women to disseminate AIDS awareness information to other African-American women in the agency and within the communities.

A plan was made to seek out African American AIDS awareness advocates and educators to assist in the initial

phase of the action strategy which was the development of the workshop series. Approximately two months were allocated for the completion of this phase of the action plan. The steps that the writer planned to take to develop the workshops were as follows:

1. Preparation of a budget for the intervention program would be made. Some discretionary funds were available from the agency to use for parent education and staff training. Budget items would include (a) fee for the trainer, (b) written educational materials, and (c) paper and other supplies for the workshop.

2. A workshop trainer would be selected and the fee negctiated. The trainer would assist the writer in developing the curriculum for the workshops.

3. The writer, in consultation with the trainer, would select the instrument that would measure the level of AIDS awareness of the women and their knowledge of and comfort in utilizing risk reduction behaviors. The target population would be studied to determine specific areas of educational needs and areas of vulnerability for high risk behaviors.

5. The workshop curriculum would be finalized.

6. Materials and resources for the workshops would be gathered.

7. The writer would map out the workshop logistics including dates, the location, the time of day, the size of the group the length of the sessions, and the extra

equipment needed.

8. The target audience would be informed about the program and encouraged to participate. Incentives would be built into the program.

A plan was made for the workshop series to take place for 5 consecutive weeks. The program would take into account the traditional beliefs and practices of African-American women and present the prevention and risk reduction strategies within the context of that belief system. An African-American expert in the area of AIDS education would be used to assist in developing the workshop curriculum and provide the training.

The prevention program would be designed to provide AIDS education based on the model of social responsibility as well as individualistic preservation. Audiovisual materials, pamphlets and other materials to be used would reflect ethnic and cultural sensitivity to the African-American woman.

The pre test instrument would be administered before the first workshop and the post test instrument after the final workshop. The writer also planned to administer a second instrument measuring all three objectives after the final workshop.

This particular solution was chosen because it spoke to all of the causes for the existence of the problem; namely, African-American female staff and parents being unwittingly at risk for contracting AIDS and transmitting

the disease onto their future offspring. The solution satisfied the goal of risk reduction for the target population and could bring about the stated objectives. The solution was feasible in the writer's setting.

Report of Action Taken

Development of the Workshops

The Black Coalition on AIDS is the major advocate organization for AIDS prevention, education and treatment in the African-American community in the City. An AIDS educator from this organization assisted in developing a curriculum for the workshops which would meet the proposed objectives. This educator also introduced the writer to the Wedge Program, an AIDS prevention/education program funded by the City Health Department. The director agreed to collaborate with the writer in the presentation of the workshops (see Appendix B). This organization regularly presented culturally sensitive seminars in four one-hour sessions to adolescents throughout the high school system. The goals and objectives of the workshops corresponded to the objectives of practicum and adjustments were easily made in the materials to reflect the target group of African-American women. An African-American public health nurse who worked part time with the Wedge program was selected as the workshop facilitator.

There was no cost involved.

A room in the community center that houses one of the child care sites was secured for the workshops. This room would accommodate 25 participants comfortably. Flyers were made sent to all female parents and staff at the agency (see Appendix C). All female staff were encouraged to attend as part of the agency's in-service training program.

Through networking the writer was able to secure a pre and post AIDS awareness quiz that was specifically developed for African-American women by the East Bay Perinatal Council (see Appendix D). The project coordinator for the council agreed to facilitate the fourth workshop and supply the participants with AIDS prevention kits which were not available through the Wedge program.

Implementation of the Workshops

Description of the Sample.

Although the workshops were originally targeted to parents and staff at the agency, no parents attended the first session so the writer decided to close the sessions to staff only. The female staff represented all three Sites. The attendance ranged from 17 to 20 women. The age range of the women was 21 to 54 years old, 15 women were in the 20's or 30's and 4 women were in their early 40's. The workshop was open to all female staff even though

the target group was African-American women because non African-American staff would be expected to disseminate important information to the African-American clients about AIDS. The ethnic make up of the group was 15 African-Americans, 2 Caucasians, 2 Asians and 1 Persian. Only 1 African-American woman missed a session. The sample group included preschool teachers, teacher assistants, supervisors, office managers, social workers and a mental health consultant.

Procedures.

A total of five workshops were presented to the women in one and one-half hour sessions. The sessions proceded as follows:

Session I - Facts about HIV/AIDS

The goal of this session was to provide the participants with "information on the facts about HIV/AIDS disease, transmission, prevention and risk reduction" (Wedge, 1988, P. 1).

After introductions, the East Bay Perinatal Council AIDS Awareness Pre-Quiz was administered to the women. The staff were divided into three groups to play a version of the game show Hollywood Squares using questions concerning AIDS. The game was played for approximately 30 minutes. The facilitator followed up on each response with detailed information and statistics. The participants

seemed to know some basic information, however, many statistics were not known, especially those noting the high ratio of AIDS world wide among women and children of color.

The Post quiz was administered at the end of the session. The coordinator of the East Bay Perinatal Council's AIDS project needed the results of the pre and post quiz for inclusion in a special project.

Session II - Feelings and Attitudes

The goal of this session was to help the participants examine personal feelings, attitudes and beliefs about AIDS and related issues (i.e., fear, death, illness, sexual preference). The second goal was to provide the participants with opportunities to integrate AIDS facts into personal, real-life issues (Wedge, 1988, p.2).

The facilitator provided more data about the AIDS disease. Participants were encouraged to discuss any experiences they may have had with anyone who had the HIV virus or AIDS.

A 20 minute film was then shown titled Are You Me? (1989) It is a video concerning the dilemma both a middle age woman and her teen age daughter have in discussing safe sex with their partners. The film was excellent in its portrayal of real life circumstances.

Session III - Meeting a Person with HIV/AIDS

There were three goals for this session: "To introduce participants to the psychological, emotional and social

impacts of living with HIV/AIDS; to help participants examine their personal feelings, attitudes, and beliefs about AIDS and related issues; and to discuss and dispel common myths about HIV/AIDS" (Wedge, 1988, p.2).

Two very healthy looking African-American women who were HIV positive spoke to the group about their experiences. One woman had been infected by her husband but did not discover she was infected until 5 years after his death. The other woman learned that she was infected only after her infant daughter was diagnosed.

Both women emphasized that fact that the disease is in the heterosexual community and therefore one must protect oneself when having sex. Both women stressed the need for the African-American community to talk about AIDS before the SECRET destroys it. Both women were a reminder that you can not judge whether a person has AIDS or the HIV virus just by appearances.

Session IV - Processing Feelings and Reviewing Prevention

The goals of this session were "to provide participants an opportunity to integrate the factual, emotional and social aspects of HIV/AIDS presented during the preceding sessions and to learn safe sex methods" (Wedge, 1988, p.2).

The HIV project coordinator for the East Bay Perinatal Council was the leader for the 4th session. There was discussion and opportunity for hands on exploration of the materials available for use in safe sex behavior. Each participant was given a kit which contained a variety

of condoms, contraceptive cream and lubricants, resource guides for AIDS and breast cancer, and other useful reading material. Ms. Wright ended the session with the following message, "You are a part of keeping AIDS out of the Black community. You need to prevent AIDS by your own individual behavior".

Session V

The goals of this session were to provide participants with an opportunity to discuss topics concerning AIDS among themselves. A second goal was to measure whether the three objectives had been met. A third goal was to solicit commitment from the participants to assist in getting parents to participate in a future workshop series and to obtain feedback about the workshops..

An AIDS Awareness Assessment (see Appendix E) was distributed to the participants to complete individually. Participants were then divided into three small groups and given the Small Group Discussion Topics sheet (see Appendix F). The groups were asked to select one person to lead the discussions and one person to record their responses. The groups were instructed to spend time discussing each item in the order in which they appeared on the sheet. Approximately 30 minutes was allowed for the discussions.

Each group reported their discussion to the large group and responses to the topics were recorded (see Appendix F).

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

All of the questions in the East Bay Perinatal Council Pre Quiz (see Appendix D) were answered correctly by at least 14 participants out of 19 (see Table 1). These were simple True - False questions about AIDS. Only seven participants checked that they had never used a condom and 6 participants used condoms most of the time or always. Only 2 participants checked that they had ever had a sexually transmitted disease.

The East Bay Perinatal Council Post Quiz was administered at the end of the first workshop session (see Appendix D). Referring again to Table 1, at least 14 participants answered questions 1,2,3 and 5 correctly concerning simple AIDS information. Question 4 could be misconstrued to be correct if answered "false" and in fact a participant who checked "false" wrote a note stating that "no sex" is the best protection against HIV. There were only 11 correct responses to Question 6 - "The

Table 1

Responses to the East Bay Perinatal Council Quiz

Question	Correct	Incorrect
	Pre Test	
1.	14	5
2.	19	0
3.	19	0
4.	15	4
5.	19	0
6.	18	1
	Post Test	
1.	19	0
2.	19	0
3.	14	5
4.	11	8
5.	19	0
6.[a]	11	6

Note. Numbered questions in the Pre Test do not correspond to questions in the Post Test.

[a]Two participants did not respond to this question.

majority of babies who are HIV positive are Black". Apparently, there was not enough attention paid to this fact in the first session.

Only 5 participants checked that they will never use condoms and 7 that they would use them at all times. Ten participants checked that they would take the AIDS test and 3 checked "no".

No conclusions or inferences can be made concerning the results of the East Bay Perinatal Council AIDS Awareness Pr.-Quiz and Post-Quiz. The writer mistakenly made an agreement with the East Bay project to have the post test administered after one session so that it could be included in their data instead of at the end of the workshop series. Therefore, the results do not accurately measure whether the objectives of the total workshop were met.

The results of the AIDS Awareness Assessment (see Appendix E) are shown in Table 2. The correct response for all of the questions is "Yes" except for questions 15 and 18. Seventeen participants responded to the assessment. The knowledge level of questions relating to the first objective of the practicum "knowledge of risk of getting Aids and transmitting the disease perinatally", was high. The knowledge level of questions relating to the second objective "risk reduction behavior" was high also with the exception of question 18. There was a very positive response to questions relating to objective three "knowledge and dissemination of information to the target

Table 2

Responses to the AIDS Awareness Assessment

Question	Response		
	Yes	Maybe	No
no sex without condom	17		
ask partner to wear protection	17		
ask about sexual history	15	2	
carry condom in purse	11	1	5
buy condom in drugstore	14		3
refuse sex without protection	17		
get AIDS test	14	2	1
insist partner get tested	14	1	2
refuse sex with IV drug user	15	1	1
hug friend/family who has AIDS	17		
visit AIDS patient in hospital	14	3	
talk about safe sex socially	15	2	
talk with family about AIDS	15		2
tell female friends about safe sex	16	1	
belief AIDS victim lived wrong	17		
belief heterosexuals transmit AIDS	16	1	
belief AIDS big problem for Blacks	17		
belief prevent AIDS by living right	7	1	9
own responsibility to prevent AIDS	16		1
will take the AIDS test	13	2	2
workshop influence attitude	17		
workshop influence behavior	14		3

population". Questions that received the lowest positive responses were related to carrying out actions that may reduce risk but are not necessary if you practice other risk reduction behaviors. For example, a participant stated on question 4 that she would not carry a condom in her purse because she only has sex with her husband.

Fourteen participants responded that they would get tested for the virus and insist on their partner being tested for the virus on questions 7 and 8. However, one respondent had changed her mind when the question appeared again in question 20. These questions were not directly related to the objectives, however, it is presumed that a women would reevaluate her decision to bear children if she knew that she was infected with the HIV virus or AIDS. It is interesting to note that at the end of first workshop only 10 participants stated on the East Bay Perinatal Council Post-Quiz that they would get tested. Also, the affirmation about the use of condoms went from 4 definite responses in the Pre-Quiz to 7 definite responses in the Post-Quiz to 17 definite responses on questions 1 and 2 on the AIDS Awareness Assessment.

The Small Group Discussion Topics (see Appendix F) elicited positive responses concerning the workshop itself. Participants responded enthusiastically to the workshop experience and overwhelmingly supported the presentation of a similiar workshop for parents as well as male staff. In particular, the writer was pleased to note the positive

response the participants had to the possibility of working with a child or staff member who was infected with the HIV virus.

Conclusions

The results of the AIDS Awareness Assessment and the Small Group Discussion Topics (see Appendix E and F) suggest that there are now at least 14 or more African-American women of child bearing age at the agency who have knowledge of their risk of contracting AIDS and infecting their future offspring. There are now at least 14 or more African-American women at the agency who have knowledge of and skills in risk reduction behaviors to prevent AIDS. And there are now at least 14 or more African-American women at the agency who can disseminate correct AIDS awareness and risk reduction behavior information to their peers, clients, neighbors and family.

The three objectives of the practicum were met. However, can it be concluded that there has been a reduction in the risk for these women in contracting the HIV virus or AIDS? The number of incorrect responses to question 18 in the AIDS Awareness Assessment (see Appendix E) is cause for some concern. Even though two of the respondents who responded incorrectly qualified their answer to make it correct; it appears that at least six of the participants may confuse a clean lifestyle and moderate sex with safe

sex. This is in agreement with the findings of Flaskerud & Rush (1989) suggesting that low-income African-American women tend to intergrate AIDS into their traditional health beliefs which dictate a moderate lifestyle for prevention of illnesses.

Another concern is whether possession of knowledge and skill is sufficient to determine behavior? Certainly, responses of the participants to the Small Group Discussion Topics warrant conclusion that their attitudes toward practicing safe sex is positive. Lawrance, Levy, & Robinson (1989) state that there is evidence that perceived self-efficacy is a predictor of the likelihood that risk reduction behaviors will be performed. The participants responses to the assessment and discussion topics definitely demonstrate that they perceive themselves to be capable of carrying out the risk reduction behaviors.

It can therefore be concluded that there has been a reduction in the risk of African-American women at the agency contracting the HIV virus or AIDS and there has been a reduction of the risk of these women bearing children infected with AIDS. Further, it can be concluded that many of these women now have the capacity to disseminate AIDS awareness information throughout the communities and there is overwhelming evidence of their intent to do so.

Recom- endations

The stigma associated with the HIV virus and AIDS is still overwhelming in the African-American community. It is recommended that particular attention be paid to breaking the barriers that keep the target population from participating in prevention and education programs. The writer plans to provide the AIDS workshop series for Parents annually as part of a comprehensive health education program which will also feature topics on stress, breast and cervic cancer, hypertension, and good nutrition.

Dissemination

The practicum results will be disseminated to child care organizations through a presentation at the Mayor's Advisory Council on childcare. The report results will also be submitted to the Black Coalition on AIDS as another resource for the prevention of AIDS in the African-American community. Finally, the writer has begun to disseminate the practicum results to every ethnic and female leader, organization and association that has come across her path.

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APPENDIX A

SURVEY ON AIDS

SURVEY ON AIDS

This survey will help us determine if there is a need for an AIDS education program for parents and staff at [redacted]. Do not sign your name. Thanks.

Please answer TRUE or FALSE to each statement.

1) I am knowledgeable about the HIV virus and AIDS.
   True_____ False_____

2) AIDS is mainly a gay man's disease.
   True_____ False_____

3) Black women have as much risk of contracting AIDS as Black men do.
   True_____ False_____

4) I always practice safe sex or I do not engage in sex.
   True_____ False_____

5) Women can transmit AIDS to their newborn infant.
   True_____ False_____

6) I know as much about AIDS prevention techniques as I need to know.
   True_____ False_____

7) Black women are more likely to have AIDS or carry the HIV virus than white women.
   True_____ False_____

8) The majority of children under 3 who have AIDS got the disease from blood transfusions.
   True_____ False_____

9) Aids is on the decline in the Black Community.
   True_____ False_____

10. I made guesses on many of the answers on this survey.
   True_____ False_____

I am a Male ☐

I am a Female ☐

I am in the following age group:

18 - 21 ☐

22 - 29 ☐

30 - 45 ☐

Over ☐

APPENDIX B

WEDGE PRESENTATION CONFIRMATION

WEDGE PRESENTATION CONFIRMATION

Name: [redacted]

Location: [redacted] Center, Inc.

The Wedge AIDS Education Program has been scheduled for you:

Dates: June 10, 17, 24; July 1, 1992

Time(s): 1:00pm - 2:00pm

Wedge Educator(s): [redacted]
(and phone #'s)

Other Information: Please fill out and return the enclosed Speaker Evaluation Form when the Wedge is finished.

Please reserve a VCR for use in Session II. If you have any questions, please call [redacted] or [redacted].

022890a

APPENDIX C

AIDS WORKSHOP FLYER

[redacted]

PRESENTS

WOMEN OF COLOR

AND

AIDS

INFORMATION

&

EMPOWERMENT WORKSHOP

5 WEEK SERIES

WEDNESDAYS

1:00 - 2:30pm

JUNE 10, 17, 24, 1992 / JULY 1, 8, 1992

[redacted] COMMUNITY CENTER, ROOM A

FOR MORE INFORMATION, CONTACT [redacted] AT (415) 346-3268

APPENDIX D

EAST BAY PERINATAL COUNCIL
AIDS AWARENESS PRE-QUIZ AND POST-QUIZ

KEY

East Bay Perinatal Council
AIDS Awareness Pre-Quiz

Please give us your:

Initials:
Age:
Race:
Are you pregnant?
Are you a parent?

Circle True or False for each question

1. (T F) HIV positive means a person has AIDS

2. (T F) AIDS infects only IV drug users and gay men

3. (T F) Sharing dirty IV drug needles can pass the AIDS virus

4. (T F) Spermicide with nonoxynol-9 used during sex is the best protection against the AIDS virus

5. (T F) Teens are not at risk for the AIDS virus

6. (T F) HIV positive pregnant women can pass the virus to their unborn child

Please check one

I use condoms ___never ___sometimes ___most of the time ___always

I have had a sexually transmitted disease ___yes ___no

AIDS Awareness Post-Quiz

1. (T F) Testing HIV positive means a person has AIDS

2. (T F) Anyone who practices unsafe sex and has shared IV drug needles is at risk for AIDS

3. (T F) Cleaning needles and works with bleach can kill the AIDS virus

4. (T F) Condoms and spermicides that contain nonoxynol-9 and are used together during sex are the best protection against HIV

5. (T F) Teens, including Black teens, are at risk for HIV infection

6. (T F) The majority of babies who are HIV positive are Black

Please check one

I will use condoms ___never ___sometimes ___all the time

I will take an AIDS antibody test ___yes ___no ___not decided

APPENDIX E

AIDS AWARENESS ASSESSMENT WITH
ACCUMULATIVE RESPONSES

ACCUMULATIVE RESPONSES TO THE:

AIDS AWARENESS ASSESSMENT

Please answer the following questions with a Yes, No or Maybe. If you answer Maybe, please give an explanation.

1. Would you tell someone you know has multiple sex partners that you don't want to have sex with them without a condom?

17 "Yes" responses. Comments: For prevention of getting AIDS. You don't know what they may have and you can't trust anyone any more. I wouldn't have sex with someone I knew who had multiple partners with or without a condom! I will tell the next person I have sex with to wear a condom regardless of the sexual history!

2. Would you tell your girl/boyfriend who you are thinking of having sex with that you want them to wear condoms or use saran wrap?

17 "Yes" responses. Comments: I just won't have unsafe sex. I use condoms as a method of birth control, not just for safe sex. I would have a discussion about the whole issue before having sex.

3. Would you ask your boy/girlfriend about his/her previous sexual experiences?

15 "Yes" responses. Comments: I have not in the past, but I will now! I want to take all necessary precautions. I want to be as informed as possible.

2 "Maybe" responses. Comments: It depends on his views about things, some people think negatively so much so that you have to go through too much. It would depend on the person. It may be none of my business, but I would still talk about safe sex.

4. Would you carry a condom in your purse in case you decided to have sex?

11 "Yes" responses. Comments: Just to be on the safe side. But, I usually don't make important decisions about sex that fast that I would have to rely on carrying condoms with me.

1 "Maybe" response. No comment made.

5 "No" responses. Comments: I don't have sex with anyone besides my husband. I'm Lesbian.

5. Would you buy condoms in a drugstore, pharmacy or adult shop?

14 "Yes" responses. Comments: I have done so in the past. From all three. Usually, I get them from the health center.

3 "No" responses. Comments: I feel that the guy should have them, they usually do.

6. Would you refuse to have sex with your boy/girlfriend if they won't agree to wear a condom or use saran wrap and they have had other partners and have not been recently tested for the HIV virus?

17 "Yes" responses. Comments: I don't want the virus or AIDS. This is my life! If my partner really cared about the relationship they wouldn't refuse.

7. Will you go to a clinic for an AIDS test?

14 "Yes" responses. Comments: I've been and tested negative. I did.

1 "No" response. No comment.

2 "Maybe" responses. Comments: I've had one before but its scary. I'm afraid to find out if I did have HIV.

8. Will you insist that your partner get tested also?

14 "Yes" responses. Comments: He has, already. When I find a partner, I'm sure that we both should be tested.

2 "No" responses. No comments.

1 "Maybe" response. Comment: We would still have safe sex.

9. Would you tell someone who you know uses intravenous drugs that you won't have sex with them?

15 "Yes" responses. Comments: If I knew that they were on drugs, wouldn't nothing be going on anyway.

1 "No" response. No comment.

1 "Maybe" response. Comment: I don't think I could have

a relationship with someone who used intravenous drugs; but if it happened - safe sex.

10. Would you hug a friend or family member who has the AIDS virus infection?

17 "Yes" responses. Comments: I know you can't get AIDS from hugging. I would want them to know I care

11. Would you visit a close friend who is now an AIDS patient in the hospital?

14 "Yes" responses. Comments: I will because they will always be my friend until they die! I have and I will again.

3 "Maybe" responses. No comments.

12. Would you talk about using condoms in a social conversation when the topic of sex is being discussed.

15 "Yes" responses. Comments: All the time. I know better now. I have - especially with my girlfriends.

2 "Maybe" responses. Comment: It depends on who is in on the discussion.

13. Will you talk to your family about AIDS prevention and safe sex?

15 "Yes" responses. Comment: I have talked to both of my sisters.

2 "No" responses. Comment: Although I guess I should. They don't want to hear it.

14. Will you explain to your female friends how women should reduce their risk of contracting AIDS.

16 "Yes" responses. Comments: I've started in the past and now I feel I have more information to pass on. When the topic of sex comes up.

1 "Maybe" response. No comment.

15. Do you believe that any person who has AIDS or the HIV virus must have been living wrong.

17 "No" responses. Comments: Not all people use drugs and/or have unsafe sex who have AIDS or HIV. It has little to do with morals. (1 response was written "Maybe, just according to my religious beliefs" with a line drawn through it and "no" written instead.)

16. Do you believe that you can get AIDS or the HIV virus just as easy from a straight partner as a gay or bisexual partner?

16 "Yes" responses. Comments: That person could have multiple partners and/or use drugs. Anyone could have HIV.

1 "No" response. No comment.

17. Do you believe that AIDS is as big a problem for the African-American community in the Bay Area as it is for the Gay community?

17 "Yes" responses. Comments: Even more so without education on the topic. I don't think many African-American people in general know that.

18. Do you believe that you can prevent getting AIDS or the HIV virus by living right, eating right, not taking drugs, keeping clean and having moderate sex?

9 "No" responses. Comments: Nothing is 100% safe. No, unfortunately! You can contract AIDS by having moderate sex if it is unsafe.

7 "Yes" responses. Comments: If the moderate sex is safe sex. The moderate sex must be safe. Yes, but it is still scary.

1 "Maybe" response. No comment.

19. Do you feel that you have a responsibility to help prevent AIDS from spreading throughout the African-American community.

16 "Yes" responses. Comments: Yes, among other Black lesbians that I know. Many people are dying. By giving out information.

1 "No" response. Comment: There is no way you can prevent AIDS from spreading through out the African-American community.

20. Will you get tested for the HIV virus? When? Why or why not?

13 "Yes" responses. Comments: Already tested, I would if a partner wanted me to be retested or if I had somehow

been exposed. When I can afford it. When donating blood. I did today, an ounce of prevention is worth a pound of cure; its better to know either way and be safe to yourself & others. I need to make an appointment with my doctor.

2 "No" responses. Comment: I have only 1 partner ever since & I know him well.

2 question mark responses. Comments: The more I talk to people with AIDS the more I feel I should get tested. But I'm scared that if I know I may be worse off then not knowing. I know that's insane but it makes some kind of sense.

21. Did this AIDS prevention workshop have any influence over your attitude about AIDS? Explain.

17 "Yes" responses. Comments: I realized how the disease is still stigmatized in the Black community and how much the community is still in denial. I was confused about the difference between AIDS & HIV, but now I'm not. I've learned more about prevention and the seriousness of HIV in the African-American community. I just wish more people could attend. It tied up a few loose ends and helped me decide to take the test myself & influence others. I have more empathy for people I know who are infected with HIV - more information. It made me think a little more about sex. I have a better awareness level that I did B4...I also understand (much better) how to use a condom properly.

22. Did this AIDS prevention workshop have any influence over your likelihood to practice safe sex behaviors? Explain.

14 "Yes" responses. Comments: It was made very clear that anyone may be positive..trust isn't enough! I will practice safe sex from now on. It confirmed my fears about dying from unsafe sex. I will be more cautious in having sex with men I do not know personally. I plan to have more discussions in future relationships. Before I never used a condom, now I do. I used to believe that I am not one of "them"..now I know better.

3 "No" responses. Comments: I was already practicing safe sex. I've been abstaining for sometime now and I believe that this is the only way...however, I am now entertaining the thought of having sex with proper precautions.

Feel free to make any comments here.

The workshops were fun as well as informative. I feel

as though I can share the information everywhere with everyone I come in contact with, Thank You. The workshop has made me see the disease from the point of view of the sick person for the first time. It was a real helpful workshop. Thank you for having this workshop. I've learned more about the whole issue and the African-American ideas. More needs to be done to educate the community & I'm glad that this agency is doing something to help the situation. The workshop was a great help because before I was not that sure of how one got infected with HIV. I can use this to educate my family, friends, & relatives. Every company or organization should consider educating their employees. It is necessary for life. I have derived a lot from the workshop. Small group, casual presentation was good. Panel of speakers was very powerful. Sex & death are extremely difficult to talk about, yet the presentation minimized the tension & opened people up enough to take in the information.

Age 21-54
African-American 15
Non African-American 2

APPENDIX F

SMALL GROUP DISCUSSION TOPICS WITH ACCUMULATIVE RESPONSES

ACCUMULATIVE RESPONSES TO:

SESSION V

SMALL GROUP DISCUSSION TOPICS

1. Was the workshop beneficial? Why or why not?

Yes. It increased our knowledge about AIDS and HIV. The information was presented in language that we could understand. The guest speakers made it all real.

2. What sessions or experiences did you learn the most from?

Every session was helpful. All sessions were informative. The most powerful was Session III with the 2 women who are HIV positive talking to us about their lives.

3. What sessions or experiences were the least helpful?

Session I - the statistics. Session IV - the lecturer was unorganized. Session IV - the lecturer needed to be more thorough.

4. Were you embarrassed by any of the workshop content?

No. No. Yes, the condom demonstration was embarrassing.

5. Any suggestions of how to improve on the workshop?

Have some visual aids, posters etc. showing the physical symptoms that were discussed i.e. what shingles look like. Have more videos. Have more speakers with AIDS or HIV i.e. a man sharing a man's perspective. Have more speakers i.e. a couple coping with the disease or a victim's close family member. Otherwise the workshop was great. Have 5 minute breaks during the middle of each workshop..

6. Do you think we should have used work time to present this workshop?

Yes! Yes, there was very valuable information presented that will keep us alive and help us educate others in the

community. Yes, no one would have come otherwise.

7. Should we have a similar workshop for the males in the agency?

Yes!!!! Yes! This information should be available for everyone. Maybe a male and female combination workshop.

8. Should this workshop be presented to parents?

Yes!!!! Yes, they need to be educated too. They need to know how to protect themselves and their children.

9. Is there anything in the workshop that should be changed for parents.

Enhance the information about children and AIDS and parents role in prevention. Have the workshops in the late afternoon so more parents can attend.

10. How can we get parents to participate?

Have the workshop sessions longer with less days. If have it in the late afternoon then provide child care. Promote the workshops during parent orientation. Make the workshop mandatory if child attends center. Have refreshments and gifts. Display large posters about the workshop.

11. Will yo[illegible]n getting parents to attend? How?

Yes. Enco[illegible]nt. Telling parents its a life and death issu[illegible]e encouragement should come from staff that a pare[illegible] most comfortable with. Helping with refreshments.

12. How should the agency respond if a child is HIV positive?

Treat them as other children but take extra precautions around biting. Make sure that the child is healthy enough to attend. Be professional. Maintain confidentiality. Treat the child the same as others. No answer, question is difficult and we are not sure.

13. How should the agency respond if a staff is HIV positive?

Be supportive of our colleague There should be no problem with that. The person should be treated the same as any other staff member.

14. Should we have more AIDS education pamphlets in the parents areas?

Yes, and in the teacher's area also. Posters, too. Yes, everyone needs to be aware.