

Teaching Modules to Build HIV/AIDS Knowledge and Safer Sex Skills Among African-American College Students

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ABSTRACT

The HIV/AIDS epidemic has taken a tremendous toll on the population of the United States. College students, including African-Americans aged 13-24 years, across the nation are susceptible to contracting sexually transmitted diseases including HIV/AIDS as they participate in unsafe sex practices. The purpose of this article is to provide teaching ideas and learning methods from a social cognitive-theory-based intervention and an HIV/AIDS knowledge based intervention conducted among a sample of African-American college students. A variety of teaching methods such as demonstration, brainstorming, lecturing, group discussion, power-point presentations and role-playing were used. There were 28 workshops (14 knowledge-based and 14 theory-based) conducted over a two month period. Results demonstrated that almost all of the workshops adhered to the session activities guidelines.

INTRODUCTION

The HIV/AIDS epidemic has taken a tremendous toll on the population of the United States. Of the 281,421 persons receiving a HIV infection diagnosis during 1996-2005, 45% had an AIDS diagnosis by three years after their HIV diagnosis (Centers for Disease Control & Prevention [CDC], 2009a). The demographic trends from 1981- 2004 indicated these cases were more frequent in males than females (71.3% vs. 28.7%), more likely in the age-group 30-44 years, (50.8%), highest in black, non-hispanics (51%), and due primarily to male to male sexual contact (43.5%) and heterosexual contact (34.0%) (CDC, 2006). African-Americans continue to bear the greatest burden

such that the rate of HIV infection in males was nearly seven times higher than that of white men and for females it was twenty times that of white women (CDC, 2009b).

Young adults represent the fastest growing groups of new HIV infected individuals in the United States (Hightow et al., 2005). In a study that examined the predictors of HIV/AIDS risk among college students, ethnicity, gender, academic status and substance use were highly significant (Dilorio, Dudley, & Soet, 2007). Similar factors emerged significant in a study which looked at demographic and personality factors in HIV/STD partner specific risk perceptions among young adults (Mehrotra, Noar, Zimmerman, & Palmgreen, 2009).

College students across the nation are susceptible to contracting sexually transmitted diseases including HIV/AIDS as they indulge in unsafe sex practices (DiClemente et al., 2004). African-Americans are disproportionately affected by HIV infection, accounting for 55% of all the HIV infections among persons aged 13-24 years (CDC, 2008). Self-efficacy skills and expectancies to use condoms are the two variables which best predicted safer sex behaviors (Strader, & Beaman, 1991). African-American college students were hence the participants for these teaching workshops.

The Social Cognitive Theory has been used extensively along with the Information-Behavioral-Skills model in the past in reducing HIV risk behaviors and sexually transmitted diseases in heterosexual African-Americans (Darbes, Crepaz, Lyles, Kennedy, & Rutherford, 2008; Semann, Kay, & Strouse, 2002). Furthermore a review of community, family and school-based interventions for HIV/AIDS prevention in African-American adolescents showed the Social Cognitive Theory has been utilized the most (Ickes, & Sharma, 2007). The purpose of this manuscript is to discuss and present, in detail, teaching techniques and learning methods used in the form of two different interventions in a convenience sample of African-American college students at a large midwestern university.

MATERIALS AND RESOURCES

The workshops conducted among the experimental group of African-American college students utilized different teaching resources such as male and female condom fact sheets (Maryland Department of Health and Mental Hygiene, n.d), role-play scripts (Kanekar, 2009a), and teaching discussions assisted by power point presentations (Kanekar, 2009a; Kanekar, 2009b). The workshops conducted for the knowledge-based group had teaching discussions assisted by power point presentations and videos (Kanekar, 2009c; Nelson, & Williams, 2007).

TEACHING METHODS

The teaching method used to provide HIV/AIDS knowledge was in the form of workshops conducted among African-American

college students. These workshops were divided into four sessions of half-an-hour duration each. The **Session one** content dealt with providing information about origins of the HIV virus, prevalence of HIV/AIDS, structure of the virus along with virus replication and natural history and stages of HIV/AIDS. Some of the myths related to HIV/AIDS were also discussed. **Session two's** content comprised symptoms of HIV/AIDS, symptoms of sexually transmitted diseases such as Chlamydia, gonorrhea, syphilis and herpes. **Session three** discussed biological relationships between HIV/AIDS and sexually transmitted diseases, epidemiological models of risk reduction. Condom usage, along with its advantages and disadvantages, were also discussed. **Session four** discussed community, counseling and group interventions for AIDS-risk reduction, important concepts such as sexual networks and core groups and finally examples of structural interventions in HIV/AIDS prevention as shown in Table 1.

The teaching method used in the social cognitive theory-based workshops also consisted of four sessions of half-an-hour duration. **Session one** defined and explained HIV/AIDS along with introducing the students to safer sex behaviors. **Session two** discussed appropriate condom usage methods which included demonstrations, discussion of male and female condom fact-sheets and videos showing correct condom use advertisements or messages. **Session three** comprised identifying barriers among adolescents when using condoms, communication skill-building techniques and role-playing with scenarios mimicking real-life situations. **Session four** addressed misconceptions about safer sex, a discussion of favorable outcomes, and a lecture on goal setting (where the health educator delineated ways of personal goal-setting) as shown in Table 2.

TEACHING PROCEDURES

The teaching procedures used for the HIV/AIDS knowledge-based workshops consisted of power point presentations supported with group discussion. Also, as per the session, session 1-videos were shown depicting virus structure, virus replication and natural history of HIV/AIDS disease progression; session 2-HIV/AIDS clinical features; session 3-

condom usage and communication related to condom usage; session 4—group discussions related to community-based HIV/AIDS prevention interventions, sexual networking and 'core group' and structural interventions as an emerging paradigm in HIV/AIDS prevention. Procedures used for the theory-based workshops consisted of lecturing and brainstorming; session 1 condom use demonstration and step-wise skill building for condom usage assisted by a penile-model; session 2, role-playing techniques and group discussion among participants; session 3, and a lecture assisted with debriefing and discussion for session 4.

Assessment Procedures and Evaluation Rubric

Each teaching workshop session for the HIV/AIDS knowledge-based workshops and the Social Cognitive theory-based workshop was evaluated using tally sheets as shown in Table 3.

RESULTS

There were a total of 14 workshops conducted for the Social Cognitive Theory-based intervention group and an equal number of workshops for the HIV/AIDS knowledge-based group. Most of the sessions in the experimental (theory-based) arm were adherent to the session descriptions as mentioned in Table 2. In the experimental (theory-based) intervention group, some activities were missed for session 2 due to non-availability of a video for some of the workshops, and during session 3 due to student reluctance to participate. In the knowledge-based (non-theory) intervention group, the activities missed pertain to session 3 and session 4 for similar reasons mentioned earlier.

DISCUSSION

The purpose of this article was to portray teaching ideas which can be applied in field settings imparting health education. A variety of teaching techniques and learning methods were used when these workshops were conducted in a sample of African-American college students. Powerpoint presentations were used to provide

educational information related to HIV/AIDS, and techniques such as brainstorming, group-discussion, role-playing, and condom-use demonstrations provided a good mix of learning methods. The teaching techniques in the knowledge-based arm were restricted to power point presentations and group discussions.

The first author was the sole person who used all of the teaching methods for the social-cognitive theory-based intervention as well as the knowledge-based intervention. The tally-sheets were rated by an independent rater for both the groups as well. The same rater was present to rate the tally sheets throughout the intervention implementation period.

Some of the important issues the author faced while conducting these workshops were a) getting a good representation of workshop participants in various learning activities conducted, b) playing a role as an effective facilitator during discussions, c) not being judgmental while lecturing or instructing on different health issues.

There were some salient aspects of the various teaching strategies which seemed to be successful with the participants. The participants appreciated the video contents and lectures along with the guided discussion. Demonstrations of condom usage using a penile-model along with role-modeling videos were liked by the participants from the various comments they made at the end of the workshops.

CONCLUSION

The teaching modules including the diverse teaching strategies used in various sessions of the intervention arm and the knowledge-based arm can be effectively used by health educators, public health practitioners and public health researchers to generate knowledge, skills about HIV/AIDS education, safer sex techniques, and condom promotion and usage not only among African-American students but college students and youth in various settings such as community, school and workplace. These teaching strategies should also result in sexual behavior change promoting safer sex measures in a variety of populations in multiple settings.

TEACHING TIPS FOR HEALTH PRACTITIONERS

A variety of pedagogical strategies were used in this novel workshop program conducted among African-American college students. The teaching styles and strategies used for the theory-based workshop can be useful for health practitioners especially in areas of sexual health and HIV/AIDS prevention. The following insights were shared regarding the theory-based workshop:

Tip 1: Using role-models or demonstration is a very effective skill-building technique especially when step-by-step behavior change is to be facilitated among target audiences.

Tip 2: Questioning skills are very effective tools for eliciting group responses and should be used in a non-judgmental manner to have its best effect.

Tip 3: Role-play can be a pedagogical technique as a means of enhancing communication skills among group participants. This was ideal for a safer sex behavior change group where condom negotiation skills can be effectively built up using a role-play scenario.

Tip 4: Brainstorming techniques are useful where participants have a variety of ideas related to an issue and helps surfacing participant thinking in a dynamic group.

Tip 5: Debriefing is a very good technique to clarify and reconstruct participant meanings and thoughts on various sub issues related to the topic under discussion.

The teaching strategy for knowledge provision was instructive in generating the following tips:

Tip 1: Group discussions based on information provided are crucial for improving participant understanding of the topic under consideration.

Tip 2: Participants learn from each other during group interaction and some great ideas emerge as a result of this.

Tip 3: Culturally appropriate videos are useful for driving the essence of the knowledge provided and lead to better participant attention.

Tip 4: Participant led session discussion is important rather than passive lecturing by the health educator.

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Table 1. Teaching techniques and learning methods- HIV/AIDS knowledge-based intervention among African-American college students.*Session 1 (half-an-hour duration). Introduction to HIV/AIDS and knowledge about HIV virus*

Content	Learning Process	Time
Introduction Discuss the origins of HIV virus. Discuss the prevalence of HIV/AIDS. Discuss structure of HIV virus. Discuss virus replication and drug targets. Introduce the natural history and stages of HIV/AIDS. Discuss myths related to HIV/AIDS.	The health educator will use a PowerPoint presentation along with educational videos to assist in the informational talk. The health educator will discuss the HIV/AIDS related content with the session participants.	Structure of the virus video (Kanekar, 2009c; Nelson, & Williams, 2007). http://www.youtube.com/watch?v=v5LGqi-8eZg&feature=related (2 mins 35 secs). HIV replication video (Kanekar, 2009c; Nelson, & Williams, 2007). http://www.youtube.com/watch?v=rqDkYJn7w9Y&feature=related (2 mins 30 sec). HIV natural history video (Kanekar, 2009c; Nelson, & Williams, 2007). http://www.youtube.com/watch?v=D6XncLNNGQ0 (5 mins 30 sec) HIV/AIDS myths video (Kanekar, 2009c; Nelson, & Williams, 2007). http://www.youtube.com/watch?v=LaVm3moZo_g (8 mins 35 secs) Discussion- 12 min
Total time		30 minutes

Session 2 (half-an-hour duration): HIV/AIDS and Sexually transmitted diseases

Content	Learning Process	Time
Discuss the symptoms of HIV/AIDS Discuss the symptoms of sexually transmitted diseases(such as Chlamydia/gonorrhea/ syphilis/herpes) Discuss the treatment of sexually transmitted diseases(such as Chlamydia/gonorrhea/ syphilis/ herpes)	The health educator will use a power point presentation along with educational videos to assist in his informational talk. The health educator will discuss the content with the session participants. This will be done with the use of discussion questions at the end of presentation.	HIV/AIDS clinical features video and discussion http://www.youtube.com/watch?v=6817JIVhuhY&feature=related (5min) Discussion about sexually transmitted diseases- assisted by powerpoint slides(20mins) (Kanekar, 2009c; Nelson, & Williams, 2007). Discussion about treatment of sexually transmitted diseases (5mins) (Kanekar, 2009c).
Total time		30 minutes

Session 3 (half-an-hour duration). Epidemiological relationship and condom usage

Content	Learning Process	Time
Discuss biological relationships between HIV/AIDS and sexually transmitted diseases.	The health educator will use power point presentation along with videos to assist in his informational talk.	Discussion (along with power point slides)- (18mins). (Kanekar, 2009c; Nelson, & Williams, 2007).
Discuss the use of epidemiological models in risk reduction.	The health educator will discuss the content revolving biological relationships, epidemiological models and advantages and problems with condom usage with the participants.	Why use a condom- a video on condom usage. http://www.youtube.com/watch?v=2Opu879Pe9g&feature=related (8mins).
Discuss condom usage as a risk reduction technique.		Communication on condom usage- a video http://www.youtube.com/watch?v=ZMeHWI4f0AQ (4mins)
Discuss disadvantages and problems with condom usage		
Total time		30 minutes

Session 4 (half-an-hour session). Behavioral interventions for risk reduction

Content	Learning Process	Time
Discuss interventions for risk reduction such as community, counseling and group interventions.	The health educator will use a power point presentation along with videos to assist in his informational talk.	Discussion on counseling, group and community interventions- assisted by powerpoint slides(12 mins) (Kanekar, 2009c; Nelson, & Williams, 2007).
Discuss 'sexual networks' and 'core group' concept.	The health educator will discuss the content of risk reduction interventions, structural interventions and core group concept with the participants.	Discussion on 'sexual networks' and 'core group' concept- assisted by power point slides(8 mins) (Kanekar, 2009c; Nelson, & Williams, 2007).
Discuss the importance and examples of 'structural interventions'.		Discussion on 'structural interventions' and some examples- assisted by powerpoint slides (10 mins). (Kanekar, 2009c; Nelson, & Williams, 2007).
Total time		30 minutes

Table 2. Teaching techniques and learning methods- Theory-based intervention among African-American college students.

Session 1 (half-an-hour session). HIV/AIDS and Safer sex behaviors

Content	Learning Process	Time	Constructs of SCT used
<p>Introduction - Define and explain what is HIV (Human immunodeficiency virus infection) and the term AIDS (Acquired Immunodeficiency syndrome).</p> <p>Human immunodeficiency virus is an organism which causes infection when it enters the human body.</p> <p>AIDS (Acquired Immunodeficiency syndrome) is a set of symptoms and infections resulting from the damage to the human immune system caused by human immunodeficiency virus.(Explanation of this will be given)</p> <p>Introduction to brainstorming</p> <p>Debriefing the students about safer sex, sexually transmitted diseases and how they are transmitted</p> <p>Ask students to share any experiences related to safer sex behaviors or sexually transmitted diseases.</p>	<p>The health educator elicits responses to the words "HIV" and "STD" from the students.</p> <p>The health educator lists these responses on a flipchart or on a blackboard.</p> <p>The health educator then builds on these student responses and explains the meaning of these responses in detail.</p> <p>Teaching aid: PowerPoint Presentation and HIV/STD information video.</p> <p>The health educator introduces the term 'safer sex' and asks the students 'what does it mean for them'?</p> <p>The health educator writes all their answers on flip-chart or blackboard.</p> <p>The health educator does not evaluate or judge any answer however funny.</p> <p>Once the students get a feel of this technique, he/she asks them to mention some of the common sexually transmitted diseases they are acquainted with.</p> <p>The health educator enlists the sexually transmitted diseases from the student responses.</p> <p>Students will share their views on safer sex behaviors and the health educator will debrief and rectify any misconceptions relating to what is safe and unsafe sex and how to prevent unsafe sex.</p>	<p>10 mins(the health educator prompts the students for atleast 2 mins to get their responses to the word " HIV" and "STD")</p> <p>20 mins (includes few minutes taken by the health educator to reflect on student responses).</p>	<p>Behavioral Capability</p> <p>--knowledge and skill to perform a behavior (Glanz, Rimer, & Lewis, 2002).</p> <p>Behavioral capability</p> <p>---knowledge and skill to perform a behavior (Glanz, Rimer, & Lewis, 2002).</p> <p>Situational perception</p> <p>--- How one perceives and interprets the environment around oneself (Sharma, & Romas, 2008).</p>
Total time		30 minutes	

Session 2. (half-an-hour). Condom use information and skill building by practice

Content	Learning Process	Time	Constructs of SCT used
<p>Appropriate condom usage methods will be demonstrated and practiced</p> <p>(Condom packets of various size condoms will be brought and students will be taught how to read instructions on the packet and apply them while using the condom)</p> <p>Discuss a male-female condom fact sheet with the participants</p> <p>Learning of condom insertion skills using a penile model</p> <p>Video –viewing of a correct condom use advertisement or a message.</p>	<p>Demonstration technique will be used by the health educator where he/she will initially show the participants ways of opening the condom packet without tearing the condom, using correct side of the condom for rolling and showing how to keep some space at the end.</p> <p>The importance of the correct technique of opening the condom packet and technique of unfolding will be emphasized and explained by the health educator.</p> <p>A male and a female participant from the audience will be asked to perform the correct usage technique as demonstrated by the health educator.</p> <p>Each student will get a male-female condom fact sheet which details the structure, and the ways of using it.</p> <p>The health educator will highlight important parts of the contents by loud reading.</p> <p>A penile-model demonstration where the health educator will demonstrate putting on a condom on a penile model.</p> <p>Students (a male and a female participant) will then try putting a condom on the penile model to get the actual feel of the process. This will be done repeatedly for 2-3 times until they are comfortable with the process.</p> <p>Students will be shown a video about appropriate usage of condoms(this video will have a role-model such as an athlete or a movie star)</p>	<p>15 mins(10 mins for demonstration and explanation of correct condom usage and 5 mins for student demonstration)</p> <p>5 mins (condom fact sheet distribution and highlighting important aspects) (Maryland Dept. of HMH)</p> <p>8 mins (demonstration by health educator followed by practice by the students on the model).</p> <p>2 mins (This will be a short-video). http://www.youtube.com/watch?v=KdBEIcY6kno</p>	<p>Self-Efficacy</p> <p>---confidence in one's ability to pursue a behavior (Sharma, & Romas, 2008).</p> <p>Behavioral capability</p> <p>---knowledge and skill to perform a behavior (Glanz, Rimer, & Lewis, 2002).</p> <p>Self-Efficacy</p> <p>---confidence in one's ability to pursue a behavior (Sharma, & Romas, 2008).</p> <p>---practicing in small steps.</p> <p>Self-Efficacy</p> <p>---confidence in one's ability to pursue a behavior (Sharma, & Romas, 2008).</p> <p>---role modeling used</p>
Total time		30 minutes	

Session 3. (half-an-hour) Discussion on personal barriers to condom usage and communication skills building

Content	Learning Process	Time	Constructs of SCT used
<p>Brainstorming among the students about the barriers they feel about condom usage.</p> <p>Discussion about the common barriers among adolescents and college students while using condoms and/or engaging in safer sex behaviors.</p> <p>Ways of communicating skill building between a male and a female participant will be discussed by the health educator.</p> <p>Techniques such as role playing among students will be used along with some scenarios which mimic real life situations.</p> <p>Total time</p>	<p>Students will be divided into 5 small groups (7 students in each group).</p> <p>Each group will be asked to mention at least 3 barriers they face while using condoms.</p> <p>A list of all the barriers mentioned by the students will be put up on a blackboard or a flip-chart.</p> <p>The health educator will debrief the students about common barriers while engaging in safer sex behaviors and ways to overcome it.</p> <p>(Discussion about common barriers to condom usage)</p> <p>The session will begin with a discussion by the health educator about 3 different styles of introducing a male condom.</p> <p>(a) "directive"- where either of the partners may use a straightforward verbal expression to inform their partners of their desire or intention to use condoms.</p> <p>(b) "suggestive"- where either partners may use less affirmative tone to inform their partners about their desire to use condoms.</p> <p>(c) "indirect"- where either partners may express their desire to use condoms in vague terms that are non-confrontational and posed as a question.</p> <p>Students will be divided into 5 groups of 7 students each. Role –playing will be done by two students from each group with the help of textual scripts handed to them by the health educators. These scripts will mimic real-life situations faced by adolescents when confronted with desire to communicate safer sex behaviors and condom negotiation skills.</p>	<p>5 mins(for students to come out with barriers and making a list of barriers)</p> <p>5mins(debriefing and discussion by the health educator)</p> <p>5mins (discussion)</p> <p>15 mins(script distribution and role playing) (Kanekar, 2009)</p> <p>30 minutes</p>	<p>Self-efficacy towards overcoming barriers Confidence that a person has in overcoming barriers while performing a given behavior (Sharma, & Romas, 2008).</p> <p>Behavioral capability ---knowledge and skill to perform a behavior (Glanz, Rimer, & Lewis, 2002). ---communication skill building for condom usage.</p>

Session 4. (half-an-hour) Rectifying misperceptions, setting personal goals and discussion of varying outcomes of the behavior.

Content	Learning Process	Time	Constructs of SCT used
<p>Discussion of rectifying misperceptions (the basis will be earlier role-play issues)</p> <p>Various favorable outcomes will be discussed by the health educator.</p> <p>Lecture on goal-setting given by the health educator where the health educator will delineate ways of personal goal setting (proximal and distal).</p> <p>A hypothetical plan setting will be shown to the participants.</p> <p>Use of flip-chart or blackboard will be made to explain this.</p> <p>Small group discussion also will be used by the health educator.</p> <p>Total time</p>	<p>Students will be divided into 5 groups having 7 students in each group.</p> <p>Each group will be asked to identify what they feel are the prevailing norms for condom usage or having sexual partners.(e.g. do they think that everyone uses condoms while having sex, do they feel that everyone is having just one sexual partner, do they feel that condom usage depends on availability). They will be asked to write the norms down on a sheet of paper</p> <p>The health educator will pose such questions and then debrief them with healthy social norms.</p> <p>Ask the students in each group to develop 3-4 outcomes that they expect with safer sex behaviors and ask them to highlight the most important one. They will be asked to write them down on a sheet of paper.</p> <p>List all the outcomes on a flip-chart or a blackboard and also underline the ones which are important for the students.</p> <p>A lecture on goal-setting will be given by the health educator (this will have elements of proximal goal setting -statements such as- I'll try to use condoms every time I have sexual intercourse in the next 3 months or I'll be having just one sexual partner in next 6 months and distal goals such as I'll make sure that me or my partner engage in safer sex behaviors to prevent getting any sexually transmitted disease).</p> <p>Students will discuss the goals they would like to set for themselves in a small group and write them down on a sheet of paper.</p>	<p>20 mins (this includes group formation, discussion, and debriefing)</p> <p>5 mins (lecture by health educator)</p> <p>5 mins (small group discussion)</p> <p>30 minutes</p>	<p>Situational Perception</p> <p>How one perceives and interprets the environment around oneself (Sharma, & Romas, 2008).</p> <p>Outcome Expectations</p> <p>Anticipation of the probable outcomes that would ensue as a result of engaging in the behavior under consideration (Sharma, & Romas, 2008).</p> <p>Outcome expectancies</p> <p>Value a person places on probable outcomes that result from performing a behavior (Sharma, & Romas, 2008).</p> <p>Self-Control or Goal Setting</p> <p>Setting goals and developing plans to accomplish chosen behaviors (Sharma, & Romas, 2008).</p>

Table 3. Structured tally sheets for assessing degree of implementation of HIV/AIDS knowledge based intervention (non-theory-based) and a theory-based intervention

Session 1 Introduction to HIV/AIDS and knowledge about HIV virus

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

- Did the health educator
1. Introduce the HIV/AIDS epidemic _____
 2. Discuss the origins of HIV virus _____
 3. Discuss the prevalence of HIV/AIDS _____
 4. Show the video about structure of HIV virus _____
 5. Show the video about HIV lifecycle and replication _____
 6. Discuss about HIV virus replication _____
 7. Discuss about drug targets in the HIV virus _____
 8. Introduce the natural history of the HIV virus _____
 9. Discuss the importance of viral set-point in HIV/AIDS _____
 10. Discuss stages in the natural history of HIV virus _____
 11. Showed the video about HIV/AIDS spread _____
 12. Showed the video about myths related to HIV/AIDS _____

Session 2 HIV/AIDS and sexually transmitted diseases

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

- Did the health educator
1. Show a video on symptoms of HIV /AIDS _____
 2. Discuss the symptoms of Gonorrhoea and Chlamydia _____
 3. Discuss the burden of Gonorrhoea and Chlamydia infection _____
 4. Discuss the stages of syphilitic infection _____
 5. Discuss symptoms of human papilloma infection _____
 6. Discuss the treatment of human papilloma infection _____
 7. Discuss symptoms of herpes simplex virus infection _____
 8. Discuss treatment for herpes simplex virus infection _____

Session 3 Epidemiological relationship and condom usage.

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

- Did the health educator
1. Discuss the biological relationship between HIV and Sexually transmitted diseases _____
 2. Discuss the epidemiological model for HIV/AIDS and sexually transmitted disease prevention _____
 3. Discuss about partner reduction and abstinence model _____
 4. Give an overview on condom usage _____
 5. Discuss condom usage as risk reduction technique _____
 6. Discuss about disadvantages of condom usage as risk reduction technique _____
 7. Discuss about common problems with condom usage as risk reduction technique _____
 8. Discuss studies related to condom usage as risk reduction technique _____
 9. Show a video about reasons for using a condom _____
 10. Show a video about communication related to condom usage _____

Session 4 Behavioral interventions for risk reduction.

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

Did the health educator

1. Discuss about counseling interventions for risk reduction _____
2. Discuss about group interventions for risk reduction _____
3. Discuss about community level interventions _____
4. Discuss about partner notification as sexually transmitted disease risk reduction _____
5. Discuss about sexual networks _____
6. Discuss the concept of 'core groups' _____
7. Discuss 'structural interventions' in risk reduction -overview _____
8. Discuss importance of 'structural interventions' in HIV/STD risk reduction _____
9. Discuss examples of 'structural interventions' _____

Session 1 HIV/AIDS and Safer sex behavior.

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

Did the health educator

1. Get definitions to "HIV" and "STD" from the students _____
2. List student responses on the flip-chart or blackboard _____
3. Build on student responses and explain the terms _____
4. Show the HIV/STD information and prevention video _____
5. Introduced the term "safer sex" and asks what it meant for them? _____
6. Write student responses on a flip-chart or a blackboard _____
7. Ask students to mention some of common sexually transmitted diseases _____
8. List the sexually transmitted diseases on a flip-chart or a blackboard. _____
9. Debrief the students and rectify misconceptions about safer sex behaviors _____

Session 2 Condom use information and skill building by practice.

Name of the observer _____ Name of the health educator _____

No _____ Item _____ Check if performed _____

Did the health educator

1. Use the 'demonstration technique' as a health education tool _____
2. Show correct method of opening the condom packet _____
3. Show correct usage of condoms (side use, rolling, and space at end) _____
4. Explain the importance of correct technique of opening the packet and unfolding of condom _____
5. Reemphasize the importance of correct ways of using condoms _____
6. Provide a male condom factsheet to all the participants' _____
7. Provide a female condom factsheet to all the participants' _____
8. Highlight important points in the fact sheet by reading aloud _____
9. Show a penile-model condom use demonstration _____
10. Show a condom usage video _____
11. Use a culture-centric video (African-American actors/role models) _____

Session 3 Discussion on personal barriers to condom usage and communication skills building.

Name of the observer _____ Name of the health educator _____

No	Item	Check if performed
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Did the health educator

- | | | |
|----|--|-------|
| 1. | Ask the participants to formulate 3 barriers they face while using condoms | _____ |
| 2. | Put the list of these barriers on a flip-chart or a blackboard | _____ |
| 3. | Debrief the students on their responses about barriers faced | _____ |
| 4. | Provide an informational talk about common barriers faced by students | _____ |
| 5. | Provide an informational talk about 3 communication styles for introducing condoms | _____ |
| 6. | Provide and distribute scripts about condom use role-play | _____ |
| 7. | Explain and instruct the participants on how to perform role-play | _____ |
| 8. | Use three different scripts to indicate three communicating styles | _____ |
| 9. | Use scripts which mimicked real-life scenarios | _____ |

Session 4 Rectifying misperceptions, setting personal goals and discussion of varying outcomes of the behavior.

Name of the observer _____ Name of the health educator _____

No	Item	Check if performed
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Did the health educator

- | | | |
|-----|--|-------|
| 1. | Use "brainstorming" to guide participants in formulating their perceptions of prevailing norms about condom usage and having sexual partners | _____ |
| 2. | Ask the participants to write their points down on a sheet of paper | _____ |
| 3. | Debrief the participants about healthy social norms about safer sex | _____ |
| 4. | Ask the participants to list 3-4 outcomes they expected with safer sex behavior | _____ |
| 5. | Ask the participants to highlight the most important outcome | _____ |
| 6. | Ask the participants (one representative) from each group to write down the most important outcome on a sheet of paper | _____ |
| 7. | List all the outcomes on a flip-chart or a blackboard | _____ |
| 8. | Highlight the important outcomes by underlining them | _____ |
| 9. | Explain what goal-setting is | _____ |
| 10. | Give examples about proximal and distal objective setting | _____ |
| 11. | Conduct a 'small group discussion' among the participants | _____ |
| 12. | Ask the participants to write their objectives on a sheet of paper | _____ |