Uncomfortable Silences:
Narratives of four educators teaching about HIV/AIDS in a High School near Montréal

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Abstract

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In 2005, the Québec Ministry of Education cut what was five (5) hours of sex education (STIs, HIV/AIDS, gender, sexual diversity, etc.) per year from the secondary school curriculum. Consequently, in the context of the education reform, teachers holding specializations in English and Language Arts, Science & Technology or Moral and Religious Education were charged to integrate sexual health education into their course.

High schools, being highly sexualized sites, act as a channel for sexual initiation and exploration. Thus, teachers can be catalysts to providing valuable and life-altering information around HIV/AIDS to their students. Through word of mouth, four teachers agreed to participate voluntarily in this study and signed consent forms. Their narratives were collected to identify their classroom strategies, their awareness of HIV/AIDS, and the challenges they encountered when discussing the subject in their classroom. The collection of these narratives was an essential factor in uncovering the subtle, yet, uncomfortable silences related to the process of teaching about HIV/AIDS in classroom situations. A minimal understanding of HIV/AIDS, and a lack of consistent training and access to accurate resources underlined how teachers understood and evaluated HIV/AIDS information. These dynamics, in turn, influenced the way their students comprehended the virus and viewed the marginalized communities most affected. Theoretical frameworks connected to Paulo Freire's *Engaged Pedagogy* and Nel Noddings's *Pedagogy of Care*, were considered as tools for empowering teachers when imparting knowledge on HIV/AIDS.

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I wish to thank my thesis advisor, Professor Arpi Hamalian, who particularly offered guidance and a push to continue throughout what was at times an overwhelming and challenging process. Also, committee members Dr. Ayaz Naseem and Dr. David Waddington receive great appreciation, as they too were encouraging and supportive of my work.

To the volunteer teachers who participated in this project: I greatly appreciated your time and honesty. Your stories gave me a newfound perspective on the joys and pains found in the outstanding field of teaching.

Dear friends, my significant other ('boo-boo'), and former classmates: thank you for your love and encouragement. My mother, Joyce B. Hutchinson receives special thanks, as her love was a great motivation and strength to me completing my MA degree.

Lastly, I must acknowledge former professors and mentors – Dr. Yael Glick, Dr. Maria Peluso, Dr. Francesca Scala, and Ms. Shirley Walker, M.Ed., and many other wonderful confidantes, all who have throughout my academic, professional and personal life, supported my endeavors and continued work related to HIV/AIDS initiatives, education and research.

Thank you all, I am especially grateful and blessed.

Dedication

This thesis is dedicated to Darnell, as importantly, to individuals living with or who have died from HIV/AIDS. Through education, my hope is to combat the stigma, discrimination and alienation that many of you feel when confronted with this virus. Through education, my hope is that advocates and loved ones affected by the virus can begin to feel that the topic is being given genuine and critical reflection. Through education, my hope is that educators, who have been given the opportunity to discuss and pass on HIV/AIDS knowledge, will use this gift for the greater good of promoting compassion, awareness, and tolerance.

"**Miracle of Hope**," by artist Dave Putnam.
Putnam was inspired by some HIV-positive friends who found it helpful to envision the internal turmoil — and ultimate victory — over the disease[1].

[1] http://daveputnamart.blogspot.com/2010/08/miracle-of-hope-i-copyright-2010-by.html

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HAART	Highly Active Antiretroviral Therapy
STI's	Sexually Transmitted Infections
MSM	Men who have sex with men
PLWHA	People living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization

Introduction: This is for you

"I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood."

- *Audre Lorde*

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It was a late Saturday afternoon, December 23rd, 2006, when we spoke. I was so happy to hear his voice, not only because it had been over three weeks since I heard it last, but more importantly, because I had been unsure whether I would hear it again. He knew it was me and though his voice was faint, he was able to articulate that he missed me and to assure me that we would see each other soon. I told him that I would call him to wish him a Merry Christmas, and he replied that he was looking forward to my call. As promised, I called on Monday, Christmas Day. The nurse told me hesitantly that he had passed the night before. My dear friend Darnell, whom I continue to love, lost his battle due to HIV on that day.

Born in 1980, I grew up in an era, when the HIV virus was taking the lives of many individuals, and where fear and ignorance were common attributes of a society, which knew nothing of the virus. In truth, I would be a hypocrite if I didn't include myself in the category of individuals who were blatantly ignorant in their understanding of HIV/AIDS.

Being raised by a single and working Jamaican-born mother, the topic of sexuality, much less HIV/AIDS was not spoken of in my household and understandingly so. My mother was reared in a home where when she asked questions about sexuality she would receive a harsh response (or none at all). I presumed this upbringing left my mother puzzled and in turn uncomfortable, about how to broach the topic and in a way that didn't come off to my siblings and me as severe, and fear-based. Responses such as, *"Why yuh asking me dis question fah?" (*Why are you asking me this question?) *or "A big woman yuh want turn!" (*A big woman you want to turn!)**,** didn't exactly leave me believing in open exchanges. The essence of culture (i.e., not to be read or instinctively

attached to my mother's Caribbean roots, but the way in which she was raised), complemented the lack of information I received at home and the way in which she understood the topic. Sadly, high school proved to be no different.

With the Internet not yet introduced, my Moral, Ethics and Religion education course acted as the "alternate" for providing sexual health. Consequently, my classmates and I were subjected to watching VHS tapes of blurred, stomach-turning, and exaggerated images of genitalia infected by syphilis, chlamydia, gonorrhea and/or herpes. Furthermore, being a female, the chosen documentaries that displayed young pregnant girls not completing high school left a mental imprint on how I should conduct myself and affirm my sexuality. When HIV/AIDS was mentioned, the virus was connected to gay males or heroin users. Why should I have cared then? I did not fit in either box. As a result, I never focused on the topic. Ultimately, the importance for students to learn about their sexual selves was disregarded through showing images to evoke fear rather than accept the reality that students were sexually active. Thus, many adolescents like myself, learned of their sexual self the hard way. Consequently, with not much discussion on sexuality or HIV/AIDS as a youth, I and many other adolescents were left confused.

It was not until I had my own HIV scare, that I realized the significance in being aware of the virus, and essentially for the sake of my own health and knowledge. Since I never received proper sexual health education at home or school, I figured I had to obtain information in order to shape a sexual self that inspired comfort and, most importantly, safety. However, putting action into practice doesn't always work according to plan. My ignorance of the virus continued due to my personal fears and my ability to think that I

was too educated in my own right to contract such an illness. My experiences however, showed me otherwise.

Therefore, upon Darnell's disclosure to me of his HIV positive status, I was initially silent and did not know how to react in such an intense moment. Again, my own unease put me in a position of believing that only certain groups of people, especially those who were consistently irresponsible contracted the virus, not people like me who may have only "slipped up" here and there. Consequently, I had to make a definite choice. Would I permit my anxiety over society's ignorance (and my own at the time) to facilitate betraying such a great and dear friend, or would I confront my cowardice and support and love him as I did before knowing his status? Thankfully, through deep reflection, I chose the latter. I was greatly affected by Darnell's openness, so much that his disclosure shifted my entire outlook and profoundly changed my life where my actions were put into practice.

At the age of 25, I was offered an internship with the University of California, San Francisco with the AIDS Health Project. As a Training and Publications intern, I was grateful to work with an interdisciplinary-team of social workers, nurses, educators, and community advocates, all who were passionate to learn about HIV/AIDS and dedicated their time and efforts to assist individuals infected and affected by the virus. During my time residing in the Bay Area, I was able to co-facilitate training workshops where I imparted fundamental HIV information to those who were beginning work in the field and to those who wanted to update their knowledge. I also was able to have first-hand experience in meeting other people (e.g., drug users, youth, women, gay men) from all

social spheres and walks of life, who were infected by the virus and who were living positive lives, all the while combating and confronting frequent stigma and isolation.

Subsequently, I travelled to Namibia where I worked with the University of Namibia's HIV/AIDS Coordination Unit. As a contract worker I assisted in on-campus and off-campus educational events regarding HIV/AIDS, and co-supervised and coordinating a student peer education group, named *ZAMANAWE*. I was blessed to meet students, some who were dealing with their own HIV positive status, and others who, during their university semester, lost close family relatives and/or friends to the virus. This had a profound impact in teaching me about the educational, social, political, economic and sexual dynamics attached to HIV/AIDS, and their significance.

Darnell's spirit and humility continue, even in a higher place, to be a true testament of his strength. His honesty allowed me to begin to question why I was so unaware of the virus, and why I was reluctant to obtain more information. He also motivated me to wonder how education could communicate understanding and open-mindedness. Darnell educated me on the reality of living with HIV, day-in and day-out. For the last seven years this knowledge has greatly influenced and altered my professional path, and has, most importantly, transformed my perspective. Not everyone can be so fortunate.

I have witnessed firsthand how the virus affects people differently, whether physically, emotionally or socio-economically. As a seronegative woman, I understand the profound privilege of speaking of a virus that has deeply affected me, while not having to confront the daily internal or external stigma. Therefore, this thesis is very personal.

I have chosen throughout my work not to use the term disease. I am completely aware that HIV/AIDS is viewed by many in this fashion; however, my personal perception is that this term is enveloped in a negative connotation linked to people living with HIV/AIDS (PLWHAs). Hence, the term illness better fits my politics as the term stipulates to me, that PLWHAs are not damaged or abnormal, (which is what disease alludes to), yet, are managing and at times struggling to manage a chronic ailment. Likewise, I use the term "gay males" to describe men who have sex with men (MSM) rather than "homosexuals". While, the word "homosexual" has been cited in the text when included in direct quotes, the term has been linked to a hurtful history of derogating gay men. I symbolize MSM or gay males as an affirmative term to view one's identity. Lastly, I refer to HIV/AIDS with a slash (/) as opposed to HIV and AIDS. I understand the distinction; yet, I see the term as connected not disconnected.

Having co-facilitated workshops and affirmed a teacher stance, in my own way, I have come to understand how vital education is in garnering open discussions around HIV/AIDS. Likewise, my work has enabled me to be truthful in how I view HIV/AIDS and to better articulate and outline my perspectives on the topic. Not being self-reflective and open to acknowledging the times I encountered rare, yet, real unease would lead me into providing HIV/AIDS information while, neglecting my responsibility to present accurate and critical information. Thus, it is for Darnell that I persevere in my research, in my constant advancement in educating myself about the virus, and in my advocacy for those living with HIV/AIDS and who have been shunned by society's anxieties.

Thesis Structure

While this thesis considers the sexual lives of adolescents, teacher narratives truly reflect how educators today are left to quickly dissect and disseminate information related to HIV/AIDS education, without essentially having sufficient time to meditate on their own values or to obtain the accurate materials, to prepare properly and to feel confident in their pedagogy. Each teacher narrative will provide readers with the understanding of not only how challenging it can be to discuss what is still a controversial topic, but how the educational institution plays a salient role in allowing teachers to delve into such controversies. As a result, my thesis consists of five chapters:

Chapter 1 - The Background

This chapter is a synopsis on the origins of HIV/AIDS and its evolution. By including a thorough background, readers can come to an understanding on why HIV/AIDS education is vital for today's youth.

Chapter 2 - The Process

This chapter outlines the methodology used to conduct my case study, the challenges I encountered, and the theories that substantiate how HIV/AIDS education can be performed by teachers as a way of caring for their student's well-being and transforming the introspective outlook not solely for their students, but importantly themselves. My choice to compose a paper using 'narratives' for data, allowed me (and I anticipate, my readers), to clearly identify with the lived experiences of educators who are tasked to teach about HIV/AIDS.

Chapter 3 - The Story

This chapter provides four teacher profiles. Each account is a true account of the teachers interviewed summarizing which subject(s) they taught, which tactics were taken to broach the topic in their classroom, how they became familiar with the HIV/AIDS virus, and their knowledge and insight in discussing HIV/AIDS alongside obstacles they endured in the process.

Chapter 4 – The Message

This chapter explores the emerging themes of the data compiled from the teacher narratives. Such themes deconstruct educators' affirmative yet contrary perspectives. Likewise, a critical analysis on the findings help to identify what gaps exist relative to HIV/AIDS education and once teachers may wish to continue the dialogue around the topic.

Chapter 5 – The Proposal

This is the concluding chapter of my thesis. It offers recommendations based on the literature and, importantly, teacher narratives that can assist in curriculum design and content where clear and proper educational about HIV/AIDS is concerned. It also proposes relevant resources and training that ought to be provided to teachers in order to equip them with the necessary know-how when they are asked to discuss or educate about HIV/AIDS.

Chapter 1- The Background

"AIDS. Probably the single most powerful word of our era for evoking intense individual and societal responses. The reasons for this are often cited: fear, death, stigmatization, prejudice, discrimination, illness, suffering."

- *Somerville & Gilmore*
In Social Work & HIV

This chapter presents a synopsis on the HIV/AIDS epidemic and its evolution. By including a thorough background, readers can come to an understanding of why HIV/AIDS education is vital for today's youth.

June 11, 2011 commemorated the thirtieth year that the HIV/AIDS epidemic has existed in our world. (30 years of people infected and/or affected by the virus being shamed, shunned and experiencing discrimination. 30 years of fear, denial and ignorance, and of allowing the virus to mature. 30 years of dedicated international HIV positive and negative activists working to combat the virus and support those infected and most vulnerable to the pandemic. Yet, as of 2010, "34 million people were living with HIV" (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2011).

The history of HIV/AIDS provides significant parallels to the politics and evolution of the virus. Undeniably, stigma and lack of awareness have led to the increasing numbers of individuals becoming infected. Critically speaking, what has helped in the deterrence of HIV transmission and added awareness is educating people in understanding the nature and enormity of the virus. As one of the groups particularly vulnerable to contracting the virus, youth can be assisted by teachers in strengthening their understanding of HIV/AIDS and dispelling myths through open exchanges.

The discourse on HIV/AIDS can be dated back to its emergence in the late 1970's. A rare skin cancer named Karpi's Sarcoma, was greatly affecting gay men; however, it was not until the early 1980s that medical doctors and public health scientists coined this mysterious illness as *pneumocystis carinii* (Morbidity and Mortality Weekly Report, 1981). The infection rendered gay men with the same rare skin cancer and life threatening infections, which resulted in them looking severely waif-like. With the illness being quite erosive, within a few months after their diagnosis, most of these newly infected patients who were less than 35 years of age, were dead. As numbers increased at alarming rates in urban areas of the United States, in the summer of 1981, this 'infectious pneumonia' became spotlighted to the effect that the media coined the virus as GRID (Gay-Related Immune Deficiency), and ignorant people referred to HIV/AIDS as, "gay cancer" (Renata, Cran, Barker, Lyman, WBGH, Paladin InVision, Ltd., Silverbridge Productions, Channel Four, PBS Home Video, 2006).

What changed the perspective on the virus, unfortunately not in a constructive manner, was when intravenous drug users (i.e., heroin) and both male and female Haitian immigrants were likewise being diagnosed with the same illness. Thus, the infection took on another dimension as now the substance abuse and heterosexual communities were both gradually becoming affected. Though the hostility towards all three groups was similar, this new breakthrough allowed the gay community to become somewhat less of a target for being the sole carriers of the virus. While the infection's spread had already become grave, it was not until the documented diagnosis of a twenty-month year old baby that a new group, hemophiliacs (which then became part of what was called the "4-H Club"), seemed to acquire some leverage in the discussion of HIV/AIDS. Nonetheless,

this group still experienced discrimination. A prime example of the intolerance was recognized in the life of Ryan White who at the age of 13, discovered that he received a HIV-positive blood transfusion, which later resulted in him developing AIDS (Terry-Smith, 2011). Because panic and ignorance were still alive, White was forced to be home-schooled, as teachers and administrators refused to teach him and parents did not want their children near him, fearing that by touching his skin, their children would get AIDS. In retrospect of what is known today of HIV/AIDS, this notion was not only outlandish but physiologically impossible.

With GRID and "gay cancer" becoming obsolete terms medically but not socially, fear still controlled the need to segregate gay males. The American Centers for Disease Control and Prevention (CDC) identified the illness as AIDS in 1983 (AVERT, 2011). Nonetheless, it was understood that there must be an infecting agent that led to the confirmation of a patient having AIDS. Thus, in the same year, American virologist Dr. Robert Gallo and French researchers Drs. Luc Antoine Montagnier and Willy Rozenbuam discovered HIV to be the agent that caused AIDS (Renata et al., 2006). Confirming HIV to be a blood borne virus, these doctors pointed out that only five (5*) prime fluids could facilitate its transmission:

1	Blood (including menstrual blood)
2	Breast Milk
3	Pre-Ejaculation (Pre-Cum)
4	Semen
5	Vaginal Secretions

*Additionally, doctors outlined the ways in which HIV/AIDS was contracted/transmitted[2]:

Unprotected Sex:	Anyone who does not use a latex barrier (male or female condom, dental dam, finger condom/cot) when practicing vaginal or anal sex. If an individual has an open sore or cut and comes into contact with blood, pre-cum, semen or vaginal secretions, they may be vulnerable. Practicing unprotected oral sex has been viewed as a risk, however, a minimal one.
Sharing of Needles or Other Injection Drug Equipment:	If an individual is an injection-drug user (or who injects steroids) and is unable to find a needle-exchange organization in their area, the possibility of transmission/contraction is high. With the sharing of needles comes the sharing blood, regardless of how small the quantity might be. Also, individuals using unclean needles for piercing/tattooing likewise pose a risk to contracting/transmitting HIV/AIDS.
Mother-to-Child Transmission:	A pregnant woman who is HIV-positive or unaware of her status may pass her infection onto her unborn fetus or newborn. Likewise, a child can become infected with HIV through his or her mother's breast milk. However, with the introduction of Highly Active Antiretroviral Therapy (HAART), HIV-positive mothers are able to carry their child to term without passing on the virus.
Exchange of Blood, Tissue, or other Internal Body Fluids:	This category is associated with hemophiliacs and individuals who require blood transfusions. At the onset of HIV/AIDS, they were vulnerable to obtaining HIV-positive blood.

Once HIV is transmitted/contracted the life cycle of the virus, as shown in Figure 1, begins to damage white blood cells. This in turn weakens the human immune system, which opens it up to rare infections. As an individual's CD4 count (i.e., white blood cells) drops below 200, they are then diagnosed as having AIDS.

[2] *All other information adapted from: Quackenbush, Benson & Rinaldi, 1992, pg. 44-46

AIDSinfo
A Service of the U.S. Department of Health and Human Services

The HIV Life Cycle

1 Binding and Fusion: HIV begins its life cycle when it binds to a **CD4 receptor** and one of two **co-receptors** on the surface of a CD4+ **T-lymphocyte**. The virus then fuses with the host cell. After fusion, the virus releases RNA, its genetic material, into the host cell.

2 Reverse Transcription: An HIV enzyme called reverse transcriptase converts the single-stranded HIV RNA to double-stranded HIV DNA.

3 Integration: The newly formed HIV DNA enters the host cell's nucleus, where an HIV enzyme called integrase "hides" the HIV DNA within the host cell's own DNA. The integrated HIV DNA is called provirus. The provirus may remain inactive for several years, producing few or no new copies of HIV.

4 Transcription: When the host cell receives a signal to become active, the provirus uses a host enzyme called RNA polymerase to create copies of the HIV genomic material, as well as shorter strands of RNA called messenger RNA (mRNA). The mRNA is used as a blueprint to make long chains of HIV proteins.

5 Assembly: An HIV enzyme called protease cuts the long chains of HIV proteins into smaller individual proteins. As the smaller HIV proteins come together with copies of HIV's RNA genetic material, a new virus particle is assembled.

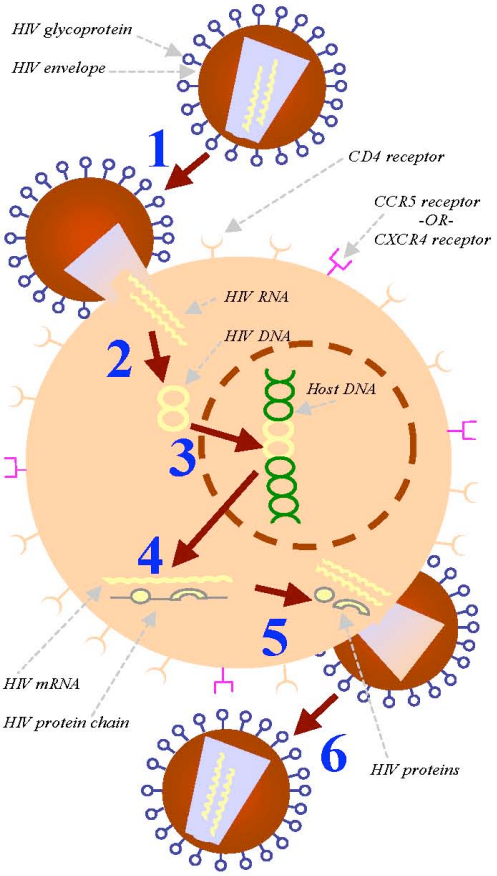
6 Budding: The newly assembled virus pushes out ("buds") from the host cell. During budding, the new virus steals part of the cell's outer envelope. This envelope, which acts as a covering, is studded with protein/sugar combinations called HIV glycoproteins. These HIV glycoproteins are necessary for the virus to bind CD4 and co-receptors. The new copies of HIV can now move on to infect other cells.

Terms Used in This Fact Sheet:

CD4 receptor: *A protein present on the outside of infection-fighting white blood cells. CD4 receptors allow HIV to bind to and enter cells.*

Co-receptor: *In addition to binding a CD4 receptor, HIV must also bind either a CCR5 or CXCR4 co-receptor protein to get into a cell.*

T-lymphocyte: *A type of white blood cell that detects and fights foreign invaders of the body.*



For more information:
Contact your doctor or an *AIDSinfo* Health Information Specialist at 1-800-448-0440 or http://aidsinfo.nih.gov.

May 2005

Figure 1: May 2005, The HIV Life Cycle, U.S. Department of health and Human Services, http://aidshealth.nih.gov

Touching, sitting on a toilet seat, contact with tears, salvia, sweat, urine, feces, vomit, or mosquito bites pose no harm to individuals. Still, false beliefs and conspiracy theories were all too familiar, even after this information became accurately known. Many people believed, "HIV was the result of biological warfare research – an experiment gone awry. Others considered HIV to be a deliberate attempt at genocide, seeking to wipe out gay people, injection drug users, and people of colour" (Quackenbush, Benson and Rinaldi, 1992, pg. 44).

Since 1983 blood organizations in the U.S. and Canada have refused blood donations from gay men, for fear that the blood might possibly be infected with HIV/AIDS. "Hema-Québec requires donors to fill in a questionnaire about their medical history and potentially unsafe behavior. Intravenous drug users, those who have exchanged money for sex or drugs and MSM are all permanently deferred from giving blood" (Canadian Broadcasting Corporation [CBC], 2010). This protocol clearly shows how such organizations, which are supposed to "give life", to others, instead preserve stigma and discrimination.

A further insult was the onset of AIDS denialism backed by such individuals as University of Berkeley biologist Dr. Peter Duesberg and former South African president Thabo Mbeki who were in contact with each other. Both pronounced that HIV was not the cause of AIDS, but an "environmental and social condition, not a viral condition" (Renata et al., 2006). Such factors as promiscuity, active drug use, poverty, and poor hygiene were used to justify AIDS, therefore, prompting Mbeki to go as far as banning anti-retroviral treatment in South Africa. This would help people (his fellow countrymen) infected with HIV/AIDS to regain to some extent, some quality of life.

With this belief which clearly acted as means of neglecting the seriousness of HIV/AIDS, the number of people living with the virus at the end of Mbeki's term in 2008 - 2009, was an "estimated 5.6 million with a reported 310,00 deaths due to AIDS" (UNAIDS, 2011).

Unlike the crisis in America or even South Africa, the upsurge of the HIV/AIDS did not hit Canada until a year later, in 1982. A prominent connection to the AIDS crisis in and around North America, specifically in New York and San Francisco, was identified to be Gaëtan Dugas, a Québécois flight attendant, also classified as *Patient Zero.* In *And the Band Played On*, author and former journalist Randy Shilts further isolates Dugas as being accountable for infecting "at least 40 of the 248 cases of gay men being diagnosed with GRID, who either had sex with Dugas or had sex with someone who had" (Shilts, 1987, pg. 147). However, pinpointing Dugas as a major player in the early onset of the HIV/AIDS epidemic has been debated and viewed as highly problematic. The gay community observed the harsh slander of Dugas by Shilts, who was also a gay man, as a means of returning the blame of the onset of HIV/AIDS back to the gay community.

However, the main issue is that at its socio-cultural, political and economical core, HIV/AIDS affects people and communities that are marginalized and/or disadvantaged. Despite the fact that Stephen Harper proclaimed Canada's participation in a joint Canada-HIV Vaccine Initiative project with the Bill and Melinda Gates Foundation, there was no further progress in the months following the announcement. Recent statistics in Canada cite that at the end of 2008, "An estimated total of 65,000 people were living with HIV infection (including AIDS), which represents an increase of about 14% from the 2005 estimate of 57,000. Additionally, an estimated 2,300 to 4,300

new HIV infections occurred in 2008 compared with 2,200 to 4,200 in 2005. (2010, italics and bold my emphasis). The groups who are greatly affected by HIV/AIDS in Canada are MSM, intravenous drug users, and individuals who engage in unprotected heterosexual activity. Disproportionately, however, the Aboriginal (First Nations, Métis and Inuit) community accounted for 8.0% of all prevalent HIV infections in 2008, yet only represents 3.8% of the Canadian population according to the 2006 Census (Public Health Agency of Canada, 2010). Women, who represent an increasing proportion of those with positive HIV test reports in Canada, in 2008 accounted for 26.2% of such reports (Public Health Agency of Canada, 2010).

Accordingly, a synopsis of the history of the HIV/AIDS epidemic allowed us to begin to think critically of the socio-political and cultural issues linked to HIV/AIDS, and why education is central to exploring how the virus is perceived, and its narration is presented. If general understanding is acquired in bits and pieces, ultimately, such diluted information will enhance youth's vulnerability to transmitting/contracting the virus.

Chapter 2 – The Process

"*If the structure does not permit dialogue, the structure must be changed.*"

-Paulo Freire

This chapter presents the literature review and the theories, which substantiate how HIV/AIDS education may be presented by teachers, as a way of caring for their students' well-being. This will result in a transformation of their outlook not solely for their students, but importantly, for themselves**.**

Philosopher Jiddu Krishnamurti states,

> If the parent or the teacher is himself caught up in the turmoils of sex, how can he guide the child? Can we help the children if we ourselves do not understand the significance of this whole problem? The manner in which the *educator* imparts an understanding of sex depends on the state of his own mind; it depends on whether he is gently dispassionate, or consumed by his own desires (1953, p. 114, italics my emphasis).

Sexuality is a part of one's personal identity, which spans across socio-political, socioeconomic and psychosocial boundaries. Personally I perceive schools, and in particular high schools, to be central health sites, not only where sexual exploration for youth is likely first initiated, but where youth will have honed the valuable communication and life skills to refine a firmer sexual self and learn how to shape their lifelong health. Weaver et al. (2002) confirmed, "Adolescents rate sex education as one of their most important educational needs" (pg. 80). As a result, in the absence of HIV/AIDS education, various youth-led and HIV/AIDS organizations in Montréal such as Head and Hands and AIDS Community Care Montréal (ACCM), have helped in

providing awareness not solely for youth but for teachers as well. Nonetheless, youth account for over 26.5% of all HIV-positive reports in Canada (Public Health Agency of Canada, 2010). This indicates that they have clearly become a focal point of today's HIV/AIDS epidemic, and require the education that will address the many aspects of how the virus has evolved and the vulnerabilities that have become amplified.

The beginning of the HIV/AIDS epidemic led to insecurity among many academic institutions as to how to go about discussing the subject. The first national inquiry on sexual health and adolescents in Canada, the *Canada Youth and AIDS Study* (CYAS) published in 1988, was an eye-opener on what knowledge youth (i.e., grades 7, 9, 11) actually held, in regards to the virus. Interestingly, Grade nine (9) students fared better on their scores than older students, comprising "97% of correct responses on understanding how HIV/AIDS is transmitted and ways of protection. Likewise, "54.7% of Grade Nine (9) students believed that they could protect themselves from catching HIV/AIDS as opposed to 54.4% of Grade 11 students" (Boyce, Doherty-Poirier, MacKinnon, Fortin, Saab, King, & Gallupe, 2006, pg. 66). It seemed that although Grade 11 students were quite knowledgeable of the ways HIV/AIDS was transmitted, they were confused on how to negotiate protection. A majority ("60%) knew only "how to effectively use a condom" (King, Beazley, Warren, Hankins, Robertson, & Radford, 1988, pg. 38).

The study uncovered that "misinformation was most prevalent among young respondents; many 12 to 15 year olds were misinformed about the proportion of gay men carrying the AIDS virus and most thought AIDS was a leading cause of death among people under age 25" (King et al., 1988, pg. 39). HIV/AIDS information was a subject of extensive media coverage and was propagated in a sensational manner, promoting

misinformation and confusing messages that became all too familiar to youth at the time. A grade 11 student interviewed for the study stated, “Everything’s changing all the time. I know some things about AIDS. It keeps changing – I’m getting so confused” (King et al., 1988, pg. 46).

With such comments as these, an updated version to the *Canada Youth and AIDS Study* titled *Canadian Youth, Sexual Health and HIV/AIDS Study conducted from 2002-2003*, offered an outlook on whether knowledge gaps had been closed and if youth were still concerned with and/or deluded by information on the virus. “81.7% of Grade 9 students and 83.5% of Grade 11 students believed they could protect themselves from catching HIV/AIDS” (Boyce et al., 2006, pg.66), which marked an approximately a 40% increase compared to the 1988 study.

Such research informs us that communication, especially on the Internet, regarding sexuality in general, and HIV/AIDS in particular, is crucial for ensuring that youth are comfortable and competent in mediating situations related to their sexuality. In reference to the 1988 study, it is clear that students who were well-informed about HIV/AIDS, were located in provinces and territories “where the topics of AIDS and STD’s were required to be part of the school curriculum” (King et al., 1988, pg. 43). In Québec, sexual health education was cut from the Québec secondary curriculum in 2005. McKay (1999), Research Coordinator of the Sex Information and Education Council of Canada (SIECCAN), affirms:

> The battle over sexuality education is not simply a dispute over the most effective means to promote the sexual and reproductive health of youth, but rather it is, first and foremost, a clash over the shape and direction of society itself. As a result, we can only make sense out of different perspectives on sexuality education in the schools when we consider them in the context of

> divergent perceptions of the role of sexuality should play in promoting a stable and just society (p. 13).

As an individual who has provided HIV/AIDS education within classroom and community-based settings, I have come to value how such spaces, particularly the classroom, can be vital in cultivating critical awareness of one's self and changing perceptions about issues individuals otherwise would be indifferent to cultivating. In this way, the teacher is once more is a vital catalyst to such change. The goal of providing HIV/AIDS education rests in "encompassing a comprehensive sexuality education that empathizes sexual knowledge, beliefs, attitudes, values and behaviours of individuals" (Alali, 1995, pg.14).

The particularities linked to race/ethnicity, class, sexual orientation, etc. of HIV/AIDS take on another form in the realm of sexual health education. Consultant David J. Clark (2008) of UNESCO indicates that HIV prevention-based education and information, when included in all (or many) offered subjects, and taught by teachers without any specific training, is unfortunately the *least* effective. With the onset of the HIV/AIDS epidemic, the universal discourse around sexuality has shifted due to moral panic linked to carriers of the virus and/or behaviours (i.e., gay sex) that facilitate transmission. "Diseases transmitted though sex continue to be viewed as diseases of *behaviour*, punishment for those who take risks, an indication of personal maladjustment and societal decay" (Silin, 1992, p. 276, italics my emphasis). Accordingly, a values assessment of HIV/AIDS can considerably help teachers in solidifying a firm understanding around the virus.

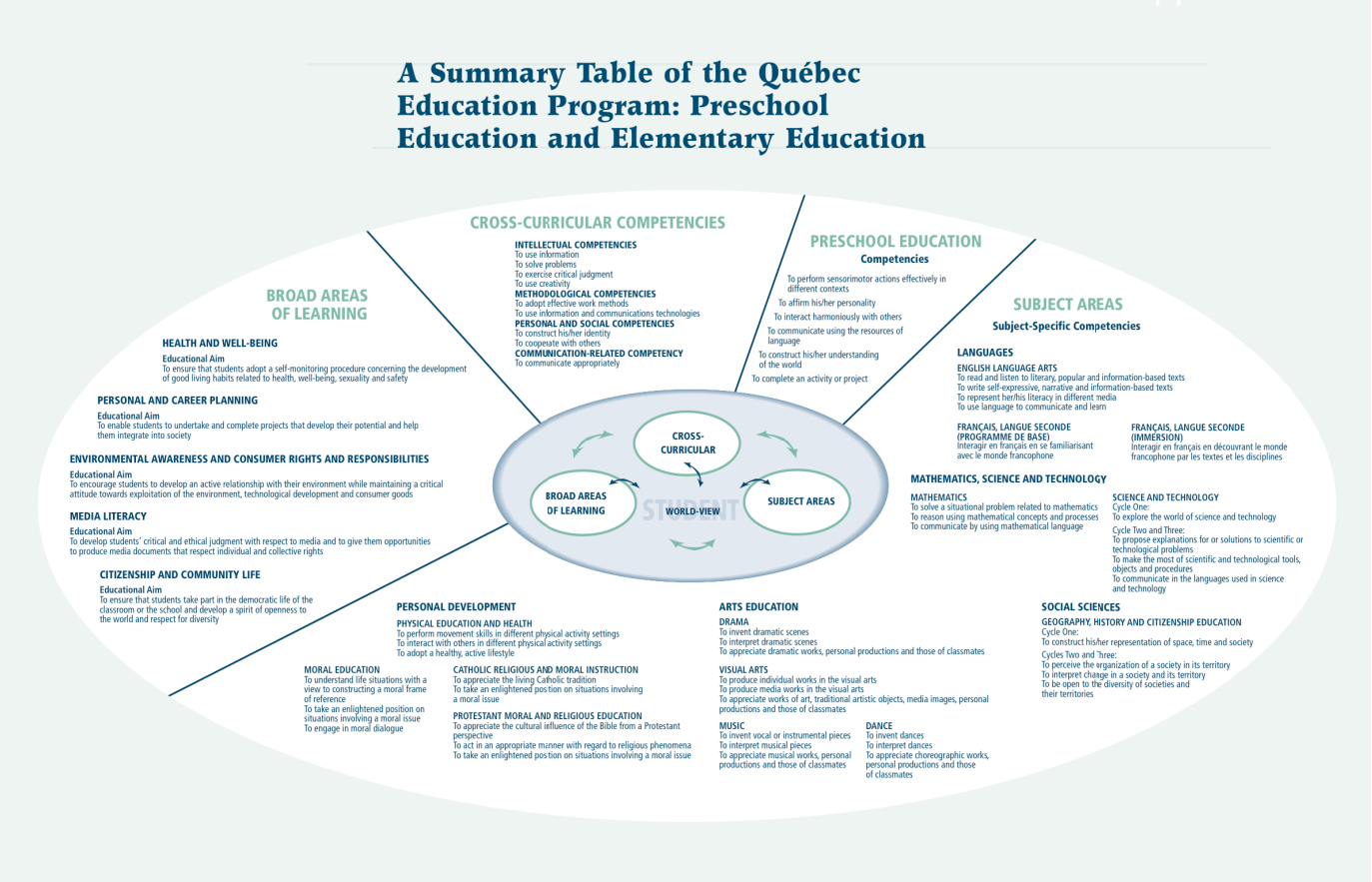


Figure 2: Duquet, F. (2003). *Sex Education in the Context of Education Reform*. Gouvernement du Québec Ministère de l'Education. Appendix II, pg. 41

Québec's Educational Reform cut what was five hours of sex education (e.g., STIs, HIV/AIDS, gender, sexual diversity, etc.) per year from the secondary school curriculum in 2005. In the context of this reform, teachers holding specializations in English and Art, Science & Technology and Moral and Religious Education were enforced to integrate sexual health education into their course. The *Education Act* obliges teachers, "to impart knowledge to students, foster their social development and give them qualifications, while enabling them to undertake and achieve success in a course of study. The educational aim is to ensure that students develop a sense of responsibility for adopting good living habits to health, safety and sexuality" (Duquet, 2003, p.18-21). As a result,

any approaches related to HIV/AIDS and concurrently sexual health education are linked to this objective.

Teachers must also take responsibility to understand HIV/AIDS the information which they will be provide to their students. If a teacher confronts complexities when infusing sexuality into their own discipline, the education reform suggests they, "can draw on broad areas of learning such as health and well-being, but also on other areas, such as media literacy, when, for instance, discussing recognition of sexuality, stereotyped and violent messages, and the gap between reality and its fictional representation, etc." (Duquet, 2003, pg. 21). Teachers, however, are left with limited means and time to provide such information.

A telling article written by high school student Kelsey Powell (2011), *Groping in the Dark: The sex ed struggle*, includes accounts from the school nurse and principal on the present situation at her school in Québec. With educators mandated to include discussions on sexuality and HIV/AIDS in their classroom, it is believed that "teachers are likely to avoid teaching students about sex if they are given the choice. A big problem with Quebec's sexual education plan is that it proposes extra work for teachers. They have to teach their own subjects first and they already don't have a lot of time for that" (pg. 5). Although an isolated case, it can be assumed that secondary students in Québec are not obtaining regular and proper sexual health and HIV/AIDS education based on the challenges faced by their teachers. If teachers fall short of creating a dialogue and/or holding positive values related to the theme of HIV/AIDS, such attitudes could implicitly be transferred to their students.

Additional literature discusses teachers' unease around the subject matter of

sexuality and HIV/AIDS, and the obstacles they face. Daniel Monk's (1998) *Sexual Health and HIV/AIDS* points to the fact that "consequently, sex education is not simply a location for the transmission of information about sex, but significantly, a site for societies construction of knowledge about sex" (p. 297). Teachers being confident in addressing questions from students and who are autonomous in wanting to understand HIV/AIDS from a socio-political and cultural stance, I presume, would feel more comfortable in guiding open-ended dialogues, and being self-reflective. Debbie Ollis's (2002) qualitative research study, regarding changes in classroom practices for teachers of sexuality and health education, depicts how through the use of their language teachers can subconsciously and perhaps intentionally, influence students' understanding of which groups are accountable for HIV transmission.

Ollis discovered through interviews with Mandy, a home economics teacher, and Allan, a physical education teacher, "that in many cases level of experience, formal qualifications, confidence and comfort impact on their [the teacher's] ability to include and affirm gender and sexual diversity" (p. 15). Both Mandy and Allan had difficulty-correcting students who used such derogatory slangs words as "fag" or "homo." Monk (1998) goes on to further explain that teachers may feel anxious about teaching HIV/AIDS in the classroom or censoring such language, as it "would involve children [or youth] being taught about homosexuality" (p. 298). Such complacency in not naming how certain groups of people have been linked to HIV/AIDS, and what such labeling signifies, can likewise be found in the attitudes of the volunteer teachers when the discourse of HIV/AIDS is brought to the forefront.

Forrest and Silverman (1989) conducted a study surveying close to 5,000 public

school teachers in Philadelphia on the ways they taught preventing pregnancy prevention, AIDS and sexually transmitted diseases. Forrest and Silverman state, "'safer sex' practices and homosexuality are the next most frequent omitted topics" (p. 68). Additionally, "two-thirds [of teachers] maintain that sex education programs should try to teach students moral values with respect to sexual behaviors" (p. 67). The tendency of some teachers to hide behind an approach to instill in students a sense of morality when thinking of sexuality and sexual behavior, rather than taking a honest and firm position is teaching the realities of sexuality, comes off as self-fulfilling and indeed a disservice to the students. By failing to take an honest and firm position, teachers fail to teach the realities of sexuality.

Research Aim

In her dissertation, Busch (1996) emphasizes, "…within HIV/AIDS education, the type of teaching/learning is essential. In this [learning] environment, the students discern what are relevant and reliable sources of information. As the myths of HIV transmission indicate, the students may have all of the right information; yet, harbour myths of misinformation, which may result in HIV transmission" (p. 72). Thus, as facilitators in the process of educational change and, to many, the central benefactors, teachers play a crucial role in how students comprehend HIV/AIDS and its overwhelming presence in today's society, together with issues of race/ethnicity, gender, social class, nationalism, disability and sexual orientation.

With numerous studies examining the perspectives of students on HIV/AIDS, I decided to seek teacher narratives through interviews.

Recruitment and Participants

With the assistance of a former classmate who taught at the selected high school, I obtained the contact information of four volunteer teachers who wished to partake in my study. These teachers had discussed HIV/AIDS in their classroom. Bogdan and Bilken (2006) have categorized such recruitment as an "informal system" (pg. 85) in collecting data; also known as "snowballing." I was also to interview a fifth teacher, however during the recruitment process, she withdrew from participating without providing an explanation. Similarly, a Sex Education Consultant of one of the English School Boards was asked to participate. However, she was explicit in expressing that she did not feel comfortable being interviewed as supposedly new information on the reintroduction of sex education to secondary schools is to be announced sometime in 2012.

After establishing their interest, I wrote a detailed e-mail to each participant outlining my research, why I was doing such research, and the aim of my research, and emphasized that, that I was available to answer any questions and/or concerns whenever they needed to contact me either prior, during or after their interview. Glesne (2010) mentions, "to achieve quality fieldwork is the goal of establishing relations" (p. 82). All meeting times were planned via e-mail, and through telephone conversations. With the exception of one participant teacher who could only be interviewed during a break at the high school, all the other teachers asked to be interviewed outside of the school and were readily available when meetings were organized. The offsite interviews took place twice at my home and once in a cafeteria at one of the English universities in Montréal.

Site

Volunteer teachers taught at a high school situated approximately 25 minutes from the downtown Montréal area. Some might add that this high school is located in a rural area, but based on its proximity to Montreal, I have proceeded to use the term Montréal in the title of my thesis and throughout my study. This is also a multiethnic high school situated in a multiethnic neighborhood.

Research Questions

I would like my thesis to serve as a guide for teachers who are enduring difficulties in the area of teaching HIV/AIDS and even teachers who are in pre-service training. I created questions to draw on the overall complexities positioned in strategies, concerns, obstacles, ease/unease with HIV/AIDS material, self-awareness, experience, etc. I wanted to identify how these teachers represented themselves and how they understood their pedagogy.

Thus, questions raised were:

1. What are the aims of teaching HIV/AIDS education? Does the teacher become self-reflective in the process?

2. What prior knowledge/resources are valuable for teachers to hold in order to facilitate a discussion on HIV/AIDS in the classroom? Is training available?

3. If teachers do not hold prior knowledge, how do they go about providing information to their students?

4. What is your knowledge of the history of HIV/AIDS? How do teachers go about discussing myths and stigma attached to HIV/AIDS?

5. What are teachers' personal experiences, if any, with teaching HIV/AIDS? How do teachers adapt HIV/AIDS information, so that students can become owners of such knowledge?

Research Methodology

To communicate the significance of the topic and what method I believed would best represent the narratives of each teacher, I chose to conduct a qualitative case study.

Organizational theorist, John Van Manen (1979) affirms qualitative research as "…regarding social phenomena as more particular and ambiguous than replicable and clearly defined" (pg. 2). I believe societal opinions and ethics attached to HIV/AIDS are ever changing and uncertain, yet common, as stigma and judgment have been persistent realities for individuals infected and/or affected by the virus. The way in which I have interpreted my data will speak to, "…describing the unfolding of social processes rather than the social structures" (Van Manen, 1979, pg. 2), which is largely based in understanding how teachers undertake HIV/AIDS education in order to propose new guidelines/resources for future curriculum and workshop design and training.

Because my proposal was approved in early March of 2011 and most teachers were becoming busy with exams and finals in early-to mid-April 2011, I had to organize interviews quite quickly. To guarantee confidentiality, ensure privacy, and permit volunteer teachers to withdraw from the study at any given time, an informed consent form was designed (see Appendix A).

Once volunteer teachers consented to being interviewed, I carried out four semi-structured in-person interviews. At first, I assumed the entire interview would require about one hour in length. However, interviews were approximately 22 to 35 minutes in length. The interview questions (see Appendix B) were further developed to facilitate in gathering information about the teachers' experiences and the strategies used to discuss and teach HIV/AIDS. Resources for local, national and international reputable sources

(see Appendix C) were sent to volunteer teachers for additional assistance, when discussing HIV/AIDS.

Prior to interviewing, I provided volunteer teachers a brief verbal synopsis of the study and asked if they fully understood the aim of the study, as well as its sensitive nature, and if they had any questions before they signed the informed consent form. I thought this would ensure that the participants would feel comfortable before being interviewed. All confirmed they understood my research. Interviews began by volunteer teachers introducing themselves and the subjects and grades they taught.

I did not ask specific questions linked to their demographics (e.g., exact age, race/ethnicity, family and martial status, sexual orientation). Although I considered that if I were to ask these questions, volunteer teachers would not be offended, I intuitively decided it would be inappropriate at that time. As well, such information came out from asking other questions linked to their knowledge of HIV/AIDS. However, I did ask what their educational backgrounds were, as I believe this information was essential to understanding how they framed their understanding around HIV/AIDS.

Following-up from such questions led to inquiring, “What type of education training, if any, did you receive to teach HIV/AIDS?” and “What type of classroom structure do you use in teaching HIV/AIDS? (e.g., structured, unstructured, discussions, only videos, etc.).” I considerately asked for participants to be as elaborate as possible in their answers and to feel free to interrupt me if they needed clarification or to use the washroom, get a glass of water (i.e., when at my home), or get coffee/water when located in the cafeteria.

Glsene cites, “good interviews produce rich data filled with words that reveal the respondents’ perspectives” (2010, pg. 104). As mentioned in Chapter 1, the media played a key role at the beginning of the epidemic in constructing HIV/AIDS as a gay/African/drug user disease. So, I was curious on how much did the media played a role in each teacher’s outlook and how they learned of the virus. Where inquiring about their first experience of learning about HIV/AIDS, I asked, “When did you first learn of HIV/AIDS? Media, peers, family?” I realized I had to do plenty of probing, as all participants were somewhat brief in their answers. However, I considered this point a benefit, as probing allowed the interviewees to talk more freely about their viewpoint.

During the interview process, I did my best to convey a warm and friendly attitude but also to a professional demeanor as a student conducting an introductory study. By asking questions for greater elaboration, and rewording some of the teacher perceptions to verify transparency, I assured participants that I was being attentive in listening to their perspectives. Glesene confirms, “good listening usually stimulates good talking” (2010, pg. 107). Such statements as “Could you please expand on that point? or “What do you mean by that comment?” helped in two cases where teachers provided more clearly defined information.

The day-in and day-out complexities felt by teachers are meaningful as, “using narratives, researchers can gain insight into the way human beings understand and enact their lives through stories” (Sandelowski, 1991, pg. 163). As a novice researcher, the basis of collecting stories spoke to me as I view the topic of HIV/AIDS as one that requires critical reflection and discussion, not simplifying the intricacies of the illness solely through the use of statistics and figures as the issue is generally represented. This

is not to say that narrative research is free of drawbacks. However, to convey to readers how a fraction of what teachers feel in concern to the subject, acts as way of detailing the ambiguities that teacher's confront (or do not confront) Borland (2004), states:

> We can view the performance of a personal narrative as a meaning-constructing activity on two levels simultaneously. It constitutes both dynamic interaction between the thinking subject and the narrated event (his/her/their own life experience) and between the thinking subject and the narrative event (his/her/their "assumption of responsibility to an audience for a display of communicative competence"). As performance contexts change, as we discover new audiences, and as we renegotiate our sense of self, our narratives will also change (pg. 63).

With authentic statements comes the value of treating the data gathered from participant stories with care. Because I have contributed to the world of teaching in my own fashion, I saw the participants also as collaborators. They may not be as passionate about the topic of HIV/AIDS as I am; yet the fact that they gave their time to link their professional and personal experiences, as best as they could, to HIV/AIDS, was very appreciated. Even when certain statements that I found problematic were mentioned, I refrained from correcting participant teachers' or showing my knowledge on the subject. I believe this manner would have been translated into being judgmental, and this is by far the last point of reference that I wanted volunteer teachers to consider when thinking of my study.

Moreover, there was once a time where my awareness on HIV/AIDS was minimal to non-existent. So, being considerate came easily and likewise permitted me to place myself in a position where I could empathize with the volunteer teachers who demonstrated a lack of HIV/AIDS knowledge. Even if they did not disclose this to me, I trust that my study allowed teachers to question their unease or possible stigma linked to

HIV/AIDS. If this were the case, I would hope that this study could have facilitated in their seeking further information.

Data Collection

The main method of gathering data was from interviews (i.e., narratives) and my personal notes written on the interview question sheets. Through the use of data reduction, I transcribed and highlighted the main themes that spoke to me accordingly, which were important to inscribe and essentially, were linked to my research questions (i.e., strategies and experiences). Quotes from the actual narratives, where fitting, will be placed in Chapter 4 of my thesis.

All interviews were recorded using Adobe Soundbooth and all participants approved having their narratives gathered in this way. Once interviews were completed, they were saved and located both in a folder (Thesis_Finals) on my laptop as well as on a USB key used for the sole purpose of storing data related to my thesis. The location, the name of the site, and the names of volunteer teachers have been changed to pseudonyms to ensure confidentiality and contribute to the validity of the data collected. Although all volunteer teachers were bilingual and one trilingual, all interviews were conducted in their native language, English.

Although I considered keeping a field note journal, also known as a "methodological memo" (Bogdan, 2007, pg.9), where I would consistently or daily speak of the research process and interviewing the volunteer teachers, this idea was unfortunately not carried out. Instead, I made complete notes about each teacher at the end of their interview transcription, once interviews were complete. I noted the location, their body language, which I found to be a great piece of collected data, their interest in

being interviewed (e.g., mood) and my personal perceptions. From time to time I utilized my personal journal to comment about my experience of doing such research and being a graduate student, thus understanding my own journey in the role of researcher. I do not think such accounts are necessary to add to my study, but I trust such reflection allowed me to at least dissect the thesis/research process and the purpose of why I was doing such work in the first place and why it was important for me to continue with such work.

When I began to read my transcriptions, I had to be mindful that "interpretive authority," (Borland, 1998, pg. 64) of volunteer teachers' narratives could potentially be challenging. Borland further points out that, "a crucial issue in oral narrative scholarship is – who controls the text?" (pg. 66). While I seek to tell their stories in the most authentic way, I also acknowledge that I hold a particular personal and socio-political/cultural stance and vision of HIV/AIDS. Thus, I could not blur the line in concern to my opinion, and the opinions of the volunteer teachers.

"To further particularize the narrative and to enhance perspective, the narrator not only 'tells' the story from a particular point of view but also situates it in a particular social, cultural or political context" (Kramp, year, pg. 6-7). As a result, I opted to use "strategy codes" (Bogdan, year, pg. 177) and "narrative codes" (Bogdan, year, pg. 178) to assist with my wording, and decode my data. Being myself a visual learner, I used a color coded system to outline words that I believed identified key areas of teacher's discussing HIV/AIDS: a.) Understanding/learning of HIV/AIDS, b.) Strategies used, c.) Experiences and challenges, d.) Other important factors related to myths and school environment

As referred to by Glesene, “making comparisons is an analytical step in identifying patterns with some theme. Thematic analysis should go beyond identifying the general and the norm” (year, pg. 187). Therefore, I have done my best to explore how “thematic ideas represented by codes vary from case to case, from setting to setting or from incident to incident” (Gibbs, 2007, pg. 48). I reviewed my data as I went along doing my reading and research. I found that revising my data in sections to compliment my readings gave me the room to properly group the themes I thought were important to underline.

Ethical Concerns and Obstacles

As written in my consent form, it was stated to volunteer teachers that they would be asked questions as to offer their viewpoints on areas distinctively related to HIV/AIDS. Given that the subject of HIV/AIDS is a sensitive one, the purpose, procedures, risks and benefits, and conditions of participation were clearly summarized. Therefore, I did not believe that the study would pose any harm to the participants. As cited in my methodology, volunteer teachers understood that they could stop at any time during the interview and that I was readily available via phone or e-mail if they had any questions or concerns. To ensure confidentiality, the volunteer teachers have been given pseudonyms, which are included in Chapter 3.

Once I narrowed down my research focus, an obstacle during the gathering of information (e.g., books, journal articles, etc.), I found that a large amount of studies discussed HIV/AIDS education and teacher education around the virus predominantly within the context of the United States and South and East Africa. By using such term as “HIV/AIDS and teachers”, “HIV and teacher education in Canada”, and “Teacher’s attitudes on HIV/AIDS in Canada”, I was able to retrieve sources, that spoke mainly of

sexual health education, but not as much on HIV/AIDS education within Canada. The sources linked only to Québec came from various school board policies and the Québec Sexual Health Curriculum (Duquet, 2002). There were obvious references to HIV/AIDS from the sources that researched primarily sexual health education, and from that, I went about selecting certain points to add to my study for support.

Reflection on Methodology

The teachers who participated in this study all come from the same school. It will be important to compare these stories with teachers from other schools and locations.

By not interviewing school administrators, nurses, guidance counselors and social workers, and other professionals who could have offered a particular insight on HIV/AIDS education, the opportunity to understand how schools go about implementing (or not implementing) such information within the curricula, and some challenges which administrators, in particular faced was absent. Equally, all volunteer teachers interviewed worked for an English school board. Volunteer teachers from the French school system could bestow another point of view on the challenges endured.

I assumed that the teachers I interviewed are teaching HIV/AIDS with an aim to build critical awareness and foster self-reflection in the process. However, some teachers' main strategies appeared fixed in simply making sure the facts about the virus were provided.

Lastly, the validity of volunteer teachers narratives was one of my main concerns, as their truthfulness is what I understood would give my study meaning. However, having conducted my research I realized that pointing out this view as a limitation was honestly fixed in my bias. Again, my personal and politicized stance is rooted in

advocating for people who are infected with and affected by HIV/AIDS, and combating the stigma linked to the virus. Thus, I experienced an internal/external duality, which became somewhat of a challenge while carrying out my interviews.

Theoretical Frameworks

Transformative/engaged pedagogy. Paulo Freire is renowned for an educational philosophy rooted in developing critical consciousness. Through such awareness, Freire affirmed that an individual's "knowledge is a form of praxis, a process in which man begins to reflect on his orientation to the world by objectifying his actions, reflecting upon them in order to return to a new action and reflection" (Collins, 1977, p. 54). Thus, such perception lies in an individual engaging with his/her life and identifying the needs of his/her community. Through such engagement, new experiences and reflections of one's world can be cultivated and forms of oppression can be seen. In this ideal, Freire opted for an education where teacher and student would engage in a dialogue, where the "relationship between group leader and group member is horizontal" (Fritze, 2008, p. 8).

Freire's educational approach complements students' ability to understand their own reality as it applies to their learning inside and outside the classroom and, notably, to unravel the false myths that they may have been indoctrinated into believing. Most importantly, volunteer teachers can understand their reality as it applies to their experience in teaching HIV/AIDS inside the classroom.

Freire's philosophy and my study around HIV/AIDS education intersect, as HIV/AIDS has become a part of the realities of many students of this generation. These students have matured in the face of the epidemic, which will absolutely influence the

ways in which they construct a sexual identity and understand sexuality. HIV/AIDS education has been designed to enable students to demystify myths attached to the virus and profoundly recognize how they can create new ways of thinking about the virus, the marginalized groups affected and, prominently, their sexual health. Teachers in this respect could be the counterparts of this initiative. Conversely, understanding teachers' communication processes identity and reviewing their narratives has been a channel into understanding whether or not they wished to be equals in the classroom when discussing HIV/AIDS. Vavrus (2009) confirms,

> [Teachers who] explore their own experiences and received messages about sexuality […] would be more receptive and empathic to the sexuality issues of their own students, broaden their concept of an inclusive classroom, and consider creating transformative curricular experiences within their disciplines that can relate to sexuality (p. 385).

I see transformative and engaged teaching as the starting point of HIV/AIDS education. HIV/AIDS is political and encompasses various nuances as it relates to class, gender, race/ethnicity, sexual orientation, nationalism and disability. Thus, teachers should be aware of how these intersections play out in their discussion of HIV/AIDS. In their talking book, *A Pedagogy for Liberation*, Ira Shor and Paulo Freire (1987) explore how useful such pedagogy can be to assist teachers in uncovering diverse truth with their students. Sexuality is already a contested subject and HIV/AIDS, in my opinion, is even more so. I would see exposing and discussing myths as a main staple and vital to creating open and non-timid dialogue in a manner that is interactive so that student can become involved in the exchange of information.

Shor (1987) adds,

> …the dialogic lecture is in reversing the lecture discussion format. Traditional schooling and conferences socialize us into expecting a speaker at the front to talk at length first, and then the students ask individual questions to the expert lecturer, in a one-to-one discourse. This is a hierarchical discourse, which begins the learning process with the speaker's words dominant. Silent listeners are immersed in the words of the lone authority at the front. To desocialize us from this structure of elitism, I reverse the process…I first ask the group to practice participatory pedagogy by answering a question or problem related to our theme. This dialogic method systematically invites students to think critically, to co-develop the session with the 'expert' or 'teacher,' and to construct peer-relations instead of authority-dependent relations (pg. 41).

Again, this influential comment opens the doors for teachers to break down the "us vs. them" dichotomy that has been shown in the analysis of HIV/AIDS. It likewise permits them to present the subject as one that can affect anyone rather than exclusively gay men, Africans or intravenous drug users.

Goodman's (1993) study is an example of how Freire's ideology fits into the discourse around HIV/AIDS. Goodman states, "most sexuality education curriculum are therefore limited because they perpetuate a singular worldview in a multicultural world" (pg. 4). Thus, as touched on, "Friere's ideas emphasize the collective knowledge that emerges from a group sharing experiences and understanding the social influence that affects individual lives" (pg. 7).

For students, such relations can allow them to voice their views on the epidemic without fear of being mocked if their suggestions are inaccurate or seen as ignorant. For the most part, I believe you have to reveal the ignorance in order for individuals to see the subject from a different perspective. Once achieved, I would hope uncovering ignorance would clearly act as a way of transforming the space in which teachers teach and students learn. As teachers discover how to "lay the foundation for building community in the

classroom" (hooks, 2010, pg. 20), they in turn naturally impart an engaged way of thinking and knowing.

Pedagogy of care. To compliment Freire's and Shor's theory, I consider Nel Nodding's pedagogy of care as a suitable theory for my study. Noddings (1992) stresses, "social changes in the years since World War II have been enormous. We have seen changes in work patterns, in residential stability, style of housing, sexual habits, dress, manners…" (pg. 1). HIV/AIDS would be deemed to initiate an enormous change in the sexual habits of humans. As well, HIV/AIDS is an illness not only linked to socio-cultural and socio-political questions, but mainly to the health and well-being of those infected with the virus and their loved ones, who can carry a similar burden of shame due to the ignorance of people who lack awareness. Teachers, who encourage their students to have a sensitive outlook on the matter, can create a constructive space when discussing HIV/AIDS in their classroom.

Noddings promotes "caring as relation" (1992, pg. 17) and I would think that if teachers show that they are interested in the subject of HIV/AIDS, and to understand the current situation of the epidemic, then they can instinctively act as a way of showing care for their student's health and well–being. This would come as a result of encouraging students to perhaps think of HIV/AIDS from a realistic yet emotive point of view. Consequently, to further broaden this position, we could understand that, "when we discuss teaching and teacher-learner relationships in depth, we will see that teachers not only have to create caring relations in which they are the carers, but that they also have a responsibility to help their students develop the *capacity* to care" (Noddings, 1992, pg. 18, italics my emphasis).

Such connections between narrative analysis and the philosophies/theories of Shor, Freire and Noddings, I see as providing an effective approach in conveying a critical awareness around HIV and facilitating teachers to broach the discussion openly and interestingly.

Using these theories can assist teachers in assessing their personal values related to HIV/AIDS, and defying any difficulties connected to their lack of teacher training or knowledge, experiences regarding the school culture, and any cases of potential parental harassment. Chapter 3 will present the stories of four (4) teachers who participated in this study and reveal the strategies and experiences of planning and discussing HIV/AIDS education in their classroom.

Chapter 3 – The Story

"Narratives assume many forms. They are heard, seen and read; they are told, performed, painted, sculpted and written. They are international, trans-historical and trans-cultural: simply there, like life itself."

- Roland Barthes

This chapter presents the profile of four (4) teachers. Each account is a true representation of the teacher interviewed in respect to what subject(s) they taught, what tactics were taken to broach HIV/AIDS in their classroom, how they became familiar with the virus, and their knowledge and insight in discussing HIV/AIDS alongside obstacles they endured**.**

Four volunteer teachers were interviewed using a semi-structured format (see Appendix B). They were asked about their educational background, their understanding of HIV/AIDS, the strategies taken to discuss the subject in their classrooms as well as the experiences (i.e., self-reflective or otherwise) they encountered when taking on such work.

Connelly and Clandinin (1990) define narrative analysis "as the study of the way humans experience the world" (pg. 4). The narratives offered participants the opportunity to voice their accounts without constraint. Presenting the insight of teachers who partake in discussing HIV/AIDS in their classroom may help other teachers who might have similar struggles, offering them a feeling of comfort and familiarity. If Québec adolescents, as represented by Powell's commentary, are insisting that sexual health and HIV/AIDS education are essential subjects to have in high schools, understanding the way in which teachers go about communicating information on HIV/AIDS is key.

Once interviews were complete, they were transcribed and notes were typed to address any points that I believed were important to cite. Subsequently, a color-coded system was created to identity key themes related to questions as well as other noteworthy aspects correlated to HIV/AIDS (e.g., stigma, added obstacles, etc.).

Any comments deemed valuable to indicate were taken as direct quotes from the transcriptions produced, therefore, leaving no room for volunteer teachers comments to be misrepresented or misquoted. Non-verbal utterances (e.g., ahh's and hmm's) were included in the transcription to signify the pauses and uncertainties that may have surfaced when answering certain questions. Lastly, for confidentiality, all real names have been replaced by pseudonyms.

Nathan

Nathan was the first volunteer teacher that I interviewed and was the shortest interview out of the four. I was nervous as this meeting set the tone for the beginning of my data collection. Out of all teachers I felt he was quite brief in presenting his perspectives, and yet the most precise.

Background

A 29-year-old white male, Nathan had been teaching at the high school for five years and also completing a Masters degree in Education at one of the English Montreal Universities. I did not ask of his sexual orientation or his martial status and he did not disclose this information. As a Science & Technology teacher, he taught grades seven to ten in Human Biology and Anatomy.

Strategy (ies) in discussing HIV/AIDS

Though Nathan spoke mainly of the reproductive system in his course (i.e., in connection to sexuality) he did plan an assignment named the "Poster Project". Assigned a sexually transmitted infection (STI) to research, this project allowed students to create a poster based on the symptoms, causes (i.e., means of infection) and treatments, if any, associated with that specific infection. Though not speaking exclusively of HIV/AIDS in his course, this task acted as a strategic way of opening up a dialogue linked to the virus and critically, giving students self-reliance in understanding the information they acquired.

Still, when probed on how he spoke of HIV/AIDS in *particular,* Nathan commented:

> Ahhh, well, first we'll talk about the difference between a viral based infection and a bacterial-based infection. We'll go over, like, what are some of the bacteria in terms of infection and then what can be done to you know, cure it or treat it and then compared to the viral base, which tends to be permanent in nature
> (M. Cobbler, interview, April 7th, 2011).

Nathan looked to certain areas of the mandated textbook, the Internet and his prior knowledge (i.e., stemming from a human biology background) to offer facts on discussing HIV/AIDS and STI's. He received no training in how to go about talking about HIV/AIDS and believed that starting with facts facilitated discussions. Though presenting facts is important, I felt that naming the sources from where such facts were derived, was just as necessary, and Nathan was not able to exactly recall the sites he used. When further probed he simply mentioned, "government sites" and then went on to declare that with his students he requests that information had to be retrieved "from

education and government sites *not* Wikipedia and not from those types of …" Nathan did not finish his sentence, but I supposed that he was referring to less credible websites.

My reading of this quote is that Nathan believed he was going about retrieving information on HIV/AIDS and presenting it to his students as correctly as possible, yet working without much evaluation on whether his students were actually grasping the information they obtained. Further, the element of Nathan described setting up a discussion around HIV/AIDS and STIs in a structured way, as quoted in his statement, "we cover all the basic *methods* of transmission of the virus" (M. Cobbler, interview, April 7th, 2011, italics my emphasis), could be linked to Nathan being a Science teacher. When asked about his goals for discussing HIV/AIDS, Nathan wanted the facts to first guide students to "hopefully be more cautious and take you know, necessary precautions to avoid any infection. Then from there we [the class] do generally have the discussions" (M. Cobbler, interview, April 7th, 2011). Thus to Nathan, facts seemed essential to youths identifying with HIV/AIDS and he in turn showcased the virus from a scientific/biological viewpoint, but neglected to include its socio-cultural relevance in his teaching.

Understanding of HIV/AIDS

When asked where he first learned of HIV/AIDS, Nathan was clear in pointing out that media played a large role and admitted, "[He] learned everything from the TV" (M. Cobbler, interview, April 7th, 2011). Clearly, media not only played a strong role in the construction of HIV/AIDS upon its onset, but currently with today's youth.

Conversations around the virus with family and/or his peers never took place, either leaving Nathan to look to the media for information.

Upon completing elementary education (i.e., grade 6), Nathan remembers that it was when Irving "Magic" Johnson, a former African-American basketball star, disclosed his HIV-positive status that he was first introduced to "the actual virus and then condition" of HIV/AIDS. Followed by this disclosure, Nathan stated his first impression that, "I guess I was confused and I wasn't actually aware of those types of viruses that existed, really that was news to me; so…it was kind of confusing at first to know there's a virus that can't be cured. I wasn't into basketball so…yeah, why it is such a big deal with this guy?" (M. Cobbler, interview, April 7th, 2011). Nathan's confusion at that time could have contributed to his disengagement from the virus, and halting any further interest he might have had in knowing about the virus.

Experiences in Teaching HIV/AIDS

Interestingly, the same confusion that Nathan experienced in his pre-pubescent years, he also spoke of in relation to his students. When I asked him about his understanding of HIV/AIDS and youth today, he affirmed that they [(i.e., students) were, "painfully unaware of it" (M. Cobbler, interview, April 7th, 2011). To further elaborate, Nathan stated that, "grade 8th's and grade 9th's in general they do not know how it's transmitted. They don't know the difference between, HIV the virus and AIDS, which is the condition after the virus takes its toll. They're yeah, completely unaware of how it's transmitted; the risks that are involved" (M. Cobbler, interview, April 7th, 2011). In referring to his students and the experiences he has had in deciphering their knowledge

around HIV/AIDS, he was straightforward in saying that "STIs in general was completely something new, they just thought essentially that straightforward unprotected sex was the way to get it…they weren't aware about the risks of needles for instance…Blood transfusion and all of the fluids [that could transmit the virus]" (M. Cobbler, interview, April 7th, 2011). Therefore, while we understand that presenting facts on HIV/AIDS is suitable, in-depth discussions about the illness enable the youth of today, who regrettably are still in the dark, to address any concerns on how they can prevent contracting or transmitting the virus.

Left to his own devices, Nathan did not encounter any backlash from administrators or fellow colleagues concerning his discussion of HIV/AIDS in his classroom. However, he did recall an incident with an upset parent who didn't appreciate his "Poster Project" assignment as they believed their grade 8 child, was "too young to know basic things concerning sex and…STI's" (M. Cobbler, interview, April 7th, 2011). Although Nathan was able to soothe this parent's anxieties, "by reaffirming that this topic was part of the actual curriculum, so it was something that had to be covered" (M. Cobbler, interview, April 7th, 2011), nonetheless, such situations can add stress for teachers who perhaps are already tackling other concerns and can discourage any interest in actually wanting to create a safe and comfortable space to discuss HIV/AIDS, and overall, sexuality in their classroom. It seemed to me that this aspect frustrated Nathan, as even when anal sex was once discussed related to STI's, he was concerned as presumably any complaints linked to sexuality were "always an issue of parents" (M. Cobbler, interview, April 7th, 2011). Deconstructing information on HIV/AIDS should thus involve teachers, parents, administrators, nurses and other professionals who can be great

allies in providing information and assistance, even if this was unfortunately not the case for Nathan.

Other Key Factors

Though Nathan asserted that he was comfortable in discussing HIV/AIDS in the classroom, it was worth noting that he obviously was not given much room, and perhaps time, to branch out of presenting HIV/AIDS from a scientific approach and, as a Science teacher, he may wonder, "Why should he?" In referring to the curriculum, Nathan revealed that the "particular lesson in terms of STI's and sexual education for grade 8th's and 9th's in general doesn't last that very long, probably, maybe a week at most." This was shocking because any lessons given on HIV/AIDS and sexuality happened within a single week out of the whole school year. Additionally, the nurse only visited classes once a year to talk to students about sexuality. Nathan agreed that the lessons on sexuality were "little to non-existent" and this situation was a "huge failure on the part of the curriculum," consequently leaving students with little to absorb in connection to HIV/AIDS information. More compelling is that the grade ten and eleven science class students received nothing on sexual health education, although they were already having sex by the time they reached these grades, so it was surprising to learn that older student's sexual health seemed to be ignored.

In remarking on debunking myths, Nathan cites how some of his students (i.e., mostly identified as white) did connect "kissing someone, salvia, and sitting on a toilet" to be means of HIV/AIDS transmission. However, in thinking of groups most affected, gay males were mentioned, but African-Americans and Africans were mainly viewed as

the carriers of the illness constructing the HIV/AIDS epidemic in their minds, as "a problem over 'there' and not 'here'" (M. Cobbler, interview, April 7th, 2011). I found this statement to be intriguing as I was pleased to know that at least there was conversation around myths and HIV/AIDS; nevertheless, the consequence of not elaborating on how questions of race and sexual orientation could be examined was unfortunate. As these are two prominent issues in the history of HIV/AIDS, I feel such a talk could have been revelatory. Regrettably, I did not probe him further to inquire how he might have approached these issues in the classroom.

April

April was the second participant interviewed and the only female to participate in my study. She seemed enthusiastic to talk about her teaching and how she discussed HIV/AIDS in her classroom.

Background

April is a 28 year old, self-identified white female who taught at the high school level for four years. Graduating with a Social Services degree, April believed her awareness of HIV/AIDS organizations located in the city and knowledge of the virus to be adequate. As a Special Education teacher, April was responsible for covering six subjects: English, geography, history, math, science, and ERC (i.e., ethics, religion and communication). Although she only had 12 students in her class, April had to tailor her courses to a variety of levels, as she didn't have a specific grade, and engaged students in conversations in somewhat unconventional ways.

The students in April's class were not succeeding in their mainstream classes for various reasons and therefore were sent to her. Her youngest student was 12 years old and her oldest was 17 years of age. Mainly her students were categorized as code twenty-four, which was explained as being a student with "moderate to severe intellectual impairment." April compared many of her kids with moderate impairment to "Forrest Gump" and some also battled with autism, attention deficit hyperactivity disorder *(*ADHD*)* and Tourette syndrome. To say the least, April was quite overwhelmed with the challenges she encountered even with teaching a small group.

Strategy (ies) in discussing HIV/AIDS

Creating a space for her students to talk about HIV/AIDS was planned by April to take "two-thirds of her ERC classes," the equivalent of about ten classes, to create an actual and specific section on sex education. Because April "had the liberty not to follow the *real* curriculum," she used "videos, newspaper articles adapted to current events, the Internet and created a question box" to help students feel safe to ask questions about their sexuality and sex in general (M. Cobbler, interview, April 11th, 2011). In particular, the question box allowed the class to collectively answer queries as best as possible. I agree that this aspect of her course helped April's students to engage in open conversations. What also helped April to facilitate dialogue, was discussing current events to lead into discussions of sexuality and HIV/AIDS. Using prior familiarity around HIV/AIDS and teaching special needs students, April affirmed that "if I think it's important for the kids to know I'm going to go out and get that information" (M. Cobbler, interview, April 11th, 2011). So far, the noticeable inclination to talk about HIV/AIDS is when the class comes

to the "point of talking about different infections and diseases, it just becomes one of the group's topics at that point" (M. Cobbler, interview, April 11th, 2011).

Taking the time to use conversation is an effective way to discuss HIV/AIDS, but time was also a factor in how much depth she could afford to group discussions. "I mean I would discuss it [HIV/AIDS] separately, but it's not like we're going to spend three weeks talking about one disease" (M. Cobbler, interview, April 11th, 2011). This comment somewhat threw me off as I believed April expressed the attitude that open discussions were "the best way to change anything", so this quote came off as a contradiction. So, for clarity I probed April further by inquiring about her exact strategies to discussing HIV/AIDS, April mentioned,

> If it comes up we stop and we talk about it. It's that way with every big issue, if it comes up we stop and talk about it and find a time to shove it into the curriculum somewhere. And that's really want it is I have to do – cut our other stuff, but because they're [her students] more vulnerable they need to know. Whereas the other kids maybe they're going to pick it up along the way what they should and shouldn't be doing, but my kids need to be told specifically you need to use a condom when you have sex – point finale - and that's the end of it (M. Cobbler, interview, April 11th, 2011).

Thus, this presents the idea that depending how a group is viewed, in this case if they are more susceptible, there may be more time spent on discussing sexuality and HIV/AIDS than perhaps with groups that seem more knowledgeable.

Understanding of HIV/AIDS

Though April could not remember specifics, she also learned of HIV/AIDS through the media. Having attended a Catholic elementary school, sex education was limited and when teachers wanted to address the topic, "[her mom] had to sign a waiver"

in order for them to do so. Conversations with friends and family did not take place while growing up. As a teenager, April recalls seeing a movie about a little boy who was HIV positive and his friend who was looking to cure him. Though she could not remember the title of the film, from her description, it seemed that the movie had some impact on her familiarity with the virus. Further understanding of the virus was gained when she entered college to complete her Social Service degree.

In disclosing her primary impressions of HIV/AIDS, April cited,

> I thought it was scary I guess, it was… I don't want to use the word, unfortunate, but I guess that's it, I mean it's damaging. I guess the most typical answer most people give has to go with heroin addicts and the gay people, but it was never that for me, I probably learned about it from that movie before I learned about it from anywhere else (M. Cobbler, interview, April 11th, 2011).

In retrospect, April seemed able to remove herself from unconsciously associating archetypal groups to HIV/AIDS, as she saw that the virus could infect and affect anyone based on the film about a little boy (i.e., a non-typical representation).

Experiences in Teaching HIV/AIDS

Because April had more flexibility in structuring and re-structuring her curriculum, she has been able to implement many outside sources to help her discuss HIV/AIDS in her classroom. Similar to Nathan, she did not name the actual sources that she used. However when asked if any resources were made available for her to facilitate such a discussion, the frank answer was "no." If students absolutely needed additional HIV/AIDS or sex health information, the nurse was the ready and available resource person. Inviting April to talk about her understanding of HIV/AIDS and youth today (i.e., stemming from her in-class discussions), she affirmed, "I would say that they don't know

about it. My students are definitely more vulnerable to any kind of infection and pregnancy because they don't always put two and two together. I would say they're more vulnerable then the grand population of the school" (M. Cobbler, interview, April 11th, 2011). Understanding the answer to be unclear, I questioned if April believed her students were unaware about HIV/AIDS, and her more precise response was, "I mean if they are aware, it's very vaguely so. I think those who are aware of it, especially the older kids, they have an idea that it's not relevant to them. It doesn't exist in their world and there's no potential for them to catch it" (M. Cobbler, interview, April 11th, 2011).

This led into our conversation on whether April perceived HIV/AIDS to be a serious concern for secondary school students in Quebec and interestingly, she "didn't know, because she didn't know the numbers." However, she then went on to state, "I haven't heard of it in a long time. The assumption, therefore, is that it's not the biggest concern. I think it should be a concern for anyone who's having sex to protect themselves from everything (laughter). But, I wouldn't say that AIDS in on the top of the list" (M. Cobbler, interview, April 11th, 2011). Frames of reference, which stem from such experiences, clearly demonstrate the absence of current conversations around the virus. This situation can be viewed as not necessarily by fault of the teacher, but perhaps from within the social science domain and/or the school environment. As the head of the Special Education department, April saw a need to have her colleagues and the administrator understand that the topic of sexuality and, importantly, HIV/AIDS was being addressed in her classroom, as she was never asked. While she didn't think that she had a "personal connection" to providing HIV/AIDS education, April affirmed,

> There are things that are out there and I feel an obligation to tell them [her students] the things that they need to know. Our [Special Education department] goal is always to let them know they can talk to us about anything and then beyond that to just protect yourself. So, it kind of starts with being comfortable talking about it, it's your body, you make decisions, you need to protect yourself and here's what could happen if you don't (M. Cobbler, interview, April 11th, 2011).

I am certain this was not April's objective presenting the illness as harmful, however, if teachers are not thorough in how they understand and speak of the virus, this quote I believe could clearly be read as presenting HIV/AIDS from a fear-based outlook.

Other Key Factors

April's case was interesting as she also spoke of the stereotypes that were linked to her students. Because her students have special needs, she commented, "A lot of people assume that they're not going to have sex for the course of their life, but most definitely they are" (M. Cobbler, interview, April 11th, 2011). This puts into perspective the discussion of disability (i.e., mental or physical) and consequently, which students are believed to be deserving of HIV/AIDS education. In referring to how parents viewed their children who have disabilities, April disclosed that "a lot of the times when they [her students] ask their parents [about sex], their parents get all uptight and nervous and the information doesn't get across. The only message they get is "don't have sex" (M. Cobbler, interview, April 11th, 2011). Again, this statement seemed to allude to the fact that special needs students are somewhat not entitled to hold a healthy sexual outlook or be provided with specific HIV/AIDS education.

The demographics of April's class consisted of a majority of white students and some students of South and Central American background. When calling stereotypes into

question, the gay community and intravenous drug users were first to be described. However, several students emphasized the HIV/AIDS epidemic as an African problem, making such statements as "it's from people "over there" or "we got AIDS from monkeys" (M. Cobbler, interview, April 11th, 2011). April asserted that she assisted her class in debunking such myths through discussions and would use current events and newspaper articles as a way to do so, yet again there was no elaboration on how views changed once such discussions took place. Holding a similar perspective to Nathan, April believed there was also a substantial void in discussing HIV/AIDS in particular and sexuality in general.

Derek

Derek was the third volunteer teacher interviewed. The only objection to his participation that I had was his stipulation that this interview be conducted at his selected site (i.e., the teacher's lounge) which made me somewhat anxious as I did not want teachers to question why I was interviewing a teacher in the staff lounge. I asked Derek if we could please move to his classroom, as it was more secure, and this is where we conducted our interview.

Background

As the Head of the Science & Technology Department, Derek referred Nathan to me for participation in my case study. Derek, 34, self-identified as white and married had been teaching at the high school for 11 years at the time and taught Human Biology and General Sciences to grades eight, nine and eleven. Also a programme coordinator for the

International Baccalaureate Program (IB) an enriched program for gifted students, Derek taught students who had been together since grade seven.

Strategy (ies) in discussing HIV/AIDS

Giving lessons in human biology, Derek likewise used the topic of the reproductive system as gateway to broaching the subject of HIV/AIDS. Relevant, however, was the fact that the grade eight students received such education, as a section on STIs was part of their curriculum, yet this information was excluded from the curriculum for grade nine and eleven students. When asked about the classroom structure that Derek employed for such dialogue, he stated, "Conversations open the door for questions and discussions. When we're talking about the reproductive system, it's more of a class discussion kind of thing" (M. Cobbler, interview, May 3rd, 2011). I was mistaken in thinking that this avenue would allow students to delve into a conversation around HIV/AIDS. Derek confirmed, "Yeah, with the conversations I had with them [his grade eight students] this year, I think AIDS came up once" (M. Cobbler, interview, May 3rd, 2011). Derek debated on "whether to have a box (i.e., similar to the question box April made available) where they [his students] could put questions in, but the kinds of questions I was getting just without that was open enough. They didn't really seem shy to ask all sorts of questions" (M. Cobbler, interview, May 3rd, 2011).

Evidently Derek felt he had a safe and open space to permit students to ask about certain aspects of sexuality, but I do wonder if they may have been unintentionally led in such a direction. Being a Science teacher and the head of the department, Derek seemed

more connected to helping his students understand the reproductive system more than other topics related to HIV/AIDS.

> For me, it's more about the functioning of the reproductive system, we didn't really talk about sexually transmitted diseases. It's more about pregnancy and how pregnancy and fertilization works, that aspect of sexuality. As a Science teacher, it's more a question of giving them an opportunity to ask the questions they might have and trying to answer them when they come up. A lot of their questions are less about opinion and more about facts. I'm not going to stand there and talk to them about gonorrhea and talk to them about HIV if that's *not* the questions they have (M. Cobbler, interview, May 3rd, 2011).

This comment can be viewed in various ways: the lack of relevance around HIV/AIDS in Derek's classroom, his lack of time, and perhaps lack of resources. Nevertheless, the reproductive system seemed to take precedence in signifying what aspect of sexuality his students should be most concerned.

Understanding of HIV/AIDS

Herbert Marshall McLuhan's (1964) famous quotation, "the medium is the message" is a fair and literal saying of how media has worked to influence individual perceptions around HIV/AIDS. Born in 1977, Derek in many ways, identical to Nathan and April, "remembered hearing about it [HIV/AIDS] when it started to be more prevalent in the 1980's," which makes sense as this era marked the onset of the virus. Though Derek could not quite remember all the details of where he learned of HIV/AIDS or sexuality for that matter, he was clear that "I never talked about it [HIV/AIDS] or sex at home" (M. Cobbler, interview, May 3rd, 2011). HIV/AIDS was not discussed amongst friends, but he did learn of the virus in high school. He did not hear about it from the news, so much, as more popular media portrayed HIV/AIDS though "TV episodes on

someone who had AIDS or like the movie *Philadelphia*," which in turn added to Derek's awareness of the virus.

When asked, "What were your first impressions of the virus?" Derek took this question to be a tough one and could not recall his first thought. He did extend the fact that his wife's family has helped him. Stating, "they give all sorts of details that I really don't want to hear (laughter). But, I find that the relationship has helped me be more comfortable in the classroom talking about these matters" (M. Cobbler, interview, May 3rd, 2011). Even if teachers may have the best intentions for imparting information on sexuality and HIV/AIDS, for some the challenge lies in recognizing their own values and concepts on the subject.

Experiences in Teaching HIV/AIDS

Derek's first experience in discussing HIV/AIDS came about when he was in high school. In grade eleven, he became involved in a program named, "Postponing Sexual Involvement," where "we were trained on a Saturday and then we'd go in and we'd talked about sexuality to grade eight and nine students" (M. Cobbler, interview, May 3rd, 2011). Carrying out this program about three or four times, Derek believed "had a better affect on the kids. If they had questions, we'd go find answers for them and I think that worked better than coming from an adult. Not to say that as an adult we would be ineffective, but I think when you're talking about affecting most people, I think that would probably be better" (M. Cobbler, interview, May 3rd, 2011). Therefore, suggesting that peer education is and can be an affirmative tool in helping students to learn and become aware of HIV/AIDS. Nonetheless, returning to the discussion of his course,

Derek admitted that since CEGEP, 2011 was the first year of teaching human biology as counter to mainly teaching environmental and general sciences, so he accepted that he was "re-learning a lot of stuff as he went along" (M. Cobbler, interview, May 3rd, 2011). When asked, what his goals were in "discussing HIV/AIDS in the classroom," Derek acknowledged,

> I feel stupid saying this, but because it's not part of the curriculum [for grades nine and eleven], I don't have a goal associated with it. If they could get a little bit of clarity on how their body works, cause I find a lot of people don't have an understanding of how their body works let alone the other sex's body works. So, I mean that's where I go when I do the system [reproductive]. Anything that comes up on top of that about sexually transmitted infections, that's you know, icing on the cake (M. Cobbler, interview, May 3rd, 2011).

Once more, no resources were made available for leading discussions around HIV/AIDS, thus Derek looked to the textbook as his guide. As well, similar to the statements expressed by Nathan and April, the nurse played a significant role in counseling students if they needed additional information. Likewise, he added that the Internet was of great help stating, "Typically in this day and age, it's where I try to get most of my stuff (i.e., information) (M. Cobbler, interview, May 3rd, 2011). However, when asked if there were specific sites he was using, he likewise remarked, "no." This response is again important to highlight, as accurate HIV/AIDS information should be a priority. If unreliable sites are being used to impart information, this could naively promote misconceptions around the virus. Specific resources (see Appendix C) could help teachers in providing information from reputable sites.

When speaking on his own self-reflection and being critically conscious when talking about HIV/AIDS, Derek confirmed, "I think you have to be very careful what you

say to kids especially when you're talking about sexuality, because you don't want them to get the wrong message." In wanting to discover if teachers received any training to help in imparting the correct message, Derek was clear in expressing, "I haven't noticed any training. It's my eleventh year teaching and I don't remember seeing any workshops, but by the same token I've always taught physical sciences and stuff like that, so, I haven't been looking for it either" (M. Cobbler, interview, May 3rd, 2011).

Derek did not believe that HIV/AIDS was a concern for secondary students and did not think any of his students "know anyone with AIDS. I don't think it's common right now, in this population. If it is, we don't know about it" (M. Cobbler, interview, May 3rd, 2011). Consequently, preparation on organizing a lesson plan and speaking on HIV/AIDS should be necessary, as with talks with other colleagues Derek confirmed, "I've seen some teachers struggle [discussing sexuality and HIV/AIDS], especially in grade eight where you teach sexuality. I think it's one of the hardest things [to do] as a teacher; a lot of them aren't comfortable doing that" (M. Cobbler, interview, May 3rd, 2011). Thankfully, however, since discussing sexuality and HIV/AIDS in his classroom, even if minimally, Derek is "surprised at how open" he has become.

Other Key Factors

When probed to speak of myths his students may have attached to HIV/AIDS, Derek articulated, "it [myths] did not come up," which was very interesting to me. Derek saw his students, a majority of whom were white, but a few who were black and Aboriginal, as an enriched group who were "mature, reflective and self-guided," which spoke nothing of how such characteristics led to enhancing their knowledge around

HIV/AIDS. An individual could be quite sensible in one area of knowing, yet ignorant in another. Hence, this comment added no basis to whether awareness of HIV/AIDS was garnered by his students, or not. I sense from previous quotations that Derek's students unfortunately still have a minimal understanding of the virus.

Charles

Charles was the last participant to be interviewed. His interview was actually the lengthiest out of all.

Background

Although he identified as the only volunteer teacher of a visible minority included in this study, Charles did not specify his actual age, however, made a reference within the interview that he was in his late thirties and that he had a daughter. Charles taught Moral, Religion, and Ethics (MRE) Education to grades ten and eleven, Math to grade seven and eight and Physical Education to all grades seven to eleven.

Strategy (ies) in discussing HIV/AIDS

In response to the question, "What structure do you use when talking about HIV/AIDS?" Charles said he appreciated the use of visuals for learning. Videos seemed to enhance the dialogue in Charles' class, as they helped in "keeping my classes opened; very open. So, we [students and teacher] go through the videos and I even bring in pamphlets so they can respond to them and we can have big open discussions" (M. Cobbler, interview, May 24th, 2011). The frequent use of the term open had me

wondering if Charles' class was as engaging as he proclaimed it to be. Though creating a safe and open space is key, it can be understood that not all students are going to want to talk openly and not all students will view their classroom as safe.

As the videos were mentioned to be "all about facts," Charles believed that the use of visuals alongside discussions was a very effective way of helping adolescents change sexually vulnerable behaviors. Bur, "change" is a strong term. If a teacher aspires to implement change in his or her students by mainly showing videos, this outlook can be problematic. By expressing his concern, he felt that discussing on HIV/AIDS in the classroom, "is probably the only way [to change behaviors], and it's got to be harsh, because some kids just don't get it." In reference to videos, he extended, "and we have to show them videos of people dying, or people really sick" (M. Cobbler, interview, May 24th, 2011). To be honest, I was taken aback by this comment and the tone in my voice at this point in the interview changed.

I do not want to believe that Charles deliberately went about promoting HIV/AIDS as an illness to be feared or as extremely threatening, as all STI's can certainly be unsafe, but if a teacher sets up a discussion in this manner, this attitude can precisely teach students how to perceive the virus. What has been absent from discourses on HIV/AIDS is the humanizing element that allows students to understand the reality of the epidemic and likewise the reality that HIV-positive people do live optimistic and wholesome lives.

To help guide the questions and to understand his perspective, I suggested that having an HIV-positive person come into his classroom and speak authentically about their story and their experience could benefit his teaching on this topic. Charles firmly

agreed, “Absolutely. I think that would be a wake-up call. Actually, someone who is experienced in this deadly disease speaking to someone about it, I think that’s the way to go” (M. Cobbler, interview, May 24th, 2011). Clearly, I did not guide the question in the way in which I had hoped. HIV/AIDS is not an experience individuals willingly choose to endure; it is a situation that presents itself unexpectedly and leaves the HIV-positive individual having to confront the virus.

Seemingly, Charles’s classroom could be viewed as a safe and communicative space for his students, with some areas for improvement. In addition to using videos, discussions, pamphlets, and the standard textbook, Charles could invite external resource persons to present facts and provide information on sexuality and HIV/AIDS to his grade ten and eleven MRE students. “We have a woman that comes in and she talks to the kids about this and she even hands out condoms. She talks about all the different diseases. We had a huge discussion in my grade ten ethics class, maybe a month ago” (M. Cobbler, interview, May 24th, 2011). The fact that Charles uses outside sources can be viewed as a benefit not only to his students, but also as an area where he himself can potentially gain additional knowledge on this topic.

Understanding of HIV/AIDS

In contrast to all other volunteer teachers, Charles first learned of HIV/AIDS through family. He elaborated by saying,

> This is like in the eighties; the early eighties I’m talking about. And you heard about this, but it was like a silent disease. A curse against homosexuals or something and you just always heard that. And what made it really big was when Magic Johnson contracted HIV and I remember the press conference. Just before the Olympics he had came out and he had to retire from the Lakers. He had HIV

> and nobody wanted to play with this guy, because they were worried that they would contract it if they touched him or from the sweat. They were so misinformed it was unbelievable (M. Cobbler, interview, May 24th, 2011).

Likewise, calling upon his previous work experience in a Montréal Hospital, Charles added, "they had all these isolation rooms for people with HIV all around the hospital and they [hospital staff] were afraid to go in and talk to the people and touch them because they didn't want to deal with them. Even the medical staff did not know what was HIV properly and I remember that because I was there" (M. Cobbler, interview, May 24th, 2011). Therefore, unlike his colleagues, Charles has had first-hand experience in seeing and knowing people living with HIV, albeit not closely. This experience may be somewhat correlated as to why he believes his students need to see people dying in order to a have wake-up call about the virus, as he has seen people who were dying from complications due to their HIV positive status. Emphasizing further on if any conversations that came up among peers, Charles disclosed that when he and his friends heard of Irving "Magic" Johnson testing positive for HIV, he thought, "'hey, you're such a heterosexual man.'" He was a man's man and this only happened to gays" (M. Cobbler, interview, May 24th, 2011), which subtly disclosed his own prejudice around who carried the virus. But he went on to mention that "people started to care" when Magic Johnson tested positive and I had to agree with him as Johnson's face helped in some sense alter people's perceptions of HIV/AIDS as only a "gay" illness.

What I appreciated discovering in my data was the connection between fear and HIV/AIDS. Other volunteer teachers did not seem to touch on this key point; yet, Charles was candid in revealing,

> You know what? I was afraid. I was young and I was like, "what the heck is going on?" and you're thinking about all these viruses going around and you're thinking, "what a second, this may come and wipe out the world" the way it was. Then we started reading about African and all these people and movie stars that had it and so many people had it and no one knew. So it was getting his impressions of HIV/AIDS and bigger and everyone was worried and starting thinking, "hey, wait a second who was I doing? Who was I with? And what were you doing with this person? Oh and did I kiss that person?" You know what I mean? It was just crazy; it was worldwide panic and fear. Everyone was afraid (M. Cobbler, interview, May 24th, 2011).

In referring to the current situation of HIV/AIDS, Charles believes the conversation is absent, which in turn amplifies sexual risk among people.

> It's weird because you don't hear about it anymore. You don't hear about it like how you used to, you don't hear people talking about HIV because people are reckless again. People started to realize that HIV is different than AIDS and have seen Magic Johnson live over twenty years since that announcements came out and he looks healthier than ever. A lot of people are hiding because you don't hear about it (M. Cobbler, interview, May 24th, 2011).

However, I would not agree that discussions related to HIV/AIDS are not taking place. Actually the politics linked to the virus are alive and well. Specific, mainly activist, circles, are taking heed in broaching the conversation consistently. To decipher whether Charles believed stigma had a part to play in neglecting discussions on HIV/AIDS, he agreed. "Absolutely, absolutely! Because right now you think, "hey he must be gay or something,' but you know what? In these days they're showing [that] a lot of Black Americans are infested with AIDS higher than anybody and especially Black women. So, that means a lot of people know about it, but they just don't care" (M. Cobbler, interview, May 24th, 2011). My quick response to his comment was "or maybe they [PLWHAs] are afraid to talk about it still." However, Charles simply replied, "maybe, maybe and ignorant about it too" (M. Cobbler, interview, May 24th, 2011).

So, although Charles may understand the concept of stigma, what was quite bothersome based on my interpretation, is that stigma is existent because HIV-positive people do not care to disclose their status. Rather, it should be understood that the rationale of why HIV-positive individuals may not reveal their status is based on societal ignorance rooted in shame and blame, not because HIV-positive persons are irresponsible and wish to willingly infect other people. I believe that there needs to be responsibility on the part of Charles, to outline this area very carefully.

Experiences in Teaching HIV/AIDS

When asked about his experience when he has discussed HIV/AIDS in his classroom, Charles mentioned, "[He] worries for his students. They're way too promiscuous." Thus, as a follow-up to that question I asked if he believed that HIV/AIDS was a serious concern for high school students in Québec. Charles quickly replied, "no, not at all. I think the kids think they're invincible That's why I think they're more reckless now than ever. The respect thing is not there, so if they're not respecting everybody else, you know they're not respecting each other" (M. Cobbler, interview, May 24th, 2011). Since the seemingly out of control behaviors of his students seemed to be a great anxiety, I asked Charles how he went about imparting a more practical way of discussing HIV/AIDS and he affirmed, "the best example is you. Sometimes I share my own experiences. I think when you do get a little personal they [his students] look at you like a real person. If you can tell them about yourself and the mistakes that you've made, maybe you can help them change the way they're going to live their life" (M. Cobbler, interview, May 24th, 2011).

Positively, through this use of engaged pedagogy, Charles was able to alter the hierarchy of teacher-student to a somewhat egalitarian stance. As there is no training and limited resources available to teachers, again, the guidance office that houses the nurse, guidance counselor, social workers, and sometimes a doctor, is a place where students and, as mentioned by Charles, teachers can go if they need additional support.

In feeling a personal connection to talking about HIV/AIDS with his students, Charles confirmed that he "absolutely" did feel connected. Viewing HIV/AIDS "as one of our biggest ethical dilemmas," Charles thought, "If we don't talk about it, how are we going to solve it? How are we going to slow this down?" (M. Cobbler, interview, May 24th, 2011).

Congruent with Charles' straightforward attitude, he related his experiences of talking to his students about HIV/AIDS and his own popularity within the high school, "I have a good rapport with the students in the school. Even the kids that I don't know, they know me" (M. Cobbler, interview, May 24th, 2011). His reputation could be effective in how his students talk to other students about sexuality and HIV/AIDS, however, what is imperative is that Charles is cognizant of the key details when imparting HIV/AIDS education, and not solely his status. Using such terms as "infested" and showing videos "of people dying," do not seem to be the most accurate ways of inspiring concrete knowledge and can diminish one's status as a well-liked teacher in the long run.

In conversing on a change of mind-set, fortunately, Charles does not feel that his attitude has changed since discussing HIV/AIDS in his classroom. Instead, Charles felt his personal situation gave him a newfound "perspective on his sexuality and life", which he uses to "teach critical thinking" about the subject. "Whether they're leaving about all

this stuff for the first time or they know a little bit, I have an opportunity to let these kids know what's what" (M. Cobbler, interview, May 24th, 2011).

Other Key Factors

Charles' classes were racially and ethically mixed with white, black, Aboriginal, Latin American, and a few Arab-identified students making up the composition. To make sense of myths derived from such talks on HIV/AIDS, Charles admitted some of his students would have said, "Oh, that's for fags Sir, fags get that" (M. Cobbler, interview, May 24th, 2011). Continuing, he expressed, "you hear things like that, but not as much because for one person that doesn't know something there are maybe three or four that know and they'll speak up and come out and say things" (M. Cobbler, interview, May 24th, 2011). In my mind, I thought that Charles should be the one providing students with accurate information. To probe further, I asked if there were discussions on students using the term fag in his classroom and how Charles addressed the issue; his response was, "Not really. I just let them know that it's unacceptable in this day and age. I never asked them where they learnt it, but I guess they hear it around family members when they're growing up. That's where you learn half the things…" (M. Cobbler, interview, May 24th, 2011). Conversely, the problem in not taking up an in-depth conversation around his students' comments could be connected to heteronormativitiy. "Heteronormativitiy is like the air we breathe. It is with us from the day of our birth, and evidenced through the division of the world into male/female, boy/girl, and the belief that 'normal' sexuality is heterosexual" (Quinlivan, pg. 510, 1999). As mentioned in Nathan's narrative, dissecting questions of race and sexual orientation are two prominent issues in

the history of HIV/AIDS, so I continue to believe such talks need to occur if teachers are to successfully debunk myths when providing current and correct HIV/AIDS information.

In stating his stance on a possible return of sexual health education to the Québec curriculum, and/or as a component in the curriculum, Charles was supportive and strongly highlighted that the subject ought to be taught for more than just a few days or a week out of the year. In discussing outside resource people, Charles asserted, "We need more. I told the principal already. I said 'Hey these people should be in three times a month talking to these kids', because they are active" (M. Cobbler, interview, May 24th, 2011).

My last point comes back regrettably to Charles knowledge of HIV/AIDS and in STIs in general. When having a discussion about STIs, one of his students pointed out that syphilis was "curable." Charles reveals how shocked he was by this comment stating, "I mean no, it's not!" However, what many people, not only Charles, fall short in understanding is that syphilis not a viral infection, but bacterial. If a person receives an early diagnosis, they can be given an antibiotic shot. However, if not diagnosed in time syphilis can have adverse effects on a person's nervous system and can cause additional sores, which is the first sign that one may be carrying the infection. Ultimately, the point is that Charles was mistaken. I did not correct him during the interview, but I did speak of it afterward.

In closing, what was useful about interviewing these volunteer teachers was that I received varied perspectives on how they discuss HIV/AIDS in their classroom. I trust all narratives exhibited the ways in which teachers go about discussing HIV/AIDS, the

difficulties endured, the knowledge gained and/or shared, and the other details that are linked to HIV/AIDS (i.e., race/ethnicity, class, sexual orientation) that can go ignored and might be challenging to debate. Chapter 4 will present the particular messages that speak of the barriers teachers encounter in doing so.

Chapter 4 – The Message

"In order to teach effectively about HIV and AIDS as well as address HIV and AIDS in their own lives, educators must be provided with appropriate HIV-related knowledge, skills and resources, and be supported by institutions and communities in their work with colleagues and students."

- *UNECSO,*
In Heroes and Villains

This chapter explores the emerging themes compiled from the teacher narratives. Such themes will divulge educators' affirmative, yet, contrary perspectives. Likewise a critical analysis on the findings will help to identify what issues still exist when HIV/AIDS education is introduced, and once teachers wish to continue the dialogue around the topic**.**

The stories of all four volunteer teachers in Chapter 3 revealed the particular barriers that they all faced. Planning a course or discussions around HIV/AIDS is not always simple. Even though I consider myself to be well educated on the subject, it still takes time for me to ensure that I have employed information that is essentially correct and, secondly, that permits open dialogues. Teachers who are mandated to communicate HIV/AIDS education without tangible knowledge are in a bind of potentially setting up their students as well as themselves, in inadequately understanding HIV/AIDS.

Thus, thorough planning is pivotal. It is required to encompass pressing details that will improve curriculum design and in turn comprehension on HIV/AIDS. In spotlighting the value of HIV/AIDS education Daniel Monk (1998) says expressively, "HIV/AIDS is not just a virus or a medical condition. Rather it is, in addition, a significant factor within a variety of political and social struggles surrounding sexuality and is imbued with a plethora of cultural images and understandings" (pg. 295). The

parallels uncovered in this chapter will encapsulate the reasons that hamper teachers' abilities to outline as best as possible, the diverse intersections linked to HIV/AIDS.

Lack of Information/Resources

In reviewing the tactics used to discuss HIV/AIDS, one can understand there was a fair amount of inaccessible information. By teaching the same discipline, Nathan and Derek used the reproductive system and the standard textbook as a channel to approach the topic of HIV/AIDS, although it could be assumed that by assigning a project for students to explore their knowledge on HIV/AIDS, Nathan took an additional proactive step. Yet, besides this assignment there were no other projects carried out on this topic. Derek, unfortunately, seemed comfortable in just using the textbook as his guide and not stepping away from that pattern. Though April and Charles likewise lacked information and resources, I felt they used alternative means such as videos, newspaper articles and pamphlets to add to discussions regarding HIV/AIDS.

Luckily, in-school resource individuals such as the nurse, guidance counselors, social workers, and from time to time external sexual health educators and doctors would fill in the gap. Nonetheless, the shortage of readily accessible information and resources to assist teachers in talking about HIV/AIDS is problematic. Because teachers are educating in the era of the Education Reform, it could be that "teachers are often called to teach more than they know or understand, demanding from them knowledge and experience that many teachers have never had" (Floden, 1997, 13.). This concept rings true for most, if not all, the participating teachers interviewed. Based on the limited information and resources they hold, it is almost as though teachers are obligated to look

to outside people and sources as a way to possess an understanding on HIV/AIDS and do their best to comprehensively discuss the topic, which are positive approaches, but not necessarily always effective ones.

Lack of Training

When asked if they received any training to assist them in talking about HIV/AIDS in their classroom, all volunteer teachers said no. Apart from the limited information and resources given, teacher preparation is an important, if not the most important, part in discussing HIV/AIDS education. If teachers do not assess their values and strengths, understand the history and origins of the virus in order to deconstruct how the politics of race/ethnicity, class, sexual orientation, nationalism, etc. are included in the discourse of HIV/AIDS, substantial information will be missing. Providing teacher education allows teachers to become comfortable and confident in discussing a taboo subject. “In most classrooms, taboo issues and topics are buried under an indigestible mass of facts, stories, and skills” (Evans, 2000, pg, 299).

All teachers pointed out how facts were an important part of discussing HIV/AIDS. While this is an essential aspect to note, it can likewise be assumed that presenting facts can act as an option for silencing students, therefore, in-depth conversations around HIV/AIDS that teachers might feel apprehensive to engage in might be minimized. Interestingly, the Québec mandate for sexual education suggests, “teachers should not be afraid to innovate, to use different and refreshing pedagogical activities, rather than simply hope that a classroom lecture will answer all questions. They must expect to be surprised from time to time, and not hesitate to be transparent”

(Duquet, 2003, pg. 34) I would have to strongly agree with this comment in extending that teachers have to find a way of stepping outside the box that vainly keeps them from engaging in frank discussions based on being embarrassed by students when information presented is wrong. Likewise, the complexities embedded in a school culture also need to be considered if conversations around HIV/AIDS seem to be ignored.

Thus, no training adds to lack of ease, lack of skills and again, lack of disseminating accurate information. Furthermore, "teachers must realize that the field of AIDS information shifts quickly. What we understood about HIV and AIDS a year ago is not necessarily what we know about these illnesses today. Teachers must gain an introduction to AIDS material, and then supplement that from time to time with short updates" (Tonks, 1996, pg. 23). While the Internet and news articles can assist in providing current information, I do wonder how regularly teachers are updating their knowledge if they are using what little information is found in the standard textbook, as was the case for Derek, and/or possibly developing their own materials to teach, as was the case for April. Likewise, though the Internet, which was used by all the participants, offers the most recent information, it is most important is to know how accurate that information is.

Lack of Time

Because the subject of sexuality and HIV/AIDS is integrated in their regular subjects, teachers likewise had limited time to discuss the topic, which can be inconvenient. Although none of the volunteer teachers explicitly spoke of this issue, Derek did point out, "Because it is [sexuality and HIV/AIDS] not part of the curriculum

[for grades nine and eleven], I do not have a goal associated with it" [presenting such information]. Therefore, in my opinion, this can suggest, that if the topic (s) are not included in the curriculum, dedicated time will not be put aside to introduce them, as the initial subject is most relevant. Also, when discussing the subject of HIV/AIDS, there was not much time given to the subject within the school year. Nathan mentioned that any lessons given on HIV/AIDS and sexuality were carried out within a week and both Derek and Nathan used the reproductive system to discussed HIV/AIDS and whenever the topic came up which was once a the year; April did her best to designate about 10 classes, and Charles had an unspecified number of open discussions when the topic arose, which did not seem to be frequently. That being said, I do not feel that discussions on HIV/AIDS should necessarily be quantified. As HIV/AIDS education is not a mandatory subject within the curriculum, possible questions related to this topic are potentially lumped into other subject areas and, as a result, initiating inclusive discussions around the subject becomes difficult. However, if teacher education and training on this issue was improved, and if preparation for such discusses was clearly available, teachers might feel more inclined and less challenged to discuss HIV/AIDS related material.

Lack of Support

While teachers participating in this study did not disclose encountering issues with their administrator or colleagues, it did seem that a lack of support stemmed from parents. Nathan spoke of his encounter with a parent who did not appreciate his "Poster Project" assignment and April and Charles spoke of how parents become anxious about speaking to their children about sexuality. Derek mentioned that he felt he had to be

"very careful" when discussing sexuality and although not discussed in Chapter 3, Charles believed that his students, who attached myths of HIV/AIDS to gays and Africans, heard such things "from their parents at home." While this latter comment is an assumption based in the understanding that the home is the fundamental location where children foster their understanding of sexuality, it could potentially be true. Consequently, such potential backlash can lead to teachers' worry and to their "questioning [of] their role in this form of education." To continue, "teachers have anxiety concerns. Anxiety concerns refer to fears of violating taboos, giving offence to parents, and being accused of encouraging promiscuity" (Kelly, 2000, pg. 33). Parents should be able to see themselves as a suitable resource person in providing accurate HIV/AIDS education to their children. If not, than their children will find other sources that sadly will not always suit their best interest.

Although no explicit resistance seemed to stem from the administrator or co-workers in April's case, she made it a point to make the principal and certain colleagues aware that she was discussing sexuality and HIV/AIDS in her class. I wondered how much of a responsibility this disclosure should be for teachers. After all, and perhaps this is naive of me to think, principals should be responsible for finding out what areas of the curriculum their teachers are teaching and if any new subjects are introduced to ask what those subjects are. In addition, administrators play a similarly salient role in ensuring HIV/AIDS education is properly discussed and that students are obtaining accurate information and feel well-informed.

In addition to being a place of learning, the school environment is also a social environment. I know when I was attending high school; my principal had just as great a

reputation as some teachers, and many students would ask him questions outside of the formal classroom. Therefore, it is perhaps the case that "all school personnel share a common responsibility for sex education [and HIV/AIDS education] in cooperation with partners in the community" (Duquet, 2003, pg. 23). I presume such collaborations between teachers and their administrator (s) would alleviate any pressures felt by teachers to emit HIV/AIDS information, without much exploration.

Unease and Hidden Stigma

Kelly (2000) asserts teachers undergo, "resistance concerns, related to doubts whether sex education, the formation of appropriate sexual attitudes and the transmission of very specific guidelines really belong to their work as teachers when their whole training and orientation were directed towards what are essentially academic areas" (p. 33). While I did not interpret that any teachers were resisting a discussion around HIV/AIDS, the frequent use of terms, "it," "this," and "situation," to replace the term HIV/AIDS, demonstrated a subconscious feeling of discomfort.

In the 1960s, Erving Goffman conceptualized social stigma, "as an undesirable or discrediting attribute that an individual possesses, thus reducing that individuals' status in the eyes of society" (1963, pg.3). The stigma associated with HIV/AIDS, and experienced by those who are infected, has existed from the onset of the virus and has continued with its evolution. Sadly, such indoctrination has manifested itself within society, fuelling and perpetuating attitudes of intolerance, fear and ignorance.

Being convinced that negative feelings and/or thoughts are absent because a teacher may discuss HIV/AIDS in their classroom and/or might know a person who is

infected is a great leap of faith and a serious assumption. As mentioned, if teachers are not presented with opportunities and tools to evaluate their values or gauge their level of comfort when the subject of HIV/AIDS comes up, using descriptors such as “it” and “this” becomes the result. Once more, I am not looking to disregard the work that these participating teachers have contributed; I consider the time that they have given to be valuable. Still, I simply wish to convey that when morals are not deconstructed, they can in turn add to silencing relevant conversations. For me, HIV/AIDS is a relevant conversation. Not saying anything is indeed saying something. A person does not need to be openly disrespectful towards HIV-positive individuals or groups largely associated with the virus to display an attitude of contempt. My personal working experiences have shown me that even educated people hold some uninformed thoughts about the virus.

What led me to consider that the volunteer teachers felt some level of discomfort was the lack of exchange regarding misconceptions on HIV/AIDS, which they attached to race/ethnicity, and sexual orientation. Two prominent features in the history of HIV/AIDS, race/ethnicity and sexual orientation were systematically used to shame people who were infected and who identified with one or both groups. With the exception of Derek, who interestingly mentioned that none of his students had any misconceptions in concern to HIV/AIDS, all other participating teachers spoke of how students instinctively linked gay males and Africans to the virus.

There did not seem to be much discussion regarding letting the students know using derogatory terms such as fag was not acceptable, or even discussing the reality of HIV/AIDS here in Canada. Again, time could have been a factor; however, the lack of knowledge with regard to how to fully open up a conversation on myths and HIV/AIDS

can point to another form of stigma, “as silence and denial may be the most pervasive reactions” (Brown, 2003, pg. 51).

Debbie Ollis (2002) discussed the abilities of Australian teachers to include sexual diversity and gender in their health curriculum. Touching on the topic of HIV/AIDS, Ollis uncovered that teachers drew on “equating homosexuality to AIDS” (pg. 9). Although this study was based in Australia, the similarity in the narratives of the volunteer teachers is that not much discussion was given to sexual orientation and/or race/ethnicity. Minimal discussions on both topics could convey personal anxieties of teachers breaking out of a heteronormative classroom structure that has been linked to white-dominated ideals. To truly dissect issues of race/ethnicity and sexual orientation as it related to HIV/AIDS would compel teachers to use anti-oppressive pedagogies, while infusing pedagogies of care and transformative/engaged learning in their classroom. However, firstly and importantly, teachers would have to take the time to familiarize themselves with HIV/AIDS knowledge, in order to help in altering their own ingrained thoughts and imparting this knowledge to their students.

The closing chapter entitled The Proposal provides a complete synopsis of the previous chapters and a guideline as showing how teachers can further their understanding of HIV/AIDS. Suggestions of self-reflective approaches and pedagogical tools to help in discussions on HIV/AIDS are given and explained for any future use of this thesis in assisting teachers with challenges encountered in carrying out their responsibilities to teach about HIV/AIDS.

Chapter 5 – The Proposal

"If adults today are concerned about the quality of life of future generations, they must divest themselves of certain prejudices and exaggerated fears related to learning about sexuality, and in doing so, take a more proactive stance on the matter. Young people, like adults, do not live in isolation. Both are observers and actors in a society and a changing culture in which, inevitably, sexuality is evolving."

- Francine Duquet

This is the concluding chapter of my thesis. It delves into recommendations based on the literature and importantly, teacher narratives that can assist in curriculum design and content where clear information on HIV/AIDS is concerned. It also underlines resources –training and/or materials, which ought to be provided to equip teachers' with the know-how necessary when they are asked or willingly want to discuss HIV/AIDS. In considering teacher tactics, experiences and values linked to HIV/AIDS education in the context of Québec, we can affirm that there are several tools that require prompt implementation.

Make Resources/information/training and External Resource Persons Accessible.

Teachers are locked into a system that does not always permit them to seek the necessary resources needed to discuss HIV/AIDS in an accurate way. Using websites that may not be trustworthy can lead teachers to pass on misinformation that in the end will be great disfavor to their students. There must be a specific curriculum design that addresses HIV/AIDS and does so in the way that language is correct and easily accessible to teachers. Accurate sources are to be produced and used consistently; a concrete commitment from all invested people (i.e., teachers, school administrations and

administrators, parents and community liaisons) is imperative in changing the education mindset on HIV/AIDS.

In this vein, a supportive work environment that enables teachers to discuss HIV/AIDS would likewise have to administer comprehensive and suitable teacher training in this area. Teachers are not immune to feeling overwhelmed in their own classroom if they feel unprepared to present unfamiliar topics, such as HIV/AIDS. If workshops were available for teachers to assess their values, participate in role-plays and ultimately gain a better understanding of HIV/AIDS, I am certain that their readiness toward teaching the topic would improve.

Dedicate Time to Discuss HIV/AIDS in Detail.

HIV/AIDS was merged into other subject areas such as the reproductive system and STIs. While HIV/AIDS is suitable for the latter category, it actually should have a distinct section in the curriculum as HIV/AIDS is implicated in other social, cultural, economic areas. Science teachers such as Nathan and Derek believed that it is fitting to discuss only facts regarding HIV/AIDS,, perhaps a discussion on how science throughout the years has viewed HIV/AIDS could provide students with a deeper, more comprehensive understanding of the illness.

That being said, it takes time for teachers to gather information, assemble it in a way that makes sense to them and in a way that makes sense to their students. As Powell (2011) mentioned, she and her classmates are longing for consistent sexual health and HIV/AIDS education to be restored in the high schools. As long as the reform is in place, having frank conversations on HIV/AIDS and sexuality will be neglected because teachers are too overwhelmed and overloaded with their regular workload to include such

discussions in their curricula. Providing time is crucial if one is to transmit correct HIV/AIDS information for the benefit of their students' well being and understanding.

Engaging in Critical Self-Reflection and Assessment of Values Related to HIV/AIDS.

Again, this is an important component in teacher education, but also in self-evaluation. While education is a starting point, teachers must likewise continue to acknowledge their discomfort when taboo topics such as HIV/AIDS are introduced and their uncertainty regarding how to dissect their own misinformation and biases.

Congruent with Paulo Freire's Engaged/Transformative pedagogy, teachers who decide to discuss HIV/AIDS in their classroom, must first self-evaluate and acknowledge their pedagogical model. They should take into critical consideration what they wish their students to learn and, what responsibility they hope to hold when imparting this information. Derek was clear that he was timid in discussing sexuality, and that he had to be cautious. Rightly so, however, perhaps a thorough assessment regarding his own values concerning sexuality and, as an extension, all teachers' thorough assessment on sexuality would serve them well when talking of HIV/AIDS. Ignorance has been a ruling factor in why people shy away from gaining awareness on HIV/AIDS. Once teachers acknowledge their lack of understanding and relinquish their concern over how their students will perceive them, they will be better suited to discuss HIV/AIDS critically and extensively.

Production of Tools/activities to Assist Teachers in Discussing Facts Related to HIV/AIDS and its Transmission.

Supplementary role-playing activities that allow students and teachers to become engaged in discussing the transmission and contraction of HIV/AIDS is a positive step in comprehending the virus. Nathan was practical in creating the "Poster Project" as it allowed his students to identify the particularities of certain STI's, which I am certain was a learning process for him as well.

AIDS Community Care of Montréal (ACCM) and CATIE have been great local and national resources for providing HIV/AIDS toolkits to teachers facilitate discussions. Nevertheless, local high schools, similar to the one selected for this study, should devise a teacher toolkit for into consideration the particular needs of the school's student population. Designing a manual for teachers so that they can learn to devise and integrate activities that students can relate to, will bring about understanding will allow teachers to gain more confidence in their delivery. Teachers could modify content to include updated information on HIV/AIDS through the use of such activities.

Also, specific activities can help teachers set up a comfortable and appropriate classroom atmosphere to converse about issues (e.g., race/ethnicity, socio-economic status, sexual orientation, disability) that are linked to the virus. Clearly, if there was an area related to HIV/AIDS that most of the volunteer teachers failed to expand, was in the areas of race, sexual orientation and drug usage. These three categories have been linked to HIV/AIDS since its onset and will likely always be addressed in relation to the virus and these communities continue to be greatly affected. If teachers are to talk of HIV/AIDS, they must become comfortable talking about these vital issues, which may

not always be pleasant, but are necessary if teacher wants their students to debunk myths and view HIV/AIDS from a humanistic and compassionate stance.

In closing, if this study could assist teachers in knowing that they do not stand alone in this process. That would be an affirmative goal. Universally, teachers are doing their best to impart HIV/AIDS information as regrettably the numbers of new cases of individuals who are HIV-positive are growing. However, this reality alone should encourage teachers to become more concerned with how HIV/AIDS can affect their students, their school administration and themselves.

Chapter One only offered a brief summary into the history of HIV/AIDS. While researching information for this chapter I was overwhelmed by the amount of information I found especially as someone who feels adequately informed. Therefore, I can only imagine how teachers like novices in this subject area, may feel when they need to discuss it. I cannot emphasize enough, how essential consistent and updated resources are for teachers to teach this subject as accurately as possible. I surmise that each chapter of this thesis presented information and narratives that demonstrated the experiences, tactics and factors that added to teachers' self-reflection when discussing HIV/AIDS.

Once more, I am fortunate to have met these participating teachers and conduct this research. If desired by any school board, or a group of teachers who believe sexual health and/or HIV/AIDS education is an important dialogue to have within the school, I would create a more concise manual, and possibly organize and facilitate a workshop(s) that can be of further assistance. However, if not, my work in the field will continue as providing information on HIV/AIDS to those who are ignorant and advocate for those who are infected and affected. This sits at the core of my quest.

My personal reflection throughout this process is how privileged I am to be doing such important work and, despite the challenging nature of this work, having the tenacity to conduct and complete this case study. Knowing that I likewise share a gift with other teachers who impart HIV/AIDS knowledge, I will continue to use my ability for the greater good of promoting compassion, awareness, and tolerance.

Appendices (A, B, and C)

APPENDIX A - Consent Form

CONSENT TO PARTICIPATE IN - "*Approaches to HIV/AIDS education in the context of recent Québec education reform: A guideline for teachers.*"

This is to state that I agree to participate in a program of research being conducted by Melissa A. Cobbler of the Department of Education of Concordia University at (514) 433-3235 or via email (ma.cobbler@gmail.com).

A. PURPOSE

This study is being conducted by Melissa-Anne Cobbler, a candidate for the Master of Arts degree from the Department of Education at Concordia University. I understand the purpose of her research is to better understand the experiences, approaches and obstacles of teachers who discuss HIV/AIDS in their classroom. I also understand her findings will assist other teachers who may face similar challenges.

B. PROCEDURES

I, freely and voluntarily and without any element of coercion, consent to be a participant in this confidential research project which explores the experiences and strategies of high school teachers who discuss HIV/AIDS in their classroom. I understand that I will be interviewed one time only for 1 to 2 hours and that the nature of the interview is to respond to questions of the subject matter, developed by Ms. Cobbler.

C. RISKS AND BENEFITS

I am aware that single-session interviews to be carried out will ask varied questions related to discussing HIV/AIDS in the classroom, my strategies and experiences. I understand that there is the possibility of a minimal level of risk involved if I agree to participate in the study. I might experience discomfort when discussing how HIV/AIDS and how the subject relates to my teaching and personal experiences and/or life. I understand there are no benefits to me for participating in this research study. I am providing insight about the strategies I utilize as well as knowledge on my teaching experience as it relates to HIV/AIDS education.

D. CONDITIONS OF PARTICIPATION

- I understand that this consent may be withdrawn at any time without prejudice or penalty. I have the right to ask and have answered any inquiries to my satisfaction concerning the study.

- I understand that my participation in this study is **CONFIDENTIAL** and that any personal information related to me, will not be disclosed.

- I understand that the data from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print)

_____

SIGNATURE

_____

DATE

_____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator Arpi Hamalian, Associate Professor, Department of Education of Concordia University (514-848-2424 ext. 2014) or via email (arpi.hamalian@sympatico.ca).

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, Dr. Brigitte Des Rosiers, at (514) 848-2424 x7481 or by email at bdesrosi@alcor.concordia.ca

APPENDIX B – Interview Questions

Classroom:

What subject do you teach?

What grade (s) do you teach?

What type of education training, if any, did you receive to teach HIV/AIDS?

Where did the training take place?

Are all teachers in your school eligible to take training? If no, which ones were selected?

What type of classroom structure do you use in teaching HIV/AIDS? (Structured, unstructured, discussions, only videos, etc.)

HIV/AIDS:

Where did you first learn of HIV/AIDS? Media, peers, family?

What were your first impressions of the virus?

What's your understanding of HIV/AIDS and youth today?

Do you believe the HIV/AIDS epidemic is a serious concern for secondary schools here in Québec?

Do you think discussing HIV/AIDS in the classroom can be the most effective way to change the behaviors of adolescents?

Strategies:

How do you go about discussing myths and stigma attached to HIV/AIDS?

What are your goals for discussing HIV/AIDS in the classroom?

What resources are made available to you to facilitate such discussion?
What prior knowledge do you add to the discussion around HIV/AIDS in the classroom?

What are your goals when discussing HIV/AIDS? Do you wish to provide facts or engage students in a conversation around the subject? If so, [**for the 2nd question**] how do go about engaging students in that dialogue?

Experiences

What has been your experience in teaching HIV/AIDS in the classroom? Do you feel personally connected to providing such information?

Knowing that you have an interest in teaching HIV/AIDS, how does this knowledge impact your relationships with fellow teachers and administrators?

Do you feel since teaching HIV/AIDS in the classroom that your own attitudes have changed around sexual health and related matters? If so, how?

Would you say that you become self-reflective and/or critically conscious throughout the time you have discussed HIV/AIDS in the classroom?

APPENDIX C - Resource List

Organization	Location	Address	Website
AIDS Community Care Montréal (ACCM)	Local	2075 Rue Plessis, Montréal, QC H2L 2Y4 Tel: (514) 527-0928	www.accmontreal.org
Head and Hands/ A Deux Mains	Local	5833 Sherbrooke O, Montréal, QC H4A 1X4 Tel: (514) 481-0277	http://www.headandhands.ca/
Portail VIH/Sida du Québec	Local (French)	1287, rue Rachel Est, Montréal (Québec), H2J 2J9 Tel: (877) Portail (767-8245)	http://pvsq.org
Sexuality and U	National	The Society of Obstetricians and Gynaecologists of Canada (SOGC) 780 Echo Drive Ottawa, ON K1S 5R7 Tel: (800) 561-2416 or (613) 730-4192	http://www.sexualityandu.ca/eng
CATIE	National	555 Richmond Street West, Suite 505 Toronto, Ontario M5V 3B1 Canada Tel: (416) 203 - 7122 or (800) 263 - 638	www.catie.ca
Public Health Agency of Canada	National	Guy-Favreau Complex East Tower 200 René Lévesque Blvd. West Montreal, Qc H2Z 1X4	http://www.phac-aspc.gc.ca/aids-sida/publication/index-eng.php

		Tel: (514) 283-2858	
National AIDS Manual (NAM)	International	NAM, 77a Tradescant Road, London, SW8 1XJ United Kingdom Tel: 44 (0)20 3242 0820 (	www.aidsmap.com
AIDS Portal	International	UK Consortium on AIDS and International Development The Grayston Centre 28 Charles Square London, N1 6HT United Kingdom Tel: +44 (0)20 7324 4780	http://www.aidsportal.org/
The Body	International	The Health Central Network, Inc., 250 West 57th Street, New York, NY 10107	http://www.thebody.com
Avert	International	4 Brighton Road Horsham West Sussex RH13 5BA UK	http://www.avert.org/
UNAIDS	International		www.unaids.org/

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