HIV/AIDS Prevention and Sexuality Education for All Students

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Published online on: 17 Dec 2008

Accessed on: 22 Nov 2023
22 HIV/AIDS Prevention and Sexuality Education for All Students
Critical Issues in Teaching for Social Justice

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Notwithstanding many calls (e.g., Blanchett, 2000; Blanchett & Prater, 2006; Pardini, 2002–2003; Rodriguez, Young, Renfro, Asencio, & Haffner, 1996; Skripak & Summersfield, 1996) for all students to receive developmentally appropriate comprehensive school health education including HIV/AIDS prevention education, many students are still not consistently educated in this area, and the idea of contextualizing these issues within the larger context of social justice is even more foreign for some educators. In recent years much attention has been given to the importance of infusing social justice philosophy into education and the professional preparation of educators (Cochran-Smith, 2004; Gay, 2000; Murrell, 2006). The social justice discussions, however, have primarily centered on preparing educators to teach for social justice with little attention given to issues of sexuality. Surprisingly, despite so much emphasis having been placed on teaching for social justice since the mid- to late 1990s, rarely has the field of education embraced or even recognized comprehensive school health education, including HIV/AIDS prevention and sexuality education, as critical elements in the quest to teach for social justice.

Comprehensive health education is aimed at increasing students’ quality of life by preventing some of the most serious health problems and issues associated with youth. Thus, comprehensive health education is designed to prevent youth from experiencing lifelong consequences associated with their youthful and unhealthy living behaviors including sexual, unintentional, and intentional injury and death, tobacco, alcohol, and other substance use and addiction, sexual risk activities that result in unintended pregnancy and sexually transmitted infections, unhealthy dietary patterns, and lack of physical activity (Frauenknecht, 2003). To ensure that all students do indeed have access to developmentally appropriate HIV/AIDS prevention and sexuality education, educators and the public alike must embrace these issues as components of the larger social agenda of teaching for social justice and adequately prepare educators to meet the challenge of educating all students, including students with disabilities, in these areas. Because of the vulnerabilities associated with their learning characteristics and social positioning within the larger society, students with disabilities must be included in any social justice agenda to ensure that all students receive HIV/AIDS prevention and sexuality education.

Access to information such as HIV/AIDS prevention and sexuality education that allows one to take control over one’s life and to make informed decisions is a basic component of social justice in a democratic society. As illustrated above, comprehensive health education encompasses a wide range of content and targets a variety of skills and behaviors, but for the purpose of this chapter, my discussion of comprehensive health education will be limited to the HIV/AIDS prevention and sexuality education components of comprehensive school health education. Also, for the purposes of this chapter, social justice is defined as “...a disposition toward recognizing and eradicating all forms of oppression and differential treatment extant in the practices and policies of institutions.”
The focus of this chapter is the institutional practice of teacher preparation programs, and I will situate the need to provide HIV/AIDS prevention and sexuality education to all students including students with disabilities within the larger context of teaching for social justice. To do this, I will discuss why HIV/AIDS prevention and sexuality education is important for all students and especially students with disabilities. Second, I will provide an overview of the current state of teacher preparation in the area of HIV/AIDS prevention and sexuality education. Third, I will provide an overview of general and special educators’ preparation to teach HIV/AIDS prevention education to students with disabilities as a component of social justice. Lastly, strategies for infusing HIV/AIDS prevention and sexuality education into teacher preparation as a component of social justice preparation for all educators will be offered.

Why is HIV/AIDS Prevention and Sexuality Education Important for All Students?

Comprehensive school health education is both a social justice issue and it is critically important for all students because today’s youth have a number of risk factors and behaviors that may increase the likelihood that they experience future health problems and potentially a decreased quality of life. These risk factors and behaviors include but are not limited to substance abuse, family and social violence, sexual activity, and teenage pregnancy (Baker, 2005; Frauenknecht, 2003). Although the percentage of American youth who are sexually active decreased slightly from 54% in 1991 to 45.6% in 2001, a large percentage of youth are still sexuality active prior to adulthood and it appears that many of them may not be receiving the information that they need to make safe and informed decisions (Pardini, 2002). Despite a decline in young people’s sexual activity, birth, pregnancy, and abortion rates, disaggregated data for cities and school districts highlight the need for continued concern. For example, in 2001, while the national rate of sexual activity was down from slightly over 50% to 45.6%, 57% of Milwaukee public high school students reported having had sexual intercourse at least once (Pardini, 2002). What is even more startling is the fact that only slightly over half of sexually active youth reported using condoms in previous studies of risk behavior (Kann et al., 1996). The findings of these sexual risk behavior studies highlight the need to consistently provide developmentally appropriate comprehensive health education including HIV/AIDS prevention and sexuality education to all students as a component of their PK-12 curriculum. Because “comprehensive school health education can help youth obtain the greatest benefits from education and become healthy and productive adults,” (Frauenknecht, 2003, p. 2) the Department of Health and Human Services, through its Healthy People 2010 campaign is trying to increase the proportion of all high schools that provide comprehensive health education to their students (Frauenknecht, 2003). Unfortunately, even with such targeted campaigns, due to their social positioning in our society students with disabilities are often not included.

For more than a decade, several articles (e.g., Colson & Carlson, 1993; Prater, Serna, Sileo, & Katz, 1995) have appeared in the special education professional literatures that have called attention to students with disabilities as a group for whom HIV/AIDS prevention and sexuality education should be provided. Students with disabilities are believed to be more vulnerable for not only HIV infection but also for other sexually transmitted diseases, sex abuse, and teen pregnancy than their peers without disabilities (Council for Exceptional Children, 1991). Particularly, many students with disabilities (1) lack knowledge and information about their bodies and sexuality; (2) are misinformed because many of them are unable to distinguish between reality and unreality; (3) limited social skills;
HIV/AIDS Prevention and Sexuality Education for All Students

(4) are easily influenced by others; and (5) exercise poor judgment that may increase their health risks. Despite acknowledgment of specific learning characteristics of students with disabilities that may increase their susceptibility to HIV infection, little has been done to educate them about prevention.

Indeed, research suggests that comprehensive sexuality education is not offered consistently to this population nor does it always include HIV/AIDS prevention education (Blanchett, 2000). Additionally, students’ with learning disabilities access to HIV/AIDS prevention seems to be related to where they receive their educational services. Students with learning disabilities who are in general education classrooms for 75% or more of the day are more likely to receive HIV/AIDS education than their peers who spent 25% or more of their time in special education classes (Blanchett, 2000). The fact that students’ access to HIV/AIDS education is indeed linked to their access to the general education classroom further highlights the importance of continuing to advocate for general education placements for all students with disabilities as a social justice strategy to eradicate these inequities. Furthermore, when students with disabilities are exposed to HIV/AIDS prevention education it is rarely tailored to address their unique learning characteristics, learning styles, or preferences. Needless to say, providing these students with appropriate HIV/AIDS prevention education is critically important but it must be linked to the whole notion or philosophy of teaching for social justice. Placing students with disabilities in general education settings will likely increase their access to this information.

Given that there is still no known cure for the human immunodeficiency virus (HIV) which causes AIDS, effective HIV/AIDS prevention and sexuality education and subsequent appropriate risk reduction are the only weapons available to prevent the spread of HIV. Since we know that not all students have access to HIV/AIDS prevention and sexuality education, it must become a component of teaching for social justice. HIV is spread through the transmission of bodily fluids. Although the virus can be transmitted through a number of modes (e.g., contaminated needles, intravenous drug use, blood transfusions), the most common mode of transmission is by far through sexual activity. To halt the rate of infection and the spread of HIV/AIDS, the Centers for Disease Control and Prevention established guidelines for the delivery of HIV/AIDS Prevention Education in 1988 (Centers for Disease Control & Prevention, 1988). According to the Centers for Disease Control and Prevention (CDC), HIV/AIDS prevention education is most effective when it is aligned with the developmental levels and risk behaviors of the targeted group. Second, HIV/AIDS prevention education is most effective when it is offered as a component of a comprehensive health education program. Third, and most importantly, HIV/AIDS education is most effective when it is taught by qualified teachers. Qualified teachers can be defined as teachers who not only know the crucial and relevant content but are also comfortable teaching such content and are capable of selecting and implementing curricula that are tailored to their students’ developmental levels and sexual risk behaviors.

Why Is HIV/AIDS Prevention Education Important for Students with Disabilities?

Students with disabilities have an elevated risk for contracting HIV because they may be more vulnerable than their peers to sexual abuse and drug abuse. Their vulnerability is attributed partially to characteristics of increased impulsivity, lack of resistance to peer pressure, and deficient problem-solving strategies (Prater et al., 1995). Some data indicate that students with disabilities might actually contract HIV/AIDS at greater rates than their peers. For example, a study of more than 8,000 Medicaid beneficiaries with HIV...
infection identified a larger percentage of individuals diagnosed with mental retardation than are present in the general population (Walker, Sambamoorthi, & Crystal, 1999). Transmission of HIV to these individuals cannot be pinpointed, but drug abuse most likely played a role, as most subjects in the group were substance abusers with a “registry-based injection drug use...classification” (Walker et al., p. 360).

Of course, individuals with disabilities may be more susceptible to HIV/AIDS than their nondisabled peers due to their limited exposure to school-based prevention curricula. Professionals do not always agree about their responsibility for teaching HIV/AIDS prevention to students with and without disabilities. Most educators believe HIV prevention should be taught by a health instructor, school nurse, or other trained medical specialist (Lavin et al., 1994). However, other school personnel, including physical education, science, and social studies teachers, have also been identified as appropriate instructors (Prater et al., 1995). This disagreement about who should or should not teach HIV/AIDS prevention education has likely contributed to students’ inconsistent access and educators’ lack of preparation in this area.

Segregated teacher preparation programs compound the confusion about which teachers are responsible for teaching HIV/AIDS prevention and sexuality education content. Currently, many programs are dual systems in which general and special educators are prepared separately (Carroll, Forlin, & Jobling, 2003). A potential outgrowth of segregated systems is that general educators are not prepared to work with diverse learning populations. They often perceive that they are prepared inadequately to work with students with disabilities (Lombard, Miller, & Hazelkorn, 1998). If general educators are responsible for teaching HIV/AIDS prevention to all students, they also must have the skills to select and adapt appropriate curriculum and instructional strategies for students with special needs.

The whole notion of teaching for social justice is in some ways paradoxical when it comes to students with disabilities for a number of reasons including, but not limited to, the fact that many individuals with disabilities unfortunately still have low social status in our society. They are also perceived to be asexual, despite a significant body of literature that suggests that this misperception is inaccurate (Blanchett, 2002; Colson & Carlson, 1993; Prater, Sileo, & Black, 1995). Additionally, despite a noteworthy push in recent years to ensure that all students with disabilities, regardless of the severity of their disabilities, are indeed fully included in general education classrooms, many students with disabilities, a disproportionate percentage of whom are African American, continue to be educated in segregated, self-contained classrooms with limited exposure to their nondisabled peers and to the general education curriculum (Blanchett, 2006). Also, few teacher preparation programs have adopted a social justice philosophy that centers on helping candidates to develop knowledge, skills, and dispositions that accord with teaching for social justice, and that also include addressing issues of sexuality for all students, including those with disabilities. Given that students with disabilities are a growing population and the fact that some of them are more likely to be included in the general education setting today than in the past, this reality is unacceptable. Excluding students with disabilities from HIV/AIDS prevention and sexuality education is unacceptable and socially unjust because it denies these students an opportunity to gain the knowledge and skills needed to participate in all aspects of life and to protect themselves against HIV infection and other sexually transmitted diseases.

Many teacher preparation programs have yet to fully understand and embrace social justice even in its most basic form of preparing candidates to confront and deconstruct their own privilege, racism, sexism, classism, and biases around issues of sexuality (Ferri & Conner, 2005). Needless to say, even fewer programs, whether they are general or spe-
cial education teacher preparation programs, have infused issues of sexuality that include HIV/AIDS prevention education into their curriculum as a component of teaching for social justice. Thus, it is reasonable to conclude that even in those rare instances when issues of sexuality are infused into teacher education curriculum and programs, these issues are not addressed within the larger context of teaching for social justice. Lastly, notwithstanding the need for interdisciplinary preparation of educators to ensure that they have the skills necessary to engage in effective collaboration as practitioners, many general and special education teacher preparation programs continue to prepare their respective candidates in isolation with few opportunities to interact with relevant professionals from other disciplines (Carroll, Forlin, & Jobling, 2003). This is also true for the field of health education where health educators tend to go through their programs with a lot of attention given to content mastery and little interaction with general and special educators about how to meet the needs of students with varying learning characteristics and instructional needs.

Current State of Teacher Preparation in HIV/AIDS Prevention and Sexuality Education

Although educators agree that the most effective way to prevent the spread of HIV infection is to provide comprehensive health education to all students prior to them becoming sexually active and no later than seventh grade, it appears that teachers might not be equipped to meet this challenge, due to their poor preparation in this area. For example, even though elementary health education is most commonly provided by regular classroom teachers, only 31 states require elementary teachers to complete health coursework for certification (Stone & Perry, 1990, as cited in Skripak & Summerfield, 1996) and it seems that few teacher preparation programs are even addressing this issue in their program curriculum. In their study of 169 teacher education programs, Rodríguez, Young, Renfro, Asencio, and Haffner (1996) found that only 14% required a health education class for all of their preservice teachers and none of the programs required a sex education class for all preservice teachers. Additionally, only 61% of programs studied required their health education certification students to take sexuality courses and only 12% offered courses that even mentioned HIV/AIDS in the class at all (Rodríguez et al., 1996).

General educators play a critical role in teaching skills and concepts associated with HIV/AIDS prevention and sexuality education. In elementary schools, general education classroom teachers bear primary responsibility for providing health education to all students (Hausman & Ruzek, 1995), including those with disabilities. In a study of elementary teachers’ techniques in responding to student questions related to sexuality, researchers found that only 34% of teachers reported receiving formal training related to sexuality education (Price, Drake, Kirchofer, & Tellijohann, 2003). These researchers also found that the most common questions that students asked pertained to sexually transmitted diseases (STDs), puberty, homosexuality, abortion, and pregnancy. Teachers’ willingness to answer their students’ questions related to these issues during class time ranged from 73% to 14%. Teachers in this study also reported that they experienced difficulty responding to questions that related to homosexuality, abortion, masturbation, and the male genitals. In secondary education settings, health education is often provided by specialized health and physical educators; however, as illustrated above few health educators are adequately prepared and even fewer secondary teachers are prepared to reinforce health education skills and concepts. Only one in six teacher preparation programs require health education courses for preservice secondary teachers who do not specialize...
in health or physical education (Rodriguez et al., 1997). If teachers prepared in general education programs lack training in health or HIV/AIDS prevention and sexuality education, it is unlikely that they will be able to teach this content to any students, let alone students with disabilities with a wide range of learning characteristics and abilities.

**Special Educators’ Preparation in HIV/AIDS Prevention and Sexuality Education**

Teachers’ lack of preparation compounds the challenges already facing students with disabilities regarding HIV/AIDS prevention and sexuality education. Although special educators’ lack of preparation to provide sexuality education is well documented, few attempts have been made to improve their training. Surveys of preservice preparation programs suggest that only 50% provide special education teacher candidates with coursework related to HIV/AIDS prevention, sex education, and drug abuse (May & Kundert, 1996; May, Kundert, & Akpan, 1994). More importantly, most preservice programs do not require such coursework as a curricular component. Some 41% of special education programs in the May and Kundert (1996) study did not include any sex education in their curricula. When health or sex education content is included in special education teacher preparation, it is not required consistently.

In this same study, about 66% of programs indicated that sex education was covered in a required course, and 14% in an elective course; 20% did not answer the question. When asked where students receive sex education coursework, 11% of respondents indicated a separate special education course, and 19% reported a separate course offered by another department. May and Kundert (1996) found that there was more coverage of sex education in required special education courses in the 1990s than the 1980s. However, the total time allotted to sex education in special education classes decreased, although the time increased in courses offered by other departments. The average amount of time per semester devoted to sex education content in special education courses and those offered by other departments was 3.6 hours and 7.7 hours, respectively.

Studies in the 1990s of special educators who state that preservice preparation did not prepare them to meet students’ needs regarding sex education support the belief that special education programs provide limited health education training (Foley, 1995; Foley & Dudzinski, 1995; Rabak-Wagener, Ellery, & Stacy, 1997). Three later studies provide additional evidence that special education teachers do not receive adequate preparation in this area. First, Ubbes et al. (1999) reported that only three states require health education certification for elementary teachers. Second, in a study that examined what and how risk-related content is addressed in special education teacher preparation programs, Prater, Sileo, and Black (2000) found that HIV/AIDS was one of the topics least likely to be covered. Third, an analysis of textbooks providing an introduction to exceptionalities, which are used in courses usually required of all general and special education majors, revealed that only one of 11 texts provided comprehensive coverage of HIV/AIDS and disabilities; one text did not address the topic at all (Foulk, Gessner, & Koorland, 2001).

Although there are a number of issues that impede students’ access to HIV/AIDS education, the lack of preparation of general and special education teachers to address issues of sexuality with all students are among the most frequently cited (e.g., Blanchett & Prater, 2005; Rodriguez, Young, Renfro, Asencio, & Haffner, 1997). While one might be inclined to believe that general education teachers are bettered prepared, as illustrated above, it appears that neither group of teachers receives the preparation needed because the curriculum in few teacher preparation programs addresses sexuality in any form and even fewer addresses HIV/AIDS. If we are to really embrace HIV/AIDS prevention and
sexuality education as components of our larger agenda of teaching for social justice, we must examine current practices in teacher education to ensure that all teacher candidates are indeed exposed to content and knowledge, skills, and dispositions that will enable them to be effective.

What Does It Mean to Prepare Teacher Education Candidates to Address HIV/AIDS Prevention Education as a Component of Teaching for Social Justice?

In order for educators to provide HIV/AIDS prevention education to students with disabilities as a component of teaching for social justice, their teacher education programs must address this critically important issue. Therefore, in this section, I will discuss what teacher preparation programs must do to better prepare their candidates to provide HIV/AIDS education to all students, including students with disabilities, as a component of teaching for social justice. Addressing HIV/AIDS prevention and sexuality education as a social justice component requires the following: (1) Teacher preparation programs must commit to preparing all candidates to teach for social justice. (2) Teacher preparation programs must require coursework to ensure that all candidates have sufficient knowledge and to help candidates deconstruct their own sexuality, HIV/AIDS, and disability-related perceptions, misperceptions, and biases to become comfortable addressing these issues. (3) Candidates must be provided with opportunities to reflect on how issues of racism, class, culture, gender, disability, sexual orientation, and multiple identities or affiliations impact their students’ access to appropriate information. (4) Teacher preparation programs need to retool or retrain their faculty and staff. (5) National and state professional standards should address HIV/AIDS prevention and sexuality education as a component of teaching for social justice. and (6) Attention must be given to the relative isolation in which professional educators are currently prepared and interdisciplinary collaboration must be explored.

Teacher preparation programs need to adopt a philosophy of teaching for social justice that includes addressing issues of sexuality and HIV/AIDS prevention education for all students. Once adopted, teacher preparation programs’ philosophy of teaching for social justice should guide and direct their curriculum and subsequent candidate experiences. Teacher preparation programs need to infuse issues of sexuality including HIV/AIDS prevention education into their curriculum in a deliberate and meaningful way that connects these issues to their overall effort to teach for social justice (Blanchett, 2002).

While there a number of ways to ensure that candidates develop essential knowledge, skills, and dispositions to teach HIV/AIDS prevention education as a component of social justice, at a minimum programs need to challenge students’ perceptions, misperceptions, and biases regarding sexuality, gender, and issues of sexual expression. To do this, teacher education programs need to provide candidates with a safe and nonthreatening environment to interrogate their personal beliefs pertaining to sexual roles, gender roles, sexual communication comfort, and sexual power structures. Candidates also need to be offered opportunities to deconstruct their perceptions, misperceptions, and biases related to sexual expression and HIV/AIDS. Within the context of such deconstructions and critiques, there is also a need for discussions of sexuality as it relates to individuals with disabilities. Because issues of power and oppression are also associated with issues of sexuality and sexual expression, it is important for candidates to de-construct these issues as well and to examine the impact of other social justice issues such as race, class, disability, and culture on their own perceptions as well as society’s treatment of marginalized groups when it comes to issues of sexuality. Addressing HIV/AIDS prevention and
sexuality education for students with disabilities is but one of many manifestations of power and oppression that must be thoroughly and consistently address in our quest to teach for social justice.

Candidates should also be afforded opportunities to reflect on how issues of racism, class, culture, gender, disability, sexual orientation, and multiple identities or affiliations might also impact their students’ access to appropriate sexuality and HIV/AIDS prevention education and to some extent their sexual behavior and level of risk for sexually transmitted diseases. I underscore the importance of understanding how students’ multiple identities impact access to appropriate prevention education because we saw issues of race, gender, sexual orientation, class, and culture played out in very interesting ways with White middle class gay men and Black gay men during the beginning of the HIV/AIDS epidemic in this country.

For example, because the face of HIV/AIDS at that time was believed to be White males, HIV/AIDS prevention education employed strategies that were grounded in White middle class gay male cultural values and included billboards of sexy White middle class men advocating for safe sex and the use of condoms and an aggressive White gay male bar safe sex outreach campaign. Although this strategy was very successful in curtailing the HIV/AIDS risk behaviors of White middle class gay men and resulted in a significant decrease in the rate of new infection, when this same strategy was employed in the Black gay male community, a disproportionate percentage of whom lived significantly below the middle class standard of living, it failed miserably. Some wondered how a campaign that had been so successful in one community could fail so badly in another. The answer to this question is quite simple, the campaign failed in the African-American gay male community because it did not address African-American gay male cultural beliefs, values, behaviors, gender norms, and expectations that are also influenced by social class standing. In sum, in order for HIV/AIDS prevention education to be most effective, educators need to know and understand the learning characteristics and behaviors of their intended audience, and consideration must be given to issues of race, ability, disability, social class, culture, and gender.

Teacher preparation programs need to retool or retrain their faculty and staff to ensure that they have the knowledge and content expertise needed to effectively prepare candidates to address HIV/AIDS prevention and sexuality education with a wide range of PK-12 students, including those with disabilities and others that might not learn in traditional ways, including students of color (Blanchett & Prater, 2005). Most teacher educators were not exposed to issues of sexuality during their professional preparation so it is likely that many of these teacher educators themselves lack a minimum level of comfort in discussing issues of sexuality in general let alone HIV/AIDS with their candidates. Even when teachers are comfortable discussing issues of sexuality and HIV/AIDS prevention education, the extent to which they are indeed content area experts is questionable, so it seems that professional development in this area would increase their capacity to address this critically important issue in their programs. Just as most professional organizations (e.g., American Association of Colleges for Teacher Education [AACTE], American Educational Research Association [AERA]) offer a wide range of professional development workshops that center on current important topics (e.g., candidate assessment, value-added models, diversity, student achievement) that proceeds or are offered in conjunction with their annual conference program, it is important for these organizations to also embrace issues of sexuality as a social justice issue and to offer sessions that center on issues of sexuality and HIV/AIDS prevention education. Void of attention given to the retooling of teacher educators, it is highly unlikely that they will develop the skills needed to actually infuse issues of sexuality and HIV/AIDS prevention education into...
their teacher education curriculum as a component of social justice even if they desire to do so.

In recent years, it seems that to some extent the field of teacher education has been successful in identifying an essential body of knowledge, skills, and dispositions that all teacher education candidates ought to master in order to effectively teach in today’s schools (Cochran-Smith, 2004). Increasingly, despite a recent setback, teacher education accrediting bodies that include the National Council for Accreditation of Teacher Educators (NCATE) and Teacher Education Accreditation Council (TEAC) have been leaders in insisting that their members comply with these agreed upon standards around the professional preparation of teachers. Ironically, their respective national accreditation standards address a wide range of professional knowledge, skills, and dispositions and each state also has standards that teacher preparation programs must address in order to obtain state level approval. However, most of these professional expectations, whether they are at the national or state level, do not address issues of sexuality and HIV/AIDS prevention education in any deliberate or clear manner. To make matters worst, NCATE, supposedly under governmental pressure, recently dropped its social justice standard. Thus, an initial step in holding teacher preparation programs accountable for infusing sexuality and HIV/AIDS education into their curriculum would be to not only add a social justice standard but to also ensure that such a standard included HIV/AIDS prevention education standards at both the national and state accreditation or program approval level. There is much debate right now about whether or not NCATE and TEAC are the appropriate accrediting bodies for teacher education programs to allow the general public to have confidence that there is indeed an essential body of knowledge for teachers. More importantly, the debate is around whether or not our national accrediting process reflects “best practice”; so since this debate is already occurring, now is a particularly good time to revisit our definition of “best practice” in the 21st century. Such a step might also increase the likelihood that teacher educators in general, special, and health education give serious thought to interdisciplinary preparation of educators.

Even though much has been written about the need to collaboratively prepare general, special, and health educators to ensure that all have the content knowledge, skills, and dispositions needed to effectively providing HIV/AIDS prevention education to all students (e.g., Blanchett & Prater, 2005; Ellery, Rabak-Wagener, & Stacy, 1997), these programs continue to prepare their respective candidates in relative isolation (Carr et al., 2003). To move forward in this direction would require professional education programs to think outside of the box and to actually redesign their programs to ensure that candidates take classes together and have the benefit of working across disciplines while still in their programs. Research teacher education and collaboration suggests that candidates who are exposed to cross- and interdisciplinary experiences while in training are more likely to engage in such collaboration as practitioners (Blauton, Griffin, Winn, & Pugach, 1997).

As stated previously, when it comes to HIV/AIDS prevention education, few teacher educators have the content and background expertise to assist their students in mastery of this content (Rodriquez et al., 1997). Similarly, most health educators have extensive content and background knowledge related to HIV/AIDS prevention education but few have the pedagogical skills needed to reach students with diverse learning characteristics and students for whom English is not their first language, so collaboration seems to be the answer to developing appropriate education for all students (Hausman & Ruzek, 1995). Adopting an interdisciplinary or cross-disciplinary approach to the preparation of general, special, and health educators would also require the culture of higher education to change to reward educators for the labor intensive curriculum redesign and collaboration
that is necessary to transform how educators are currently prepared. The current culture in higher education actually supports preparing professionals in isolation rather than in more collaborative and innovative ways.

Teaching HIV/AIDS Education as a Component of Teaching for Social Justice (What Does It Look Like?)

Although the notion of expanding our conceptualization of social justice to be inclusive of issues of sexuality, including HIV/AIDS prevention education, might be a stretch for some classroom teachers and even some teacher educators, it is a natural fit. However, if we are to reengage educators in thinking more broadly about our philosophies and commitment to social justice the time is now because some of our most vulnerable students continue to be short changed when it comes to having access to information that they need to make safe and responsible sexuality decisions. Embracing sexuality and HIV/AIDS education as a component of a social justice philosophy will require teacher education and health education programs to rethink how they do business by doing the following:

1. General, special, and health education programs need to commit to a philosophy of social justice that includes addressing issues of sexuality and HIV/AIDS education.
2. Teacher preparation programs need to infuse issues of sexuality into their curriculum in a deliberate and meaningful way and health education programs need to focus specific attention on meeting the needs of diverse students including students with disabilities and students of color.
3. Professional preparation programs in general, special, and health education need to retool their faculty and staff to ensure that they have the content expertise, pedagogy, and dispositions to effectively prepare candidates to address HIV/AIDS education with a diverse student population that includes those with disabilities and students of color.
4. Professional accreditation bodies and states need to hold professional preparation programs in general, special, and health education accountable for addressing issues of sexuality and HIV/AIDS education as a social justice concern.
5. General, special, and health educators need to adopt either a cross- or interdisciplinary approach to preparing their respective candidates to ensure that candidates have an opportunity to see collaboration at work in their programs prior to becoming practitioners.
6. Professional education programs must expose their candidates to a model sexuality and HIV/AIDS education curriculum that is responsive to other social justice issues including but not limited to race, gender, culture, social class, and sexual orientation that impacts both students’ access to information and risk behaviors.

In addition to a solid overall understanding of what it means to teach for social justice in its broadest sense, teacher educators and teacher education candidates alike need specific knowledge about the characteristics of all students including students with disabilities as well as curricular and instructional modifications. Teacher educators also need fundamental understanding of these issues to prepare future general, health, and special educators. Building upon Blanchett and Prater (2006), I propose that classroom teachers and teacher educators must be knowledgeable about eight major areas in the context of teaching sexuality and HIV/AIDS prevention to all students as a component of social justice:
1. Understand the importance of addressing the HIV/AIDS prevention education needs of all students, including students with disabilities, as a component of teaching for social justice.

2. Know the learning characteristics of all students, including those with disabilities, and their particular HIV/AIDS risk factors and behaviors as well as how disabilities can affect HIV/AIDS prevention instruction.

3. Understand how issues of race, class, culture, and gender can impact all students, including sexuality risk behaviors of students with disabilities and their access to appropriate HIV/AIDS prevention instruction.

4. Be comfortable discussing and addressing issues related to HIV/AIDS prevention such as death and dying, sexuality, disability, and the intersection of sexuality with disability, race, class, and culture.

5. Be familiar with developmentally appropriate HIV/AIDS curriculum and instruction for all students.

6. Gain expertise with adapting and modifying HIV/AIDS prevention education curricula and instructional materials and strategies for students with varying abilities.

7. Develop skills in forming and maintaining collaborative relationships with professionals essential to educating all students.

8. Be willing to deconstruct their own bias and perceptions regarding students’ and issues of sexuality including students with disabilities.

If social justice is indeed, as Powers and Faden (2006) claim, the moral foundation of public health and health policy, it is reasonable to expect that a concerted effort would be made to ensure that those most vulnerable, marginalized, least privileged, and most in need would have access to appropriate health education, services, and resources.

References


HIV/AIDS Prevention and Sexuality Education for All Students 357


