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Making It Real Through Transformative Scholarship, Service-Learning, and a Community-Based Partnership for HIV Education in Alabama

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Abstract

HIV/AIDS is increasingly common in the U.S. South, especially among young people. This article describes a sociology course on HIV/AIDS for college students at the University of Alabama that sought to increase HIV knowledge through instruction, service-learning activities, and community-based research. In the first half of the course, the students partnered with an AIDS service organization (ASO) for HIV outreach. In the second half of the course, the students conducted surveys on HIV-related knowledge and attitudes in the community. Three main conclusions emerged from teaching the course: (1) service-learning with community-based research on HIV/AIDS is feasible, (2) service-learning modules require careful planning, and (3) student engagement for HIV prevention is beneficial for advancing the principles of public sociology.

The acquired immune deficiency syndrome (AIDS) is often represented as a disease of the "other" because of associations through HIV (human immunodeficiency virus) risk factors such as drug use, same-sex activity, and prostitution (Treichler, 1999). In the United States, public attitudes toward HIV are based on an ethos of personal responsibility, and failure to avoid being infected often leads to negative judgments about people who are living with HIV and AIDS (PLWHA) (McDonnell, 1993). Educators are compelled to go beyond this conceptualization to demonstrate how and why differential patterns of HIV risk occur. This focus presents a classroom challenge for two reasons: This focus presents a classroom challenge because teaching about HIV requires an examination of commonly held prejudices and stereotypes, including those of students who are taking the class.

This article describes the challenges and valuable lessons learned from teaching an upper division undergraduate course on HIV/AIDS at the University of Alabama. The conceptual goals of the course were that students would (1) learn why HIV is called "the sociological epidemic" in terms of differential patterns of HIV risk and, in the C. Wright Mills (1959) tradition, (2) develop a sociological imagination by engaging in active learning projects for HIV education and prevention. This pedagogical approach helps to challenge risk group iconography that has dominated public and medical discourse on HIV since the 1980s, and allows for recognition of how social inequalities concerning race/ethnicity, gender, and social class lead to differential patterns of HIV risk around the globe.

Educators who have taught courses on HIV or who have integrated HIV with other courses provide insights into teaching HIV-related topics and also provide some insights and guidelines. Two decades ago, Weitz (1989) and Hunt (1990) wrote that students were interested in the topic of HIV because of media publicity, especially since HIV was associated with social deviance and the uncertain trajectory of a new epidemic. Kain (1987) wrote about how instruction on the social aspects of HIV/AIDS could alert students to their own HIV risk and to the historical, economic, and cultural forces that construct health and illness. In this body of literature, educators are advised to be aware of student concerns about the topic and to be skeptical of value-laden course materials that increase HIV-related stigma. For example, Weitz (1989, 1992) cautioned that educators could encounter students who were openly homophobic or hostile to the subject matter. She also noted how textbooks included misleading information about AIDs that could create or confirm prejudices against people with HIV. Finally, Klein (1993) advised that pedagogical technique was crucial to obtaining positive outcomes in HIV-related courses because:

> Most students find it very difficult to discuss AIDS and the subjects that come up in class lectures…. This situation forces us, as teachers, not only to be sensitive to our students' apprehensions, but also to discover ways to reduce their reluctance to ask questions. We must make them feel

> comfortable in asking detailed questions about "sensitive subjects" from the first day (p. 2).

Up-to-date literature on teaching college-level courses on HIV/AIDS is sparse. Evans, Edmundson-Drane, and Harris (2000) described a computer assisted program for HIV prevention education among college students, which took place outside the classroom. This report has little relevance for college instructors seeking guidance for HIV-related syllabi. In the sociology of teaching literature, Moremen (2010) described a course that addressed HIV through the fundamentals of sociology; that is, in sociological explanations of why people become PLWHA beyond individualistic notions of risky behavior. In brief, Moreman taught the class how to "see" social inequality as a precursor of HIV/AIDS, and a course evaluation indicated improved attitudes toward PLWHA by the end of the semester. On a different note, Jones and Abes (2003) described a service-learning course on HIV/AIDS in which students had engaged in less stereotyping of PLWHA and reconsidered their own HIV risk by the end of the course. In demonstrating that a service-learning course on HIV/AIDS was both feasible and potentially beneficial to both students and the community partner, the authors also provided a model for teaching Sociology of HIV/AIDS.

Course Development

Course development for the course was preceded by substantial changes in the trajectory of HIV in the United States. First, antiretroviral drugs had transformed HIV into a manageable condition for many PLWHA. Second, overall HIV rates had leveled off in the United States (Centers for Disease Control and Prevention [CDC], 2011a). Public urgency over HIV/AIDS in the United States had declined from a peak in the 1980s, leading to widespread complacency about HIV risk (The Henry J. Kaiser Family Foundation, 2009). However, the U.S. epicenter of the HIV epidemic had shifted from bicoastal cities in the north to southeastern states in which African Americans were disproportionately affected at an alarming rate (Southern AIDS Coalition, 2008). Developing a sociology of HIV/AIDS course was therefore relevant to Southern students because: (1) 39% of all new HIV infections in the United States occur among young people (CDC, 2011b); (2) 52% of all new HIV infections occur in Southern states (Johnson, 2007), (3): disparities involving race/ethnicity, social class, and gender are at the heart of HIV risk in the South (Lichtenstein, 2005). Young adults in the South could benefit from increased awareness about HIV risk and the social impact of HIV/AIDS in the region.

Development of the course was also prompted by two local concerns. The first centered on research about local students' attitudes toward seven sexually transmitted infections (STIs), ranging from the merely irritating (pubic lice) to life-threatening (HIV/AIDS) (Lichtenstein, Neal, & Brodsky, 2008; Neal, Lichtenstein, & Brodsky, 2010). High levels of stigma were identified for all STIs regardless of medical severity. The findings indicated that the term "STI" was shorthand for social deviance and thus for being stigmatized, and that many respondents (40.3%) were unwilling to seek treatment because they feared being embarrassed or stigmatized. In considering these data, the author felt that raising awareness about STIs and HIV among a high-risk group (i.e. young adults) in a high prevalence region could provide a counterpoint to stigmatizing frames of reference about "sexual" disease.

The second concern involved the survival of a local AIDS service organization (ASO) charged with providing social services to clients with HIV. Like other ASOs in the United States, the agency had struggled to provide services to growing numbers of clients in difficult economic times. In 2008, for example, the director was compelled to relinquish staff and to reduce HIV outreach after substantial funding cuts. In developing the course, the ASO liaison expressed a wish that students contribute to the agency's mission of providing support services for PLWHA and HIV prevention in the community. The ASO director and author began planning for the service-learning module before the inaugural course began, with proposed activities including helping out in the office, shadowing HIV educators, and providing help with services to PLWHA who were clients. These activities were finalized after the course began so that students could participate in planning their activities with the ASO.

Course Goals and Timetable

The curriculum was designed with two broad goals in mind: To educate students about the sociology of HIV/AIDS and to bring "community" into focus as a source of expertise, service, and research. These goals were operationalized by engaging students in active learning (a university

prerogative) that involved service-learning, research, and civic engagement on HIV/AIDS (course prerogatives). The curriculum had three basic components: instruction, service-learning, and community-based research, which were organized as follows. Weeks 1 to 4 were spent on lecture material and theory. In weeks 5 to 7, the students undertook service-learning with the community partner. In weeks 12 to 15, the students prepared for and conducted community-based research on knowledge and attitudes toward HIV/AIDS. The partnership model was facilitated through a course plan in which agency employees provided mentoring for service-learning projects and research projects in community settings, while classroom instruction involved theory, social context, and research. The course thus involved three constituencies in terms of the partnership model: the university, the student-participants, and the agency as community partner.

Student Profile

The class is a writing course with a maximum enrollment of 25 students per semester. The course was fully enrolled for each of the five times it was taught, with a total of 125 students who completed the class over a four-year period from 2008 to 2011. Almost all students were middle-class men and women in their early twenties, with women accounting for about two-thirds (65%) of total course enrollment. In terms of ethnicity, white, African American, and Hispanic American students accounted for 70%, 27%, and 3% of enrollment respectively. Most African Americans were women (79%), with black men substantially underrepresented in all classes. This disparity is consistent with nationwide trends in college attendance for African American men (Mincy, 2006). Nevertheless, the percentage of African American students was higher than for the University of Alabama as a whole (13% in 2012) and also higher than for residents in the state (26.2%) (U.S. Census Bureau, 2012). The percentage of Hispanic American students in the class was equal to their proportion of the university population (University of Alabama, 2012) and the state as a whole (3.9%) (U.S. Census Bureau, 2012).

Theory, History, and an HIV Quiz

Theory. Two sociological texts provided a theoretical foundation for the course. Goffman's (1963) *Stigma: Notes on Spoiled Identity* explained how judging people according to moral conformity, physical traits, and race/ethnicity or nationality leads to stigmatizing ideas about "them" and "us." Judgments about PLWHA have involved all three typologies, thus making HIV stigma particularly harsh. C. Wright Mills' (1959) public action theory, linked to Goffman's theory, proposed that people who developed a sociological imagination would be able to engage in reflexive thought, perhaps as a precursor to social activism. The two theories would help students to understand how HIV/AIDS was socially constructed within a matrix of power relations—a complex idea to be explored in coursework and direct learning exercises that we hoped would inspire the students to "see" the connections between social context, social structure, and HIV/AIDS (Auerbach, Parkhurst, Cáceres, & Keller, 2009; Parker & Aggleton, 2003). Students were introduced to social theory and the history of HIV in the first few weeks of the course, with course readings consisting of journal articles on HIV rather than a designated text. These articles were grouped into four categories for each component of the course (e.g., the history of HIV, social theory, global aspects of HIV, and HIV in the United States).

History. Movies such as "And the Band Played On" from Randy Shilts' (1987) book of the same name, and video clips from the American Broadcasting Company (ABC) series titled "AIDS in Black America" provided a backdrop to HIV history in the United States. The Shilts movie illustrates how stereotypes emerged in the 1980s through HIV iconography about so-called sexual deviants that ultimately proved misleading or inaccurate. Video clips from the AIDS in Black America series were more pointed in terms of the local context and were managed by framing barriers to HIV prevention such as homophobia, gender inequality, and religiosity as salient factors for both blacks and whites in the South. Since the topic of race/ethnicity is a sensitive issue, students might be reluctant to voice opinions on the matter for fear of offending someone or raising the specter of racial tension. However, students who took Sociology of AIDS became accustomed to discussing HIV-related topics, including topics about race/ethnicity in roundtable fashion. In the rare event that no one spoke up after a video clip, judicious prompting would break the ice, even if the response consisted of a question or comment such as "That is so sad," or "I didn't know that it [AIDS in black America] was so bad."

HIV quiz. The author assessed HIV knowledge at the beginning of each semester with an online quiz. The quiz, from Avert.org, consists of 7 true/

false questions to assess three levels of knowledge about HIV/AIDS (easy, medium, and hard) for a total of 21 items. Each answer is followed by correct information (e.g., Q: "What is the difference between HIV and AIDS?" A: There is no difference between HIV and AIDS. HIV is the virus that causes AIDS"). In each class, the author leads students through the quiz by asking the class at large for their answers. For the first level, someone always provides the correct answers. For the second level, there are some correct answers and also some guesses. For the third level, students offer many guesses and take wild stabs at the correct answers. The exercise has been very useful in indicating what the class knows about HIV and in providing correct information about transmission routes and the biology of HIV/AIDS.

Guest Speakers

Two guest speakers visit the class in about the third week of each semester. One speaker is an educator from the ASO who gives a primer on HIV/AIDS. The other speaker is an advocate for PLWHA who speaks about living with HIV. After each visit, students complete a brief evaluation in which they rate each speaker from 1–10 and write one or two sentences about what they learned about HIV. On the one hand, the primer is always well received and the information is considered useful. On the other hand, the advocates have received mixed reviews. For example during the third week of class, stigma became an issue when the advocate for the first two courses recounted his experience of living with HIV. He stated that his family and community had shunned him, that his employer had fired him after learning about his diagnosis, and that he had become suicidal and refused to take medications until becoming seriously ill with wasting syndrome and other conditions. His narrative presented a puzzling paradox to the class when he stated that he refused to associate with clients who "didn't do the right thing" by missing appointments or refusing to take medicines. It was the first time that the students had been exposed to narratives in which a member of a stigmatized group sought to distance himself from others like him on moral grounds. The class acknowledged that HIV stigma could explain the need to present such narratives in conversations with outsiders and later came to understand how "transmission stories" (e.g., of someone claiming to being infected through blood transfusion rather than through same-sex activity) are constructed as protective shields against HIV stigma. The speaker's visit was a beginning point in understanding the power of HIV stigma to shape knowledge, attitudes, and behavior in the community and how afflicted persons sought to avoid being labeled as socially deviant. For example, in each class, we explored the issue of men who had sex with men but self-defined as heterosexual, and how homophobia often creates the desire or need for secrecy (Stewart, 2010). The evaluations of this speaker were only fair–he did not seem to be comfortable in talking to students–and a different speaker was invited to speak in the subsequent course.

The issue of stigma was less apparent when the new speaker, an African American woman, addressed the class. This speaker had considerable experience in addressing non-specialist audiences about living with HIV/AIDS and had a coherent narrative without casting blame on other PLWHA. She was raising three children, including a child who was also living with HIV, and had overcome personal odds to become an HIV educator, author, and activist. The speaker was much in demand for speaking engagements about living (not dying) with HIV, including at the national level. Students found her narrative to be both inspiring and educational, and her personal journey became especially meaningful after the class learned she did not usually disclose her HIV status in public forums. The students rated the speaker very highly. If available she will be booked for future classes.

Service-Learning

Service-learning is a regular component of the course. This module begins with a field visit to the community agency in Week 4 of each class. Here, the director meets with students in a large conference room and asks: "How many of you here think I'm gay?" (He is not). If met with embarrassed responses, he speaks about how such assumptions define people with HIV (e.g., "Everyone is assumed to be gay, abusing drugs, or promiscuous in this epidemic.") He then challenges these stereotypes by reviewing U.S. statistics from the CDC on the epidemiology of HIV, and by noting how many people in the South (especially women) have acquired HIV in regular heterosexual relationships. He ends his talk by describing clients' needs for food, housing, transportation, social support, and drug assistance. He also discusses service-learning activities involving HIV outreach to schools, public housing, and drug treatment programs. Ideas for service projects are formulated before students leave the agency.

The service-learning unfolded as follows from 2008 to 2011.

Course I: Office Work at the ASO; HIV Outreach

In the inaugural course, the goal for service-learning was to help with office tasks at the ASO, deliver HIV-related materials to people at workplaces, neighborhoods and campus organizations, or to organize venues (e.g. sororities or fraternities, sports teams, and churches) at which ASO educators would speak about HIV prevention. These sessions were held in men's spaces, including a fire station, barber shop, and sports teams; other sessions were held in women's spaces including a cosmetology class, a residential drug treatment group, sororities, and women-only groups in churches. Students were required to obtain the instructor's approval for these projects to ensure their feasibility, to have potential threats to personal safety assessed, and to be advised about student conduct outside the classroom. No student was permitted to try to educate the wider community about HIV without health department-approved materials and direct input or supervision by the agency.

The author held a debriefing session after the service-learning module (debriefing was performed in all courses). The students reported being satisfied with organizing the ASO visits and delivering HIV prevention materials. They also reported both positive and negative reactions from the public, ranging from: "I got plenty of weird looks and refusals" to "Some people were really excited about getting free condoms." On one occasion, a male student had been called a "fag." Another student, who had visited her home town to distribute condoms and brochures in one of the poorest, most HIV-affected counties in the state was welcomed by the people she knew, but they assumed that she was a PLWHA because "they [peer educators] always have AIDS." However, these experiences were deemed more fulfilling than office work at the ASO, which was the least popular activity for students who had filed papers, stocked shelves, or answered telephone calls at the agency.

Courses 2, 3, 4: Charity Drive for ASO; HIV Outreach

The student feedback in Course 1 prompted the author and community partner to replace the office work with projects that were more beneficial for student engagement and the ASO's mission of providing client services. These projects included helping ASO staff transport clients to appointments, shadowing HIV educators who worked in the field, and collecting donated goods for the agency's food pantry. Of these projects, the transportation option was canceled because of the ASO's concerns about client confidentiality. Speaking on behalf of the ASO's Board of Directors, the director rescinded the project because: "The clients are scared of being identified as HIV-positive outside the protective circle of [the agency]."

The other activities, which did not include client contact, proceeded as planned. The most popular activity (as determined from sign-up sheets) was collecting donated goods from fraternities, sororities, sports teams, church groups, and other organizations. This popularity meant that the ASO's food pantry was well stocked even in a recessionary economy. The students placed the collected items into gift baskets, which were brought to class to be collected by the community partner who then distributed the baskets to clients, often for birthdays and other special occasions. Students could earn extra points by engaging in two activities, and about one third of the class collected the donated goods while also engaging in HIV outreach, shadowing ASO staff in the field, or, more commonly, arranging for ASO employees to speak to community groups. Judging from student reports in which the service-learning experience was described and evaluated, this menu of options worked well because of the variety of options that were considered interesting, worthwhile, or that fit with student schedules. On the basis of this approval, the same menu of items was offered in Course 3 and 4.

Course 5: Campus-wide HIV Education and Testing

In Course 5, the service-learning component took a different turn when the ASO suggested a university-wide event for HIV education and testing. We discussed the idea in class and pondered the logistics of providing HIV testing on campus—something the university had never attempted even though young people, especially in the South, have the highest STI and HIV rates in the nation (CDC, 2011b; Southern AIDS Coalition, 2008). Students turned this idea into a reality by liaising with the community partner, contacting the university's Student Government Association for permission to provide HIV testing at the student center, and planning an HIV educational booth, also at the student center. The

students volunteered for various tasks–designing posters, hanging the posters in public spaces on and off campus, advertising the event on the local television station, writing an article for the student paper, creating a Facebook page, making cookies, and obtaining HIV educational materials and gifts (pens, stickers, and beverage insulators) for giveaways at the booth. The author received a small grant from a university source for these purchases.

The activity went as planned, with students staffing the booth for the event. ASO employees tested 113 students over the two day period–many more than anticipated. In the written reports that followed (which were graded), the event was rated very highly. Students commented that: "I found out how much I had learned about HIV/AIDS when I spoke to those who visited our booth" and "The [HIV event] meant that I made an important contribution to HIV prevention on campus." Students particularly liked being able to select a specific activity for the project, staffing the booth with other class members, and imparting useful information to visitors. The ASO director sent a note of heartfelt thanks for the students' efforts. We believe this is the right formula for the service-learning projects and plan on repeating the two-day HIV testing and educational event on campus in the future.

Table 1 describes the service-learning projects being offered from 2008–2011, and the transition to different types of activities as the course matured.

Community-Based Research

Students conducted individual, community-based interviews in all five courses. These projects did not involve staff members at the ASO, whose participation ended with the service-learning module in the first half of the semester, but did require close supervision by the author. Each student was required to design an interview sheet, conduct face-to-face interviews, summarize results, and apply concepts from Goffman's (1963) stigma theory for analysis. The main purpose of the project was to teach students how to study community-based knowledge, attitudes, and beliefs (KABs) about HIV/AIDS in real-world settings. A written report was required by the end of the semester. These reports began with a literature review and a research question (e.g., "What are commonly-held ideas and beliefs about HIV/AIDS in our community?"). Students then described their sample and method, summarized the results, and discussed the findings with reference to stigma theory and the scholarly literature on KABs in the United States. Students ended their reports with a concluding statement that reflected their final thoughts about the project.

One class period was set aside to design a template for the interview sheets, consisting of 10 open-ended items and four to six demographic items. Students could modify the template if they wished, but had to submit the final copy for the instructor's approval. The template included the following items:

1. How do people acquire HIV/AIDS?
2. Who is most likely to be diagnosed and why?
3. What are some common attitudes toward people with HIV/AIDS in our state?

Table 1. Service-Learning Activities 2008–2011

Date	Activities	ASO Directed		Student Directed
Spring 2008	Filing, reception	Yes		No
	Mail drops, door-to-door	Yes	← dual involvement →	Yes
	Organize campus visits	Yes	← dual involvement →	Yes
Fall 2008	Shadow ASO staff	Yes		No
(Also: Sp/Fa 09)	Collect goods for ASO	No		Yes
	Mail drops, door-to-door	Yes	← dual involvement →	Yes
	Organize campus visits	Yes	← dual involvement →	Yes
	HIV outreach, other counties	Yes	← dual involvement →	Yes
Spring 2011	UA HIV awareness & testing	Yes	← dual involvement →	Yes
	Student component: ● Campus publicity ● TV & newspaper publicity ● Facebook ● Student booth (2 days)			
	ASO component: ● HIV testing on campus	Yes	← dual involvement →	Yes

4. What are some common attitudes toward homosexuality in our state?

5. What are some common attitudes toward condom use in our state?

6. What should church leaders do to combat HIV/AIDS?

7. What should high school students be taught about HIV prevention?

8. How does HIV/AIDS affect people in your community?

9. If you were asked to donate to an AIDS charity or a diabetes event, what would you choose and why?

10. Why does the South have the highest HIV rates in the United States?

Table 2 provides the interview template and instructions for conducting ethical research. Student research at the university is exempt from Institutional Review Board approval if part of a course requirement and the results are not published or presented at conferences. Nevertheless, ethics instruction is part of the course and consists of information about seeking permission from participants to be interviewed for the project, the voluntary nature of participation, and protecting participant confidentiality.

Students interviewed family and church members, friends, neighbors, co-workers, teammates, sorority sisters and fraternity brothers, and acquaintances who lived locally or in other counties. The interviews had to be completed within three weeks. In their reports, students summarized interview data by frequency (e.g. "Nine out of 10 people were unaware that HIV rates are higher in the South than elsewhere in the United States.") and included selected quotes for illustration (e.g., "Why is there more HIV/AIDS in the South? I don't know. I'd never heard that before"). By and large, responses reflected stereotypical views about homosexuals, drug users, and prostitutes concerning "HIV risk groups," reflecting stigmatizing ideas about HIV/AIDS from the 1980s (Treichler, 1999). Myths such as: "You can catch HIV/AIDS from mosquitoes" and forms of denial such as: "Bisexuality doesn't exist in the black community" were reported as well. Statements such as, "Gay men are moral deviants and throwaways," and "People who get HIV/AIDS deserve what they get" were disturbing to read because of the persistent social marginalization of PLWHA. In their reports, students sometimes confessed to having similar attitudes before taking the course, even if they framed these confessions as before-and-after statements in terms of their own transformations.

Stigma provided a conceptual segue to analyzing survey responses and to interrogating the student's own attitudes or society's role in reproducing HIV risk. For example, one student confessed, "I had no idea how my attitudes about HIV/AIDS could potentially impact other people." Another student reflected, "I realize now how much my family influenced my thinking on AIDS." Awareness of the links between theory, HIV risk, and stigma certainly emerged from interviewing people whom the students often knew well enough to call co-workers, friends, or family and who also represented the generalized other in terms of community attitudes toward people with HIV. For example, all respondents in one student's project believed that HIV-infected people were sexually promiscuous (even predatory), while some respondents in another project often reported that they would avoid socializing with someone who was HIV-infected. As noted by the student researcher, "Sociologically, this can explain why many people fear being tested for HIV/AIDS and as a consequence pass on the virus to others."

Finally, students noted how respondents generally viewed HIV/AIDS in terms of "bad choices," an ethos of personal responsibility that is commonly used to explain the cause of social problems in U.S. society. At least one or two students per class wrote about being "shocked," "saddened," and "astounded" by the power of stigma to create social outcasts in 21st century America. The words "amazed" and "disappointed" also appeared in reports for each course and referred to the lack of awareness of how HIV/AIDS had affected communities in the Southeast. These students understood why the epidemic had taken hold in the region, particularly in view of moralizing attitudes toward sexuality. For each course, students who spoke up in class during a final debriefing session indicated being fully aware of the power of HIV stigma in damaging figures of speech and actions that could be addressed in what Lena (1995) described as "awareness of profound social problems of our times and… the importance of civic education and civic responsibility in a democratic society" (p. 108). One student summarized in her research report: "I would argue that this study and these results will influence my decision-making ever more because I have now become a passionate advocate for AIDS prevention education." While the desire to please the author or appear compassionate might have led to students' reports of transformational learning experiences, the student evaluations

Table 2. Interview Template and Ethics Instruction

RESEARCH PROJECT TEMPLATE

INTERVIEW # ____

Age _____ Race/Ethnicity_____

Gender_____ Occupation_____

Location_____ Agree to participate_____

[MAKE SURE THAT YOU ASK OPEN-ENDED QUESTIONS]

Q1: How do people acquire HIV/AIDS?
Q2: Who is most likely to be diagnosed and why?
Q3: What are some common attitudes toward people with HIV/AIDS in our state?
Q4: What are some common attitudes toward homosexuality in our state?
Q5: What are some common attitudes toward condoms in our state?
Q6: What should church leaders do to combat HIV/AIDS?
Q7: What should high school students be taught about HIV prevention?
Q8: How does HIV/AIDS affect people in your community?
Q9: If you were aked to donate money to an AIDS charity or a diabetes event, what would you choose and why?
Q10: Why does the South have the highest number of HIV cases in the U.S.?

RESEARCH ETHICS

Here are some guidelines to follow when you interview people. It is important to follow these guidelines so that the participant's identity and information are protected.

- *The study must be described.*

Interviewees must be told why they are being interviewed and what questions they will be asked. Let everyone know that they can ask questions at any time, and that they can phone your instructor, Dr. _____ on phone: _____ if they have any concerns. You should provide each interviewee with a copy of the interview sheet.

- *People must agree to be interviewed.*

Let participants know that their participation is entirely voluntary. "Voluntary" means that people can refuse to be interviewed and that they can change their mind at any time (in this case, shred the data immediately). If people do agree to be interviewed, make sure that you check the "agree" box on the interview sheet.

- *Confidentiality must be protected.*

Do not record any identifying information, such as names, addresses, social security numbers, or driver's license numbers. Do not identify anyone in your research report. Shred all interview data after you have finished the report.

that are discussed next indicate a high degree of satisfaction with the research project and the course.

Course Evaluations

Course objectives for developing students' sociological understanding of HIV/AIDS through theoretical applications and experiential learning were assessed in written assignments (one essay, two reports), with most students, on average, earning A and B grades for the course. Only two students failed the class when they missed assignments, a very small number for a course being taught five times. Informal feedback in class discussions and in written reports over a four-year period from 2008–2011 suggested that course objectives had been met, both with respect to learning about HIV/AIDS as a social issue and in understanding the importance of civic engagement for HIV prevention and education.

Following Jenkins and Sheehey's (2011) advice for assessing student satisfaction, the author reviewed all Student Opinions of Instruction (SOIs) for congruence with positive feedback from class discussions and written reports. A note of explanation: All instructors at the university are rated anonymously in online evaluations for the quality of their teaching and the instructional value of their courses. For each instructor, aggregate course ratings for all teaching

at disciplinary, departmental, and college levels, are also published in online reports and can be compared with individual ratings. For each course, there are 19 items to rank, ranging from 1 = strongly disagree to 5 = strongly agree. A comment box provides narrative feedback about the instructor and course. For review purposes, the author selected four items directly relating to student learning and satisfaction; namely, "How would you rate this course?", "How much did you learn in this course?", "How would you rate this instructor?", and "Was the course a valuable learning experience?"

In Course 1, the class did not achieve desirable ratings, particularly for the service-learning project. As noted under **Service-Learning**, students who had spent time filing papers, stocking shelves, and answering telephone calls at the agency did not regard these activities as fulfilling. Students rated the course consistently more highly in Courses 2–4, with narrative comments such as: "I liked being able to choose what I did for the projects" and "It was very worthwhile having a project that makes a contribution to HIV prevention." Composite student ratings for Courses 2–4 were 4.43/5.00 for the course, 4.29/5.00 for how much was learned, 4.47/5.00 for instructor, and 4.57/5.00 for valuable learning experience. In Course 5–in which the entire class contributed to the HIV education and testing event on campus–student ratings were 4.58/5.00 for the course, 4.79/5.00 for how much was learned, 4.72/5.00 for instructor, and 4.84/5.00 for valuable learning experience–the highest score achieved since the inaugural course was held in 2008. The value of the service-learning event in Course 5 was summarized in a narrative comment:

> This course opened my eyes about HIV/AIDS. If some members of the student population acquired HIV it would spread around campus like wildfire. Having students as a base to educate people about this problem would make our university stand out among all others in the Southeast. Just put some STI education in the mandatory freshmen classes and save someone's life through the proper education.

This student's comment reflects findings that student engagement is akin to being a "natural helper" (Israel, 1985) in local social networks or communities (Tessaro, Taylor, Belton, Campbell, Benedict, Kelsey, & DeVellis, 2000). The mostly positive evaluations in the SOIs–both numerical and narrative–support Astin and Sax's (1998) claims about the striking ability of service participation and other types of student engagement to enhance student learning, life skills, and overall satisfaction with undergraduate education.

Discussion

This article described a course involving class instruction, guest speakers, service-learning, and community-based research on HIV/AIDS for upper-level undergraduate students. The course is a staple for the minor in sociology for Criminal Justice majors and is also one of two courses being taught about HIV/AIDS on campus (the other course is in the College of Nursing). Both courses involve a service-learning requirement and both seek to educate students and community members about HIV/AIDS. Such experiential courses have become popular on U.S. campuses in recent years to help students connect with local communities and potentially to ease social problems outside academe (Jacoby, 1996). The courses are generally viewed favorably in higher education, with tangible outcomes such as enhanced life skills and career prospects, a heightened awareness of social problems, and civic engagement over the life course (Astin & Sax, 1998; Jenkins & Sheehey, 2011; Morgan & Streb, 2002; Perry & Katula, 2001). Morgan and Streb found that courses in which class members could actively select their own projects–such as in the Sociology of HIV/AIDS–earn the highest ratings in course evaluations and are most satisfying for students.

There are two caveats to the positive outcomes reported here. First, service-learning for Sociology of HIV/AIDS consisted of a single module rather than an entire course. Based on Perry and Katula's (2001) meta-analysis of 37 evaluations of service-learning courses, students could be better served if the curriculum had solely focused on service-learning. However, dedicated courses have their own set of challenges. For example, the instructor might have to rely on a community partner for most or all activities, or a student might be a poor fit for the agency and vice versa. Neither of these problems can easily be rectified while a course is in progress. Regardless of the type of course, instructors should be mindful of the time and effort it takes to plan, coordinate, and implement service-learning in a thoughtful way (Tryon, Stoecker, Martin, Seblonka, Hilgendorf, & Nellis, 2008). Other considerations include whether the

service-learning is mutually beneficial for both students and the participating agency. Blouin and Perry (2009) and Tryon et al. (2008) found that service-learning can be taxing for community partners, who might have to deal with unmotivated students or who report being taken for granted by instructors and students alike. And, of course, plans for service-learning can go awry, as when the ASO in this report decided not to allow students to interact with clients. These problems can be amplified when the service-learning is relatively brief and, as in the present case, the instructor is not wholly dependent on the community partner for creating or supervising service-learning activities.

The second caveat relates to the SOI ratings for online course evaluations. There is often a discrepancy between the actual size of the class and the number of completed ratings. SOIs do not reflect the opinions of all students unless the instructor can increase response rates, say by awarding bonus points or setting aside class time for evaluations (smartphones and laptops can be used for this purpose). The percentage of students who complete SOIs also varies, so it is difficult to compare SOI items from course to course. Other factors that affect course ratings include the instructor's race/ethnicity, gender, or likability, as well as the class size and students' grade performance (Dominowski, 2011). SOIs are thus an imperfect measurement of student satisfaction and instructional quality. The only certainty about the SOIs for Sociology of HIV/AIDS is that ratings for the four items reviewed here were consistently above average for the discipline, department, and college at the University of Alabama.

A final point of interest relates to racial diversity in student enrollment. Instructors who address the issue of diversity in course curricula typically do so from a teaching perspective: They wish to foster tolerance for the topic or for different viewpoints or people. Astin and Sax (1998), Baldwin, Buchanan, and Rudisill (2007), and Hones (1997) all reported that service-learning helps to increase the awareness and acceptance of social diversity and should be used for this purpose. In relation to Sociology of HIV/AIDS, diversity came from an unexpected source—the students themselves. From the time the course was offered in 2008 until 2011, students of color composed a sizable proportion of the class, perhaps reflecting the interest of people whose families or communities were affected by HIV/AIDS. It is important to note how HIV knowledge is being sought and owned by students whose communities sometimes have been profoundly affected by HIV/AIDS. The racial diversity in class composition has led to African American students in particular conducting outreach and community-based research in rural areas of the state that lack formal sources of HIV prevention. This outcome is consistent with the Tessaro et al. (2000) and Israel (1998) model of students becoming lay leaders in educating residents in culturally relevant ways and, in so doing, providing a meaningful service to underserved areas of the state. About one-fourth of the counties in the state received HIV outreach from students who were enrolled in the class.

Conclusions and Recommendations

Five conclusions emerged from the course: (1) Instructors who are passionate about the topic can be inspirational for students, especially if the course is both topical and relevant to their lived experience; (2) experiential learning is a non-didactic method of increasing HIV awareness and knowledge, particularly if assignments fit with student preferences for self-directed learning. In the present case, students indicated that promoting HIV awareness or delving into community attitudes about HIV/AIDS were more compelling than merely sitting in the classroom or engaging in library research; (3) service-learning requires time for planning, coordination, and implementation. However, as indicated in this report, the potential rewards are great, especially for students who are able to draw on their particular talents or passions for service projects; (4) the greater purpose—in this case, HIV education—can be doubly served by involving students in their own learning about HIV/AIDS and guiding them toward HIV outreach with the help of a community partner; (5) it is unlikely that one small class being taught by a single instructor can make a significant difference for HIV education. However, Sociology of HIV/AIDS has exceeded all expectations, not only in terms of educating students about HIV/AIDS, but by helping a vulnerable sector of the community and by providing HIV outreach to the broader community. Student efforts and enthusiasm for service-learning and community-based research and ASO support were integral to making this outcome possible.

As a final point, the model developed for Sociology of HIV/AIDS can be generalized to other classes and disciplines with curricula being tailored to specific student populations, universities, or relationships with community partners. Instructors will need to plan well ahead,

preferably in consultation with a community partner. Service-learning centers at many colleges are useful in providing guidelines, models, and contacts at local agencies that need or are willing to accept undergraduate students. Service-learning modules should fit into the general theme of the course and the curriculum as a whole, and instructors should be aware of the need to supervise student activities in the field.

There are some general rules of engagement as well: Community partners should not be viewed as a means to an end (i.e., the means by which students can earn a grade), a perception that can undermine relations with community partners, and perhaps university-community relations as well (Blouin & Perry, 2009). Conversely, students should not be assigned menial tasks that have little intrinsic and educational value. A written agreement between instructor and the community partner before the course begins could ensure that expectations for both students and the agency are clear to all parties and improve the chances of a positive experience that would work well in future course offerings. The model described in this research was modified over several years, indicating that such courses can take time to develop, but also that they can be enriching for students and can help to strengthen university-community partnerships for the public good.

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