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Priorities: a film investigation into the quality of HIV education in RI public high schools

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Priorities: a film investigation into the quality of HIV education in RI public high schools Ellis Iacono Sponsor: Sara Murphy

Purpose

Through my years at URI, I have come to realize that Human Immunodeficiency Virus competency among my fellow students is surprisingly low. In RI high schools, there is a lack of consistency in covering the basics of HIV transmission and prevention. This virus infects nearly 100 Rhode Islanders annually¹, with most of them between the ages of 13-24¹. This is still a statewide epidemiological issue. I created a short documentary film that investigates how HIV education standards are conceived and whether lesson plans are effective in addressing these learning outcomes. Through the unification of many different perspectives, I was able to determine if state HIV education is satisfactory for RI students as they become sexually-active adults.

Methods

I interviewed Rhode Island-based educators, governmental administrators, medical professionals, current/former RI high schoolers, and those involved in nonprofit RI-based HIV/AIDS organizations. Filming was split between two different camera sources—a Canon VIXIA HF G40 camcorder and an iPhone 7 (equipped with tripod and external microphone).

- Editing was completed on iMovie, a free software designed for amateur filmmaking. Film score is original and was composed by Jared Remson, a URI music student.
- The framing of interviews was completed in a rule-of-thirds format. Additional B-roll footage of relevant locations was collected for visual context.

<u>world/westem-central-europe-north-america/usa</u>.
<u>Phtps://www.cdc.gov/nch/stp/stateprofiles/pdf/mode_island_profile.pdf</u>
<u>PhtV and AIDS in the United States of America (USA)</u>. *AVERT*, 4 Apr. 2018,
<u>www.avert.org/professionals/hiv-around-</u>
<u>http://www.beath.ni.gov/publications/healthprofiles/AdolescentSexualHealth.pdf</u>

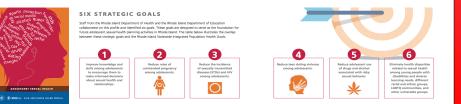
Referenc

Results

Based on testimonials provided by former and current RI high schoolers, the quality of HIV education varies district to district. Despite ranges in school quality, most of the interviewed students confirmed that their HIV education was lacking. Students from more impoverished communities acknowledged a high degree of sexual activity among their high school peers, noting that HIV education would be especially valuable in these areas.

The Rhode Island government officials and caregivers working with HIV are optimistic that the state's emphasis on testing and prevention has led to a decrease in infection rate. These subjects acknowledge that educating RI youth is imperative for creating a more health-conscious, sexually responsible community statewide. One representative from the RI Department of Health confirmed that the RI adolescents he has encountered maintain an array of misconceptions about HIV, including the belief that "HIV can be avoided if Mountain Dew is drunk post-sex" (Tom Bertrand, RIDH).

The Rhode Island Department of Health and Department of Education have collaborated on the design of an Adolescent Sexual Health plan, which aims to address the physical, social, emotional, and mental impacts of contemporary health issues facing RI teenagers. The government is encouraging open discourse on the topics of sexually-transmitted diseases, pregnancy, contraceptives, and adolescent needle use. The plan outlines six goals for RI adolescent growth, which are featured below⁴.



Rhode Island educators emphasized a willingness to include HIV in curricula, but acknowledged that this topic is not as in-depth as it ought to be based on students' seeming lack of HIV familiarity. There is a universal belief that high school students enjoy an "immunity complex," wherein they seldom assess HIV as a threat to their personal well-being.





Emmett Donegan (left) and Deborah Bacon (right) discuss HIV teaching at their respective schools

Discussion

- HIV education in Rhode Island is insufficient based on RI students' lack of familiarity with modes of transmission and prevention of the virus.
- I aimed to assess how RI structures its health education standards and how the state tries to combat adolescent health issues. In doing so, I determined the extent to which state educators prioritize HIV as part of their lesson plans and how this translates to HIV competency among RI high schoolers.
- Government officials are optimistic about the state's recent efforts to include and support transgender students. Those who have designed the Adolescent Sexual Health plan believe that through concentrated education efforts, more RI students will protect themselves against the threat of HIV. This optimism is less maintained by students, who believe their schools should try harder to teach HIV fundamentals.
- As long as HIV education gaps exist within RI public schools, RI adolescents remain at-risk sexually. The key to protecting oneself against HIV is by understanding its mechanics, its history, and means for its prevention.
- More schools and instructors could be interviewed for the sake of broadening perspectives and understanding better methods for conveying this information to RI teenagers.
- It is imperative that RI maintains its safe needle exchange program to protect adolescents and adults from HIV contraction.

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