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Acquired immune deficiency syndrome: An educational dilemma

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Acquired immune deficiency syndrome: An educational dilemma

Abstract

Hardly a day passes in the lives of most people without some mention of the disease AIDS (Acquired Immune Deficiency Syndrome) in the newspapers, on the news, or in conversations with others. For many, AIDS is a dreadful but distant threat affecting other people in other cities. For others it is a disease that has touched them personally through an infected family member or friend. Whatever experience a person has had to date, it is certain that AIDS will not go away. AIDS in the United States is a serious health crisis. As of February 1989, the total number of cases reported to the Centers for Disease Control in Atlanta, Georgia had reached 88,096 with 51,310 reported deaths caused by AIDS (Center for Population options, 1989). It is estimated that as many as 1.5 million Americans may be infected with the AIDS virus and not even know it. The Centers For Disease Control estimates that by 1992 there will be 365,000 diagnosed cases of AIDS and 263,000 deaths caused by AIDS in our country, more than were killed in the entire Vietnam War.

ACQUIRED IMMUNE DEFICIENCY SYNDROME:
AN EDUCATIONAL DILEMMA

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Carol Lensing
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Acquired Immune Deficiency Syndrome:

Educational Dilemma

Hardly a day passes in the lives of most people without some mention of the disease AIDS (Acquired Immune Deficiency Syndrome) in the newspapers, on the news, or in conversations with others. For many, AIDS is a dreadful but distant threat affecting other people in other cities. For others it is a disease that has touched them personally through an infected family member or friend. Whatever experience a person has had to date, it is certain that AIDS will not go away. AIDS in the United States is a serious health crisis. As of February 1989, the total number of cases reported to the Centers for Disease Control in Atlanta, Georgia had reached 88,096 with 51,310 reported deaths caused by AIDS (Center for Population Options, 1989). It is estimated that as many as 1.5 million americans may be infected with the AIDS virus and not even know it. The Centers For Disease Control estimates that by 1992 there will be 365,000 diagnosed cases of AIDS and 263,000 deaths caused by AIDS in our country, more than were killed in the entire Vietnam War.

For adolescents AIDS is a catastrophe just waiting to happen. Little attention has been focused on AIDS in the adolescent population until just recently. Yet AIDS is a problem of increasing importance in adolescence. The number

of adolescents with AIDS has been growing at a rate similar to that of adults and children. In addition, many young adults currently diagnosed as having AIDS may have become infected with the deadly virus as adolescents. Adolescence is a stage of growth and development that is characterized by experimentation, risk taking behaviors and a sense of invulnerability. Thus, adolescents may place themselves at high risk for AIDS infection through risky sexual and/or drug use behaviors. Adolescence is also a time for formation of sex and drug-related values and beliefs so it seems to be an appropriate time and place to provide proper education on this important issue.

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus, many of them are not adequately informed about AIDS, have misconceptions about the disease, and perceive themselves as not being at risk of contracting the disease. Many states, including the state of Iowa, have recently passed legislation pertaining to AIDS education in the schools. In the state of Iowa, the legislators recently added to the state standard in the School Laws of Iowa an addendum which now required every school district in the state to teach AIDS education across all grade levels. This new addition to the school standards went into effect on July 1, 1989 (Iowa Department of Education, 1989).

What impact will the changing standards and other

similar state guidelines have on our ability as educators to stop the spread of this deadly disease by teaching our young people about the correct facts regarding AIDS? Will young adolescents be influenced by what they are taught in school? What impact will the disease AIDS have on secondary schools in the 1990s? How will school administrators be directly affected by this disease?

With the above information as introductory background and the above listed questions as the foundation, the premise of this paper will be to examine the disease of AIDS and the impact that this disease is and will continue to have on secondary schools.

As the nation and individual communities explore ways to halt the spread of AIDS, several key questions continue to be asked. Who should be targeted for education and prevention efforts? Who is responsible for the implementation of these prevention efforts? The former Surgeon General of the United States, C. Everett Koop (1986) in his very controversial report to the nation on AIDS, advised that parents, educators, community leaders, and all adults teach young people the facts about AIDS and how to protect themselves from exposure to the virus. He recommended that education begin in early elementary school and continue through the grades and also at home, with emphasis on influencing

adolescents or preadolescents when they are searching for their own identity and partaking in risky behaviors.

Schools have a unique capacity and vital responsibility to ensure that young people understand this deadly virus and the behaviors that determine their risk of acquiring it. Why are adolescents at such high risk and how can they be reached? Perhaps some background statistical information would be helpful as the problem of adolescent behaviors and AIDS is explored. According to publicized nationwide statistics (Center for Populations Options, 1989), the average age for a girl in the United States to have sexual intercourse for the first time is sixteen. The average age of first intercourse for a boy is fifteen. In addition, one out of every six high school girls who engages in sexual intercourse has had at least four different partners. It is estimated that 2.5 million teenagers are infected with a sexually transmitted disease each year (about one in every six). The virus that causes AIDS is sexually transmitted. In addition, sixty percent of all high school seniors in the United States have used illegal drugs, some of which are injected. The virus that causes AIDS is spread through the sharing of intravenous drug needles or syringes. AIDS cases among thirteen to nineteen year-olds increased by fifty-one percent between February of 1988 and February of 1989 (Centers for Disease Control, 1989).

One very frightening statistic is that information which revolves around AIDS patients in their twenties. Over one-fifth of all of the people with AIDS falls in that age range, as of spring 1989 more than 18,000 (Department of Health, 1989). Because a person can be infected with the AIDS virus for as long as ten or more years before any symptoms appear, a significant number of these young adults could have become infected when they were teenagers. If these alarming statistics are true, why aren't adolescents concerned more about AIDS? There appear to be a couple of reasons: first of all, they lack accurate knowledge about AIDS and do not think of themselves as being at high risk because of misconceptions they have: in addition, they see themselves as invulnerable and see AIDS as a concern but not an immediate threat to them so they do not see any need to worry.

Coordinated and integrated school and community-based programs are needed if we are to make a difference with young people. The new state education standards being passed in many states such as Iowa, are a start. By mandating that school districts teach AIDS education we have made a beginning.

Within the past several years the numbers of studies centering on adolescent and young adult knowledge level,

attitudes, and perceived risk of AIDS have been increasing. Few studies seem to have looked at the role of AIDS education and the effect of that direct instruction on the knowledge and attitudes of adolescents and AIDS. A major thrust across the United States has been one of prevention because no effective treatment or cure has been found for AIDS. It appears as if education is probably the most powerful method of control and prevention of this disease. This assumption is based on the premise that, if properly educated, young people and adults alike will change their attitudes and modify their behaviors. Despite the vast amount of literature concerning the AIDS epidemic, only limited research exists currently regarding adolescents and this fatal disease.

One of the earliest studies (Price, 1985) involved a survey given to 250 high school students in Ohio in 1984. This study found that while fifty to seventy-five percent of these high school juniors and seniors knew certain characteristics of AIDS, they did not understand transmission or the identification of various risk groups. The study also assessed perceived vulnerability to AIDS with only twenty-seven percent indicating they were worried about getting AIDS. In 1985, DiClemente evaluated the knowledge and beliefs regarding personal vulnerability, as well as

perceived need for AIDS instruction in high schools. The study (DiClemente, 1986) included 1326 adolescents from San Francisco and found that general characteristics of AIDS were correctly identified by the majority of students. Ninety-two percent recognized that having sexual intercourse with someone could transmit the virus and eighty-one percent identified sharing needles as a means of transmission. While these figures sound very high, it is interesting to note that the study also showed that only sixty percent of the students knew that using a condom could decrease their risk of acquiring AIDS, and that almost twenty-five percent of the students either believed that shaking hands with someone could give you AIDS or they were not sure about that item. Probably affected considerably by their residence in San Francisco was the study result which indicated that seventy-eight percent of the students were afraid of getting AIDS. In a 1987 study completed in Massachusetts, a survey was administered to 860 adolescents (Strunin, Hingson, 1987). This study indicated that although knowledge about AIDS had grown by 1987, there were still many misunderstandings concerning the means of transmission. Seventy percent of the adolescents surveyed said they were sexually active but only fifteen percent of them reported changing their sexual behavior because of a fear of contracting AIDS. Knowledge about AIDS in the Massachusetts study was greater than in

the 1985 San Francisco study, but what was most startling was that according to these two studies fewer adolescents were worried about contracting AIDS in 1987 than in 1985 (forty-six percent in the 1987 study as compared to seventy-eight percent in the 1985 study). The location of the two survey sites might have been an important variable in this significant switch however.

During 1987, studies revolving around AIDS seemed to begin to increase in numbers, particularly those dealing with the role of education. In one such study (Beckers, Dlugolecka, 1987) 442 students between the ages of fourteen and sixteen were given a short questionnaire which included twenty one knowledge questions and seven attitude questions. While the study analyzed the results of a one time administration of a questionnaire it was also stressed in the study that the survey could be used to evaluate students' beliefs, attitudes, and knowledge before and after teaching about AIDS. The general results of the study showed that 98-99% of the students were able to correctly identify how the disease was spread, and that it was not spread by casual contact such as sharing silverware. Some of the more distressing results of this study revolved around the misinformation students had regarding where people could go for help if they thought they had AIDS

(sixteen percent did know where they could go), and misinformation regarding contracting the disease when you have had sexual intercourse only one time (eighteen percent indicated that a person could not get it by one encounter) as well as the issue of using condoms (twenty-eight percent stated that using a condom was a guarantee that you would not get AIDS). An additional study (Rugg, 1987) evaluated the impact of a live theater presentation on the knowledge and attitude level of college-level students. The study involved 351 subjects who were all given a pretest, watched a live theater presentation dealing with AIDS, and were then given a posttest. Although the overall change in AIDS knowledge was modest, the change was much greater for the subjects who were poorly informed before the presentation.

Because of the nationwide need for something to be done about the AIDS epidemic, the Centers For Disease Control in Atlanta, Georgia was given the responsibility of assisting national, state, and local education agencies in providing effective AIDS education for youth as well as assessing the knowledge, beliefs, and behaviors of those high school students in states and cities with the highest incidence of AIDS. The Centers For Disease Control in cooperation with state departments of education and local school districts created some common data items for dissemination of surveys at the state and local levels. In addition, they provided

funding for pilot projects in states and cities. These pilot projects were designed to create and implement an annual survey on AIDS knowledge and attitudes. The baseline data from these surveys (Centers For Disease Control, 1988) were selected from samples of students in grades 9-12 in each of six cities (Chicago, Los Angeles, New Orleans, New York City, San Francisco, and Seattle) and in each of nine states. Individual sample sizes ranged from fifty-two percent to one hundred percent. The baseline data from these surveys administered in the spring of 1988 suggested that the beliefs, knowledge, and behaviors among the adolescents surveyed in all of the sites were quite similar when it came to AIDS. Almost all of them believed students their age should be taught about AIDS. Ninety percent of the students surveyed knew that AIDS was not transmitted by such things as shaking hands, and ninety-three percent knew that AIDS is transmitted through sexual intercourse and intravenous drug use. The general results from this study indicate that programs in prevention should work to correct misperceptions about AIDS transmission, to reduce behaviors resulting in AIDS infection, and to assess periodically whether these misperceptions and behaviors change among high school students.

It seems apparent that each of the above mentioned

studies listed in this literature review found some very distinct similarities during the research of their populations. The surveys showed an increased amount of knowledge about AIDS from 1984-1988 as well as increased information regarding the risk behaviors. What is also quite evident is that young people still have a lot of misconceptions about this deadly disease, and that they basically have not been willing to change many of their high risk behaviors to assure that they do not contract AIDS. It goes back to their sense of being invincible. The presence of AIDS does not seem to be an immediate fear for most teenagers. In Iowa, a sampling of high school students were given a questionnaire regarding AIDS during the spring of 1989. It was entitled the Iowa AIDS student survey (Iowa Department of Education, 1989). The Department of Education and the Centers For Disease Control intend to give the survey annually to random samples of high school students across Iowa so that they can gather longitudinal data as well as monitor the changes in behaviors and attitudes among our adolescents.

With the advent of the new standard in this area, it is important for educators to know the impact of instruction and to be able to study and measure what causes the adolescent to learn more facts about a topic and/or change their beliefs or attitudes about that topic. Attitudinal and behavioral changes in adolescents is the real answer to

stopping the AIDS epidemic. Increasing the knowledge level of adolescents is a step in the right direction.

Not only are school administrators and educators concerned about providing the most up-to-date information about the disease called AIDS, but in addition the educational system bears the brunt of decision-making pertaining to young people with AIDS attending schools. The possibility of staff members who are infected with the AIDS virus is yet another concern of school administrators and educators. The conflicts over school children with AIDS that unfolded in Kokomo, Indiana with Ryan White in 1985 (Kirp, 1989) and elsewhere across the country in 1985 seemed to come from nowhere like a storm that caught everyone off guard. During the early years of the AIDS epidemic children were not really thought of as being at risk of contracting AIDS. By 1985, however, with the Ryan White story came a lot of public attention on this issue of students with AIDS in the schools.

"A student or staff member who is infected with the AIDS virus does not pose a health risk to other students or school personnel in schools" (American Red Cross, 1988). School districts should develop an effective AIDS policy that is responsive to the concerns of parents of both infected and uninfected students as well as staff. It is not stretching the

possible to say that AIDS is perceived by most people - rightly or wrongly - as the leprosy of the twentieth century (National School Boards, 1987). Because of this impression and attitude, it will continue to generate enormous, emotion-laden controversy in school board meeting rooms and school buildings across the nation as the numbers of students and employees afflicted with AIDS increase. School leaders and administrators must know the recommendations for admitting students with AIDS to school, and also how to respond to cases of AIDS in the workplace. Such guidelines exist at both the state and local levels in conjunction with county and state boards of health. Those school districts who have already been forced to address the issue of persons with AIDS in their schools stress the need for cooperation among a wide variety of groups including: school board members, school administrators, local health officials, parents' groups, and the media. Such cooperation can help check an epidemic of fear and panic that can spread across the nation even more rapidly than the virus itself (National School Boards, 1987).

The vast majority of children infected with the AIDS virus never even reach elementary school age. However, there are an unknown number of children in schools today who are asymptomatic carriers of the virus that causes AIDS. In addition an even larger percentage of the young people (thirteen to nineteen years of age) carrying the AIDS virus acquire the virus through sexual contact at an early age.

They then proceed to pass on the virus to others they are sexually active with (National School Boards, 1987). In a 1989 student survey (Iowa Department of Education, 1989) results indicated that fifty-four percent of adolescents have had sexual intercourse while thirty-six percent of those who are sexually active have had sexual intercourse with four or more partners in their lifetime. Each of these indicates very high risk behaviors for AIDS infection and gives supporting evidence to the fact that adolescents are at risk of AIDS and that indeed there are many adolescent students in our high schools who are carriers of the AIDS virus. Because of the long incubation of the virus, they may not even be aware of the presence of the virus until many years later when they are in their mid to late twenties.

The answers to legal questions raised by the presence of a student or an employee with AIDS in schools are by no means set in stone. Legal and education authorities suggest that school leaders give the public as much correct information about AIDS as possible at a time when the public is receptive to that information. Another important legal precaution is to have a carefully delineated district policy in place which addresses the districts' response to persons with AIDS in the schools. Nationally, in both large cities and small towns, there appears to be growing conviction and legal

support for the position that children with AIDS should be in school if they are healthy enough to attend. But even five years after the first cases were reported and school districts received such intense media coverage, the above position is not a unanimous choice across the nation (Kappan, 1988).

In the next decade, AIDS will touch every professional and advocate concerned about children and adolescents (Johnson, 1988). It is a problem that will test the nation's social and political systems. Dr. June Osborn put it this way: "AIDS is here to stay. It is like the day after Hiroshima - the world has changed and will never be the same again. The AIDS virus will be a fact of life for our children's children; much can be done to moderate its force but it cannot be made to disappear" (Johnson, 1988).

There is much that can be done by the schools to ensure that the students are educated thoroughly about the various aspects of the disease, the risky behaviors associated with the disease, and prevention strategies. In addition, they can insure that sound policies are developed and in place regarding students and/or staff members with AIDS/AIDS as well as taking all necessary sanitary and general health precautions in dealing with bodily fluids on or around the school. AIDS is a disease which can be prevented but it will take the schools, the community, the parents, and the students themselves working side by side to see it through to extinction.

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