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ABSTRACT

The Surgeon General's information material on the Acquired Immune Deficiency Syndrome (AIDS), which was mailed to every household in the United States, was used to develop an AIDS Awareness Inventory. The inventory was designed for administration to 182 high school students enrolled in schools in three districts, which have adopted an AIDS component as part of their health curricula. Focus was on evaluating the effectiveness of AIDS education in the secondary schools in one metropolitan area of a midwestern state. Individual inventory items were tested for significance by the Chi-Square Goodness of Fit Test. Twenty of the 40 items were answered incorrectly by a significant number of the students. Although most students knew the general definition of AIDS, they did not know specifics (i.e., the name of the virus, number of victims, and projected number of cases). Most students knew that AIDS is transmitted by blood or semen, through sexual contact or blood transfusions. They knew that AIDS may be carried by apparently healthy individuals and that risk is increased by sexual promiscuity. Nevertheless, the students held misconceptions regarding transmission, specific effects of the disease, and social implications. Results indicate that: (1) in general, students are informed about AIDS; (2) anxiety levels are high; and (3) beliefs that AIDS can be transmitted in the schools must be countered. Schools can function as conduits for information and as sources of support. One data table and a bar graph are provided. (TJH)

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AIDS Awareness of High School Students:
An Exploratory Study

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RUNNING HEAD: AIDS Awareness

Paper prepared for presentation at the 1989 Eastern Educational
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AIDS Awareness of High School Students

AIDS is currently a major concern in American life. It has become increasingly clear that at the present time education is our best weapon against this deadly disease. Education is seen as the key in combating this dreaded disease at this time. Knowledge about AIDS must be disseminated to our adult population and also to our youth. Many secondary schools have adopted curricula to include AIDS education.

Even though AIDS education is a common topic of concern, it is so new that there is no research available on its effectiveness. Much of the discussion to this date has been in the hands of the news media, along with concerned educators and other professionals. There has been much sensationalism, instead of accurate data. Since schools are becoming increasingly involved in AIDS education, it is appropriate that the effectiveness of school programs be evaluated by educational researchers.

This study was a general evaluation of the effectiveness of AIDS education in the secondary schools in one area of a midwestern state. The results are intended to serve as a guide for schools to create, evaluate and revise AIDS curricula.

Methods

Using the Surgeon General's AIDS information material that

was mailed to all households in this country (U. S. Department of Health and Human Services, 1988), AIDS information was classified into four major categories: Basic Facts, Transmission, Effects, and Social Implications. Each of these areas was judged to be an important component of the AIDS curriculum. This organization is in agreement with existing AIDS curriculum guides (Bock & Hoch, 1988; Centers for Disease Control, 1988; Ingraham, 1988; Koblinsky, 1987; Minnesota AIDS Project, 1987; Person, 1987; U. S. Department of Education, 1987; U. S. Department of Health and Human Services, 1988b). A forty-item true/false test, the AIDS Awareness Inventory was constructed to measure AIDS knowledge in these four areas.

The AIDS Awareness Inventory was administered to a random sample of 182 high school students at three schools in three different school districts in a metropolitan area. All three school districts have adopted an AIDS component in their health curriculum.

Individual items were tested for significance by the Chi-Square Goodness of Fit Test. Because of the serious nature of the information, a mastery level of 99 percent correct was selected as the criterion.

Results and Conclusions

The individual items were analyzed to determine the number of correct and incorrect answers (See Table 1). Twenty of the

Insert Table 1 here

forty items were answered incorrectly by a significant number of students (Chi-Square (1, N=182) > 6.73, $p < 0.01$).

The findings in the four categories of AIDS information are summarized in Figure 1. In the individual areas, under Basic

Insert Figure 1 here

Facts, most students knew the general definition of AIDS. They did not know specifics, such as the name of the virus, the number of victims, and the projected number of cases.

In the critical category of Transmission, most students knew that AIDS is transmitted by blood or semen, through sexual contact or blood transfusions. They knew that AIDS may be carried by a healthy-appearing individual. They also knew that AIDS risk is increased by multiple sex partners.

They had several misconceptions about transmission of AIDS. They indicated that AIDS is caused by non-traditional sexual behavior, that it may be contracted by donating blood, and that it may be transmitted by social kissing. They incorrectly indicated that use of condoms eliminates the AIDS risk.

In the category of Effects, most students knew that AIDS cannot be cured, but that researchers are working on vaccines. They were not aware of specific effects, such as susceptibility

to pneumonia and cancer.

In the category of Social Implications, most students knew that individuals with a positive AIDS antibody test should seek medical and psychological counseling. However, they indicated that they thought AIDS had been transmitted in schools, and did not know that AIDS victims are assured a public education by the Education of the Handicapped Act.

Educational Importance

These results indicate that the high school students in this sample were fairly well-informed about AIDS. They knew general facts: that AIDS is an incurable disease spread by blood and semen exchange. However, three areas of critical misconceptions were identified. First, students believed that condom use would eliminate the risk of AIDS. While condom use does reduce the risk, it does not eliminate it. This fact should be emphasized in school curricula.

Secondly, it appears that students may be over-anxious about AIDS transmission. They believe, for instance, that it can be contracted by social kissing and by donating blood. While school curricula should contain frank and honest information about AIDS, care should be taken not to frighten students unnecessarily and cause possible psychological damage. They should be made aware of the risks, and also of untrue myths about AIDS.

The third area of misconception concerns AIDS in the schools. Most students incorrectly believed that AIDS has been

transmitted in the schools. This belief could lead to considerable social problems if students are not informed of the facts. No case of AIDS transmission in a school has been documented. Again, this is where the school curriculum should diffuse the myth with the correct facts.

In summary, this study of AIDS awareness in high school students has found that students have a good general knowledge of AIDS facts. Some areas of misconceptions were identified and should be considered by schools in constructing or revising AIDS curricula. Schools can function as conduits for information and as sources of support. We must insist on mastery learning of this topic. It is not enough that large percentages of students know basic information. Our goal must be that all students are fully informed and educated about AIDS.

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Table 1.

Student Responses to Items on the AIDS Awareness Inventory.

ITEM	NUMBER CORRECT	NUMBER INCORRECT	ITEM	NUMBER CORRECT	NUMBER INCORRECT
1	175	7	21	173	9
2	111	71*	22	173	9
3	121	61*	23	129	53*
4	129	53*	24	165	17
5	112	70*	25	165	17
6	151	31	26	87	95*
7	69	113*	27	164	18
8	113	69*	28	168	14
9	155	27	29	82	100*
10	104	78*	30	130	52*
11	116	66*	31	156	26
12	171	11	32	166	16
13	153	29	33	172	10
14	146	36*	34	65	117*
15	129	53*	35	156	26
16	159	23	36	47	135*
17	99	83*	37	150	22
18	162	20	38	146	36*
19	85	97*	39	96	86*
20	160	22	40	166	16

 *Chi-Square Goodness of Fit (Correct=180), $p < .01$

Figure 1.

Average Percent of Students Lacking Knowledge in Four AIDS Knowledge Areas.

