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ABSTRACT

The reality of acquired immune deficiency syndrome (AIDS) and AIDS-related diseases is a matter of great concern to school personnel. Because no evidence that AIDS is spread through casual contact exists, most authorities assert that school and daycare situations do not pose a threat for transmission of the disease. To determine the views of school administrators and teachers concerning AIDS and the related issues that affect the operation and management of public schools and to provide a basis for organizational planning, staff develop activities, and community related programs, questionnaires were mailed to 100 building level administrators and 100 teachers employed in rural mid-Tennessee public schools. The results indicate that both administrators and teachers: (1) felt uncomfortable with their current level of AIDS knowledge; (2) thought that students and personnel would be at risk with AIDS-infected persons in schools; and (3) objected to AIDS-diagnosed personnel or students attending school. Accurate, research-based, and medically documented information is recommended to help dispel myths and to resolve the misunderstandings about AIDS. Elementary school health education classes are the logical place to introduce study about this serious health problem. (20 references) (KM)

A STUDY OF ADMINISTRATORS' AND TEACHERS' VIEWS CONCERNING AIDS AND RELATED ISSUES

A Research Paper
Presented at the Annual Meeting
of the Mid-South Educational Research Association
on November 10, 1989 in Little Rock, Arkansas

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A STUDY OF ADMINISTRATORS' AND TEACHERS' VIEWS CONCERNING AIDS AND RELATED ISSUES

Introduction

Acquired Immunodeficiency Syndrome (AIDS) has become a serious health problem in America. AIDS is a disease caused by the Human Immunodeficiency Virus (HIV). The AIDS condition is characterized by a weakening of an individual's natural immune system and may affect both young and old alike. AIDS is a contagious disease, and those infected are vulnerable to life-threatening secondary infections caused by certain bacteria, fungi, viruses, protozoa, and some forms of cancer. These contingent illnesses occur when one's natural immunity detoriates, and death may result. It has been found that the AIDS virus can remain dormant for a number of years; however, those infected, although showing no symptoms, may nonetheless spread the virus to others. There is presently no known cure for AIDS.

Since the number of reported cases of AIDS is increasing, it is feasible that children infected with the AIDS virus are enrolling in the public schools. Also, teachers, administrators, and other school personnel working in the public school setting are subject to infection by the AIDS virus and may subsequently spread the disease. Therefore, it is necessary that school administrators and teachers have complete and accurate information about AIDS

and understand how to manage AIDS-related problems in the school and community. The leadership of school administrators and teachers will do much to dispel fears, protect confidentiality, limit adverse legal actions, and improve communications between the school and community. The perceptions held by school administrators and teachers provide insights about this serious issue. This information will assist school leadership in formulating a response to this contemporary challange.

Purpose of the Study

The reality of AIDS and AIDS-related diseases is a matter of serious concern to school personnel and may greatly impact the implementation of educational programs and services. The attitudes of teachers and school administrators toward issues related to this catastrophic illness will directly affect the way local schools address the matter of children with AIDS attending regular school programs and activities. Also, the reaction toward AIDS-infected adult personnel working in the school environment is a matter to be considered. The purpose of this study was to determine the views of school administrators and teachers concerning AIDS and related issues which affect the operation and management of public schools. These data should provide a basis for

organizational planning, staff development activities, and community relations programs.

Research Procedure

A questionnaire was mailed to 100 building level administrators (principals and assistant principals) and to 100 teachers employed in certain rural public schools within the middle geographic region of Tennessee. Participants were selected from fourteen school systems with enrollments of 2500 students or less. A total of 91 (91 percent) building level administrators and 83 (83 percent) of the teachers returned completed questionnaires. The data collected in the study are shown through a questionnaire item by questionnaire item method. The Chi Square test was used to determine significance at the .05 level.

Supportive Literature

Acquired Immune Deficiency Syndrome (AIDS) is a condition caused by the Human Immunodeficiency Virus (HIV) that usually causes damage to the brain and destroys the body's ability to counter infections and subsequent diseases. AIDS alone does not kill; however, this condition allows infections cuasing pneumonia, cancer, and other such illnesses to invade the body and ultimately cause death.

The AIDS virus is apparently spread in one or more of the following ways:

1. Having sex with an infected person.
2. Sharing of contaminated needles.
3. Through an infected mother to her unborn child.
4. The AIDS virus has been discovered in saliva. (Experts advise against deep, prolonged "French" kissing with an infected person. (1)

There is no present evidence that the AIDS virus is spread through casual contact such as shaking hands, using office equipment, coughing, or from swimming pools. Most authorities seem to believe that casual contact among children in schools and day care centers is not a matter of serious concern. (2) Of course, there are differences of opinion when children involved are diagnosed to be carriers of the AIDS virus. In these instances, community pressures and personal fears become involved in decision-making processes.

According to a Center for Disease Control publication the safest way to avoid being infected by the AIDS virus is to abstain from promiscuous sexual activity and illegal drug use. Information about AIDS should be introducted into the school curriculum in the intermediate grades and continue through the school experience. In fact, information about

AIDS should be emphasized throughout all segments of society. The only sure means to determine if a person is infected with the AIDS virus is through an appropriate blood test. It is possible to have the virus without overt symptoms. A person with the virus may transmit it to others and, once infected, the person is infected for life. It could take ten years or longer for the actual disease to develop, or it might never develop. (3)

The incidence of AIDS in public schools is an issue with emotional, legal, and moral dimensions. Deifinitive data is unavailable on the exact number of school age youth infected with the AIDS virus. It is appropriate to assume that the number of school age youths with the virus will no doubt increase. Neither is it known how many persons working in the school system may be infected with HIV. The AIDS virus was first reported in the United States in March of 1981. Since that time, AIDS and associated disabilities have become a major public health dilemma. Currently, some 45,000 cases of AIDS have been reported nation-wide and almost 600 cases of pediatric AIDS are documented. Evidence indicates that about 80 percent of the children infected with AIDS acquired it from their infected mothers.(4) The probability of some children with the AIDS virus attending school has instilled fear and, in some cases, caused

hysteria among parents and educators. It is important that educational and community leaders stress rational thinking and action when faced with the issue of AIDS among school children or school employees.

A National Education Association report estimates that some 1.5 million people are infected by the AIDS virus in the United States. (5) Being infected with the AIDS virus (HIV) is not the same as having AIDS. AIDS is caused by a virus which invades body cells, reproduces, and leads to serious infections. Researchers are working to provide solutions to the many unknowns about AIDS. Through research and study AIDS treatments may be refined and, hopefully, prove to be more successful.

All viruses contain a nucleic acid, DNA or RNA, ne l for reproducing new viruses. Viruses are made up of an envelope or protective coat which protects the core (DNA or RNA) of the virus. The AIDS virus is made up of an envelope, a core which contains reverse transcriptase that converts RNA to DNA, and two strands of RNA. The AIDS virus has been named LAV (Lymphadepathy Associated Virus); HTLV-III (Human T-Lymphotropic Virus Type III); and HIV (Human Immunodeficiency Virus). The HIV attacks white blood cells called (T-lymphocytes) or T4 cells and depletes the body's supply. (6)

The T4 cell is the quarterback of the immune system, though it is highly interdependent. The T4 cell functions systematically as it recognizes foreign antigens on infected cells; helps to activate B lymphocytes (B-Cells); orchestrates cell-mediated immunity by activating T8 lymphocytes; and it influences the activity of mobile scavengers known as monocytes and macrophages which engulf infected cells and foreign particles in the body. (7)

The loss of T4 cells seriously impairs the body's ability to fight most invaders, and has a particularly severe impact on the defenses against viruses, fungi, parasites, and certain bacteria, including mycobacteria (the group of bacteria that causes tuberculosis). (8)

When a person has the HIV infection, the viral envelope binds tightly to a receptor on the surface of a cell; the virus merges with the T4 cell and transcribes (makes copies by the code given from the virus) its RNA genome into double-stranded DNA; the viral DNA becomes incorporated into the genetic material in the cell's nucleus and directs the production of new viral RNA and viral proteins which combine to form new viral particles; and these particles bud from the cell membrane and infect other cells. (9)

The virus (HIV) infects and replicates not only in T4 cells but also in monocytes, macrophages, and similar cells called tissue dendritic cells found in the skin, mucous membranes, lymph nodes, liver, spleen, and brain. Attack on these various cells are usually areas where unknowingly infected persons first see or notice signs of being infected by the disease. (10)

As previously indicated, when a person becomes infected by HIV, that person does not automatically have AIDS. AIDS is a progressive condition. Researchers at the Walter Reed Army Institute of Research have classified the progression of AIDS infection into seven classifications. They are: WRO - Exposure; WR1 - Acute Infection; WR2 - Chronic Lympadenopathy; WR3 and WR4 - Subclinical immune dysfunction; WR5 - Skin and Mucous Membrane Immune Defects; and WR6 - Systemic Immune Defiency. (11)

The following description gives a summary of the final stage of AIDS which most likely results in death.

Some patients develop Kaposi's Sarcoma. In addition to PCP, other disorders associated with AIDS include the parasitic infections, toxoplasmosis (which infects the brain and can lead to seizures and coma) and chronic cryptosporidiosis (which typcially attacks the intestinal

tract, causing chronic diarrhea). Final stage opportunistic diseases also include the fungal infections, crypococcosis (which frequently causes meningitis, but may also damage the liver, bone, skin, and other tissues) and histoplasmosis (which can cause self-limited pneumonia in individuals with an intact immune system, but causes a disseminated infection of the liver, bone marrow, and other tissues in HIV infected patients and is a frequent cause of chronic fevers).

A common viral infection is cytomegalovirus, a cause of pneumonia, encephalitis, blindness, and inflammation of the gastrointestinal tract. As in the case of hisotplasmisis and tuberculosis, the cytomegalovirus seen in HIV patients is usually a reactivation of a childhood infection that was well controlled until HIV seriously hobbled the patient's immune system. Such bacteria as Legionella and Samonella can also be a severe problem.

In terminal stages, many patients suffer from AIDS Dementia Complex, a syndrome characterized by a gradual loss of precision in both thought and motion. Brain damage is also a problem as is loss in cognitive functions such as memory and judgement. (12)

The successful treatment of AIDS has been rather limited. Illnesses which surface as secondary infections

are treated through conventional techniques. The drug of choice for treating AIDS is AZT (Azidothymidine). (13) However, benefits have been temporary at best. Treatment cost for AIDS patients is expensive. The average annual cost to a person for AZT is about $6500.00. Recently, the US Government has agreed to provide AZT for qualified children under the age of 13. (14)

By 1992, it is projected that 270,000 adults and children will have developed AIDS in advanced stages. (15) The World Health Organization predicts that almost three million people world-wide may be diagnosed with AIDS within the next five years. Dr. Jonathan Mann, Head of the World Health Organization, called AIDS a worldwide emergency. Conservative estimates are that by 1991 children under the age of 13 who have been infected by the AIDS virus could total between 10,000 to 20,000. (16) These projections cannot be ignored and concerted efforts must be made to prepare educators, parents, and community leaders to focus on the individual and societal problems related to the issue of AIDS in the public schools.

The Center for Disease Control (CDC) in Atlanta, Georgia has issued a statement concerning AIDS in the school environment. These guidelines state, "Casual person-to-

person contact appears to pose no immediate risk." (17) The medical community generally agrees that under usual circumstances an AIDS infected child or school-worker would not pass the virus to classmates or co-workers. The American Medical Association's position is that "there is no reason to exclude these (AIDS infected) children from public schools." The same might be concluded for teachers and other school personnel with the AIDS virus. The American Academy of Pediatrics has concluded that school-age children with AIDS should be allowed to attend school. It was suggested that school attendance might be limited for agressive children who bite, for children who can't control their bodily excretions, and children with open skin lesions. (18) Additionally, other persons with HIV may themselves be at risk from communicable diseases present at school.

Education is probably the best medium for addressing the matter of AIDS in comtemporary society. The Coalition of National Health Organizations has made a number of recommendations concerning AIDS in the public sector. They include such concepts as the following: educational programs should be initiated in the public schools; parents and medical authorities should be involved in program planning and implementation; all school personnel should

participate in training sessions; and, State Departments of Education and Public Health should provide technical assistance to school districts. (19) Local education programs should be founded in governing board policy. Policy makers should consider certain principles when developing workable policy concerning AIDS in the school environment. An acceptable policy statement speaks to the question of who may attend school and under what circumstance; provides for the health and safety of all children and school personnel, explains expectations and responsibilities for school personnel, requires that information and training be provided, reviews liability concerns and legal obligations, establishes a communications plan, protects confidentiality, and allows for routine reevaluation of the policy statement. (20) Currently all public schools districts in Tennessee are required to develop an approved AIDS policy.

In an effort to provide general information about AIDS Surgeon General Everett Koop caused a publication "Understanding AIDS: A Message From The Surgeon General" to be mailed to every household address in the United States. It is evident that intensive education about AIDS and HIV infection should be provided for school personnel, parents, the general public, and school children. This action may

help to dispel fears and create compassion and understanding of a serious health problem in America.

Presentation of the Data

The date are presented as follows:

1. My school or school system has developed a policy statement concerning AIDS.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	74	81	17	19	91	100
Teachers	60	72	23	28	83	100

Chi Square 1.9991 (.1574) not significant at .05 level

2. I feel that I have sufficient information about AIDS.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	34	37	57	63	91	100
Teachers	22	26	61	74	83	100

Chi Square 2.3442 (.1258) not significant at .05 level

3. My school or School System's AIDS policy has been communicated adequately to school personnel and the community in general.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	47	52	44	48	91	100
Teachers	26	31	57	69	83	100

Chi Square 7.3621 (.0067) significant at .05 level

4. Students and other school personnel are at risk with AIDS or positive HIV-infected persons at school.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	51	56	40	44	91	100
Teachers	69	83	14	17	83	100

Chi Square 14.8822 (.0001) significant at .05 level

5. School personnel or students who test HIV-positive should be allowed to remain in school.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	48	53	43	47	91	100
Teachers	22	27	61	73	83	100

Chi Square 12.4310 (.0004) significant at .05 level

6. School personnel or students who have developed AIDS should be allowed to remain in school.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	19	21	81	79	91	100
Teachers	12	14	71	86	83	100

Chi Square 0.6650 (.4148) not significant at .05 level

7. Separate facilities and services are needed for those who test HIV-positive or have AIDS.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	58	64	33	36	91	100
Teachers	68	82	15	18	83	100

Chi Square 7.1910 (.0073) significant at .05 level

8. School Personnel or students who test HIV-positive (or have AIDS) have a right to keep this information confidential.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	50	55	41	45	91	100
Teachers	20	24	63	76	83	100

Chi Square 17.1795 (.0001) significant at .05 level

9. I would work with or teach a person(s) who tested HIV-postive.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	74	81	17	19	91	100
Teachers	61	74	22	26	83	100

Chi Square 1.5283 (.2164) not significant at .05 level

10. The school board should direct that students with HIV infections or AIDS be prohibited from participation in action oriented activities (e.g. PE, shop classes, laboratory).

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	20	22	71	78	91	100
Teachers	39	47	44	53	83	100

Chi Square 12.1156 (.0005) significant at .05 level

11. A school District should be held liable if a student or other school personnel becomes infected with AIDS from another student or employee while engaged in school activities.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	71	78	20	22	91	100
Teachers	71	86	12	14	83	100

Chi Square 1.6356 (.2009) not significant at .05 level

12. I should report incidents when I believe that an HIV-infected student or other person(s) may have possibly transmitted the infection to another (cuts, physical contact).

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	44	48	47	52	91	100
Teachers	29	35	54	65	83	100

Chi Square 3.2063 (.0734) not significant at .05 level

13. Knowledge of an HIV-infected (or AIDS) cases should be known by the teacher(s) immediately working with the student(s).

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	71	78	20	22	91	100
Teachers	74	89	9	11	83	100

Chi Square 3.8749 (.0490) significant at .05 level

14. Information about AIDS should be included in the school curriculum.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	78	86	13	14	91	100
Teachers	66	80	17	20	83	100

Chi Square 1.1680 (.2798) not significant at .05 level

15. Instruction about AIDS should begin during:

	Elem Grades		High School		Total	
	No.	%	No.	%	No.	%
Administrators	70	77	21	23	91	100
Teachers	54	65	29	35	91	100

Chi Square 2.9830 (.0841) not significant at .05 level

16. Health Classes should be primarly responsible for institutional content about AIDS.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	77	85	14	15	91	100
Teachers	66	80	17	20	83	100

Chi Square 0.7703 (.3801) not significant at .05 level

17. AIDS Education should be included in Family Planning or Sex Education Classes.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	40	44	51	56	91	100
Teachers	44	53	39	47	83	100

Chi Square 1.4257 (.2325) not significant at .05 level

18. School in-service training programs should include workshops about AIDS.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	80	88	11	12	91	100
Teachers	61	74	22	26	83	100

Chi Square 5.8715 (.0154) significant at .05 level

19. The school should provide information to the community concerning the school AIDS policy and other information about the disease.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	80	88	11	12	91	100
Teachers	50	60	33	40	83	100

Chi Square 17.5924 (.0001) significant at .05 level

20. There should be mandatory testing for AIDS among school personnel.

	Agree		Disagree		Total	
	No.	%	No.	%	No.	%
Administrators	25	27	66	73	91	100
Teachers	17	21	66	79	83	100

Chi Square 1.1584 (.2818) not significant at .05 level

Summary of Findings

Most of the respondents were aware that their school or school districts had developed AIDS policies in compliance with State of Tennessee requirements. Even so, neither administrators nor teachers felt comfortable with the level of information that they possessed about AIDS. The administrator's group were satisfied with the school or school district's communication plan. A majority of the teachers (69 percent) disagreed that the AIDS policy was adequately communicated. Both administrators (56 percent) and teachers (83 percent) thought the students and other personnel would be "at risk" with AIDS or positive HIV infected persons at school.

The administrators group reported that those who tested HIV positive should be permitted to attend public school. However, most teachers (73 percent) did not think that HIV positive should remain in school. Both administrators and teachers objected to school personnel or students diagnosed as having AIDS attending school. Also, the two groups of study participants "agreed" that seperate facilities and educational programs should be provided for those testing HIV positive or AIDS victims. Interestingly, the administrators (55 percent) stated that AIDS infected persons have a right to keep this information confidential.

Yet teachers (76 percent) did not consider this an option. Even though reactions were mixed concerning HIV infected and AIDS victims attending school, both groups of respondents reported that they would work with or teach HIV infected persons. It might be concluded that a majority of both groups believe that they could not feasibly terminate their employment and possibly had no other choice but to continue working at school.

A majority of those completing quesitonnaires did not think that "infected" students should be limited in school activities. They did feel that the school district should be liable for the spread of AIDS at school. However, most did not want to be responsible for reporting incidents that might lead to the spread of the virus. It seemed important to both groups that those teaching infected children be aware of any individuals infected in their classes.

Almost all of the participants in the study indicated that information about AIDS should be included in the school curriculum. Health classes were identified as a logical place to introduce study about this serious health problem. It was concluded that instruction should begin in the elementary grades.

Over one-half of the teachers favored AIDS instruction in family planning type courses. But only, 44 percent of the administrators indicated support for the concept of AIDS instruction through family planning or sex education classes.

There was a positive interest shown in having in-service training include information about AIDS. Both groups agreed that the school should have more information with the community. There was general opposition expressed for mandatory AIDS testing for school personnel.

Recommendations

The following recommendations are made based on current literature and the findings of the study.

1. Know research based, medical facts about AIDS.
2. Know how to protect against the HIV infection and AIDS.
3. Promote Educational Programs concerning AIDS.
4. Communicate about AIDS and related problems.
5. National AIDS Information Telephone 1-800-342-AIDS.

It is essential that school administrators, teachers, and other decision-makers understand the phenomon of AIDS and related issues impacting upon the school and community at

large. Accurate, research based, and medically documented information will do most to dispel myths and resolve misunderstandings about AIDS. This will improve relationships, help to establish communication, and enhance opportunities to provide meaningful educational programs for all children. Educational leaders must become increasingly responsive to this challenge.

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