

Attitudes Towards AIDS Education

A Teacher Survey

By Joyce Hopp and Grenith Zimmerman

AIDS (Acquired Immunodeficiency Syndrome) was first diagnosed in the United States in 1981. The burgeoning epidemic of AIDS has produced an other "epidemic," that of AFRAIDS. Because the disease was usually fatal, and little was known about the possible means of transmission, people became fearful. Interestingly, it was often those who were not at high risk who were the most fearful, while those who should have been taking preventive measures failed to do so.

With increasing information, it became clear that teenagers who engaged in promiscuous sex or who shared needles during intravenous drug abuse were at high risk. The long incubation period, up to 10 years, often masked the time of infection, giving rise to cases of AIDS after the teen years had past. In the United States 21 percent of AIDS cases occur among persons aged 20-29, many of whom became infected during their teen years.¹ Although most teenagers have heard about AIDS, few of them seek additional information or change their behaviors.^{2,3}

The NAD Office of Education developed an instructor's guide on AIDS for grades 5 through 12 and distributed it through the union conferences in 1987 (with revisions in 1989). To establish baseline data on attitudes of teachers and administrators toward AIDS education, the authors surveyed educators in Pacific Union Conference schools in

the spring of 1988 as part of a large study in California schools.

Methodology

The sample consisted of 454 teachers and 55 administrators in grades 7 through 12. Surveys were sent in bulk to the school administrator, with a cover letter from the investigators and E. J. Anderson, Pacific Union Conference director of education. School administrators, in turn, encouraged their faculty to complete the survey.

The questionnaire requested demographic data, asked questions about perceived support for AIDS education by parents and teachers, concern on the part of students, teachers, administrators, and parents, and the relative importance of AIDS education in their schools.

Data analysis provided frequencies and means for each question. Comparisons were done between selected groups, e.g., rural and urban schools, and comparing the number of in-service sessions attended.

Results

Forty-three percent (196) of the teachers and 33 percent (18) of the administrators came from urban schools, 40 percent (181) of the teachers and 53 percent (29) of the administrators from mixed urban and rural schools, with the remaining 17 percent and 14 percent, respectively, from rural schools.

The burgeoning epidemic of AIDS has produced another "epidemic," that of AFRAIDS.

Forty-six percent (209) of the teachers and 44 percent (24) of the administrators had never attended a workshop on AIDS at the time of the survey. An additional 46 percent (207) of the teachers and 42 percent (23) of the administrators had attended one

in-service, while the remaining individuals reported attending two to three workshops on AIDS.

Eighty-four percent of the teachers and 87 percent of the administrators believed that a majority of parents supported AIDS education for their children. The vast majority of teachers (94.9 percent) and administrators (92.7 percent) thought that most teachers approved of AIDS education in SDA schools. Seventy-three percent of the teachers and 76 percent of the administrators felt little or no political pressures to keep them from providing AIDS education; less than one percent (3) of the teachers and no administrators felt total political pressure to prevent them from teaching about AIDS.

Although most teenagers have heard about AIDS, few of them seek additional information or change their behavior.

Sixty-six percent of the teachers and 83.7 percent of the administrators said they thought that students expressed

little or very little concern about AIDS. Fifty-seven percent of the teachers and 52 percent of the administrators said that parents had expressed little or very little concern. On the other hand, 62 percent of the teachers and three-fifths of the administrators felt that teachers were expressing concern about AIDS (a response of "more than half" or more). Similarly, 65 percent of the teachers and administrators felt that administrators were expressing concern.

Eighty-nine percent of the teachers and 93 percent of the administrators said they saw AIDS as a serious problem. Ninety-one percent of the teachers and 89 percent of the administrators said it was urgent that AIDS informa-

tion be stressed in the schools. Seventy-six percent of the teachers and 63 percent of the administrators felt that the government should assist schools with the AIDS problem. Utilizing means from Questions 23-27, Table 1 shows the relative rankings of five areas by teachers and administrators.

No significant difference was found between urban and rural schools with the exception of Question 25, ranking perceived responsibility of the school in providing AIDS information. On this point, rural teachers gave a significantly lower ranking to the importance of AIDS (41 percent vs. 29 percent, rating it of least importance when compared with the other four areas). See Table 2 for further comparisons.

Both teachers and administrators who had attended AIDS in-service seminars showed significant differences from those expressed by their colleagues who had not attended such seminars. Teachers or administrators

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who had attended one or more in-services perceived more teacher support for AIDS education, greater concern expressed by teachers, and more concern expressed by administrators.

Discussion and Recommendations

The survey revealed that Adventist teachers and administrators are concerned about AIDS education. Attending one or more in-services on AIDS significantly increased the perception of support and concern for teaching about AIDS. Understandably, rural school teachers and administrators feel less need for AIDS education, since the disease is correctly perceived as occurring more frequently in urban areas. Given the level of mobility of many Adventists, however, attending school in a rural area is no guarantee that a person will not contact the AIDS virus!

It also comes as no surprise that

TABLE 1
Responsibility of schools to teach various subjects; means from rankings provided by teachers and administrators, with 1 being most important.

	Teachers	Administrators
Drugs	3.32	3.04
Sex Education	3.25	3.26
AIDS	3.70	3.63
Morals	1.62	1.74
Subject Achievement	2.39	2.50

Adventist educators give morals education the most important ranking. Teaching moral values and decision-making will positively affect education about drugs, sex, and AIDS. As William Johnsson pointed out in an *Adventist Review* editorial: "The values traditionally held and taught by Seventh-day Adventists—namely, no premarital intercourse, faithful monogamous marriages, and no drug abuse—protect one against an AIDS infection." These values, far from being constraining prohibitions, should be viewed a sign of God's love in protecting us from diseases such as AIDS.

We recommend, in light of the seriousness and widespread nature of the AIDS epidemic, that (1) all teachers and administrators attend a workshop on AIDS, (2) teachers in grades 5-12 use the denominational teaching resource unit on AIDS appropriate to their grade levels, and (3) teachers in grades 1-4 introduce the concepts of

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communicable diseases and methods of preventing transmission.

While we do not feel that units on AIDS are necessary in the primary grades, unless mandated by state law, we would highly recommend

teaching how to identify and prevent sexual abuse, with its potential for spreading the AIDS virus and other sexually transmitted diseases. Even young children can learn to distinguish between the "good touch, bad touch" of adults or older students.

Most states and provinces offer workshops and teaching materials about AIDS. If your school has not been included, contact your local Health Department, state or provincial department of education for information. Many conferences have provided workshops for their teachers, or arranged for AIDS specialists from public schools or health systems to do so. For up-to-date information, contact your local health department or Public Health Service AIDS Hotline, 1-800-342-AIDS; in Canada, 613-990-8964. □

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REFERENCES

- ¹ C. E. Koop, "Surgeon-General's Report," U.S. Public Health Service, 1988.
- ² "HIV-Related Beliefs, Knowledge, and Behaviors Among High School Students," *Morbidity and Mortality Weekly Report*, 37:47 (December 2, 1988), pp. 717-721.
- ³ D. L. Kerr, "AIDS Update: The Canada Youth and AIDS Study," *Journal of School Health*, 59:2 (February, 1989), p. 86.

TABLE 2

Percent of Teachers Ranking Areas According to Importance, Urban and Rural.

AIDS Education	Schools	
	Urban	Rural
Most Important	8.4%	4.8%
Very Important	16.2%	10.0%
Somewhat Important	21.5%	20.9%
Not Very Important	24.6%	23.3%
Least Important	29.3%	41.0%