To The Graduate Council:

I am submitting herewith a dissertation written by Tun Kyaw Nyein entitled " Tennessee Superintendents' Attitudes Toward Persons With AIDS In The Public School Setting." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Health Education.

James J. Neutens, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Vice Provost
and Dean of The Graduate School

TENNESSEE SUPERINTENDENTS ' ATTITUDE TOWARD PERSONS WITH AIDS IN THE PUBLIC SCHOOL SETTING

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Tun Kyaw Nyein

December 1989

To:

My Parents and Cathy

ACKNOWLEDGEMENTS

In the course of his graduate work, this writer had needed and received generous assistance from many people to whom he is profoundly indebted.

Foremost among them is Dr. J.J. Neutens, who as major advisor, had assisted this writer through both the master's program at Western Illinois University and the doctoral program at the University of Tennessee, Knoxville. The writer is grateful to him for his patience, nurturance and humor during both good and bad times since arriving in the United States. I extend profound gratitude and appreciation to members of my doctoral committee: Dr. Bill Wallace, Dr. Ed Howley and Dr. Bert Thompson for their consultation, criticism and encouragement which made this work possible.

A special note of gratitude is hereby extended to the Tennessee Health and Environment AIDS Program for providing cover letters and mailing labels for the survey.

My warm and heartfelt thanks to my mother and my brothers Thaung, Aung and Bo for their encouragement and support and, finally, to my wife Cathy and her parents Charles and Christine Coatney for their sacrifice, patience and love.

ABSTRACT

This study was designed to assess, analyze and compare attitudes of superintendents in Tennessee public school systems regarding persons with AIDS (PWAs) in the public school setting. Specifically, the objectives were:

1. to examine the attitudes of Tennessee superintendents toward persons with AIDS in the school setting;

2. to ascertain the differences in attitudes of Tennessee superintendents toward persons with AIDS in a school setting based on demographic variables;

3. to examine the differences in attitudes toward persons with AIDS between superintendents of school systems that had established AIDS education programs and superintendents of school systems that had not established AIDS education programs;

4. to investigate the differences in attitudes toward persons with AIDS between superintendents of Tennessee school systems that had definite plans to establish AIDS education programs and superintendents of school districts that did not have definite plans to establish AIDS education programs;

5. to ascertain the differences in attitudes toward persons with AIDS between superintendents of school districts that had developed school AIDS policies that were congruent with the Tennessee state guidelines and superintendents of school districts that had developed school AIDS policies

that were not congruent with state guidelines; and,

6. to examine the differences in attitudes toward persons with AIDS between superintendents who perceived community support for their districts' AIDS policies and superintendents who did not perceive community support for their districts' AIDS policies.

The participants in this study were from a population of superintendents of all the school systems in the state of Tennessee listed in the Tennessee Directory of Public Schools, 1988. From a total of 147 superintendents listed in the directory, 108 responses were received and 102 respondents were included in the study after invalidating the incomplete responses.

The instrument used in this study was adopted from the School Professionals' Attitude Toward AIDS Instrument developed by Neutens and pilot tested at the University of Tennessee in the summer of 1989. The questionnaire packets, with accompanying cover letters from the Tennessee Department of Health and Environment and the researcher himself, were mailed to the superintendents in the fall of 1989.

The questionnaires were tallied, scored and computer-analyzed. Descriptive statistics, ANOVA and Scheffe's tests were employed to address the research questions defined by the study.

The data indicated that Tennessee superintendents had strong feelings and attitudes toward persons with AIDS in the school setting. The attitudes of Tennessee superintendents toward PWAs were preponderantly favorable.

However, among the superintendents, there were considerable negative attitudes toward PWAs that were at variance with the attitudes embodied by the state guidelines for school AIDS policies in Tennessee schools.

There were no differences in attitudes toward PWAs among Tennessee superintendents on the basis of sex, age, religion, ethnicity, region or school culture. Attitudes toward PWAs did not appear to differ among Tennessee superintendents on the basis of a school district having developed school AIDS policy congruent or incongruent with state issued guidelines for school AIDS policy and a school district having definite plans for AIDS education or not. However, differences in attitudes toward PWAs were found among Tennessee superintendents on the basis of whether the school district that each of them supervised had or did not have an established AIDS education programs and also on the basis of whether the superintendents perceived community support for their individual school district's school AIDS policy.

Based upon findings of the study, the following conclusions were drawn:

1. The official attitudes of the educational and public health, professional institutions of this nation with regard to Persons With AIDS could not as yet be considered as unanimously espoused by or even firmly established among superintendents in the state of Tennessee.

2. On the basis of the findings of this study, many Tennessee superintendents did not agree with the Tennessee state guidelines for AIDS issues in the school setting.

3. In terms of attitudes toward PWAs, demographic variables such as sex, age, religion, ethnicity, region, and school culture had little or no influence

on Tennessee school superintendents.

4. With regard to attitudes toward PWAs, existing professional workshops on AIDS for Tennessee school superintendents did not appear to have noticeable impact.

5. The disparities that exist in school AIDS policy between school districts and state levels could not be accounted for on the basis of the district level administrators' attitudes toward PWAs.

6. In light of the findings in this study, attitudes of superintendents toward AIDS/PWAs could be a possible contributing factor toward lack of established AIDS programs in Tennessee schools.

7. Insofar as attitudes toward PWAs were concerned, the results of this study indicated that the values and attitudes of the Tennessee superintendents were strongly associated with the values and attitudes of the official community and the constituent community.

To the policy makers, suggestions were made to:

1. make efforts toward minimizing the disparities between official policy on AIDS related issues and personal attitudes among designated implementers of the same policies; and

2. be cognizant of possible attitudinal disparities within its own ranks on the part of state-wide AIDS education programs and to develop strategies to address the problem.

To researchers, the following were recommended:

1. replication of this study with other populations within the educational community to identify disparities between the state's official position on PWAs and the personal attitudes toward PWAs among various educational professionals who will be implementing the official policies at different levels.;

2. in depth evaluation of existing educational programs on AIDS for education and other professionals;

3. studies to investigate more effective educational strategies to mitigate adverse attitudes and fallacies regarding PWAs; and

4. efforts be made to identify other possible factors that either impede or enable educational efforts directed at prevention of AIDS and protection of PWAs.

TABLE OF CONTENTS

CHAPTER I 1

INTRODUCTION 1
I. STATEMENT OF THE PROBLEM 4
II. RESEARCH QUESTIONS 5
III. NEED FOR THE STUDY 7
IV. BASIC ASSUMPTIONS 10
V. DELIMITATIONS 10
VI. LIMITATIONS 10
VII. DEFINITION OF TERMS 11
VIII. SUMMARY 12

CHAPTER II 13

REVIEW OF RELATED LITERATURE 13
I. INTRODUCTION 13
II. AIDS: THE BIOMEDICAL ASPECTS 14
III. AIDS RELATED ISSUES IN PUBLIC SCHOOLS AND THE RESPONSES 21
IV. THE ROLE OF SUPERINTENDENTS IN IMPLEMENTATION OF SCHOOL POLICIES . . 27
V. OPINIONS, BELIEFS AND ATTITUDES TOWARD AIDS AND PERSONS WITH AIDS 29

CHAPTER III 34

METHODOLOGY 34
I. OVERVIEW 34
II. THE POPULATION 34
III. INSTRUMENTATION 35
IV. INSTRUMENT VALIDATION 37
V. DATA COLLECTION 38
VI. ANALYSIS OF THE DATA 39
VII. SUMMARY 42

CHAPTER IV 44

PRESENTATION AND ANALYSIS OF DATA 44
I. INTRODUCTION 44

II. SURVEY RETURN RATES 45
III. INSTRUMENT RELIABILITY FOR THE STUDY POPULATION 45
IV. THE STUDY POPULATION 47
V. ATTITUDES TOWARD PERSONS WITH AIDS: ANALYSIS BY STUDY POPULATION 54
VI. ANALYSIS OF DATA BY SUBGROUPS 73

CHAPTER V 87

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS 86
I. SUMMARY OF BACKGROUND INFORMATION . . . 86
II. SUMMARY OF FINDINGS 88
III. CONCLUSIONS 100
IV. SUGGESTIONS AND RECOMMENDATIONS 101

REFERENCES 103

APPENDICES 112
APPENDIX A
SUPERINTENDENTS' QUESTIONNAIRE 113
APPENDIX B
LETTER FROM TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT 118
APPENDIX C
LETTER FROM THE RESEARCHER 120
APPENDIX D
FOLLOW-UP LETTER FROM THE RESEARCHER 122

VITA.....124

LIST OF TABLES

Table 1 SURVEY RETURN RATES 46

Table 2 RELIABILITY COEFFICIENTS 47

Table 3 DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION 49

Table4 INFORMATION RELATED TO AIDS AWARENESS AMONG RESPONDENTS AND SCHOOL DISTRICTS THEY REPRESENT 53

Table 5 ATTITUDE ITEMS DEALING WITH DISCRIMINATION . . 55

Table 6 ATTITUDE ITEMS DEALING WITH CONFIDENTIALITY . 61

Table 7 ATTITUDE ITEMS DEALING WITH AIDS EDUCATION AND CONTROVERSIAL TOPICS 68

Table 8 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY GENDER 73

Table 9 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORE BY GENDER 73

Table 10 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY AGE 74

Table 11 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY AGE 74

Table 12 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY DEGREE 75

Table 13 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY DEGREE 75

LIST OF TABLES (continued.)

Table 14 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY TENURE 76

Table 15 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY TENURE 76

Table 16 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY REGION 77

Table 17 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY REGION 77

Table 18 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY CULTURE 78

Table 19 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY CULTURE 78

Table 20 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY EXPOSURE TO AIDS WORKSHOP 79

Table 21 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY EXPOSURE TO AIDS WORKSHOP 79

Table 22 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY DISTRICTS THAT HAVE AIDS EDUCATION PROGRAMS 80

Table 23 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY DISTRICTS THAT HAVE AIDS EDUCATION PROGRAMS 80

Table 24 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, DIFFER WITH STATE POLICY/NO 81

LIST OF TABLES (continued.)

Table 25 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, DIFFER WITH STATE POLICY/NO 81

Table 26 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, PLAN TO SET UP AIDS EDUCATION/NO 82

Table 27 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, PLAN TO SET UP AIDS EDUCATION/NO 82

Table 28 SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, COMMUNITY SUPPORTS SCHOOL AIDS POLICY/NO 83

Table 29 MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, COMMUNITY SUPPORTS SCHOOL AIDS POLICY/NO 83

LIST OF FIGURES

Figure 1
Frequency Polygon Of Attitude Scores. 71

CHAPTER I

INTRODUCTION

America's public school systems, like the rest of society, were very much a part of a global campaign to prevent and control the epidemic of Acquired Immunodeficiency Syndrome, commonly known as AIDS. In the absence of a vaccine or an effective cure for this ominous disease, education directed toward changing behaviors--identified by biomedical science to be associated with high risk for AIDS--represented the most rational and effective option against the epidemic. As the hub of every community, school and school-based AIDS education constituted a vital component of this worldwide and nationwide campaign against the spread of AIDS. This reality was highlighted by the Presidential Commission on the Human Immunodeficiency Virus Epidemic in its report to the President when it defined the school-based preventive strategy as a two-part educational response and noted that:

> The first part must happen in the short term. It is the opinion of the Commission that the provision of HIV education in our schools is of vital importance and must be introduced across the nation immediately. Some states have already ensured that this is happening; the rest must follow their lead. The decisions about appropriate content and methods of instruction should be determined at the local level...
>
> The second part is the long term response, which will have a far greater payoff when fully implemented; that is the introduction of a comprehensive health education curriculum for all grades K-12.

Beyond the task of mobilizing and implementing effective school-based education programs against AIDS, the nation's school systems were confronted with an emotionally charged and sometimes disruptive issue of dealing with AIDS-infected persons or persons with AIDS (PWAs) present amidst their school populace. Some schools had handled the problem successfully via school AIDS policies based on sound reason and facts rather than on irrational fears and myths. Thus, the Presidential Commission further noted that:

> Important lessons can be learned from those model communities which have policies in place regarding HIV-infected individuals in their schools without fear and discrimination. In some school districts, a well-coordinated system of educational programs has produced an enhanced sense of community pride and satisfaction from having worked together to fashion an enlightened, rational policy on HIV infection for the schools. The Commission has been impressed with the courage and compassion which school and public health officials have displayed in planning and preparing for a positive outcome (Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, 1988).

It was recommended by the Commission that each school system establish a board-developed policy with accompanying guidelines for dealing with Persons With AIDS (PWAs) well before the first case of PWAs was encountered in any school system.

Congruent with the Presidential Commission's recommendations, the Tennessee State Department of Education developed the Plan for Addressing the Issue of AIDS in Tennessee Public Schools. The school

systems were required to formulate a school AIDS plan since September 1, 1988.

While many schools in Tennessee adhered to the stated guidelines, some schools reportedly developed policies that were inconsistent with state guidelines. While some schools had AIDS education programs already in place, others were in different stages of planning or had none at all. Where some districts experienced disruption over PWAs in the classroom, many districts resolved a similar situation successfully without much difficulty. Given the fact that American schools were supervised by superintendents and school board members, many people believed that they were the heart of the school systems. School board members and superintendents thus stood at the center of policy making and of implementation. Thus, in the midst of nationwide efforts to handle AIDS and AIDS related issues through rational school policies and school-based educational programs, congruence or incongruence between institutional policies/positions and attitudes of key policy implementers toward issues encompassed by a particular school policy was clearly of importance to the success or failure of the policy in question. Underlying the AIDS issue in the public school setting were the negative attitudes towards PWAs prevalent in the society at large. Superintendents, who by virtue of their professional status and position, were educational executives responsible for the successful implementation of state mandated policies that embodied official and

professional attitudes which were designed to combat the epidemic of AIDS while at the same time protect the human rights and dignity of those affected by the disease. On the other hand, superintendents were accountable to school administrations that represented constituencies of diverse cultures, values and attitudes often at odds with the state or federal administrative positions. Thus, superintendents were, more often than not, positioned in the midst of conflicts. From the perspective of implementing a successful public health educational campaign against AIDS, it was important to understand the distribution of attitudes toward PWAs, their congruency with professional and official attitudes and the nature of the differences. This study sought to determine the attitudes of Tennessee school superintendents toward PWAs and to identify the variables that may be associated with differences.

I. STATEMENT OF THE PROBLEM

The purpose of the study was to assess, analyze and compare attitudes of superintendents in Tennessee public school systems regarding persons with AIDS in a public school setting.

II. RESEARCH QUESTIONS

At the time of this study, the AIDS virus was already part of the general public health concern in the United States. Consequently, schools were confronted with AIDS related policy issues that included school attendance, personnel, confidentiality, liability, safety, curriculum, education and public relations. Whether the pressure to address the AIDS issue in the school setting came from the legislatures or state boards of education or state health departments, the commitment of superintendents to the state policies on AIDS was crucial to the success of policy implementation at the district level and, concomitantly, at the building level.

As educators, school superintendents belonged to overlapping varieties of communities of education. According to Getzel (1978), communities were defined as "groups of people conscious of a collective identity characterized by common cognitive and affective norms." In his model of the communities of education, Getzel posited that individual and institutional norms and values interact continually, affecting personality dispositions, role expectations, and resultant behavior in educational institutions. The model further called attention to the fact that many discontinuities result from one's simultaneous membership in the overlapping "variety of communities," and that this lack of

congruence affects both individual and organizational relationships and outcomes (Getzel, 1978).

Based on Getzel's model of communities of education, the study sought to address the following questions:

1. What were the attitudes of Tennessee superintendents toward persons with AIDS in the school setting?

2. Were there differences in attitudes of Tennessee superintendents toward persons with AIDS in a school setting according to demographic variables of the superintendents?

3. Were there differences in attitudes toward persons with AIDS between superintendents of school systems that had established AIDS education programs and superintendents of school systems that had not established AIDS education programs?

4. Were there differences in attitudes toward persons with AIDS between superintendents of Tennessee school systems that had definite plans to establish AIDS education and superintendents of Tennessee school systems that did not have definite plans to establish AIDS education programs?

5. Were there differences in attitudes toward persons with AIDS between superintendents of Tennessee school systems that had developed school AIDS policies that were congruent with the Tennessee state guidelines for school AIDS policy and superintendents of school systems

that had developed school AIDS policies that were not congruent with state guidelines on school AIDS policy?

6. Did perception of community support for mandated school AIDS policy relate to differences in attitudes toward PWAs among superintendents of Tennessee school systems?

III. NEED FOR THE STUDY

Review of the literature showed few studies related to superintendents' attitudes toward persons with AIDS. To date, the only AIDS related attitude study on this population was "Superintendents' Views on AIDS: A National Survey" by Keough and Seaton which showed that:

1. School administrators were not well-equipped at the present time to deal with the AIDS crisis. Just slightly more than half of the superintendents surveyed had attended a workshop on AIDS, and a single workshop could be considered only a first step toward acquiring a real understanding of the problem.

2. Superintendents were nearly unanimous in their belief that the schools must play a major role in helping young people learn about and learn how to deal with AIDS. The superintendents who responded to the survey said that their districts should have a policy on AIDS, should help students who seek information on AIDS testing, should work closely with community agencies to meet the needs of students with AIDS, and should include AIDS education in their curricula.

3. The school administrators placed AIDS high on their list of concerns--generally third or fourth among 14 troublesome issues. They agreed that AIDS was a topic with which schools should deal. Unfortunately, there was little agreement among them on how best to go about this task (Keough and Seaton, 1988).

The study, however, failed to address the attitude dimensions of religiosity, political ideology and other demographic variables such as professional/educational background.

A needs assessment for AIDS education conducted by the American School Health Education Association (ASHA) yielded the felt need of ASHA members for samples of model policies concerning appropriate grade levels for HIV education, confidentiality issues, attendance policies for students with HIV/AIDS and handling blood or other body fluids (Kerr, 1988).

The Tennessee State Board of Education adopted a state AIDS plan on January 29, 1988. The plan was recommended by the Tennessee State Department of Education and was congruent with the guidelines set by the National School Board Association. The plan required local school systems to file with the Tennessee Commissioner of Education by September 1, 1988.

According to the UPI report in the August 31, 1988 issue of The Knoxville News Sentinel, the Memphis Board of Education adopted a school AIDS policy that required temporary suspension of any student infected with the AIDS virus. The Memphis plan required parents of an HIV-infected child to notify the school system which would then notify the State Department of Education within 48 hours. The student would, however, be suspended until evaluated by the state investigative team to

be convened within ten days. The team was then to determine if the student should be removed from classes with other children and put in a special school program. In this respect, the Memphis School Policy on AIDS was essentially inconsistent with the guidelines set at the state level. The superintendent of the Memphis School System reportedly said that the inconsistent policy was to be operative right away (Cathy Bryant, personal conversation, June 15, 1989).

Given the complexities of AIDS related problems in the school setting and underlying societal values and attitudes toward persons with AIDS that need to be addressed in handling the problems, more studies based on personal and demographic variables are needed to identify differences in attitudes toward persons with AIDS among the leadership of educators who are at the heart of every education related problem in the public school setting. From the perspective of health education, determining the consistency of leadership attitudes toward PWAs with mandated school policy regarding treatment of PWAs will be of help in approaching leadership/administrative commitment to controversial health education areas such as AIDS education programs. A commitment, as such, is a prerequisite to the success of any school-based health educational program.

IV. BASIC ASSUMPTIONS

It was assumed that:

1. Respondents chosen for the study would give honest and candid responses to the question.

2. All respondents to the questionnaire would have a definite opinion about persons with AIDS in a school setting.

V. DELIMITATIONS

The delimitations unique to this study were as follows:

1. The population was restricted to superintendents of Tennessee school systems.

2. The measurement of attitude toward persons with AIDS was delimited to the responses of the School Professionals' Attitudes Toward AIDS Instrument (SPATA).

VI. LIMITATIONS

1. The data gathered were limited to the completed questionnaires returned to the investigator.

2. The attitudes toward persons with AIDS pertained only to those areas and issues covered by the instrument.

VII. DEFINITION OF TERMS

AIDS (Acquired Immunodeficiency Syndrome) -- A viral disease that impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of unusual and life threatening diseases. These diseases can often be treated, but there is no successful treatment for the underlying immune deficiency caused by the virus.

ARC (AIDS Related Complex) -- A disease condition caused by infection with the AIDS virus excluding any or the specific life threatening illnesses used to diagnose full-blown AIDS.

PWAs (Persons With AIDS) -- Any person diagnosed as having Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunotrophic Virus (HIV) infection. This term is preferred over victim or patient.

HIV(Human Immunodeficiency Virus) -- One of the names for the virus which causes AIDS. Other names are LAV, ARV, and HTLV III.

Attitude -- A relatively enduring organization of beliefs predisposing one toward some preferential response (Ross and Mico, 1980).

VIII. SUMMARY

In the face of an epidemic that was as deadly as it was complex in terms of the problems it engendered, schools in America responded with strategies to prevent the spread of this AIDS epidemic in a compassionate and ethical manner. To accomplish this task, many schools had established school AIDS policies which in most states were mandated and guided by state education authorities. Conveyed through state mandated policies were compassionate and ethical attitudes toward PWAs. As policy makers and implementers, the school superintendents' commitment to any mandated school policy comprised an important component of any successful policy. Thus, studies related to attitudes of superintendents towards PWAs were needed to ascertain or evaluate the success or failure of existing school AIDS policies.

CHAPTER II

REVIEW OF RELATED LITERATURE

I. INTRODUCTION

The review of related literature focused attention on several areas: 1. the history and biomedical aspects of Acquired Immunodeficiency Syndrome (AIDS); 2. the AIDS related issues confronting public schools and the responses; 3. the role of superintendents in implementation of mandated school policies; and, 4. beliefs and attitudes toward Persons With AIDS in the public school setting and related attitudinal studies.

In a short period of time since it first came to public attention, the AIDS epidemic had engendered a prolific number of related studies. However, the main focus of AIDS related research had been understandably on the biomedical aspects, where the urgency for better treatment or cure for the disease was evidently felt worldwide. There was also a significant amount of AIDS research conducted in the various social sciences.

In recent years a number of studies that explored the AIDS related attitudes of various target groups had been generated, but noticeably few had been conducted among school administrators.

II. AIDS: THE BIOMEDICAL ASPECTS

Since it was first reported in 1981, the AIDS epidemic had unleashed a plethora of issues and controversies that touched many aspects of human society at individual, institutional and societal levels. It was a complex medical disease that engendered complex social problems. Medically, AIDS created a confluence of activity in immunology, virology, pharmacology, pathology, molecular biology, epidemiology and various other disciplines in an effort to understand, prevent and treat it. Socially, it presented a public health crisis that was interwoven with human values and attitudes manifested by public hysteria and discrimination against Persons With AIDS in schools, housing, the workplace, insurance and travel to name a few. It stimulated governmental involvement of the executive, legislative and judicial branches. Economically, the rising cost of treating persons with AIDS and the increasing number of both AIDS and ARC (AIDS Related Complex) patients had taxed the resources of those states with heavy concentrations of persons with AIDS (Raske, 1988; Young, 1988).

Acquired Immunodeficiency Syndrome (AIDS) was a clinical illness consisting of opportunistic infections (such as Pneumocystis carinii pneumonia) and/or neoplasias (such as Kaposi's sarcoma) associated with unexplained immunodeficiency (Gallo et al., 1984; Groopman, 1986).

AIDS (Acquired Immunodeficiency Syndrome) was initially

recognized in 1980 as a clinical condition characterized by a severe immunological deficiency in relatively young male patients who then developed severe infections, often caused by unusual organisms, and who developed cancers of a type not normally found in young men.

AIDS was caused by a virus called Human Immunodeficiency Virus (HIV). Since its emergence, AIDS unleashed a host of problems that encompassed every conceivable aspect of our society. AIDS (Acquired Immunodeficiency Syndrome) was first described in 1981 when the CDC (Center for Disease Control) reported in its bi-weekly newsletter that an unusual and often lethal form of pneumonia called Pneumocystis carinii Pneumonia (PCP) was found in five young homosexual men from Los Angeles (Center for Disease Control, 1981 a). In the same year, a rare form of skin cancer known as Kaposi's Sarcoma (KS) was reported in eight young homosexual men in New York. What was unusual about these two disparate outbreaks was that PCP and KS were conditions hitherto seen only in cases of impaired immune system with known underlying causes. The patients involved in the two reports were young and healthy men with no prior diagnosis of immuno-pathology. The only common element among the affected individuals was active homosexual lifestyles (Center for Disease Control, 1981 b). Thus, the first wave of the AIDS epidemic became widely known by its euphemism "The Gay Plague" (West, 1983). The etiology of AIDS was not known then, and the focus of AIDS research dwelled upon the link

between homosexual practices and damage to the human immune system. Numerous etiological possibilities were raised. Among them were the use of "uppers" or "poppers" (amyl and butyl nitrites), the effect on autoimmunity of repeated exposure to sperm, and an infectious agent (Essex, 1985).

In the following year after the first wave of the epidemic, the second wave ensued. This second wave of the AIDS epidemic brought to the attention of researchers identifiable risk groups other than gays--notably, intravenous (I.V.) drug users and Haitians (Altman, 1986). With the addition of new groups to the list of those affected with AIDS, new research questions were also raised. Scientists began to notice similar transmission patterns between AIDS and Hepatitis B (Seale, 1984). This theory was supported by the discovery of AIDS among I.V. drug users. If the discovery of AIDS among intravenous drug users shed light to the possible etiology of the disease, the finding of Haitians as a high risk group probably was a confounding finding for researchers. The CDC reported the incidence of Kaposi's sarcoma and other opportunistic infections in 34 Haitians mainly in New York and the Miami area (Centers For Disease Control, 1984). Subsequently, researchers who interviewed the Haitians tried to ascertain to which of the high risk groups the Haitians belonged. From the study, it was decided that the Haitians constituted a distinct category of high risk groups. However, it would be revealed later that, but for communication problems during

the interviews, most of the affected Haitians could have been assigned to either of the two previous categories. Thus, the CDC later dropped Haitians as a distinct category of high risk groups (Altema and Bright, 1983; Cohen, 1987). The report of AIDS among Haitians was soon followed by news of AIDS being diagnosed among a number of heterosexual, male hemophiliacs who had received contaminated blood products. These two findings lent substantial support to the theory that AIDS was caused by an infectious agent and mitigated the conviction that AIDS was predominantly a homosexual disease (Nichols, 1986). It also reinforced the conviction among researchers that the infectious agent was a virus similar to the Hepatitis B virus. This new information brought to public awareness the fact that this disease was confined not only to gays and drug addicts, but that it could also affect others who considered themselves to be mainstream Americans. Subsequently, panic swept across society at large and opened up the pandora's box of problems and issues that impacted on almost every aspect of today's society.

AIDS is caused by a virus that was claimed to be isolated by independent research teams in both France and the USA. In 1983, Barre-Sinoussi, Montagnier and colleagues at the Institut Pasteur in Paris discovered the virus and named it Lymphadenopathy Associated Virus (LAV) (Barre-Sinoussi et al., 1983). In the United States, Gallo and colleagues reported the AIDS virus isolated from patients with or at risk

for AIDS. They named the virus Human T-lymphotropic virus type III (HTLV-III) (Gallo et al., 1984). In San Francisco, an AIDS virus was isolated by Dr. Levy and colleagues who named it AIDS-associated retrovirus (ARV) (Levy et al., 1984). In 1986 the International Committee on Taxonomy of Viruses recommended that the AIDS virus be referred to as Human Immunodeficiency Virus (HIV) (Coffin et al., 1986).

The tests for HIV were generally of three types. The virus could be detected directly by a viral culture or by a screening test called the ELISA (enzyme linked immunosorbent assay). ELISA was a very sensitive test but could be falsely positive by indicating the presence of an antibody when an antibody was not present. The Western Blot method was a more specific test used to confirm those screened as seropositive by ELISA. Thus, the more precise Western Blot Test was used to confirm the presence of the antibody.

The individual who tested positive for the AIDS antibody faced the following prognosis:

1. He/she is infected with HIV probably for life.

2. Most of those who are infected appear to be healthy but are nonetheless symptom-free carriers of the virus.

3. They can transmit the virus via sexual intercourse, sharing of needles, by childbearing and/or donating blood, semen or organ.

4. Fifteen percent of those infected with HIV develop the fatal disease AIDS after five years, and up to 36 percent develop the disease after seven years.

5. To date, it is not possible to know who will develop AIDS and who will not.

In many viral illnesses, the presence of antibodies indicated protection, whereas in AIDS, detection of antibodies indicated infection. This information had significant implications for the development of a vaccine (Bakerman, 1988; Cohen, 1987). The transmission pattern of HIV virus was very similar to that of the Hepatitis B virus. The modes of transmission were very limited. More often than not, HIV was transmitted by HIV-infected people who did not have AIDS. They were known as healthy carriers. HIV seroconversion usually occurred within six to twelve weeks after infection but might take as long as 18 months (Bakerman, 1988; Melbye, 1986). HIV was transmitted by intimate sexual contact via injection of infected blood by shared contaminated needles and from mother to infant via placenta.

Studies to date showed that the live virus had been isolated from blood, semen, vaginal secretions, saliva, urine, breast milk, amniotic fluid, cerebrospinal fluid, tears, bone marrow, lymph nodes, spleen, brain and other neural tissues. The isolation of HIV in a body fluid or tissue did not imply modes of transmission. Epidemiological studies implicated only blood, semen, vaginal secretions and possibly breast milk as modes

of HIV transmission (Ho, 1985; Salahuddin, Groopman, Marcham, 1984).

In 1986, the CDC revised the nomenclature used in its updates on AIDS incidence. The term patient groups was replaced by transmission categories. The number of reported AIDS cases were categorized in a hierarchy of risk factors for AIDS.

For adults/adolescents, the hierarchy of risk factors placed (a) homosexual/bisexual male at the top (66%); (b) followed by intravenous (IV) drug abuser (17%); (c) homosexual male and drug abuser (8%); (d) hemophilia/coagulation disorder (1 %); (e) heterosexual cases (4%); (f) transfusion, blood/components (2%); and, (g) undetermined (3%). Among children, (a) those with parent with/at risk of AIDS topped the hierarchy (76%); (b) followed by transfusion of blood/components (13%); (c) hemophilia/coagulation disorder (6%); and, (d) undetermined (5%) (CDC, 1987).

There had been 48,139 (47,436 adults, 703 children--less than 13 years old) cases of AIDS reported in the United States. Cases of AIDS had been reported from all 50 states highlighting the fact that the so-called AIDS epidemic was, indeed, a pandemic. It had been impossible to measure the extent of HIV infection in the population due in large part to the social stigma attached to persons identified as AIDS carriers. The estimated number of people infected with HIV approximated 1 to 1.5 million (CDC, 1988).

In the state of Tennessee as of February 28, 1989, a total of 721 AIDS cases had been reported since 1982 with the following breakdown based on risk categories: (a) homosexual/bisexual male (70.5%); (b) intravenous (IV) drug abuser (9%); (c) homosexual male and drug abuser (7.2%); (d) hemophilia/coagulation disorder (4%); (e) heterosexual cases (4%); (f) transfusion, blood/components (2%); and, (g) undetermined (3%). There had been only three reported cases of AIDS in persons under 13 years old in Tennessee since the first case was reported in 1982 (Matt Nelson, Tennessee Department of Health and Environment, personal communication, June 15, 1989).

III. AIDS RELATED ISSUES IN PUBLIC SCHOOLS AND THE RESPONSES

Recently, schools encountered AIDS related problems arising from public hysteria and culminating in discriminatory actions and violence against persons with AIDS (PWAs) including infected students and school personnel. In Arcadia, Florida, three young sons of the Ray family were all hemophiliacs, infected with HIV via blood products. They were barred from attending public school, but the parents received a court order to have them admitted. Ultimately, the Rays had to leave town when other parents initiated boycott of classes and unknown arsonists set fire to their family home. A similar controversy also erupted

in Lake City, Tennessee (The Knoxville News Sentinel, 1987). In California, when a teacher who developed AIDS was transferred to office duties, the teacher sued the school board to get back in the classroom (Bakerman, 1988).

In the absence of an effective vaccine, education about the mode of transmission of the HIV virus and the various outcomes of infection had been recognized as the most important element in control of the disease (Koop, 1986). For 90 percent to 95 percent of American students, school was a universal experience (Black, Jones, Lorraine, 1988). Thus, school-based AIDS education was ostensibly a critical component of the entire "prevention through education" strategy. In light of recent controversies surrounding PWAs in several school districts across the country and the perceived need for school-based AIDS education as part of an overall strategy to control the AIDS epidemic, public schools were confronted with a twin challenge. In his address to a conference on AIDS in Atlanta, Georgia, in February of 1987, Dr. Skelton, Dean of Mercer University College of Medicine, Macon, Georgia, described the problem very succinctly when he said:

> We are struggling not only with the protection of those in the educational or work place setting, but also with protection of persons with AIDS (PWAs)--protection from discrimination and stigmatization, in terms of loss of job, or of an outcast role that may be forced upon them. We are concerned with the reduction of parental anxiety and fear, which has to be addressed with education about this virus and how it usually spreads, as well as information we have about potential spread from non-conventional sources. Whether the anxiety or concern is real,

imagined or political, when you deal with school, college and university officials, you deal with real, imagined and political anxiety.

In response to the AIDS related issues in the public school setting and recommendations made by the Presidential Commission on the Human Immunodeficiency Virus Epidemic, the National Education Association (NEA) Board of Directors established Recommended Guidelines for Dealing with AIDS in Schools which were first adopted on October 4, 1985, and revised June 30, 1986 (Journal of School Health, 1986). The recommended guidelines were subject to periodic revision. The preamble of the NEA guidelines called upon every school district, college and university to establish guidelines for dealing with problems presented by students and school employees who could transmit Acquired Immunodeficiency Syndrome (AIDS) to other students or school employees. The NEA guidelines addressed problems related to "infected students," "infected employee" and "infected individual."

The problem areas defined by the NEA covered discrimination in school attendance and employment policy, confidentiality, mandatory testing for AIDS, safety and AIDS education programs. NEA recommended that only infected students who were neurologically handicapped or infected students who displayed behavior deemed likely for the infection to be transmitted to non-infected students should be disallowed from attending school. Other infected students should be considered on a case-by-case basis with rulings made by a team of

evaluators comprised of health professionals and appropriate school personnel such as the student's primary teacher, parents or guardians. The guidelines were generally aimed against discriminatory and/or coercive actions such as barring students from attending school, dismissal of personnel, or mandatory testing for AIDS, and geared toward better preparedness on the part of the schools and school personnel to handle AIDS related problem situations in schools. In January 29, 1988, the Tennessee State Board of Education adopted a state AIDS plan which included rules and regulations requiring each local system to develop a local plan to address the issue of AIDS based upon the rules and regulations of the Tennessee State Board of Education and guidelines developed by the Tennessee State Department of Education (Tennessee Board of Education, 1988). Congruent with the NEA guidelines, the Tennessee State Board of Education adopted the following rules:

1. All children with AIDS, ARC, or HIV infection who enroll in the public school systems of Tennessee shall attend and participate in the most appropriate educational program.

2. When a child's HIV antibody status is reported to school officials by the child's parent or legal guardian, or the child's physician on behalf of the parent, or the legal guardian, the local superintendent of the schools shall notify the State Department of Education of the child's health status within 48 hours. The State Department of Education shall provide procedures for notification. The State Department of Health and Environment shall convene an evaluation team within 10 days following notification to evaluate the child's health status relative to attending school.

The superintendent of schools shall be responsible for requesting medical records from the parent or legal guardian and the child's

physician regarding the health status of the child reported to have AIDS, ARC, or HIV infection. In addition, the superintendent will gather information regarding the child's cumulative school record and meet with the evaluation team designated by the State Department of Education. The student's parent(s) or legal guardian will be invited to attend this meeting.

The state evaluation team will determine when a child's condition warrants consideration by the local school system of an alternative education plan. For any child determined as warranting an alternative education plan, the local school system shall be responsible for determining the appropriate educational program on a case-by-case basis. The parent(s) or legal guardian of the child shall be included as part of the local decision procedure.

When a case is reported to the State Department of Education, the department will request the child's physician or other designated health official to provide the department a statement every three months regarding the child's health status. If the health status of the child changes, the State Department of Education in cooperation with the State Department of Health and Environment shall convene an evaluation team to determine if consideration by the local school system of an alternative education plan is warranted.

3. Local school systems shall:

   a. Develop a comprehensive local AIDS plan which addresses appropriate education programs, confidentiality, liability, personnel, safety, curriculum, education, communications, and public relations. The plan will be developed in conjunction with public health officials based upon guidelines approved by the State Board of Education The plan shall include a procedure for determining the appropriate educational program on a case-by-case basis for any child with AIDS, ARC, or HIV infection who is determined by the state evaluation team as warranting an alternative education plan.

   b. Include in their AIDS plan educational/training programs for all school personnel, parents, and board members; and cooperate with other community organizations and state agencies in AIDS education for all citizens.

c. Include in their AIDS plan a policy for personnel with AIDS, ARC, or HIV infection. Employment conditions will be determined on a case-by-case basis. The review of individual cases will involve at a minimum the superintendent or his/her designee, the employee's physician, and a public health official.

4. Information including names, records, and/or correspondence and any other identifying information on AIDS, ARC, and HIV infection status for any individual child or adult shall be maintained in confidence.

5. Local school systems and school personnel shall implement for all children and adults the universal precautions as defined by the State Department of Health and Environment for handling blood and other body fluids. Information about universal precautions and related safety procedures shall be distributed by the Tennessee State Department of Education to all school systems and personnel in Tennessee.

6. Each local school system shall file with the Commissioner of Education an acceptable AIDS plan by September 1, 1988, and an approved revisions by September 1 of each year thereafter (Plan for Addressing the Issue of AIDS in Tennessee Public Schools, 1988).

In announcing its plan for addressing the issue of AIDS in Tennessee public schools, the state board of education stressed the need on the part of school systems, educators, parents and community to help public health officials in promoting the understanding of the nature of the AIDS virus and in directing the procedures for prevention and control. The board also stated that their plan to combat AIDS required commitment of educators if it was to be successful.

With the issuance of its guidelines for school AIDS policy, the Tennessee State Board of Education concurrently conveyed its official attitude toward Persons WIth AIDS (PWAs) to the school districts and

communities under its jurisdiction. The success of the policy, however, will depend on its subsequent implementation.

IV. THE ROLE OF SUPERINTENDENTS IN IMPLEMENTATION OF SCHOOL POLICIES

The role of school district superintendency was one that had been studied more in breadth than in depth in the field of educational administration. In his study of the puzzling administrative role of the local school district superintendency, Crowson (1987) observed that while the managerial behavior of the district level school official is not too well understood, the school superintendent ultimately was responsible for "translation of policy into action" (Crowson, 1987). Other scholars such as Cuban (1984) described the superintendent as the prime person in each school district in developing a sense of mission, establishing a positive climate, and overseeing the implementation of the mission (e.g., placing like-minded personnel in key positions) (Cuban, 1984).

Educational policy studies pertaining to reaction of schools to mandated programs such as Title I programs indicated and convinced policy makers that neither funding nor mandates could be substituted for the involvement of local educators in interpreting, adapting, and

incorporating programs that they understood and believed in (Mitchell, 1988).

In the area of implementing AIDS policy, the immediate and more volatile concern for schools across the United States was the handling of public hysteria and negative overreaction to the presence of PWAs in the classroom. According to Reed's (1988) article "Children with AIDS: How Schools Are Handling the Crisis," the superintendent's role and leadership emerged to be crucial in determining whether a PWA related crisis resolved quietly or turned into a hysterical and often violent public uproar. Veteran superintendents, noted for their leadership and successful handling of PWA related crises, reported that keeping the identity and age of the student/students involved confidential, keeping timely and open communication with the media and the public at large, and having compassion for the PWAs involved were the important ingredients for their success. In some communities, school officials had placed the onus of responsibility on the courts rather than dealing with the politically dangerous problem on their own (Reed, 1988). According to federal rulings, children with AIDS were handicapped students entitled to equal access to education, yet irrational fear had led some schools to contravene the rulings. In New Haven, the superintendent of the school that barred HIV-infected children from the classroom argued that AIDS was a communicable disease and claimed that he was worried about the transmission of the disease (Reed, 1988).

While numerous articles and commentaries pertaining to school AIDS policy and school-based AIDS education noted the leadership and commitment of school superintendents and administrators as important elements for the success of school AIDS policies and school-based AIDS education programs, the existing literature revealed few studies related to the examination of the administrative milieu in which the controversial policies and education programs were to take place.

V. OPINIONS, BELIEFS AND ATTITUDES TOWARD AIDS AND PERSONS WITH AIDS

Attitudes Amongst General Population

Studies that explored attitudes toward AIDS and/or PWAs amongst various population groups had been emerging, but, nonetheless, the studies remained relatively few compared to AIDS related research in other areas. Extant studies of attitudes toward PWAs were mostly one-shot public opinion polls. Bakerman's (1988) comprehensive book on Acquired Immunodeficiency Syndrome reviewed and presented the results of the polls that included the following:

Classmates. Twenty-seven percent of parents would tell their children not to play with a classmate who had AIDS (Gallup poll). Review of the literature on attitude toward AIDS/Persons With AIDS (PWAs) in a public school setting revealed few existing studies.

However, a number of studies on attitudes toward AIDS and Persons With AIDS have recently appeared in the literature.

Employment. Thirty-eight percent of employees would not want to work with someone who had AIDS; 65 percent would not oppose working along side someone with AIDS (Gallup poll, Nov., 1987); 64 percent of Americans do not believe employers have a right to dismiss people solely because they have AIDS (Gallup poll, Oct., 1987).

HIV Testing. More than fifty percent support testing for such groups as marriage-license applicants, prisoners and patients in veterans' hospitals (Gallup poll, Oct., 1987).

Card-Carrying. "People with the AIDS virus should be made to carry a card to this effect." Yes, 60 percent; No, 24 percent (Gallup poll, July, 1987); Yes, 54 percent; No, 36 percent (Gallup poll, Oct., 1987); 24 percent disagreed (Gallup poll, July, 1987).

Compassion. "AIDS sufferers should be treated with compassion." 75 percent Yes; 7 percent No (July, 1987); 87 percent Yes (Gallup poll, Oct., 1987).

AIDS Children in School. " Do you think children who have been diagnosed as having AIDS should be allowed to attend school with other children, or don't you think so? " Yes, 64 percent; No, 24 percent; Not sure, 12 percent (Wall Street Journal/NBC News poll Jan. 4, 1987).

Fear of Catching AIDS. Forty percent of American adults are concerned that they will contract AIDS (Gallup poll, Nov., 1987).

Norma Turner's (1988) AIDS Attitudinal Survey: Description, Findings, and Implications for Public Health Agencies in Educating the Public studied the distribution of attitudes toward AIDS among

Georgians between the ages of 18 and 65. A Likert-like instrument was employed examining four attitudinal domains including: homosexuality, civil rights, social concern and personal risk (Turner, 1988). The study found the following:

> Considerable negativism toward homosexuality. Two thirds of those surveyed thought the church should take a strong stand against homosexuality and drugs. Half blamed homosexuals for the epidemic, and 40 percent said homosexuality should be illegal.
>
> A mixed reaction on civil rights. The right of persons with AIDS to healthcare and insurance drew the least opposition. About half of the sample believed in employers' right to fire PWAs. Two thirds of those surveyed believed that stopping the spread of the disease was more important than protecting the rights of PWAs.
>
> Twenty to twenty-five percent of the sample believed in AIDS as punishment for immorality.
>
> Twenty-five percent of the sample said they would avoid social and work contacts with PWAs, and 50 percent said they would not allow their children to play with children of PWAs.

Attitudes Amongst Health Professionals

There have been reported incidents of health care personnel refusing to treat persons with AIDS. Prejudice against persons with AIDS in some health care institutions had been reportedly manifested in the form of AIDS jokes or derogatory euphemisms--such as Wrath of God, "*WOG*" for AIDS. In existing attitudinal studies among doctors, nurses and care givers, negative attitudes toward PWAs appeared to be

related to concerns about homosexuality (Alderman, 1987; Cummings, M.A., Rapaport, M., Cummings, K.L., 1986; Day, 1987).

Attitudes Amongst School Administrators

To date, review of the literature revealed that Katherine Keough and George Seatons' "Superintendents' Views on AIDS: A National Survey" was the only study on attitudes toward PWAs that had utilized school administrators as a study population.

The nationwide study included one hundred superintendents from among 500 men and women identified by Executive Educator, a publication of the National School Boards Association. The superintendents in the study revealed concurrence on the broader policy issues:

1. All education about AIDS should be a part of the regular curriculum.

2. School districts should have a policy on dealing with teachers and students who have AIDS.

3. Schools and outside health agencies should coordinate efforts in order to better meet the need of students who had AIDS.

4. Ninety-eight of the superintendents said that schools should help students who are seeking information about AIDS testing.

However, there were differences of opinion on more specific and thorny issues. The majority of the nation's superintendents believed that:

1. Individuals with AIDS should not be protected by federal anti-discrimination laws which currently provide protection against discrimination based on race or age.

2. School policies should not treat AIDS differently from other communicable diseases.

3. Students with AIDS should be excluded from participation in contact sports.

4. Mandatory testing for AIDS should not be carried out either among students or employees in their school districts.

5. Should they have access to the results of tests, it should be limited to the superintendent and personnel officer in the case of employees, and to the superintendent, personnel officer and health officer with respect to that of a student.

6. AIDS curriculum in schools should address the moral issues and values related to AIDS.

7. AIDS as an issue generally rated third or fourth among fourteen troublesome issues.

The findings in this study indicated that six years after the first documented appearance of AIDS, district level education professionals and administrators were not yet well equipped to deal with AIDS related issues in school settings (Keough and Seaton, 1988).

CHAPTER III

METHODOLOGY

I. OVERVIEW

The purpose of the study was to assess, analyze and compare attitudes of superintendents in Tennessee public schools systems regarding persons with AIDS in a public school setting.

II. THE POPULATION

The population of this study consisted of superintendents of all the school systems in the state of Tennessee. The names of the superintendents were obtained from the Tennessee Directory of Public Schools, 1988. Superintendents included in the study population represented school systems that varied in size, socioeconomic status, and culture such as rural and urban.

III. INSTRUMENTATION

School Personnel Attitudes toward Persons with AIDS Measurement Scale (SPATA)

A review of the literature yielded no instrument that would specifically suit the study. In 1987 the researcher of this study assisted Neutens of the University of Tennessee Department of Health, Leisure and Safety in developing an instrument to measure attitudes toward persons with AIDS in a school setting. Neutens developed a five-point summated Likert scale instrument by using a pool of forty-four items. Face validation or content validation was conducted among 110 prospective educators at the University of Tennessee. Each item used five categories that ranged from strongly agree through agree, don't know and disagree to strongly disagree. There were twenty-seven positive items and seventeen negative items. In positively stated items, strongly agree received five points and strongly disagree received one point, whereas in the negatively stated items, the reverse was true. Thus, for a positively stated item, a respondent reflecting a favorable attitude toward AIDS scored high and vice versa. The item pool was then administered to forty-two prospective teachers enrolled in teacher preparation programs and who were attending first aid courses in the College of Education at the University of Tennessee at Knoxville. The item pool

questionnaire was administered on an anonymous and voluntary basis. Initially, Likert's criterion of internal consistency was performed to determine which items appeared to differentiate respondents along an attitude continuum. An item analysis was later performed using the SPSS reliability program. The SPSS program determined the item-total correlation coefficients, Spearman-Brown reliability coefficient and Cronbach alpha. The item-total correlation coefficient for each statement indicated whether the statement measured what the scale as a whole measured. Spearman-Brown reliability coefficient, on the other hand, indicated the internal consistency of the scale based upon the correlation between scores of two arbitrarily split halves of the scale. Cronbach alpha, in essence, was the mean of all the possible split-half reliabilities that could be performed on the scale in question (Cronbach, 1951).

Based upon the item analysis, a refined scale was constructed. The School Professionals' Attitudes Toward AIDS Instrument consisted of thirty-three items. The Cronbach alpha was 0.91. The Spearman-Brown reliability co-efficient was 0.88.

In employing SPATA for this study, the investigator was cognizant of possible questions that might arise with regard to the external validity or generalizability across populations. Fishbein and Ajzen (1975) wrote that the use of college students in social-psychological research had been a major focus of criticism which was justified in the case of descriptive research or when generalization was applied across settings.

However, with regard to investigations involving psychological processes, theories or lawful relationships, generalization across populations may be less problematic (Fishbein and Ajzen, 1975).

Demographic Questionnaire

The researcher designed a questionnaire to obtain demographic data pertaining to the superintendents and their respective school districts. The questionnaire elicited the superintendents' professional background, length of tenure, and personal background such as sex, age and religious identification. It also enquired the demographics of superintendents' respective school districts such as rural or urban and the status of the school AIDS policy and AIDS education program in the school. This questionnaire was incorporated as Part I of the study instrument while Neutens' instrument constituted Part II (see Appendix A).

IV. INSTRUMENT VALIDATION

The Pilot Study

The SPATA or School Professionals' Attitude Toward AIDS Instrument and the demographic questionnaires were administered to

thirty-one individuals comprised of four professors of educational administration and supervision, three principals of public schools, one administrator of a vocational school and twenty-three teachers and public school personnel who were attending courses in school administration. They were apprised of the purpose of the study which was to determine the readability; to determine the appropriateness both in terms of the wording in each question and the instrument on the whole; and to estimate the time required to complete the instrument. They were also encouraged to make any comment with regard to the instrument. All respondents commented in favor of the instrument and suggested few changes other than minor typographical errors.

One common suggestion was to place a key on every page of the questionnaire. The suggestions were well noted and implemented.

V. DATA COLLECTION

The researcher contacted the AIDS Program in the Tennessee Department of Health and Environment to request support for the study. The director and AIDS education coordinator were receptive to the request and agreed to extend whatever assistance was possible. The director of the Tennessee AIDS Program supplied copies of the cover letter endorsing the study on departmental stationery. The Tennessee

Department of Education provided mailing labels of superintendents listed in the Tennessee Directory of Public Schools, 1988.

Finalized copies of the questionnaire with accompanying cover letters from the director of the Tennessee AIDS Program and from the researcher were mailed after approval for the study was granted by the University of Tennessee, Committee on Research Participation. Each packet mailed contained a self-addressed and stamped-return envelope. All questionnaires were devoid of any identifiable mark or code in strict adherence to the human subjects approval requirement of the University of Tennessee. After a two week period, a personal letter was sent to all superintendents explaining the importance of the study in the context of ongoing efforts to address the AIDS related issues in our society. An additional questionnaire was enclosed in the event that the first one was misplaced. All persons who had not responded already were requested to return the completed questionnaire within one week.

VI. ANALYSIS OF THE DATA

Population Variables for Analyses

The following demographic, professional and school related variables were considered as independent variables in the analyses:

1. Sex: Male and Female.

2. Age Group: 40 and less; 41-45; 46-55; 56-60; 61 and over.
3. Religious Affiliation: Catholic, Protestant, Jewish, None and Other.
4. Ethnicity: Caucasian, Black, Hispanic, Asian/Pacific Islander.
5. Education: Bachelor, Master and/or Ed.S, Doctorate, Other.
6. Tenure in present district:--Years.
7. Professional Workshop on AIDS: Respondents were asked if they had attended a professional work shop on AIDS--Yes or No.
8. Number of workshops on AIDS attended: Respondents were asked the number of workshop or training programs they attended.
9. Region: The respondents were asked in what part of Tennessee were their school districts located. East, Middle or West.
10. School Culture: Urban, Suburban, Small City or Rural.
11. Did the school district's policy on AIDS differ from the state guidelines? Yes or No.

12. Did the school district have established AIDS education programs? Yes or No.
13. If the school district did not have an established AIDS education program did it have definite plans to establish an AIDS education program? Yes or No.
14. Community support: Respondents were asked if they perceived community support for the district's school AIDS policy. Yes or No.

Attitude Variable

The total scores on the School Professionals' Attitude Toward AIDS Instrument of individual respondents were considered as the dependent variable.

Treatment of the Data

Upon receipt of the questionnaires, the data were scored, tabulated, and keyed in to the **Statsgraphic** (under the registered trademark of Statistical Graphic Corporation) program on an IBM compatible personal computer. Data were then transferred to an IBM mainframe

computer at the UTCC (University of Tennessee Computer Center) and analyzed by employing the SPSS software package. In tabulating individual item scores, strongly agree, agree, don't know, disagree and strongly disagree, response categories scored 5, 4, 3, 2, 1, respectively, for positive items and vice versa for negative items.

The data in this study were assumed to be interval data. First, reliability analysis was performed to determine the validity of the instrument specific to the study population. Descriptive analysis showing frequencies and percentages of the responses on each item in the instrument was then performed. One-way ANOVA was performed to analyze the differences in total attitude scores compared on the basis of subgroups within the independent variables. Scheffe's test was then employed to locate the differences between subgroups of a variable that exceeded two in number.

VII. SUMMARY

This study was designed to assess, analyze and compare attitudes of superintendents in Tennessee public school systems regarding persons with AIDS in a public school setting. All superintendents of school districts listed in the Tennessee Directory of Public Schools, 1988, were chosen as the study population. The instrument utilized for this study

was a composite of demographic and informational data sheets and the School Professionals' Attitude Toward AIDS Instrument.

The data were analyzed by means of SPSS-X Release 3 statistical package employing reliability analysis to determine the reliability coefficients, and descriptive analysis, one-way ANOVA and Scheffe's test to determine the differences between stated variables.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

I. INTRODUCTION

The purpose of this chapter was to present and analyze the data derived from questionnaires administered to all superintendents in Tennessee public school systems regarding their attitudes toward Persons With AIDS (PWAs) in the public school setting in the fall of 1989. In this chapter, the data were organized and presented to answer the research questions defined in Chapter I.

Chapter IV was organized into six major sections. Following the introduction, the second section presented information on the survey returns. The third section viewed the instrument reliability for the study population. The fourth section provided a general overview of the characteristics of the study population. The fifth section examined attitudes of the respondents toward PWAs as the response pattern of the study population was analyzed in terms of frequencies and percentages of responses to individual items in the instrument. Section six presented analysis of differences in means of total scores on the attitude measure, with respect to subgroups of the population defined by each independent variable of the study.

II. SURVEY RETURN RATES

A total of 147 questionnaires with accompanying cover letters from the Tennessee Department of Health and Environment and from the researcher were sent to all the superintendents listed in the Tennessee Directory of Public Schools, 1988 (see Appendix B and C) . The initial return rate was 51 percent and subsequent to the follow-up letters and another set of questionnaires mailed two weeks later (see Appendix D), a return of 33 or 22 percent was received. Thus, the total return rate was approximately 74 percent. However, six questionnaires returned were incomplete and were thus excluded from the study. Table 1 indicates a summary of the survey return rates.

III. INSTRUMENT RELIABILITY FOR THE STUDY POPULATION

In the previous chapter, it was mentioned that the researcher was cognizant of the possibility of questions being raised with regard to the generalizability of the instrument reliability across populations albeit support for the usage of SPATA for this study provided by authoritative sources. Thus, to address this issue, reliability coefficients for the instrument with respect to the study population were determined and found to be consistent.

Table 1

SURVEY RETURN RATES

Information	N	percent (%)
Total Population	147	100
Initial Return	75	51
Follow-up Return	33	22.5
Total Return	108	74
Useable Return	102	69.4

Table 2 shows a comparison of Spearman-Brown correlation coefficients and Cronbach alphas of the same instrument administered to two different sets of population. The Spearman-Brown reliability coefficients and the Cronbach alphas were .88 and .91, respectively, for the test population and .82 and .90, respectively, for the study population.

IV. THE STUDY POPULATION

Demographic Characteristic

A total of 147 questionnaires were sent out to superintendents of all the school districts listed in the Tennessee Directory of Public Schools, 1988, and 102 returns were accounted for and analyzed.

Table 2
RELIABILITY COEFFICIENTS

Comparison of Reliability Coefficients for SPATA Based on Test and Study Population

	Spearman-Brown	Cronbach alpha
SPATA (Test) N=42	.88	.91
SPATA (Study) N=102	.82	.90

Table 3 describes the demographic profile of the study population. Approximately 13 percent of the respondents were female and 87 percent were male. Among them 95 percent reported to be Protestant, 2 percent reportedly were Catholic and 3 percent reported as belonging to other religions.

Ethnically, 99 percent of the respondents were Caucasian and 1 percent or 1 out of 102 did not respond to the ethnic item.

By age groups, approximately 11 percent of the population were 40 or less; 36 percent were between ages 41 to 45; 28 percent were between 46 to 55; 17 percent were between 56 and 60 and 8 percent reported to be 60 and over. With regard to their educational background, approximately 23 percent held doctoral degrees, 76 percent had masters' degrees and 1 percent reported as other, which signified neither bachelor level nor doctoral/master level education.

Eighty-eight percent (88%) of the population had not served as superintendents in other counties as opposed to 12 percent who had served in other counties as superintendents. In terms of tenure, 69 percent reported 1 to 5 years of service; 10 percent had 5 to 10 years of service; and the remaining 17 percent reported to have had 10 to 22 years of service in the same county.

Table 3 DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION

Characteristics	percent (%)
Gender	
Female	13
Male	87
Ethnic	
Caucasian	99
Black	00
Asian/Pacific Islander	00
Age	
40 and less	11
41-45	36
46-55	28
56-60	17
61 and over	08
Degree	
Doctoral	23
M.S./Ed.S	76
Bachelor	00
Other	01
Tenure In Present Position	
1-5 years	69
5-10 years	17
10-22 years	10
Region	
East	41
Middle	36
West	23
Culture	
Rural	62
Small City	28
Suburban	08
Urban	02

Of the 102 superintendents who were included in the study, 23 percent represented school districts in West Tennessee; 41 percent represented school districts in East Tennessee; and the remaining 36 percent represented schools in Middle Tennessee. Regarding school culture, 62 percent of the respondents considered their schools to be rural; 28 percent considered their schools to be small city; 8 percent reported as suburban and 2 percent described the schools they supervised to be urban. The profile of school culture presented by the respondents reflected the fact that Tennessee was a rural state with few urban areas.

Independent Variables Related to AIDS Awareness in Schools

According to the data collected, all the superintendents reported that their schools have developed a school AIDS policy. However, 8.8 percent (9/120) reported that their districts' policies differed from the state issued guidelines for school AIDS policy. Among those school districts that reported to have school AIDS policies consistent with state issued guidelines, approximately 71 percent of the districts' superintendents felt that their school AIDS policies were supported by the community, but 17 percent replied in the negative, and 12 percent did not know how their communities felt about their districts' school AIDS policies.

Of the 8.8 percent of the districts that reported to have school AIDS policies different from the state issued guidelines, all of the nine superintendents reported that they felt their districts policies were supported by the communities.

When asked if they had participated in a professional AIDS workshop, 27.5 percent reported no and 72.5 reported yes. Among those who responded in the affirmative, 25 percent had attended an AIDS workshop at least once, 31 percent had attended twice, and 16 percent reported to have participated in three or more AIDS workshops.

From a total of 102 respondents, only 2.9 percent (3/102) reported to have encountered a person/persons with AIDS within his/her school district, one respondent declined to reveal the information, and 96 percent reported to have not encountered a PWA within his/her school district.

With regard to AIDS education programs, approximately 75 percent of the school districts included in the study reportedly had established AIDS education programs in their schools while 25 percent had not. Among the school districts that did not have established AIDS education programs, 50 percent reported to have definite plans for AIDS education, and 50 percent reported in the negative. Table 4 provides information relevant to AIDS awareness in the schools.

In terms of race and religion, the data showed the population to be remarkably homogeneous and rendered the two variables unamenable to ANOVA and Scheffe's tests (see Table 3).

V. ATTITUDES TOWARD PERSONS WITH AIDS: ANALYSIS BY STUDY POPULATION

In Tables 5, 6 and 7 the data were presented as frequencies and percentages of response categories to individual items in the attitude questionnaire. Individual items in the instrument related to issues that impacted upon PWAs in a school setting. There were five response categories to each item, ranging from left to right: strongly disagree, disagree, don't know, agree, and strongly agree and represented by the numbers 1, 2, 3, 4, and 5, respectively. However, the numbers did not represent the actual item scores which were dependent upon positivity or negativity of the items. The possible total scores ranged from a minimum of 66 to a maximum of 165. A respondent who remained neutral or undecided on all 33 items would score a total of 99.

Table 4
INFORMATION RELATED TO AIDS AWARENESS AMONG RESPONDENTS AND SCHOOL DISTRICTS THEY REPRESENT

Information	percent(%)
Participation in Professional AIDS Workshop	
Yes	72.5
No	27.5
(Among those who had participated) No. of Workshops Attended?	
1	25.0
2	31.0
3 or more	16.0
Have You Encountered PWA/PWAs in Your Schools?	
Yes	2.9
No	96.0
Won't Reveal	1.0
Does Your School District Have Established AIDS Programs?	
Yes	75.0
No	25.0
(Among Those Districts without AIDS Ed. Programs) Does Your District Have Definite Plans for AIDS Education?	
Yes	50.0
No	50.0
Does Your District's School AIDS Policy Differ from State Issued Guidelines?	
Yes	8.8
No	91.2
(Among Districts with AIDS Policies Congruent with State Guidelines) Do You Feel that the Community Supports Your District's School AIDS Policy?	
Yes	66.00
No	11.00
Don't know	16.00

Table 4 (continued.)

Information	percent(%)
(Among Districts with Policies Different from State Guidelines)	
Do You Feel that the Community Supports Your District's School AIDS Policy?	
Yes	100.0
No	0.0

Table 5
ATTITUDE ITEMS DEALING WITH DISCRIMINATION

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
1. Children who live with an HIV carrier (but not an active case) should be allowed to attend public school.	2	2	1	1	7	6.9	54	52.9	38	37.3
2. A child who is an HIV carrier (but not an active case) should be allowed to attend school.	5	4.9	7	6.9	14	13.7	49	48	27	26
3. Children who live with a person who has an active case of AIDS should **NOT** be allowed to attend public school.	37	36.3	51	50	10	9.8	2	2	2	2

Table 5 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
4. Children who have an active case of AIDS should **NOT** be allowed to attend public school.	24	23.5	39	38.2	16	15.7	14	13.7	6	8.8
5. If it were up to me, I would allow a child with AIDS to remain in my school.	8	7.8	15	14.7	17	16.7	41	40.2	21	20.6
10. Teachers who have AIDS should **NOT** be allowed to remain in the classroom.	11	10.8	27	26.5	21	20.6	29	28.4	14	13.7
12. If I had a student who had AIDS in my school I would not treat him/her differently from other students.	7	6.9	23	22.5	18	17.6	41	40.2	13	12.7

Table 5 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
13. If I had a student in my school who belonged to a high risk group, I would treat that person like I treat all my other students.	5	4.9	22	21.6	17	16.7	44	43.1	14	13.7
14. If there were a separate class for students with AIDS I would be willing to have my teachers teach it.	6	5.9	6	5.9	22	21.6	57	55.9	11	10.8
15. If there were a separate class for students with AIDS, I would be willing to have my teachers teach it on an occasional basis.	7	6.9	13	12.7	28	27.5	43	42.2	11	10.8

Table 5 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
18. Students with AIDS should be segregated for certain classroom activities.	13	12.7	29	28.4	18	17.6	30	29.4	12	11.8
19. I feel that AIDS is a punishment for sin.	70	68.6	18	17.6	9	8.8	1	1	4	3.9
20. If I contracted AIDS, I would leave the teaching profession.	10	9.8	8	7.8	39	38.2	24	23.5	21	20.6
21. I would be comfortable having an AIDS student in my school.	15	14.7	23	22.5	29	28.4	25	24.5	10	9.8
22. I would be comfortable having a person who is an HIV/AIDS carrier in my school.	13	12.7	27	26.5	27	26.5	24	23.5	11	10.8

Table 5 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
23. I would be comfortable having a person who is at high risk for AIDS in my school.	14	13.7	18	17.6	31	30.4	29	28.4	10	9.8
27. A (non-teacher) school employee who is an active case of AIDS should **NOT** be allowed to work in public schools.	7	6.9	33	32.4	29	28.4	20	19.6	13	12.7
28. A (non-teacher) school employee who is an AIDS carrier should be allowed to work in public schools.	11	10.8	29	28.4	27	26.5	27	26.5	8	7.8

Table 5 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
29. Individuals belonging to high risk groups for AIDS should be allowed to work in public schools.	12	11.8	20	19.6	34	33.3	29	28.4	7	6.9
30. All active cases of AIDS should be quarantined.	29	28.4	41	40.2	21	20.6	5	4.9	6	5.9

Table 6
ATTITUDE ITEMS DEALING WITH CONFIDENTIALITY

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
6. Administrators should be told if there is a student who has AIDS in their school.	1	1	2	2	2	2	22	21.6	75	73.5
7. The teacher should be told if there is a student who has AIDS in their class.	3	2.9	1	1	2	2	29	28.4	67	65.7
8. Children should be told if there is a student who has AIDS in their class.	11	10.8	25	24.5	25	24.5	22	21.6	19	18.6
9. Parents should be told if there is a student who has AIDS in their child's class.	12	11.8	22	21.6	24	23.5	22	21.6	22	21.6
11. All teachers should be tested for AIDS.	26	25.5	32	31.4	13	12.7	20	19.6	11	10.8

Table 6 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
16. It would be my responsibility to alert parents to the fact that a particular student has AIDS.	22	21.6	28	27.5	17	16.7	22	21.6	13	12.7
17. It would be my responsibility to alert students to the fact that a particular student has AIDS.	22	21.6	34	33.3	14	13.7	21	20.6	11	10.8

The items could be viewed on the basis of three categories that pertained to three broad issues relating to AIDS and PWAs in the school setting. They were discrimination, confidentiality and AIDS education with attendant controversial topics.

Items Dealing with Discrimination Discrimination of PWAs in the public school setting applied to school attendance for PWA students, employment for faculty and other school employees, and quarantine for all PWAs. Table 4 represents twenty items dealing with the discrimination issue.

School attendance. There were five items related to the school attendance issue. A higher proportion of superintendents responded positively. However, the negatives and don't know responses toward the attendance issue climbed relatively higher as the attitude target shifted from children living with PWAs and HIV carriers to children with AIDS. Approximately 90 percent of the respondents agreed that a child living with an HIV carrier or a person with an active case of AIDS should be allowed to attend school, whereas 74 percent of the superintendents agreed that children who were HIV carriers should be allowed to attend school. However, when it came to children with active cases of AIDS, only 61 percent of the superintendents agreed that the children should be allowed to attend school. The negative frequencies ascended from 3

percent for children living with an HIV carrier to 15 percent for children with AIDS. The don't know responses climbed from 7 percent to 16 percent, respectively. It was interesting to note that approximately 23 percent of the superintendents would not allow a child with AIDS to remain in school if it were up to them to make the decision, and 17 percent were undecided.

Dealing with PWA students attending school. There were eight items related to the issue. Approximately 30 percent of the superintendents responded that they would treat students with AIDS and students belonging to high risk groups differently from other students, and 18 percent did not know. A similar percentage of respondents also replied that they would not be willing to have their teachers teach a separate class of students with AIDS if there were such a class. When asked if students with AIDS should be segregated for certain classroom activities, approximately 42 percent of the superintendents responded in the affirmative; 18 percent remained don't know and 41 percent disagreed. When asked if they would be comfortable having a student with AIDS in their schools, an HIV carrier or a student/students belonging to a high risk group for AIDS in their schools, approximately 40 percent responded in the negative.

Employment for faculty and personnel. Although a sizeable majority of the superintendents responded favorably toward allowing children with AIDS to attend school, a noticeably higher degree of negativity was detected among the superintendents with regard to employment of PWAs in schools. There were five items related to this issue category. Approximately 38 percent of the superintendents were for **not** allowing teachers with AIDS in the class room and 21 percent responded as don't know. A slightly higher percentage, 40 percent of the superintendents, disagreed with the statement that (non-teacher) employees with AIDS were HIV carriers or those belonging to high risk groups should be allowed to work in public schools. Approximately 26 to 30 percent of the superintendents also reportedly remained undecided on this issue. The highest frequency for the don't know response category pertained to leaving the teaching profession if he/she contracted AIDS.

Quarantine. With regard to the blanket statement "All active cases of AIDS should be quarantined," the majority of 70 percent disagreed with it. However, 20 percent of the superintendents responded don't know and 11 percent agreed with the statement.

A high percentage (86 percent) of the superintendents also disagreed with the statement "I feel that AIDS is a punishment for sin"

while 9 percent remained in the don't know category and 5 percent indicated agreement.

Items Dealing with Confidentiality Table 6 represents seven items that pertained to the confidentiality issue regarding PWAs in the public school setting. The confidentiality issue encompassed all items dealing with the question "Who should be told of the presence of a PWA/PWAs in the school?" Another confidentiality question was "Should all teachers should be tested for AIDS?"

Notification of the presence of a student with AIDS in school. The questionnaire included six items that related to this issue. The superintendents almost unanimously (96 percent) agreed that administrators should be told if there was a student who had AIDS in their school. Only 1 percent disagreed and 2 percent equivocated on the issue. Also a high percentage of respondents agreed that teachers should be told if there was a student with AIDS in their class. However, when asked if parents and students should be told if there was a student with AIDS, 34 percent and 36 percent of the respondents, respectively, disagreed. The don't know category accounted for 24 and 25 percent of the respondents, respectively.

Testing for AIDS. With regard to the statement "All teachers should be tested for AIDS," 31 percent of the respondents expressed agreement, approximately 13 percent responded don't know and 27 percent disagreed.

Items Dealing with AIDS Education and Controversial Topics Table 7 represents four items dealing with AIDS education and controversial topics. The AIDS education and the controversial topics issue involved questions such as the following:

1. Should there be AIDS education programs in school?
2. If yes, what grade levels should be targeted for such programs?
3. Should topics such as use of condoms and homosexual lifestyles, as they relate to AIDS, be included in AIDS education programs?

AIDS education. With regard to AIDS education, 92 percent of the superintendents agreed that it should be conducted from grade levels beginning at elementary through high school. However, approximately 23 percent of the respondents did not think they would feel comfortable speaking in public about AIDS and 15 percent responded don't know.

Controversial topics. The majority of the superintendents in the study, 68 percent, agreed that the use of condoms should be included in

Table 7
ATTITUDE ITEMS DEALING WITH AIDS EDUCATION AND CONTROVERSIAL TOPICS

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
24. Schools should conduct AIDS education programs in different grade levels from elementary through high school.	1	1	3	2.9	4	3.9	53	52	41	40.2
25. AIDS education should begin at the elementary level.	1	1	3	2.9	3	2.9	52	51	43	42.2
26. The use of condoms should be included in AIDS education in schools.	3	2.9	9	8.8	21	20.6	45	44.1	24	23.5
31. I would feel comfortable speaking in public about AIDS.	3	2.9	21	20.6	15	14.7	49	48	14	13.7

Table 7 (continued.)

Statements	strongly disagree		disagree		don't know		agree		strongly agree	
	n	%	n	%	n	%	n	%	n	%
32. I would feel comfortable advocating for teaching about the use of condoms in preventing AIDS.	6	5.9	24	23.5	21	20.6	42	41.2	9	8.8
33. I would feel comfortable advocating for teaching about alternate lifestyles such as homosexuality as they relate to AIDS.	12	11.6	23	22.5	26	25.5	33	32.4	8	7.8

AIDS education in schools. However, only 51 percent felt they would be comfortable advocating for teaching about the use of condoms in preventing AIDS.

With regard to teaching about alternate lifestyles such as homosexuality as they relate to AIDS, 40 percent of the responses were positive, 35 percent were negative, and 26 percent did not know.

For the study population as a group, the mean score was 114.4, the median was 114.5 and the mode was 126. The minimum score was 71 and the maximum score was 160. On the basis of these statistics, there appeared to be a preponderance of positive attitudes toward PWAs among Tennessee superintendents. Although the data indicated marginal negativity, considerable positivity and discernable equivocation toward PWAs and certain PWA related issues in the school setting, the general direction and trend of Tennessee superintendents' attitude toward PWAs was well illustrated in Figure 1 which showed a frequency polygon derived from total attitude scores of all respondents. The horizontal axis of the graph indicated the total attitude scores of the respondents. The minimum score achievable for each respondent was 33. However, the minimum score for this population was 71. The maximum score for the instrument was 165 and the maximum score for this population was 160. The vertical axis represented the cumulative frequency for the scores. In the polygon shown in Figure 1, the graph climbed sharply as it moved

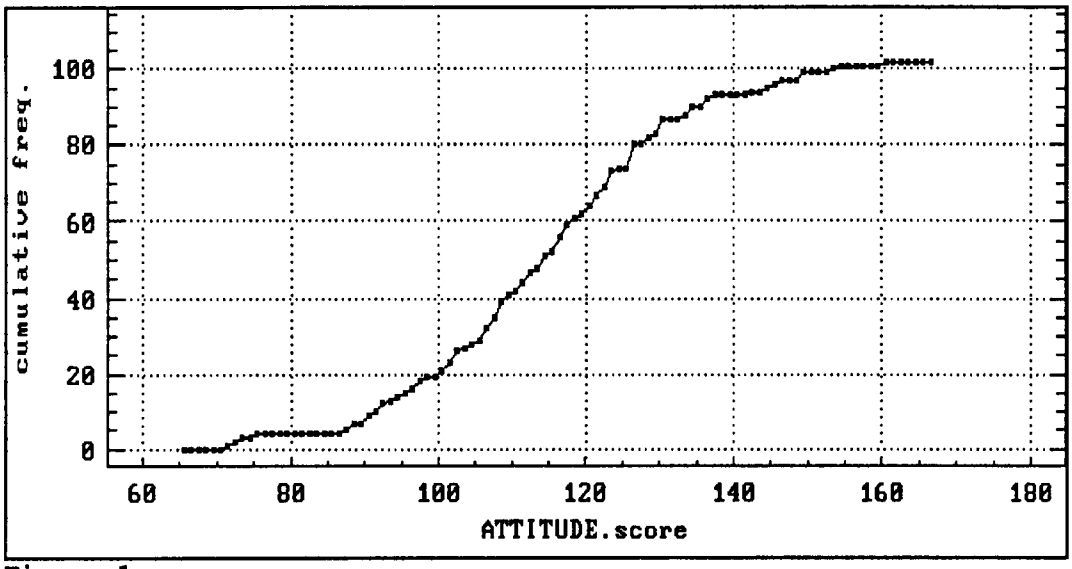


Figure 1
Frequency Polygon Of Attitude Scores

to the higher end of the attitude score continuum representing a progressively higher frequency of respondents achieving higher attitude scores.

VI. ANALYSIS OF DATA BY SUBGROUPS

In this section the data were analyzed by subgroups within the study population as defined by the independent variables of the study. In Tables 8 through 29, the means of total scores for the instrument were presented in a series of tables showing if the mean scores differed, where they differed, and how they differed within subgroups of the study population. The one-way ANOVA was the first table in each series and indicated if the means differed within a subgroup. The multi-range analysis by Scheffe's method located the variance within groups and provided a comparison of the means.

Attitudes toward PWAs did not appear to differ by gender. The mean scores for male and female emerged identical. Differences were not statistically evident on the basis of age, degree and tenure of superintendents.

There appeared to be some difference in attitude scores by age, but there were none at .01 and .05 significance level. To the extent that

Table 8

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY GENDER

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	00000 . 228	1	000.228	.001
Within groups	33320 . 792	100	333.208	
Total (corrected)	33321 . 02	101		

* Significant at .05
** Significant at .01

Table 9

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORE BY GENDER

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
Female	13	114.31	*
Male	89	114.45	*

Table 10

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY AGE

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	02156 .92	4	539.23	1.68
Within groups	31164 .1	97	321.28	
Total (corrected)	33321 .02	101		

* Significant at .05
** Significant at .01

Table 11

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY AGE

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
40 & less	11	119.5	*
41 to 45	37	118.9	*
46 to 55	29	113.2	*
56 to 60	17	110.4	*
60 & over	8	103.3	*

Table 12

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY DEGREE

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	1440.4	2	720.2	2.236
Within groups	31880.1	99	322.0	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 13

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY DEGREE

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
Other	11	108.0	*
M.S.	78	112.5	*
Dr.	23	121.4	*

Table 14

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY TENURE

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	7926.26	19	539.23	1.358
Within groups	24886.61	97	321.28	
Total (corrected)	32812.87	101		

* Significant at .05
** Significant at .01

Table 15

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY TENURE

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
1 to 5 yr	54	113.2	*
6 to 10 yr	7	108.29	*
11 to 22 yr	14	105.57	*

Table 16

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY REGION

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	1050.74	2	525.37	1.612
Within groups	32270.28	99	325.96	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 17

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY REGION

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
WEST	23	108.52	*
EAST	42	115.8	*
MIDDLE	37	116.59	*

Table 18

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY CULTURE

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	00715.068	4	178.77	.532
Within groups	32605.952	97	336.14	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 19

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY CULTURE

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
OTHER	1	116.00	*
RURAL	62	112.3	*
S.CITY	29	118.1	*
SUBURB	8	116.9	*
URBAN	2	115.5	*

Table 20

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY EXPOSURE TO AIDS WORKSHOP

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	177.684	1	178.77	.536
Within groups	33143.336	100	336.14	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 21

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY EXPOSURE TO AIDS WORKSHOP

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
NO	28	112.286	*
YES	74	115.243	*

Table 22

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY DISTRICTS THAT HAVE AIDS EDUCATION PROGRAMS

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	1275.866	1	1275.866	3.981*
Within groups	32045.154	100	0320.452	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 23

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY DISTRICTS THAT HAVE AIDS EDUCATION PROGRAMS

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
NO	26	108.385	*
YES	76	116.3	*

Table 24

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, DIFFER WITH STATE POLICY/NO

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	00715.068	4	178.77	.532
Within groups	32605.952	97	336.14	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 25

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, DIFFER WITH STATE POLICY/NO

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
NO	93	114.12	*
YES	9	117.67	*

Table 26

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, PLAN TO SET UP AIDS EDUCATION/NO

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	00177.684	1	178.77	.536
Within groups	33143.336	100	336.14	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 27

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, PLAN TO SET UP AIDS EDUCATION/NO

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
NO	28	112.286	*
YES	74	115.243	*

Table 28

SUMMARY TABLE FOR ANALYSIS OF VARIANCE OF MEAN SCORES FOR ATTITUDE TOWARD PWAs BY YES, COMMUNITY SUPPORTS SCHOOL AIDS POLICY/NO

Source of Variation	Sum of Squares	d.f.	Mean Square	F
Between groups	2580.890	2	1290.4450	4.15**
Within groups	30740.336	99	310.5064	
Total (corrected)	33321.02	101		

* Significant at .05
** Significant at .01

Table 29

MULTIPLE RANGE ANALYSIS FOR ATTITUDE SCORES BY YES, COMMUNITY SUPPORTS SCHOOL AIDS POLICY/NO

Method: 95 Percent Scheffe

Groups	n	Average	Homogeneous Groups
No	16	102.814	*
Don't Know	11	115.364	**
Yes	71	116.773	*

a difference appeared, the younger age groups tended to score higher. Although statistically not significant, mean scores were slightly higher for superintendents who held doctorate degrees. There were also no discernible differences in mean scores on the basis of region or school culture.

Interestingly, there were no differences in attitude scores between superintendents who had taken part in one or more professional workshops on AIDS and those who had not. Data analysis also revealed another interesting aspect of the study--there was no difference between the mean score of superintendents who reported their districts' school AIDS policies differed from the state guidelines for school AIDS policy and those that reported that their school AIDS policies were consistent with state guidelines.

There was a statistically significant difference in mean attitude scores between those respondents whose school districts had established AIDS education programs and those who did not have school AIDS programs.

However, there were no differences in mean attitude scores between those who claimed their schools had definite plans to establish AIDS education and those who responded they had none.

Analysis of variance revealed a difference in means at .01 significance level between those respondents who perceived community support for their school AIDS policy and those that did not. However,

the difference was only among superintendents of school districts that had school AIDS policies that were congruent with state guidelines. Among those school districts that had policies different from the state guidelines, all the superintendents reported they felt that their schools' AIDS policies enjoyed community support. Thus, ANOVA was not possible for this particular group. However, the mean attitude score for the group was 105.3 and slightly lower than the mean score for the study population as a group.

The summary for the study and pertinent findings, comments, suggestions and recommendations that emerged from this investigation are presented in the following chapter.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY OF BACKGROUND INFORMATION

Purpose

The purpose of the study was to assess, analyze and compare attitudes of superintendents in Tennessee public school systems regarding persons with AIDS in the public school setting. The specific objectives were to:

1. investigate the attitudes of Tennessee superintendents toward persons with AIDS in the school setting;

2. determine differences in attitudes of Tennessee superintendents toward persons with AIDS in a school setting according to demographic variables;

3. ascertain differences in attitudes toward persons with AIDS between superintendents of school systems that have established AIDS education programs and superintendents of school systems that have not established AIDS education programs;

4. ascertain differences in attitudes toward persons with AIDS between superintendents of Tennessee school systems that have definite

plans to establish AIDS education and superintendents of Tennessee school systems that do not have definite plans to establish AIDS education programs;

5. investigate differences in attitudes toward persons with AIDS between superintendents of Tennessee school systems that have developed school AIDS policies that were congruent with the Tennessee state guidelines for school AIDS policy and superintendents of school systems that have developed school AIDS policies that were not congruent with state guidelines on school AIDS policy; and,

6. examine if perception of community support for mandated school AIDS policy relates to differences in attitudes toward PWAs among superintendents of Tennessee school systems.

Study Population

The participants of this study were from a population of superintendents in charge of 147 school districts in the state of Tennessee during the academic year 1989-1990. In total, 147 questionnaires were mailed out and 108 (74 percent) superintendents responded. However, six of them had to be excluded from the study for reasons of partial completion or missing the deadline for data analysis. Thus, the study population constituted 69.4 percent of the total population.

Methodology and Procedures

The School Professionals' Attitude Toward AIDS Instrument (SPATA) questionnaire was pilot-tested and employed for the study. The questionnaires were mailed to superintendents of all the school districts in the state of Tennessee in the fall of 1989.

The responses were tallied, scored, computer-analyzed and presented in a manner describing their attitudes toward PWAs and illustrated the similarities and differences between mean attitude scores on the basis of demographic and AIDS awareness related variables.

II. SUMMARY OF FINDINGS

Demographic Characteristics

Eighty-nine (87 percent) of the study population were male and thirteen (13 percent) were female. Barring one respondent who refused to identify ethnicity, the rest were exclusively (99 percent) Caucasian. The participants were also predominantly (95 percent) Protestant; 2 out of 102 (2 percent) were identified as Catholic and 3 (3 percent) were identified as belonging to other religions. Thus, ethnicity and religion

were eliminated as independent variables for analysis of variance procedures.

Eleven (11 percent) of the superintendents were 40 or less than 40 years old; thirty-seven (36 percent) were between the 41-45 year old category; twenty-nine were between ages 46 years and 55 years; seventeen (17 percent) were in the 56-60 age group; and eight respondents were over 60 years old.

Twenty-four (23 percent) of the participants held doctorate degrees; seventy-seven (76 percent) held master's level or Ed.S. degrees; and one (1 percent) held none of the bachelor, master or doctorate degrees.

Ninety (88 percent) superintendents who responded had not served in other counties as opposed to twelve (12 percent) who had served in other counties as superintendents.

Seventy (69 percent) participants of the study had had 1 to 5 years of service; ten (10 percent) of them had had 5 to 10 years of service and the remaining 21 percent had 10 to 21 years of service.

Twenty-four (23 percent) of the respondents represented school districts in West Tennessee; thirty-seven (36 percent) represented school districts in Middle Tennessee and forty-one (41 percent) represented school districts in East Tennessee.

Sixty-three (62 percent) out of 102 respondents reported their schools to be rural; twenty-eight (28 percent) of them considered their

schools to be suburban; and the remaining two (2 percent) considered their schools to be urban.

Information Relevant to AIDS Awareness in Schools

All the schools represented by participants had developed school AIDS policies. Nine out of 102 school districts included in the study had, to date, policies that differed from the state issued guidelines. Seventy-four percent (76/102) of the participants felt that their school districts' AIDS policies enjoyed community support, while 11 percent felt they did not know, and 16 percent reported that the communities did not support their school AIDS policies.

Seventy-four superintendents (72.5 percent) had participated in at least one professional workshop on AIDS while twenty-eight had not participated in any AIDS workshop. Among those who had participated in an AIDS workshop, thirty-two (31 percent) superintendents had participated at least once; twenty-six of them (25 percent) had attended twice; and sixteen (16 percent) had participated in three or more workshops.

Only three out of 102 superintendents had encountered a PWA within his/her school district and one respondent declined to reveal the information.

Seventy-six (75 percent) of the school districts represented by participants in the study had established AIDS education programs in their school whereas twenty-six (25 percent) school districts did not have any AIDS education program established. Among the school districts that did not have AIDS education programs in place, thirteen districts (50 percent) reported having definite plans for AIDS education programs while thirteen (50 percent) school districts reported they did not.

Fifty-nine school districts (58 percent) had AIDS education programs as part of the curriculum and fifteen (15 percent) had AIDS education structured as one-shot programs. One school district had both types of programs and another reported don't know. Twenty-eight school districts (27 percent) had AIDS education beginning at kindergarten; twenty-nine districts (29 percent) had AIDS education beginning at grades 5-8; and eleven districts had AIDS education beginning at grades 9-12.

Attitudes Toward Persons with AIDS by Study Population

The majority of superintendents that participated in the study had strong opinions and feelings toward PWA/AIDS related issues in the public school setting.

" What were the attitudes of Tennessee superintendents toward persons with AIDS in the school setting? " With regard to the

research question, the study found that a majority of the superintendents in Tennessee school districts were positive in their attitudes toward PWAs in the public school setting. For the study population as a group, the mean score was 114.4; the median was 114.5; and the mode was 126. The minimum score was 71 and the maximum score was 160. On the basis of these statistics there appeared to be a preponderance of positive attitudes toward PWAs among Tennessee superintendents.

At issues level, the attitudes of a segment that constituted a consistent 30 to 40 percent of the study population were found to be at variance with the attitudes embodied in the state of Tennessee's official guidelines on school AIDS policy.

The attitude items were examined on the basis of three broad issues pertaining to PWAs in the school setting. They were discrimination, confidentiality and AIDS education and related controversial topics. The confidentiality issue entailed notification of the presence of PWAs in schools and mandatory drug testing.

AIDS education and controversial topics focused on whether there should be AIDS education programs in schools and, if yes, at what grade level should AIDS education begin. Another focus was whether they should cover topics such as the use of condoms in preventing AIDS and homosexuality as it relates to AIDS.

Items Dealing with Discrimination

The discrimination issue encompassed school attendance, dealing with PWAs attending school, and employment for teachers and other school personnel who were PWAs. It also involved the question of quarantining PWAs.

School attendance. Approximately 80 percent of the superintendents in the study agreed that children living with HIV carriers or persons with active cases of AIDS should be allowed to attend public schools. However, a slimmer majority of the superintendents (61-74 percent) were favorable toward allowing children who were HIV carriers or persons with actives cases of AIDS to attend school while 14-16 percent remained undecided and 12-23 percent disagreed.

Dealing with PWA students attending school. A majority (52 percent) of the superintendents agreed they would not treat students with AIDS differently from other students; 30 percent disagreed and 18 percent responded don't know. However, 41 percent of the respondents agreed that students with AIDS should be segregated for certain classroom activities; 42 percent disagreed and 17 percent of the respondents were undecided. Approximately 40 percent of the superintendents responded they would not feel comfortable having a student who

responded they would not feel comfortable having a student who belonged to a high risk group or who was an HIV carrier or who was with AIDS in their schools, and 17 to 20 percent of the participants were undecided.

Employment for faculty and personnel. Compared to attitudes on school attendance, attitudes toward allowing faculty and personnel in schools were more in the negative direction among Tennessee superintendents. Approximately 38 percent of them were not favorable to allowing teachers with AIDS in the classrooms, while 21 percent remained undecided. With regard to allowing persons with AIDS or members of high risk groups for AIDS to work in schools, 40 percent of the respondents disagreed and 26-30 percent replied don't know. Thirty-eight percent of the superintendents in the study chose don't know to the statement "If I contracted AIDS, I would leave the teaching profession," while 44 percent agreed with the statement. Eighty-six percent of the respondents disagreed with the statement "I feel that AIDS is a punishment for sin," while 5 percent indicated agreement and 9 percent remained undecided.

Quarantine all PWAs. Seventy percent of the superintendents in the study disagreed with this notion while 11 percent agreed and 20 percent registered don't know. Eighty-six percent of the respondents also

agreed with the statement "I feel that AIDS is a punishment for sin," although 5 percent agreed and 9 percent remained undecided.

Items Dealing with Confidentiality

This issue involved notification of children attending school and testing for AIDS.

Notification of the presence of a student with AIDS in school. Ninety-six percent of the respondents agreed that administrators should be told of the presence of a student with AIDS in their schools while only 1 percent disagreed and 2 percent were undecided. A similar percentage of respondents also agreed that teachers should be told of the presence of a student/students with AIDS in their classes. However, a high percentage of responses (34-36 percent) were registered against letting parents and students know of the presence of students with AIDS in the schools.

Testing for AIDS. The majority of the superintendents disagreed with the statement "All teachers should be tested for AIDS," whereas 31 percent agreed with the statement and 13 percent remained undecided.

Items Dealing with AIDS Education and Controversial Topics

This issue involved the question of whether schools should have AIDS education programs, and if yes, at what grade level should AIDS education begin? The issue also dealt with the question "Should AIDS education in schools include controversial topics such as the use of condoms in preventing AIDS, and, alternate lifestyles such as they related to AIDS?"

AIDS education. There was an almost unanimous agreement among the superintendents (92 percent) that there should be AIDS education programs in schools from elementary grades through high school. Only 4 percent disagreed and 4 percent were undecided. However, 23 percent of the superintendents agreed that they would feel uncomfortable speaking in public about AIDS while 15 percent remained in the don't know category.

Controversial topics. Sixty-eight percent of the respondents agreed that the use of condoms should be included in AIDS education programs. However, only 51 percent of the respondents felt they would feel comfortable for the teaching about the use of condoms in preventing AIDS.

Forty percent of the superintendents were favorable toward teaching about alternate lifestyles as they relate to AIDS, whereas 35 percent were unfavorable and 26 percent remained undecided.

Attitudes toward PWAs by Subgroups/Communities as Defined by the Independent Variables of the Study

1. Question: **"Were there differences in attitudes of Tennessee superintendents toward persons with AIDS in the school setting according to demographic variables?"**

Attitudes toward PWAs were found not to differ on the basis of gender. The mean attitude scores for both males and females were similar.

There were no differences in mean attitude scores of superintendents on the basis of educational level, length of tenure, region or culture.

Although statistically not significant, a cursory look at the mean scores by age showed higher scores for younger age groups.

There were no differences in the mean attitude scores between those who had participated in professional workshops on AIDS and those who had not.

2. Question: **"Were there differences in attitudes toward persons with AIDS between superintendents of school systems that have developed school AIDS policies that were congruent with Tennessee state guidelines for school AIDS policy and superintendents of school systems that have developed school AIDS policies that were not congruent with state guidelines AIDS policy?"**

There were no discernable differences in attitudes toward PWAs between superintendents of school districts that had school AIDS policies that were different from state issued policy guidelines and superintendents of school districts that had policies consistent with state guidelines for school AIDS policies.

3. Question: **" Were there differences in attitudes toward persons with AIDS between superintendents of school systems that have established AIDS education programs and superintendents of school systems that have not established AIDS education programs?"**

There was a statistically significant difference (at .05 level of significance) in mean attitude scores between superintendents of school districts that had established AIDS education programs and those of school districts that had not established school AIDS education programs.

4. Question: **" Were there differences in attitudes toward persons with AIDS between superintendents of school systems that have definite plans to establish AIDS education programs and**

superintendents of school systems that do not have definite plans to establish AIDS education program?"

There were no differences in mean attitude scores between superintendents of school districts that had definite plans to establish AIDS education programs and superintendents of school districts that had no plans at all to establish school AIDS education programs.

5. Question: "**Did perception of community relate to differences in attitude toward PWAs among superintendents of Tennessee school systems?"**

There was a statistically significant difference--at .01 significance level--in mean attitude scores between superintendents of school districts that had community support for their school AIDS policies and superintendents of school districts that did not have community support for their school AIDS policies. However, the differences were among superintendents of school districts that had school AIDS policies that were congruent with state guidelines. Among those school districts that had policies different from the state guidelines, all the superintendents reported they felt that their schools' AIDS policies enjoyed community support. Thus, ANOVA was not possible for this particular group. However, the mean attitude score for the group was 105.3 and slightly lower than the mean score for the study population as a group.

III. CONCLUSIONS

On the basis of the data generated by this study, the following conclusions may be drawn:

1. The official attitudes of the educational and public health, professional institutions of this nation with regard to Persons With AIDS could not as yet be considered as unanimously espoused by or even firmly established among the Tennessee superintendents.

2. On the basis of the findings of this study, many Tennessee superintendents did not agree with the Tennessee state guidelines for AIDS issues in the school setting.

3. In terms of attitudes toward PWAs, demographic variables such as sex, age, religion, ethnicity, region and school culture had little or no influence on Tennessee school superintendents.

4. With regard to attitudes toward PWAs, existing professional workshops on AIDS for Tennessee school superintendents did not appear to have noticeable impact.

5. The disparities that exist in school AIDS policy between school districts and state levels could not be accounted for on the basis of the district level administrators' attitudes toward PWAs.

6. In light of the findings in this study, attitudes of superintendents toward AIDS/PWAs could be a possible contributing factor toward lack of established AIDS programs in Tennessee schools.

7. Insofar as attitudes toward PWAs were concerned, the results of this study indicated that the values and attitudes of Tennessee superintendents were strongly associated with the values and attitudes of the official community and the constituent community.

IV. SUGGESTIONS AND RECOMMENDATIONS

For Policy Making

1. To ensure success for the state formulated guidelines on school AIDS policies, efforts should be made to minimize the disparities between the official policy on AIDS related issues and personal attitudes among designated implementers of the same policies.

2. Statewide AIDS education programs need to be cognizant attitudinal disparities within its own ranks and should develop strategies to address the problem.

For Further Research

1. Replication of this study with other populations within the educational community are needed to identify disparities between the state's

official position on PWAs and the personal attitudes toward PWAs among various educational professionals who will be implementing the official policies at different levels.

2. In depth evaluation of existing educational programs on AIDS for education and other professionals are needed.

3. Studies to investigate more effective educational strategies to mitigate adverse attitudes and fallacies regarding PWAs are warranted.

4. There is a need to identify factors that either impede or enable educational efforts directed at prevention of AIDS and protection of PWAs.

LIST OF REFERENCES

REFERENCES

AIDS: The search for clues. (1985). WHO Chronicle, 39, 208-217.

AIDS virus victim quits school. (1987, September 11). The Knoxville News Sentinel, p. A1.

Alderman, C. (1987). Blazing the trail. Nursing Times, March 4, 33-34.

Allard, R. (1989). Beliefs about AIDS as determinants of preventive practices and support for coercive measures. AJPHA, 79(4), 448-452.

Altema, R.J., & Bright, L. (1983). Only homosexuals, Haitians, and not all Haitians. Annals of Internal Medicine, 99(6), 877-878.

Altman, D. (1986). AIDS in the Mind of America. Garden City, New York: Anchor Press /Doubleday.

Bakerman, S. (1988). Understanding AIDS. Greenville, NC: Interpretive Laboratory Data.

Barre-Sinoussi, F., Chermann, J.C., Rey, F., Nugeyre, M.T., Chamaret, S., Gruest, J., Dauguet, C., Axler-Blin, C., Brun-Vezinet, F., Rouzioux, C., Rozenbaum, W., & Montagnier, L. (1983). Isolation of a T-lymphotropic retrovirus from a patient at risk for Acquired Immunodeficiency Syndrome (AIDS). Science, 220, 868-871.

Baumgartner, G.H. (1985). AIDS: Psychosocial Factors in the Acquired Immune Deficiency Syndrome. Springfield, Illinois: Charles C. Thomas.

Black, J.L., & Jones, L.H. (1988). HIV infection: Educational programs and policies for school personnel. Journal of School Health, 58, 317-322.

Centers for Disease Control. (1981). Pneumocystis pneumonia - Los Angeles. MMWR, 30, 250.

Centers for Disease Control. (1981). Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men--New York City and California. MMWR, 30, 305-308.

Centers for Disease Control. (1984). Update: acquired immunodeficiency syndrome (AIDS)-United States. MMWR, 32, 688-91.

Centers for Disease Control. (1987, November). AIDS Weekly Surveillance Report.

Centers for Disease Control. (1988). Quarterly report to the domestic policy council on the prevalence and rate of spread of HIV and AIDS in the United States. MMWR, 37, 223-226.

Coffin, J., Haase, A., Levy, J.A., Montagnier, L., Oroszlan, S., Teich, N., Temin, H., Toyoshima, K., Vogt, P., & Weiss, R. (1986). Human immunodeficiency viruses. Science, 232, 697-699.

Cohen, I. (1987). The Persons with AIDS. New York: Springer.

Confronting AIDS: Directions for Public Health, Health Care, and Research. (1986). Institute of Medicine National Academy of Sciences. Washington, DC: National Academy Press.

Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. PSYCHOMETRIKA, 16, 297-334.

Crowson, R.L. (1987). The local school district superintendency: A puzzling administrative role. Educational Administration Quarterly, 23, 49-69.

Cuban, L. (1984). Transforming the frog into a prince: Effective schools research, policy and practice at the district level. Harvard Educational Review, 54(2), 129-151.

Cummings, M.A., Rapaport, M., & Cummings, K.L. (1986). A psychiatric staff response to acquired immunodeficiency syndrome. American Journal of Psychiatry, 143, 682.

Day, C.J. (1987). Attitudes towards the disease AIDS: A survey of the members of the National Therapeutic Recreation Society. Unpublished master's thesis, The University of Tennessee, Knoxville, TN.

DiClemente, R.J., Zorn, J., & Temoshok, L. (1986). Adolescents and AIDS: A survey of knowledges, attitudes, and beliefs about AIDS in San Francisco. American Journal of Public Health, 76(12), 1443-1445.

Essex, M. (1985). The etiology of AIDS: Introducton and overview. In R. Kulstad (Ed.), AIDS: Papers from science, 1982-1985. (pp. 3-7). Washington, DC: American Association for the Advancement of Science.

Fischinger, P.J. (1985). Acquired Immune Deficiency Syndrome: The causative agent and the evolving perspective. Current Problems in CANCER. Chicago: Year Book Medical Publishers.

Fishbein, M. (1967). Readings in Attitude Theory and Measurement. New York: John Wiley & Sons.

Fishbein, M., & Ajzen, I. (1975). Beliefs, Attitude, Intention and Behavior: An Introduction to Theory and Research. Reading, Massachusetts: Addison-Wesley Publishing.

Fleming, A.F., Carballo, M., Fitzsimmons, D. W., Bailey, M.R., & Mann, J. (1988). Global impact of AIDS: Proceedings of the First International Conference on the Global Impact of AIDS, Co-Sponsored by the World Health Organization and the London School of Hygiene and Tropical Medicine, Held in London, (1988, March 8-10), New York: Alan R. Liss, Incorporated.

Gallo, R.C., Salahuddin, S.Z., Popovic, M., et al. (1984). Frequent detection and isolation of cytopathic retroviruses (HTLV-III) from patients with AIDS and at risk for AIDS. Science, 224, 500-503.

Gallo, R.C., Sarin, P.S., Gelman, E.P., Robert-Guroff, M., Richardson, E., Kalyanaraman, V.S., Mann, D., Sidhu, G.D., Stahl, R.E., Zolla-Pazner, S., Leibowitch, J., & Popovic, M. (1983). Isolation of human T cell leukemia virus in acquired immunodeficiency syndrome. Science, 220, 865-867.

Getzel, J.W. (1978). The communities of education. Teachers College, 79, 659-682.

Groopman, J.E. (1986). Clinical symptomatology of the acquired immunodeficiency syndrome (AIDS) and related disorders. In E.Klein (Ed.), Progress in allergy: Vol. 37. Acquired Immunodeficiency Syndrome. (pp. 182-193). Basel: Karger.

Groopman, J.E., Salahuddin, S.Z., Sarngadharan, M.G., Markham, P.D., Gonda, M., Sliski, A., & Gallo, R.C. (1984). HTLV-III in saliva of people with AIDS-related complex and healthy homosexual men at risk for AIDS. Science, 226, 447-448.

Gross, N. (1958). Who Runs Our Schools? New York: John Wiley & Sons.

Healy, R.M., & Coleman, T. (1989). A primer on AIDS for health professionals. Health Education, Dec/Jan: 4-10.

Henerson, M.E., Morris, L.L., & Fitz-Gibbon, C.T. (1978). How to Measure Attitudes. Beverly Hills: Sage Publications.

Ho, D.D., Schooley, R.T., Rota, T.R., Kaplan, J.C., Flynn, T., Salahuddin, S.Z., Gonda, M.A., & Hirsch, M.S. (1984). HTLV-III in the semen and blood of a healthy homosexual man. Science, 226, 451-453.

Hottois, J., & Milner, N.A. (1975). Sex Education Controversy. Lexington, Massachusetts: D.C. Heath.

Jager, H. (1988). AIDS and AIDS Risk Patient Care. Chichester: Ellis Horwood Limited.

Joki, R.R. (1988). Health education: Program development and implementation. Health Education, Oct/Nov: 31-33.

Keough, K.E. (1988). Dealing with AIDS: Breaking the Chain of Infection. Arlington, Virginia: American Association of School Administrators.

Keough, K.E., & Seaton, G. (1988). Superintendents' views on AIDS: A national survey. Phi Delta Kappan, 5, 358-361.

Kerr, D.L. (1988). Summary of ASHA members' results on the ASHA AIDS education needs assessment. Journal of School Health, 8, 315.

Kerr, D.L., Allensworth, D.D., Gayle, J.A., & Dalis, G.T. (1989). The ASHA AIDS education needs assessment: Association for the Advancement of Health Education results. Health Education, Dec/Jan: 16-20.

Koop, C.E. (1986). Surgeon General's Report on Acquired Immune Deficiency Syndrome. Washington, DC: US Department of Health and Human Services, Public Health Services.

Lemon, N. (1973). Attitudes and Their Measurement. New York: John Wiley & Sons.

Levine, A.M. (1987). Malignancies in the Acquired Immunodeficiency Syndrome. Chicago: Yearbook Medical Publishers.

Levine, A.S. (1984). Viruses, immune dysregulation, and oncogenesis: Inferences regarding the cause and evolution of AIDS. AIDS: the epidemic of kaposi's sarcoma and opportunistic infections. Papers based on an International Symposium held at New York University Medical Center in 1983. New York: MASSON Publishing USA.

Lohrmann, D.K. (1988). AIDS education at the local level: The pragmatic issues. Journal of School Health, 58(8), 330-334.

Lon Luty, E.T. (1988). Oberteuffer Symposium: Controversial topics in health education program. Health Education, Oct/Nov: 39-44.

Long, R.E. (1987). AIDS. New York: The H.W.Wilson Company.

Lyons, J.S., Sheridan, K., & Larson, D.B. (1989). A model for AIDS education for health professionals. Health Education, Dec/Jan: 12-15.

Mason, J.O., Noble, G.R., Lindsey, B.K., Kolbe, L.J., Van Ness, P., Bowen, G.S., Drotman, D.P., & Rosenberg, M.L. (1988). Current C.D.C. efforts to prevent and control human immunodeficiency virus infection and AIDS in the United States through information and education. Public Health Reports, 103, 255-260.

Melbye, M., Biggar, R.J., Ebbesen, P., Sangadharan, M.G., Weiss, S.H., Gallo, R.C., & Blattner, W.A. (1984). Seroepidemiology of HTLV-III antibody in Danish homosexual men: Prevalence, transmission, and disease outcome. British Medical Journal, 289, 573-575.

Melbye, M., Biggar, R.J., Ebbesen, P., Neuland, C., Goedert, J.J., Faber, V., Lorenzen, I., Skinhj, P., Gallo, R.C., & Blattner, W.A.(1986). Long-term seropositivity for Human T-Lymphotrophic Virus Type-III in homosexual men without the acquired immunodeficiency syndrome: Development of immunologic and clinical abnormalities. Annals of Internal Medicine, 104, 496-500.

Mitchell, D.E. (1988). Educational politics and policy: The state level. In J.B. Boyan (Ed.), Handbook of research on educational administration. New York: Longman.

Nelson B.B. (1988). Principal's commitment: A key to success. Health Education, Oct/Nov: 34-35.

Nichols, E.K. (1986). Mobilizing against AIDS. Cambridge, Massachusetts: Harvard University Press.

Presidential Commission on Human Immunodeficiency Virus Epidemic. (1988). Report of the Presidential Commission on Immunodeficiency Virus Epidemic. Washington, DC: US Government Printing Office.

Price, J. (1986). AIDS, the schools, and policy issues. Journal of School Health, 56(4), 137-140.

Price, J.H., Desmond S., & Kukulka G. (1985). High school students' perceptionsand misconceptions of AIDS. Journal of School Health, 55(3), 107-1098.

Punishing AIDS children. (editorial) (1987, September 7). The Knoxville News Sentinel. p. A2.

Raske, K.E. (1988). The impact of AIDS on New York's not-for-profit hospitals. New York State Journal of Medicine, 88, 247-250.

Recommended guidelines for dealing with AIDS in the schools from the National Education Association. (1985). Journal of School Health, 55, 107-109.

Recommended guidelines for dealing with AIDS in the schools from the National Education Association. (1986). Journal of School Health, 56, 129-130.

Reed, S. (1988). KAPPAN special report-Children with AIDS: How schools are handling the crisis. Phi Delta Kappan, 69, K1-K12.

Rogers, D.E., & Ginzberg, E. (1988). The AIDS Patient: An Action Agenda. Boulder: Westview Press.

Ross, H.S., & Mico, P.R. (1980). Theory and Practice in Health Education. Palo Alto, CA: Mayfield Publishing.

Salahuddin, S.Z., Groopman, J.E., & Marcham, P.D. (1984). HTLV-III in symptom-free seronegative person. The Lancet, 1, 26-28.

Schinazi, R.F., & Nahmias, A.J. (Eds.). (1988). AIDS in Children, Adolescents & Heterosexual Adults. New York: Elsevier.

Schools urgently need state policy on AIDS: editorial. (1987, October 8). The Knoxville Journal, p. A15.

Seale, J. (1984). AIDS and hepatitis B cannot be venereal disease. Canadian Medical Association Journal, 130, 1109-1110.

Searle, E.S. (1987). Knowledge, attitudes, and behavior of health professionals in relation to AIDS. The Lancet, 1, 26-28.

Skelton, D. (1988). Problems and challenges for education-introductory remarks. In R. F. Schinazi, & A.J. Nahmias (Eds.). AIDS in children, adolescents, and heterosexuals. New York: Elsevier Science Publishing.

State may balk at Memphis school AIDS suspension plan. (1988, August 31). The Knoxville Journal, p. A3.

Strunin, L., & Higgins, R. (1987). Acquired immunodeficiency syndrome and adolescents: Knowledge, attitudes, and behaviors. Pediatrics, 79(5), 825-828.

Summers, G.F. (1970). Attitude Measurement. Chicago: Rand McNally & Company.

Tennessee State Board of Education. (1988). Plan for addressing the issue of AIDS in Tennessee public schools. (Mimeographed copies available from Tennessee Department of Education, Nashville, TN)

Tolsma, D.D. (1988). Activities of the Center for Disease Control in AIDS education. Journal of School Health, 58, 133-136.

Turner, N.H. (1988). AIDS attitudinal survey: Description, findings, and implications for public health agencies in educating the public. In R.F. Schinazi, & A.J. Nahmias (Eds.). AIDS in children, adolescent and heterosexual adults. New York: Elsevier Science Publishing.

U.S. Department of Health and Human Services. (1987). Report of the Surgeon General's Workshop on children with HIV Infections and their families. (DHSS publication no. HRS-D-MC87-81). Washington, DC: U.S. Government Printing Office.

West, S. (1983). One step behind a killer. Science, 4(2), 36-45.

Young, S.R. (1988). The impact of AIDS on the health care system in New Jersey. New York State Journal of Medicine, 88, 258-262.

APPENDICES

APPENDIX A

SUPERINTENDENTS' QUESTIONNAIRE

TENNESSEE SUPERINTENDENTS' ATTITUDES TOWARD PERSONS WITH AIDS IN PUBLIC SCHOOL SETTING

DIRECTIONS:

This questionnaire is designed to ascertain your attitude regarding PERSONS WITH AIDS (PWA) in public school setting. PART I of the questionnaire is designed to secure information about yourself and the school district you supervise. You are asked to place a check opposite your answer to each question in the space provided. DO NOT SIGN YOUR NAME. ALL RESPONSES WILL BE CONFIDENTIAL.

PART I

1. Sex ___ Male ___ Female

2. Age
___ 40 and less
___ 41 to 45
___ 46 to 55
___ 56 to 60
___ 60 and over

3. Religious Affiliation (optional)
___ Catholic
___ Protestant
___ Jewish
___ None
___ Other

4. Ethnic (optional)
___ Caucasian ___ Black
___ Hispanic ___ Asian/Pacific Islander

5. Highest degree held
___ Bachelor
___ Master and/or Ed.S
___ Doctorate
___ Other

6. How long have you been superintendent of schools in this district? ___ years

7. Have you held the same position in other counties?
___ Yes ___ No

8. Have you taken part in a professional workshop on AIDS?
___ Yes ___ No

9. If yes for question no. 8, how many AIDS workshops or training programs have you attended to date?
___ (number of times)

10. Does your district have established AIDS education programs in the schools within the district?
___ Yes ___ No

11. If yes for question no. 10, is AIDS education provided as one shot classes or incorporated into the curriculum?
___ one shot classes ___ part of the curriculum

12. Is the curriculum offered from K-12 or limited only to certain grade levels?
___ K-12 ___ certain levels

13. What grade levels? ___

14. Would you describe your district as:
___ urban ___ suburban
___ small city ___ rural

15. In what part of Tennessee is your school district located?
___ East ___ West ___ Middle

16. Does your school district have a school AIDS policy?
___ Yes ___ No

17. If you checked "yes" for no.16, does your district's school policy differ from the state issued guideline for school AIDS policy?
___ Yes ___ No

18. In your opinion, do you feel that your school district's AIDS policy is supported by the community?
___ Yes ___ No

19. Does your district have definite plans for AIDS education programs in the schools within the district?
___ Yes ___ No

20. Have you encountered a person with HIV/AIDS related condition in the schools within your school district?
___ Yes ___ No

PART II

DIRECTIONS: PART II contains various statements regarding persons with AIDS in public school setting. Please respond to these statements by placing a circle around the response category which best characterizes your opinion or attitude. Thank you for your cooperation.

Terminology: AIDS (Acquired Immuno Deficiency Syndrome). A disease that attacks the immune system leaving it unable to defend the body against infections. In this case, it denotes the third stage of the disease characterized by opportunistic infections.

HIV carrier (Human Immunodeficiency Virus carrier). A person infected with the virus that causes AIDS, but without symptoms.

High Risk Behaviors. Behaviors that put one at risk for contracting HIV, such as unprotected sex with someone who is infected, sharing drug needles with someone who is infected with HIV.

KEY: (1) SD = Strongly Disagree
(2) D = Disagree
(3) DN = Don't Know
(4) A = Agree

		SD	D	DN	A	SA
1.	Children who live with an HIV carrier should be allowed to attend public school.	1	2	3	4	5
2.	A child who is an HIV carrier should be allowed to attend school.	1	2	3	4	5
3.	Children who live with a person who has AIDS should **NOT** be allowed to attend public school.	1	2	3	4	5
4.	Children who have AIDS should **NOT** be allowed to attend public school.	1	2	3	4	5
5.	If it were up to me, I would allow a child with AIDS to remain in my school.	1	2	3	4	5
6.	Administrators should be told if there is a student who has AIDS in their school.	1	2	3	4	5
7.	Teachers should be told if there is a student who has AIDS in their classes.	1	2	3	4	5
8.	Children should be told if there is a student who has AIDS in their class.	1	2	3	4	5

KEY: (1) SD = Strongly Disagree
(2) D = Disagree
(3) DN = Don't Know
(4) A = Agree
(5) SA = Strongly Agree

	SD	D	DN	A	SA
9. Parents should be told if there is a student who has AIDS in their child's class.	1	2	3	4	5
10. Teachers who have AIDS should **NOT** be allowed to remain in the classroom.	1	2	3	4	5
11. All teachers should be tested for AIDS.	1	2	3	4	5
12. If I had a student who had AIDS in my school I would not treat him/her differently from other students.	1	2	3	4	5
13. If I had a student in my school who is at high risk, I would treat that person like I treat all my other students.	1	2	3	4	5
14. If there were a separate class for students with AIDS, I would be willing to have my teachers teach it.	1	2	3	4	5
15. If there were a separate class for students with AIDS, I would be willing to have my teachers teach it on an occasional basis.	1	2	3	4	5
16. It would be my responsibility to alert parents to the fact that a particular student has AIDS.	1	2	3	4	5
17. It would be my responsibility to alert students to the fact that a particular student has AIDS.	1	2	3	4	5
18. AIDS students should be segregated for certain classroom activities.	1	2	3	4	5
19. I feel that AIDS is a punishment for sin.	1	2	3	4	5
20. If I contracted AIDS, I would leave the teaching profession.	1	2	3	4	5
21. I would be comfortable having a student with AIDS in my school.	1	2	3	4	5
22. I would be comfortable having a person who is an HIV carrier in my school.	1	2	3	4	5
23. I would be comfortable having a person who is at high risk for AIDS in my school.	1	2	3	4	5
24. Schools should conduct AIDS education programs in different grade levels from elementary through high school.	1	2	3	4	5
25. AIDS education should begin at the elementary level.	1	2	3	4	5
26. A discussion of condoms should be included in AIDS education in schools.	1	2	3	4	5

KEY: (1) SD = Strongly Disagree
(2) D = Disagree
(3) DN = Don't Know
(4) A = Agree
(5) SA = Strongly Agree

	SD	D	DN	A	SA
27. A (non-teacher) school employee who has AIDS should NOT be allowed to work in public schools.	1	2	3	4	5
28. A (non-teacher) school employee who is an HIV carrier should be allowed to work in public schools.	1	2	3	4	5
29. Individuals at high risk for AIDS should be allowed to work in public schools.	1	2	3	4	5
30. All people with AIDS should be quarantined.	1	2	3	4	5
31. I would feel comfortable speaking in public about AIDS.	1	2	3	4	5
32. I would feel comfortable advocating for teaching about the use of condoms in preventing AIDS.	1	2	3	4	5
33. I would feel comfortable advocating for teaching about alternate lifestyles such as homosexuality as they relate to AIDS.	1	2	3	4	5

APPENDIX B

LETTER FROM TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF HEALTH SERVICES
ONE HUNDRED 9TH AVENUE, NORTH
NASHVILLE, TENNESSEE 37219-5405

August 21, 1989

Dear Superintendent:

As part of his graduate thesis at the University of Tennessee, Mr. Tun K. Nyein is conducting a survey of Tennessee school superintendents to determine attitudes toward persons with HIV infection and AIDS. Mr. Nyein has asked the Tennessee Department of Health and Environment AIDS Program for input on this endeavor.

We have reviewed the survey and believe the data collected would provide valuable information for the development of future educational programs. Additionally, we understand the sensitivity of many of the issues addressed in the questionnaire. Therefore, all responses in the survey will remain anonymous.

We appreciate your taking the time to complete and return this survey. Thank you in advance for your assistance.

Sincerely,

Laurel Wood, Director
Tennessee Health and Environment
AIDS Program

APPENDIX C

LETTER FROM THE RESEARCHER

Tun K. Nyein

2617 Magill Avenue,
Maryville, TN32801
(615)984-2427

September 1, 1989

Dear Superintendent:

As a doctoral candidate in health education at the University of Tennessee, I am conducting a study to determine Tennessee superintendents' attitudes toward Persons With AIDS in the public school setting endorsed and supported by the Tennessee Department of Health and Environment AIDS Program. (Please find enclosed a letter from the Tennessee Department of Health and Environment AIDS Program.)

I understand that this is a delicate and sensitive issue to many individuals, but, nonetheless, a study of this nature is very much needed to assess the acceptability and prospects for success of the state wide efforts to combat the progress of the disease.

I would like to request that you take a few moments to fill out and return the enclosed questionnaire in the return envelope. It will take 8-15 minutes to complete it. No questionnaire contains any questions or markings to identify you as a respondent. The results will be tabulated and analyzed only in aggregate form, so that anonymity is assured. Your return of the questionnaire will constitute your informed consent to participate in the study.

Since a limited number of these questionnaires are being sent out to professionals within the state of Tennessee, your individual response is highly important to the success of this undertaking. I therefore request that you please return the questionnaire by September 25, 1989. If you have any questions about this survey or want to have a copy of the results, please contact Tun K. Nyein at (615)984-2427.

Thank you for your cooperation.

Sincerely,

Tun K. Nyein

APPENDIX D

FOLLOW UP LETTER FROM THE RESEARCHER

Tun K. Nyein

2617 Magill Avenue,
Maryville, TN 37801
(615)984-2427

September 18, 1989

Dear Superintendent:

On September 1, you were mailed a survey packet which include a questionnaire pertaining to superintendents' attitudes toward persons with AIDS in public schools setting. We realize that this is the beginning of the year, and with a hectic schedule you may not have had an opportunity to complete the questionnaire. Therefore, Please find enclosed another questionnaire and a self-addressed and stamped envelope for your convenience. It should take 8-15 minutes to complete it. Would you kindly complete the questionnaire and mail it by September 29? Your thoughtfulness will be greatly appreciated.

As has been mentioned in the initial letter, I believe that the study is much needed to ascertain the acceptability and feasibility of the current school AIDS policy guidelines and also the prospects of our ongoing efforts to combat the spread of AIDS. The data that you can furnish by taking a few moments to complete the questionnaire are invaluable to the success of this project.

Thank you,

Tun K. Nyein

VITA

Tun Kyaw Nyein was born in Rangoon, Burma on May 7, 1949. He attended Methodist English High School in Rangoon and matriculated in April 1966.

He entered Rangoon Institute of Medicine (1) and received the M.B.,B.S. degree in August, 1973. He served as house surgeon at the Rangoon General Hospital to complete his one year internship training. He then entered general medical practice. In December 1974, he was involved in the prodemocracy student protests that erupted in Burma during the funeral of former U.N. general secretary U Thant. Subsequently, he was detained for five years as a political prisoner until his release from prison in October, 1979.

In 1980 he accepted the position of research officer for research projects to study "Transmission of Hepatitis B Virus From Mother To Infant" and "Hepatitis B Vaccines Trials" conducted jointly by the Directorate of Medical Research, Burma and CDC (Atlanta) under the sponsorship of WHO. He concurrently served as medical officer for Ahlone Co-operative Clinic in Rangoon.

In 1983, he entered the graduate program in health science as a graduate assistant at the Western Illinois University at Macomb and received his masters in May, 1984.

In 1985, he accepted the position of instructor in health education at the University of Northern Iowa at Cedar Falls.

He resumed his doctoral studies at the University of Tennessee in the Fall of 1985 and received his Doctor of Philosophy degree in December, 1989.

Tun Kyaw Nyein is married to the former Cathy Lynn Coatney of Maryville, Tennessee and they have one son, Zachary Charles. The family resides in Maryville, Tennessee.