

# Future Teachers' Attitudes Toward Teaching Children With AIDS

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*The purpose of this study was to determine the attitudes of undergraduates in a teacher education program about teaching children with AIDS. Three-hundred fifty-nine subjects were surveyed. The results of an ANOVA indicated a statistically significant difference between male and female subjects. Female subjects reported a more positive attitude toward teaching children with AIDS, however, upon closer examination this difference was found not to have any practical implications. No significant difference was found in attitudes between elementary and secondary education majors. Most subjects reported a willingness to teach a child with AIDS, with some apprehension.*

Acquired Immune Deficiency Syndrome (AIDS) is an infectious disease that can have devastating physical and psychological consequences. The first cases of AIDS were reported by the Centers for Disease Control (CDC) in June 1981 (Bayer, 1989); however, the agent that causes the disease, human immunodeficiency virus (HIV), was not identified until 1984.

Since first reported, the incidence of AIDS has reached epidemic proportions in this country. AIDS cases have been reported from all 50 states, the District of Columbia, and the four U.S. territories (Puerto Rico, U.S. Virgin Islands, American Samoa, and Guam). Projections made by CDC estimate that over 360,000 AIDS cases will have been diagnosed in the U.S. by the end of 1992 ("Status and Trends," 1989).

According to the CDC Morbidity and Mortality Weekly Report ("Mortality Attributable," 1991) approximately "one million persons in the United States are infected with HIV; of these, an estimated 165,000 - 215,000 will die during 1991 - 1993" (p. 44). During 1989, 35,238 cases of AIDS were reported to the CDC. Almost two percent (1.8%) of these cases were reported in individuals less than 10 years of age, 0.4% were in children and adolescents between the ages of 10 and 19, and 19.9% were in young adults between the ages of 20 and 29 ("Update," 1990).

Due to the projected increase in the incidence rate, the intense exposure to AIDS-related information in the mass media, current lack of a cure, and ultimate fatality of the disease, the public response to this epidemic has been very erratic. "Fear of AIDS among the general public has been described as part of a whole constellation of irrational prejudice that reflects current social attitudes" (Bowd, 1987, p. 84).

Due to their increased drug use and sexual experimentation, adolescents have become the next "at risk" population (Wu, Adams, & Scherer, 1990). The anticipated increase in numbers of adolescents exposed to the AIDS virus has forced many schools to become more involved in AIDS education. Strouse and Phillips (1987) wrote "the only socially responsible position for educators to take is to become leaders in disseminating accurate information about AIDS" (p. 80).

There have been several situations reported in the media of co-workers who refused to work with individuals diagnosed with the HIV virus and parents who abruptly removed their children from schools in which pupils were diagnosed with AIDS (Kaus, Drew, Hutchinson, & Robinson, 1987; Strouse & Phillips, 1987; Underwood, 1987). "In fact, the perceived danger of AIDS in the classroom has resulted in

widespread community panic in some school districts in both Canada and the United States" (Underwood, 1987, p. 50).

Goodwin and Roscoe (1988) have reported that while undergraduate college students were fairly knowledgeable about AIDS, fears and concerns about transmission and contraction of the disease continued to exist. They suggested that educational programs were needed to eradicate misconceptions about AIDS and to alleviate irrational fears of the disease.

Bowd (1987) studied the knowledge and opinions of experienced teachers and student teachers about AIDS. One hundred twenty-five subjects were surveyed using a 15-item questionnaire assessing knowledge about AIDS transmission and opinions about AIDS-associated educational issues. The nine items assessing educational issues asked such questions as whether all children should be screened for the AIDS virus and whether teachers should be responsible for teaching children diagnosed HIV-positive. Bowd discovered that "the opinions of the teachers and student teachers reflect much uncertainty regarding the educational implications of enrolling and teaching children with or exposed to AIDS" (1987, p. 87).

Despite the conflicting conclusions found in the literature about the effects of labelling, results of many studies have shown that individuals have a pessimistic attitude toward children with "negative" labels (Fiedler & Simpson, 1987; Foster, Ysseldyke, & Reese, 1975; Kehle, 1973; Salvia, Clark, & Ysseldyke, 1973; Stanley & Comer, 1988). Yunker (1987) wrote "the effect of a label depends on whom it describes, at what time, in what situation, and how the label is interpreted by both the perceiver and the disabled person" (p. 22). Teacher bias can have a significantly detrimental effect on student motivation, self-concept, achievement, and teacher expectations. If we do not ensure that our teachers have accurate knowledge and unbiased attitudes about teaching children with AIDS, we may foster a feeling of inferiority and doom our children to failure.

The major purpose of this study was to determine the attitudes of undergraduate students in a teacher education program in the Western New York area about teaching children with AIDS. We were also interested in determining whether a relationship existed between type of education major (e.g., secondary, elementary, early childhood), gender, and attitudes about teaching children with AIDS.

## Method

### Subjects

Four-hundred eight students participated in this study. Subjects were students enrolled in education courses at a rural liberal arts college in the Western New York area. Of the 408 subjects surveyed, 359 responses were received from education majors. The ages of the subjects in this sample ranged from 17 to 44, with a mean of 22.6 years and a standard deviation of 5.4. Seventy (19%) subjects were males and 289 (81%) females. The majority of participants

were white (96%). Two-hundred fifteen (60%) subjects were elementary education majors, 102 (28%) were secondary education majors, and 42 (12%) were early childhood education majors.

### Instrument

The AIDS Knowledge and Teacher Attitude Survey was distributed to all subjects. This instrument was modified from a survey developed by Scherer, Haughey, and Wu (1989). The questionnaire consisted of 13 demographic items, 29 knowledge items, and 23 attitude questions. The knowledge questions were related to transmission, pathology, and treatment/care of AIDS. The opinion questions concentrated on: viewpoints on fear of contracting AIDS, rights to refuse teaching children with AIDS, attitudes about teaching children who are terminally ill, segregation of AIDS students from the general student population, and concerns about family and/or friends' reactions to teaching a child with AIDS. This paper's focus on findings related to future teachers' attitudes regarding teaching children with AIDS.

The 23 attitude questions employed used a Likert-type scale. A score of 1 was assigned to strongly agree, 2 was assigned to agree, 3 to undecided, 4 to disagree, and 5 to strongly disagree. The highest total score that could be achieved was 115, the lowest 23. The lower the score on the questionnaire, the more positive the subjects' attitudes. The reliability of the attitude scale was .83 as determined by Cronbach's Alpha.

### Procedure

Subjects completed an anonymous paper-and-pencil questionnaire during the last 30 minutes of one of the classes they were attending in the Education Department. Subjects were asked to indicate the degree to which they agreed or disagreed with the various attitudinal statements.

## Results

The average score on the attitude questionnaire was 49.3, with a standard deviation of 10. A 2 x 2 Analysis of Variance (ANOVA) was conducted to examine the effect of gender and type of teacher education program on attitudes. The main effect for gender was significant at  $p < .05$ ,  $F(1,306) = 4.67$  (see Table 1). A significant difference was found between the attitudes of males and females regarding teaching children with AIDS. Females displayed a more positive attitude ( $M = 49.0$ ) than males ( $M = 51.4$ ). No main effect was found for type of teacher education program. Also, no interaction effects were found between gender and type of program.

A *t*-test revealed no significant difference, at the .05 level, in attitudes between subjects who had indicated that they had received some form of instruction on AIDS ( $M = 48.1$ ) and those who reported no education about AIDS ( $M = 49.9$ ),  $t(346) = 1.56$ ,  $p = .12$ .

An overwhelming majority of our subjects (94%) believed that educators have a responsibility to help dispel the destructive myths surrounding AIDS (see Table 2). Yet,

**Table 1**  
**The Effect of Gender and Type of Education on AIDS Attitudes**

<i>Source</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Gender	480.03	1	480.03	4.67*
Education	207.97	1	207.97	2.03
Gender X Education	74.09	1	74.09	.72
Error	31433.41	306	102.72	

\* $p < .05$

approximately one-fourth (24%) were fearful of contracting AIDS from their students and an additional 25% were unsure. Sixty-two percent reported that they were willing to teach a child diagnosed with AIDS; 33% were unsure; and 5% reported they would not teach a child with AIDS. Also, 30% of our subjects were concerned that they would put family and friends at risk of contracting the disease if they taught a child with AIDS. Approximately one third (36%) were concerned that they would get AIDS and die if a child with AIDS was in their class.

Most subjects (74%) believed that those who teach children with AIDS should not receive additional pay, however, 51% believed that the teaching assignment should be done on a voluntary basis, and 23% were unsure. A majority of subjects (79%) felt that schools do not have the right to refuse instruction to these children, nor should they be taught in separate buildings (74%). Only 57% felt that a teacher should not be able to refuse to teach a child with AIDS.

While a majority of our subjects (60%) indicated that they would feel comfortable talking to students about death, only 38% indicated that they would feel comfortable teaching a terminally ill child.

### Discussion and Conclusions

The subjects in this study seemed aware of the important role teachers and educators can have in disseminating accurate information and dispelling myths related to AIDS, however, many were concerned about teaching children with the HIV virus, feared contracting AIDS from their students, and thought there was a significant risk for transmitting AIDS to both family and friends. Despite the self-reported education about AIDS, it appeared that many subjects lacked adequate knowledge about the transmission and etiology of AIDS. Apparently, subjects in this study wanted the public to have accurate information; however,

they did not recognize their own faulty knowledge base. This may be a sign that our future teachers need more and better information on AIDS transmission and etiology.

Overall, the subjects seemed rather positive about interacting with children diagnosed with AIDS. Type of education major (secondary or elementary education) did not make a difference in attitudes; however, slight gender-related differences in attitudes were observed. Females appeared to be more willing than males to work with a child diagnosed with AIDS, but the two-point disparity in attitude score does not appear to represent a practical difference. Therefore, teaching assignments of AIDS-infected should not be based on gender.

No attitudinal differences were found between those who received instruction on AIDS and those who did not. Further investigation is needed about the type of instruction provided, including the specific content presented. The instruction received by our subjects could have been informal or from popular magazines as opposed to scientific writings and/or journals.

This study was limited by several factors: (a) our sample was chosen from a small state college in a rural setting; (b) there was minimal cultural diversity (most of our subjects were White); and (c) most subjects were female. Despite these limitations, knowledge of AIDS and attitudes toward children who have the disease is important to ascertain. Graduates of teacher education programs in New York State are certified to teach in any school system in the state (urban, rural, and/or suburban; public and/or private). Therefore, it is important to identify and then minimize negative attitudes and opinions that teachers hold about children with AIDS.

The subjects reported that children have the right to attend the school of their choice and interact with other children in a regular classroom setting. A majority of our subjects reported no need for additional monetary compensation for teaching children with AIDS. They believed in the integration of children with AIDS with children from the

Table 2.  
Percentage of Responses to Attitude Questions

	SA	A	U	D	SD
1. I am/would be fearful of contracting AIDS when having a student in my class with this disease.	3.9	19.8	25.4	35.2	15.6
2. I feel that I have the right to refuse to teach an individual with AIDS.	2.5	15.6	25.3	37.3	19.2
3. School systems should have the right to refuse to provide in school instruction to individuals with AIDS.	2.2	6.7	12.3	38.3	40.5
4. Teachers should be assigned to teach individuals with AIDS on a voluntary basis.	14.8	35.9	22.8	20.1	6.4
5. Individuals with AIDS should be taught in a separate building staffed with specially trained personnel.	3.6	5.3	16.8	45.4	28.9
6. The major concerns I have/would have about having a student with AIDS in my class are "Will I get AIDS and will I die".	9.2	27.1	12.8	31.8	19.0
7. If I teach individuals with AIDS, I feel I should receive additional pay.	3.4	5.6	17.0	47.2	26.8
8. If I teach individuals with AIDS, I would worry about putting my family, friends, and colleagues at risk of contracting the disease.	8.4	22.0	13.9	39.6	16.2
9. Teaching individuals with AIDS would affect my relationships with significant others.	5.0	15.9	28.4	35.1	15.6
10. I do/would find it difficult to have students in my class with AIDS because of the hopelessness of the prognosis.	9.7	40.9	17.8	24.2	7.2
11. Teaching an individual who is dying is uncomfortable for me.	12.6	37.4	24.9	18.7	6.4
12. I think it is worthwhile for me to expend my time and energy in teaching individuals who are dying.	16.2	47.9	30.3	2.8	2.8
13. In general, I do/would feel comfortable talking about death with my students.	12.8	47.8	24.6	12.0	2.8

Table 2  
Percentage of responses to attitude questions (Continued)

	SA	A	U	D	SD
14. When teaching individuals with AIDS, I do/would feel unable to meet their intense psychological needs.	3.6	30.5	37.3	23.5	5.0
15. I believe that AIDS is a form of punishment for human beings' sins.	0.6	2.5	5.0	18.2	73.7
16. All children should be screened for exposure to AIDS before admission to school.	12.3	20.2	27.7	26.9	12.9
17. Any child registering positive antibodies to AIDS should be excluded from school.	1.4	0.8	12.6	45.1	40.1
18. The media have exaggerated the significance of AIDS within the community.	5.9	21.6	24.4	32.8	15.4
19. Teachers and other educators have a responsibility to help dispel some of the more destructive myths which the public accepts about AIDS.	55.3	38.2	3.9	1.4	1.1
20. Teachers need to be careful in assisting any child at school who is bleeding because of possible exposure to AIDS.	28.6	45.4	16.2	7.6	2.2
21. Information concerning AIDS should be a part of life skills programs in schools.	55.7	38.9	4.5	0.8	0.0
22. In general, I do/would feel comfortable teaching a child who is terminally ill.	5.6	32.0	44.1	15.7	2.5
23. I am willing to teach a student diagnosed with AIDS.	18.5	43.5	32.9	3.4	1.7

student population as a whole, however, if this affected them directly (e.g., a child with AIDS was placed in their class), responses indicated heightened concerns. Provision of information to teachers about ethics, education laws and policies, and teacher and student rights along with education about AIDS may help alleviate some of the concerns reported by our subjects regarding teaching a child with AIDS.

There is a vast amount of research on the attitudes and knowledge of AIDS of health care professionals. We believe that there is also a need to further investigate the knowledge and attitudes of future and present teachers. The label of AIDS has conjured up extreme negative attitudes and myths related to the individual who has contracted the disease or is infected with the virus. Our future teachers reported a desire to play a role in educating the public regarding AIDS. Yet, if they possess fallacious ideas about AIDS and those afflicted with the disease, how can we expect them to do an unprejudiced and accurate job when informing others? In view of the seriousness of the AIDS epidemic, urgent remedies for these circumstances are required.

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### Author Notes

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