

**THE KNOWLEDGE AND ATTITUDES OF MANITOBA TEACHERS
ABOUT AIDS**

BY

MARCEL LEBRUN

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in partial fulfillment of the requirements
for the Degree of**

MASTER OF EDUCATION

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Winnipeg, Manitoba
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Abstract

The knowledge and attitudes of Manitoba teachers regarding HIV positive students in the regular classroom was the focus for this study.

The subjects were male and female teachers from the Manitoba Public School system. One hundred questionnaires were mailed out to five school divisions throughout the province. A total of 71 were returned. The subjects were from all ages and instructional levels. The questionnaire consisted of 42 questions focusing on the issues of teacher attitudes, AIDS education, homophobia, confidentiality and AIDS awareness. Teachers were generally well informed, had positive attitudes towards HIV positive students and believed that more professional development was needed to accommodate this new group in the education system.

The major recommendations of the study are to provide: a) more professional development, b) a promotional campaign to sensitize teachers to existing AIDS policies, c) teacher training in the necessary procedures when dealing with HIV positive children, and d) an appropriate level of confidentiality must be maintained when working with these students.

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Chapter 1

Introduction. The presence of students with Acquired Immune Deficiency Syndrome (AIDS) in the classroom means different things to different people. To some, it's a disease that affects only a small percentage of the population, while to others, it is a major health issue that has many ramifications for the school system and society at large. To date, there has been very little research done to understand how educators are reacting to and coping with this new phenomenon. Classroom teachers are faced with many issues and problems that accompany their students into the classroom. Over the years, teachers have become more aware of problems such as physical abuse, neglect, substance abuse, poverty and emotional instability that impact on classroom climate. In each of these areas, researchers have probed how educators are responding to the challenges. How educators are responding to AIDS and its' impact on the classroom and classroom instruction are investigated in this thesis.

Both Human immunodeficiency virus (HIV)-positive students and students with AIDS are included in the population of interest in this study. HIV-

positive\AIDS students constitute a new population within the area of Special Education. This is due to the specific educational and medical needs that accompany HIV infection and AIDS. The education system will need to recognize these individuals as members of a special group and accord them the services and rights that go along with being a special needs student.

Purpose of the Study

It is likely that the realities of AIDS and AIDS related diseases are matters of serious concern to school personnel as they may greatly impact the implementation of educational programs and services in coming years. The attitudes of teachers and school administrators toward issues related to this catastrophic illness may directly affect the way schools address the matter of children with AIDS attending regular school programs and activities.

It is hoped that the data collected in this study will provide a basis for organizational planning, staff development, and community relations programs in the area of AIDS and education.

The major research questions of the study were:

1. What are the trends for the future of AIDS in the classroom?
2. Do public school teachers entertain medically accurate beliefs about AIDS and AIDS transmission?
3. What are the intellectual and emotional responses of educators toward AIDS in the classroom?
4. Is there a need for special programming for students infected with the HIV virus?
5. Who should know that a child is HIV positive? Do other students, parents, and other teachers who deal with the child on a daily basis have the right to know the child's HIV status?
6. Do public school educators have mistaken beliefs or irrational fears about AIDS? Do they let them influence their teaching?
7. Do public school teachers stereotype HIV infected students?

Chapter 2

Literature Review

AIDS Definition. Acquired Immune Deficiency Syndrome, (AIDS), is a predominantly sexually transmitted disease in adults and adolescents, but this is not the case for the population that I am interested in. The scientific community generally accepts that the human immunodeficiency virus (HIV) is the cause of AIDS. For the purpose of this study HIV has replaced AIDS as the term of choice because it covers the full range of illness, from a symptomatic infection with the virus HIV, to the onset of the clinical disease AIDS. AIDS usually develops several years after infection with HIV and is the final manifestation of the destruction of the body's immune system brought about by the virus. The usual survival time after diagnosis of AIDS is from one to two years. Other signs of illness may or may not appear before AIDS develops, the HIV-infected person can transmit the virus to others. At present, there is neither a vaccine to prevent HIV infection nor a cure for AIDS. An individual found to be HIV positive carries the HIV virus and is capable of

transmitting it if bodily fluids are exchanged. Slight illness can result about six months to one year after acquiring the virus when a process called sero-conversion takes place. About 10% of HIV infected individuals develop AIDS within four years of infection, 35 percent within seven years (Cowley,1993).

The incidence of AIDS in public schools is an issue with emotional, legal and moral dimensions (Peach 1989). AIDS is a phenomena that has raised many moral and ethical dilemmas in society at large and in the education system in particular. Although definitive data is unavailable on the exact number of school age children infected with AIDS, the number of these students likely will increase according to the predictions of Health and Welfare Canada, (AIDS Quarterly,1993).

For educators, AIDS has caused moral and ethical dilemmas that pit professional commitments, private beliefs and personal fears against each other (Brucker,1989).

While many educators dedicate themselves to the betterment of their students by adopting compassionate life affirming philosophies and nurturing approaches

towards students, it is also possible that, because AIDS is perceived as being a gay or drug users disease, its presence in a school may call into conflict teachers' private, social, political, or religious beliefs about appropriate lifestyles.

In addition, the presence of AIDS in the school system may raise fears about the long term safety of the teachers who must work with AIDS infected children.

AIDS Statistics. In Canada, Health and Welfare Canada has received reports (AIDS Quarterly 1993) of 7770 cases which meet the surveillance case definition for AIDS. These include 7691 adults and 79 paediatric cases 15 years of age or younger. According to the Health and Welfare AIDS Quarterly Report of April 1993, 40 of the paediatric cases are less than a year old, 24 were aged of 1-4 years, 5 were aged 5-9, and 10 were 10-14 years. The largest incidence of paediatric cases of AIDS has been identified in Quebec with 46, followed by Ontario with 21, British Columbia with 3 and the remaining provinces and territories with 9. The primary sources of infection seem to be perinatal transmission, blood transfusions, and blood products. Problems such as northern isolation, lax record keeping

in some rural areas and the reluctance of some doctors to report their findings likely has resulted in some AIDS cases not being reported, thus causing a depressed estimate for some parts of Canada. It has been estimated that the total number of adult cases in Canada was 11573 at the end of 1992, with a possible range from the high 9000's to the low 13000's. An extrapolation of the mathematical model used by Health and Welfare Canada suggests that the cumulative adult AIDS cases will be 13574 by the end of 1993 and approximately 15640 by the end of 1994. As adult cases increase over time so will the paediatric cases, thus impacting the educational system.

A National Educators Association report (Peach, 1989) estimated that 1.5 million are infected by the HIV virus in the U.S.. Mann (Peach 1989) estimates that the number of children under 13 who have been infected by the HIV virus totals between 10,000 and 20,000 and will continue to increase. These estimates cannot be ignored and concerted efforts must be made to prepare educators, parents, and community leaders to focus on the individual and societal problems related to the issue of AIDS in the public school (Peach 1989).

AIDS is affecting all sectors of society in Canada including youth. Public health officials believe that teenagers are at an increasingly high risk of becoming infected with the HIV virus because of their experimentation with sex, alcohol and drugs. As of January 1, 1993, 19 percent of the people with AIDS in Canada were between the ages of 20-29 (Health and Welfare Quarterly, 1993). Since people infected with the virus may not develop AIDS for 10 years or more, many of the people with AIDS in the 20-29 age group were probably infected as teenagers. In 1992, the Global AIDS Policy Coalition published AIDS in the world (Health and Welfare Canada, 1992) which gives independent estimations and projections of world cases of HIV infection and AIDS. Recently, a status report updated these estimates and projections. As of January 1st, 1993, 19.5 million people, worldwide had been infected with HIV. The majority (17.3 million) live in the developing world. Of these, 770,000 are children. The AIDS crisis cannot be considered under control in any area of the world. The world remains highly vulnerable to the further spread of HIV. By 1996, the cumulative total of HIV infections is projected to

exceed 28 million, (15 million men, 11 million women, and over 2 million children). Over 4 million people will develop AIDS from 1993 to 1996; thus, more new cases will occur in the next three years than during the entire history of the pandemic. Unless a major breakthrough in medical treatment occurs, as many as 7 million will have died of AIDS worldwide by 1996 according to the Harvard School of Public Health (1993).

Knowledge on AIDS. According to a York University study (1989), approximately one-third of all parents do not have sufficient knowledge about AIDS to teach their children about the disease and how to avoid HIV infection. For example, 1 in 12 adult Canadians cannot give a simple description of the disease, and many Canadians have serious misconceptions about the modes of transmission of the virus (Health and Welfare, Canada, 1992). If parents are lacking in knowledge, is it the school system's responsibility to educate young people about AIDS? The findings of a York University study (Health and Welfare, 1989) indicated that 97 percent of adult Canadians support AIDS education in schools as the way to inform students about the ways

HIV is transmitted and how to avoid becoming infected. Seventy-four percent of Canadian adults felt that AIDS education should begin when children are 12 years old or younger. Only 4 percent thought AIDS education should begin after age 14. Approximately 60 percent of adult Canadians support the distribution of condoms to students in high schools. Seventy-seven percent would permit their child to continue to attend a class taught by a teacher who was HIV infected, but only half of these adults would send their child to school with complete confidence that their child was in no danger. Adults who oppose sending their children to school appear to hold their views more strongly than those who would send their children. Negative responses were in some case a function of prejudice toward homosexual persons and not strictly a matter of child welfare. Eighty-two percent of these same adults would allow their child to attend school with another child who was HIV positive.

Life Issues. There are many emotional dynamics linked with AIDS that make it difficult for many people to believe and act reasonably on the information they are given about HIV/AIDS. HIV/AIDS intensifies many of

the issues we already struggle with as individuals, family units, communities and as a society. People who are already excluded or treated unfairly such as gay men and lesbians, injection drug users, women, people of colour, and the poor, among others, find that HIV/AIDS makes that exclusion and injustice even worse (Mcdewitt, 1987).

There are many life issues involved in confronting HIV/AIDS that people already find emotionally laden: (a) death and life threatening illness, (b) physical, mental, psychological, social or material loss, (c) the new and the unknown, (d) relying on authorities for information and guidance, (e) uncertainty, (f) sexuality (including sexual orientation), and (g) injection drug use. An emotional reaction to HIV/AIDS may be linked in some way with these and other issues. In fact, in our society, most discomfort about HIV/AIDS is connected with a discomfort about homosexuality (Mcdewitt, 1987). If people hear clear, accurate information about HIV/AIDS and are still unreasonably afraid or uncomfortable, the emotional response may be rooted in how they feel about the life issues outlined and not in what they know about HIV/AIDS.

Reed (1986) states that 2 camps on the issue of AIDS have arisen. Members of the first camp have argued that AIDS is not technically a communicable disease since the medical community agrees that it is not spread through casual contact, and that individuals who suffer from AIDS have every right to be in schools (Reed 1986).

Members of the second camp argue that AIDS is clearly communicable and that school officials have every right to protect the school environment from it and to refuse to allow anyone with AIDS or AIDS related conditions to attend school. (Reed 1986).

Throughout Canada and the U.S., there have been many debates and some lawsuits over who should report what to whom, how confidentiality should be protected, who should or should not be tested for the virus and what, if any, role schools should play in all of this (Denson 1993).

AIDS and homophobia, according to Wright (1989) do play a role in the issue of AIDS in the classroom. She maintains that AIDS education often cannot be separated from homophobia and that schools should offer guidelines for dealing with homophobia in the

classroom. She continues to point out that misinformation about AIDS often results from homophobic attitudes. According to Moss (1992) homophobia and the epidemic of signification surrounding HIV and people living with AIDS are interrelated. He states that homophobia is a symptom, a sign, a substitute for a renounced satisfaction, a consequence of repression. It is an explicitly sexual response to a danger that itself was explicitly sexual. The homophobic voice, like the misogynist's or racist's, is grounded in the 1st person plural. Dread is transformed into hatred. The homophobic solution accentuates borders so as to effectively exclude what is dangerous. But with homophobia, the border that excludes also mediates an essential incorporation of what will make the person safe.

Croteau (1989) has noted the connection between homophobia and AIDS and has called for the integration of antihomophobic elements into AIDS education. The author illustrated the blatant and subtle homophobic messages that exist in AIDS education materials and school programs and he suggested guidelines for such contradictions. His major recommendation was that gay

and lesbian people be involved in the development of school AIDS programs.

Forstein (1988) suggested that homophobia has psychological consequences for both heterosexually and homosexually oriented individuals. He references Weinberg (1972) who categorized 2 motivations for homophobia; the religious motive, and the secret fear of being homosexual. It is argued by Forstein that anti-homosexual attitudes and behaviours are common in American society and that this has been exacerbated by increasing concerns about AIDS. He asserted in his article that homophobic attitudes and feelings may be an age appropriate development task for both heterosexuals and homosexuals and that affirmation of the self leads to the resolution of internalized homophobia. He argues that what occurs in an individual's adolescent years directly increases, maintains or changes the individual's view on matters of sexuality and sexual orientation.

There has been considerable variation in reports of what people know about AIDS. Walters (1990) explored empathy towards persons with AIDS. Data was collected from 125 male and 125 female college

students. The first part of the study involved pretesting subjects on two scales. A factor analysis revealed there were three factors highly influencing empathy: social rights, willingness to help, and true empathy. In the second phase of the experiment, six vignettes were created, each of which described a character who had somehow contracted AIDS. Two vignettes focused on children and the other four on adults (two men and two women). Two vignettes suggested that the character with AIDS had contracted it through some sexual relationship and two featured adults who likely contracted aids through intravenous drug use. A seventh group received commentary on homosexual men and their sexual behaviours as homosexuals. The final group served as a control group. All groups completed the knowledge of AIDS test, the empathy inventory and the Index of Homophobia profile (Farguhar, 1990). The results indicated that correlations between knowledge of AIDS, empathy for persons with AIDS and the Index of Homophobia profile were significant. High homophobia was significantly associated with lower knowledge about AIDS and less empathy for persons with AIDS. Knowledge and empathy

were positively associated with each other.

Mcdewitt (1987) presented a paper entitled "Attitudes toward Individuals with AIDS and Homosexuals" at the Annual convention of the American Psychological Association in New York. She noted that past research on adults' fears of, and hostile reactions toward, individuals with AIDS and homosexuals has tended to treat these reactions as being unidimensional. The primary purpose of her study was to examine the underlying dimensions of attitudes towards individuals with AIDS and homosexuals. A second purpose was to examine possible associations between the emergent underlying dimensions for the two sets of attitudes. Three hundred fifty eight undergraduate and graduate students completed a demographic questionnaire: a 14 item survey of their attitudes toward individuals with AIDS and a 21 item survey of their attitudes toward homosexuals. Participants also indicated their level of agreement with a policy restricting individuals with AIDS and homosexuals from eight occupations (police officer, restaurant worker, child care provider, teacher, actor, fire fighter, physician and minister). Orthogonal principal components factor analyses were

computed separately on AIDS-Phobia and Homophobia scales. Factor composites were computed from the emergent factors. They tended to show high internal consistency reliability. Associations between the factor composites for the two scales were also examined. Individuals who scored high on the AIDS-Phobia and Homophobia composite scores tended to believe strongly that individuals with AIDS and homosexuals should be restricted from a variety of occupations. While homophobic attitudes definitely played a role in how some individuals think about AIDS, it was not easily identified. Educators need to challenge their own attitudes and find ways to enlighten student attitudes. An important question in this study is whether teachers bias their teaching because of their own private attitudes and beliefs about AIDS and homosexuality.

According to Walker (1989) the attitudes of classroom teachers play a crucial role in community acceptance or rejection of the HIV child in the school. Most teachers have not yet faced an actual case of AIDS. However, due to intense media coverage, most teachers have begun to formulate opinions about AIDS

and its impact on their own classroom, their students and their colleagues (Peach 1989).

In 1989, Walker did research on whether AIDS is a biasing factor in teacher judgement. He examined the effect that knowledge of a student having AIDS would have on regular education teachers' judgements regarding special education placement. To do this, he sent regular education third-grade educators in Indiana one of two psychological reports. The reports were identical except that one report stated that the student had AIDS and the other stated that the student had rheumatic fever. The subject selection was a random sample of 130 teachers. Teachers were randomly assigned to one of the two experimental conditions. The researchers received 91 responses from the teachers for a response rate of 70 percent. His results indicated that there was no difference when he compared attitudes towards rheumatic fever and AIDS. AIDS was not found to be a biasing factor in teacher's judgements regarding special education placement. The issue of the placement of AIDS infected students is still very controversial and depends on individual cases and the behaviour patterns of the individual

children. The generalization of the findings of this study to teachers in other states may not be warranted. The observed attitudes of the sample teachers may be a result of the public awareness in that state. However, this study may indicate that public school regular education teachers are sensitive to the needs and rights of students with AIDS. These results may also indicate that regular education teachers may have a more enlightened attitude about AIDS than the general public (Walker, 1989).

According to Brucker (1989), the attitudes of classroom teachers play a crucial role in community acceptance or rejection of students or teachers infected with AIDS. The survey instrument Brucker used in testing teachers' attitudes consisted of thirteen positive and negative statements about AIDS related issues. He administered the questionnaire to 500 teachers attending graduate classes. There were 182 male and 318 female respondents. Their ages ranged from 20 years to 63 years with the majority being in the 26 to 35 year range. The majority of teachers had less than 10 years of teaching experience with 297 of the 500 teachers teaching at the elementary level.

His research on teacher attitudes regarding AIDS indicated that many teachers had reservations about having either children or fellow teachers with AIDS continue to be participants in day to day school activities. He also pointed out that young teachers solidly supported the idea that children with AIDS should be educated through a public school system, and that these children be allowed to participate in academic as well as extra-curricular activities. These teachers supported overwhelmingly the provision for appropriate education about AIDS for all concerned; students, parents and themselves. He stated in his conclusion that it was reasonable to conclude that if half of the teachers had real reservations about major issues associated with the AIDS epidemic that those teachers yet to be surveyed may be more reserved about how these issues should be handled. Some of the results of the Brucker and Walker studies will be tested for Manitoba teachers in this study.

Brucker (1989) did follow up research on the same questions using the same survey to 400 teachers attending graduate school. A comparison of the results of the two studies indicated that teachers in 1991 felt

less threatened by and less negative toward AIDS related issues than their counterparts in 1987.

Farquahar (1990) did research on the teaching of information about AIDS at the primary grade levels. She examined children's (aged 8-11 years) knowledge of acquired immune deficiency syndrome. Data was collected from 4 elementary school classes via observations, discussion, writing, and drawing. Results indicated an extremely wide range of knowledge levels about AIDS. She suggested that primary teachers need more resources, both for themselves in the form of training and information and for use with their children. Farquahar argued that if primary teachers are to play an effective role in AIDS education they have to be better trained, educated and professionally developed over a period of time that allows them to incorporate their new knowledge into their classroom lessons. As well, informed teachers will likely exhibit more positive attitudes toward their subject matter, in this case information on AIDS. Finally, it is important that primary teachers develop positive attitudes as they are the first individuals that these young students come in contact with. Positive role

modelling will likely influence the young minds sitting in their classrooms, thus creating a better informed generation of students.

McQueen (1992) looked at the attitudes of parents and teachers with respect to the AIDS education of young children. He surveyed 78 parents of children in grades 1-6 and 15 elementary school teachers to determine their perceptions of children's knowledge and awareness about AIDS and the parents and teachers' attitudes regarding AIDS education in the early school years. The results suggested that both parents and teachers underestimated children's awareness and knowledge of AIDS. Both groups agreed that AIDS education is important for elementary school children and that the family should be the primary source of AIDS education. The groups also agreed that TV is the major source of AIDS education and information. McQueen also included implications for the design and implementation of AIDS education programs that, in his opinion, would be beneficial to the development of informed attitudes on the part of all those involved in the education of these young children.

According to a report (Peach 1989) by the council

of Chief State School Officers in the U.S., 41 states have adopted model HIV and AIDS prevention programs and curricula for use in local school districts. In 1993, all 51 states had some sort of policy regarding AIDS programs. The same can be said for Canada. All 10 provinces and 3 territories have formulated policies, plans of action and protection packages for individuals who have AIDS. Effective HIV-Aids education takes a comprehensive approach that includes teacher training, community involvement, program evaluation, and ongoing policy review. In Canada, these policies are available from the government offices dealing with Health and Welfare, Human Resources, and Labour.

Ongoing professional development usually is the responsibility of curriculum administrators. School policies and education programs should reflect the changes in terminology that applies to HIV-AIDS education.

Keough (1988) has presented results from a survey of selected school superintendents about how to deal with AIDS in the schools. In general, she found they agreed that AIDS education should be part of the regular school curriculum. However, there was not

general agreement on how schools should deal with other aspects of the AIDS disease. It would be interesting to know what changes in the thinking of administrators, if any, has occurred since 1988.

Gold (1991) examined issues related to the influence of culture on educational materials on AIDS and the content of educational programs. He collected data from 6 groups made up of white, black and Hispanic teachers and secondary students. Accurate facts related to AIDS appeared to be more important than the cultural milieu within which the material was presented. Training was the most effective factor related to the implementation of new curriculum, particularly curricular materials in sensitive areas. Strategies directed at sexual abstinence or the injunction to "just say no" appeared less effective than those that stressed decision making skills. All participants felt that curriculum materials, in particular student guides, need visual materials to enhance their effectiveness. It may be that if students and teachers are better informed and prepared, then the presence of an HIV-AIDS infected child in their classroom will make little or no difference to

teachers or students.

Are University students and faculty members better informed about AIDS? Do they have more enlightened attitudes regarding AIDS? Carney (1991) surveyed 400 college students and 200 faculty members about their knowledge, behaviour and attitudes concerning AIDS. The majority of faculty and students held enlightened views about AIDS. Both groups had informed attitudes about homosexuals and persons with AIDS and had taken appropriate steps to reduce their chance of HIV infection. Faculty, however, tended to be better informed than students in a number of areas. These findings are consistent with results of surveys (Carney 1991). It would be interesting to determine if this informed knowledge is effectively communicated to teachers in training for work in the public school system?

The realities of AIDS and AIDS related diseases is a matter of great concern to school personnel. Since no evidence exists that AIDS is spread through casual contact, most authorities assert that school and daycare situations do not pose a threat for transmission of the disease. Peach (1989) mailed

questionnaires to 100 building level administrators and 100 teachers employed in rural mid-Tennessee public schools in order to determine the views of school administrators and teachers concerning AIDS and the related issues that affect the operation and management of public schools and to provide basis for organizational planning, staff development and community related programs. The results indicated that both administrators and teachers: (a) felt uncomfortable with their current level of AIDS knowledge, (b) thought that students and personnel would be at risk with AIDS infected persons in their schools, and (c) objected to AIDS diagnosed personnel or students attending school. His recommendations were that accurate, research based, and medically documented information was needed to help dispel myths and resolve the misunderstandings about AIDS. Since the number of reported cases of AIDS is increasing, it is likely that more HIV infected children will be enrolling in public schools.

However, it is interesting to note that the teachers (73%) and administrators (55%) in Peach's study did not think that HIV infected students belonged in the school system. Even though their reactions were

mixed concerning HIV infected persons attending school, both groups reported that they would work with or teach HIV infected persons. A majority of the respondents did not think that infected students should be limited in school activities. It seemed important to both groups that those teaching infected children be aware of any individual infected in their classes. Almost all of the participants indicated that information about AIDS should be included in the school curriculum. Health classes are the logical place to introduce and teach AIDS education.

Conclusion

In conclusion, it is essential that we assess how well teachers understand the phenomena of AIDS and related issues. Its impact upon the school and community in years to come definitely will have to be addressed and resolved by educators. If these individuals want to meet the needs of this new group of special students they will have to be more aware, more knowledgeable and better prepared.

Chapter 3

Method

Procedure. A random sample of 100 teachers in Manitoba was surveyed through the use of a questionnaire. The 48 school divisions were put in a hat according to their geographical location and the following divisions were randomly picked out: a) Northern region - Mystery Lake, b) Southern Region - Lord Selkirk, c) Metro Winnipeg- River East , Transcona-Springfield and St.Boniface.

A letter was sent to each one of these school divisions asking permission to survey a maximum of 20 teachers or administrators. Five school divisions agreed to participate in the study. The participants chosen to participate in this study were chosen from division employee lists. The teachers were randomly chosen from the school divisions listed below. There was a lower ratio of males (40%) to females (60%) in all the school divisions. The reason for this is that there is a higher number of female teachers as compared to male teachers in the province of Manitoba. Having an equal ratio of males to females would not be a true indication of the numbers represented in Manitoba. The

participants were stratified according to geographical location and teaching level. All school divisions chosen had a similar student population distribution. They all had a higher number of elementary teachers, as compared to middle and senior high teachers. I selected the participants from the following subgroups: a) 50% teachers chosen from the elementary area, b) 30% from the junior high area and c) 20% from the senior high area. Teachers were randomly chosen from every school within the division. The percentage of teachers coming from Metro Winnipeg constituted 60 percent of the total number of participants and 20 percent respectively in the rural and northern areas. This is a reasonably accurate representation of teachers in the province of Manitoba according to the latest figures released by Manitoba Teachers Society. All these divisions were represented in the survey results.

There were no restrictions on minimum years taught, age or educational degree requirements. The problems associated with having volunteers was in the fact that they may not return the questionnaire. Any researcher following this procedure and who uses the same instruments should have no problem in replicating

this study.

Validity. To establish the validity of the questionnaire it was field tested in a Research and Design class at the University of Manitoba on March 1st, 1994. The participants consisted of 18 graduate students who proceeded to analyze and critique the questions. This enabled the researcher to reformulate ambiguous or unclear questions. The results of the field test condensed the questions into a more appropriate format.

Limitations. One limitation of the study was that not every teacher in the province was surveyed so as to get a clear understanding of all perspectives on this issue. A second point was that the results rely on the assumption the subjects answered honestly. The lack of honesty, daily classroom duties, disinterest, or the political nature of the issue could have biased the results.

Due to the fact that my questions were based on hypothetical situations, the participants of my study could only answer in the way that they possibly would deal with situations. This may differ from actually dealing with the reality of having an HIV-AIDS student

in their class which might influence their opinions and attitudes on the topic.

In addition, when interpreting the findings of this study, the reader must keep in mind that the teachers may have answered in the way they thought was socially desirable and not in a way that describes how they would or do actually behave faced with the issue.

Chapter 4Results and Discussion

The information found in Chapter 4 will encompass eight interrelated themes: a) AIDS knowledge, b) professional development, c) teacher attitudes, d) AIDS education, e) confidentiality, f) homophobia, g) First Nations and New Immigrant populations, and h) AIDS testing. A discussion of the results with tables and recommendations for dealing with the problem of educating HIV positive students will be detailed.

Tables 1 to 6 indicate the demographic information regarding the subjects in this study. The response rate for the 100 surveys mailed out is reported in Table 1. The majority of subjects were female and in their twenties and thirties [refer to Appendix A-3D Histogram #1].

The instructional levels of the subjects of this study were well distributed as indicated in Table 2.

Experience. In terms of years teaching experience, the distribution was quite balanced (see Table 3).

Educational background. The subjects educational backgrounds indicated that 75% of the teachers had a Bachelor's Degree and 25% had a post graduate degree or

certificate (see Table 4).

Age distribution. In terms of age, the subjects are predominately 30-39 years of age (see Table 5). This may mean only that a large percentage of Manitoba teachers are in their mid-thirties.

Locale. The subjects were chosen from five school divisions, In order to reflect the general population distribution of the province three divisions were randomly selected from the Winnipeg metropolitan area and one division was randomly selected from all those in each of the rural and northern regions of the province. The distribution of subjects by locale is reported in Table 6. There were more middle years teachers from the urban regions and more early years teachers from the rural and northern communities (see Appendix A, 3-D Histogram #5).

Table 1

Subjects

Subject	Response Rate		
	Sent	Returned	Percentage
Males	40	24	60%
Females	60	47	78%
All Subjects	100	71	71%

Table 2

Instructional levels of subjects

Instructional Level	(n = 71)	Response Rate
Early years (K-4)	23	32%
Middle years (5-8)	18	26%
Senior years (9-12)	16	22%
Combined levels	14	20%

Table 3

Years of teaching experience

<u>Years of Experience</u>	<u>(n = 71)</u>	<u>Response Rate</u>
less than five years	12	17%
5-9 years	16	23%
10-15 years	13	19%
16-20 years	12	18%
21-25 years	10	14%
26-30 years	6	9%
more than 31 years	0	0%

Table 4

Educational Background

<u>Educational Background</u>	<u>(n = 71)</u>	<u>Response Rate</u>
Bachelor's Degree	54	76%
Master's Degree	7	10%
PBCE\ PreMaster's Degree	8	12%
Combination of two or more Degrees.	2	2%

Table 5

Age distribution of subjects

<u>Age of Subject</u>	<u>(n = 71)</u>	<u>Response Rate</u>
20-29 years old	9	13%
30-39 years old	34	47%
40-49 years old	23	33%
50-59 years old	4	6%
older than 60 years old	1	1%

AIDS policy. When teachers were asked about their awareness of an AIDS policy in their school division (see Table 7), urban teachers were less aware of an AIDS policy than their colleagues in the rest of the province [Refer to Appendix A Histogram #2].

Manitoba's teachers are not well informed about AIDS policies that exist in their respective school divisions. A promotional campaign needs to be undertaken in order to sensitize teachers to existing policies. This can be done at the school level within teaching teams or grade levels. Therefore, it is recommended that AIDS education and the orientation of teachers should be carried out in a more general context of chronic health impaired children. Teachers who indicated reservations about working with HIV positive students were most concerned if the child had aggressive behaviours or was unstable or mentally disturbed. Therefore, school divisions should help teachers differentiate health and behaviour issues. However, if the child needs counselling to deal with their condition, the necessary supports need to be in place when the child arrives in the classroom.

The teachers involved in this study were divided on whether they are as accepting of HIV positive students as students who have special needs or disabilities. Fifty-three percent indicated that, generally, teachers were not as accepting. This may be because there is a stigma attached to AIDS that is not attached to the issue of disability. The elements of fear, lack of education and ignorance may be factors to these students gaining acceptance. Special needs and disabilities are often clearly identifiable and treatable while AIDS is incurable and thus more of a threat. Therefore, it is necessary to a) sensitize teachers to what an AIDS student is all about, b) provide necessary videos, literature and documentation, c) provide interaction with speakers or people who have AIDS, and d) provide opportunities for training, workshops and informative meetings.

Generally speaking most teachers would say they are accepting of HIV positive students, but in practice may not be. Those individuals who said no in the study may not have encountered special needs students in the past. Several subjects mentioned, "there are some teachers who have a head in the sand attitude and don't

want to acknowledge this issue and/or any other special need problem." Those teachers (34%) may have said this because of their educational background, AIDS knowledge, humanitarian spirit and possibly because of a higher tolerance level than the general teaching population. The following quote, "We should see the person first, than the disease", was mentioned by twelve subjects. It is better to have teachers who are prepared for an HIV positive student with resources in hand than a teacher who is confused about procedures and rights.

Table 6

Locale of participating school divisions

<u>Locale</u>	<u>Response Rate</u>		
	<u>Sent</u>	<u>Returned</u>	<u>Percentage</u>
Urban	60	46	77%
Rural	20	10	50%
Northern	20	15	75%
Total	100	71	71%

Table 7

AIDS Policy Awareness

<u>AIDS Policy</u>	<u>(n = 71) Response Rate</u>	
Unaware of a policy	44	62%
Aware of a policy	19	27%
Indicated they knew of no policy	8	12%

Knowledge. All teachers in the study believed they knew how AIDS was transmitted and thought they were adequately informed about AIDS. This is contrary to Peach's (1989) study where his subjects felt uncomfortable with their level of AIDS knowledge. This may be due to an increased awareness about AIDS due to in-service education and media coverage over the last few years. It may be that these factors played an interactive role in increasing awareness. Table 8 shows the distribution of the responses for the knowledge of AIDS transmission, in-servicing received, and professional development. It is interesting to note that even though 38% of the subjects had not received any professional development and 50% had had only one day, they still felt better prepared than their counterparts in the Peach study of 1989. The teachers in this study acquired knowledge about AIDS primarily from sources other than school in-servicing. A large majority (81%) indicated that they needed more professional development because of the constant changes occurring in the medical and scientific fields.

Table 8

Knowledge and Professional Development on AIDS

<u>Knowledge about AIDS</u>	<u>Percentage</u>	
	(n = 71)	of Subjects
Knew how AIDS was transmitted	71	100%
Well informed on AIDS transmission	38	54%
Moderately informed	32	45%
Uninformed	0	0%
One day in-service	35	50%
Several sessions of inservice	9	12%
No inservice	27	37%
Source of knowledge:		
TV and radio	13	18%
More professional development needed	57	81%

Even though 84% indicated that they were mentally prepared to accept an HIV positive child, this didn't mean they could cope without training and professional development.

Teacher attitudes. The results of this study indicate that almost all public school teachers (96%) would consider teaching an HIV infected student. The personal views expressed by the subjects about HIV positive students in the classroom and acceptance of HIV positive colleagues are reported in Table 9. The results do not concur with Brucker's (1989) findings. In Brucker's study, many teachers had reservations about having HIV positive students in the classroom and their participation in day to day activities.

Extra-curricular activities. Teachers have concerns about extra curricular activities and HIV positive students. The major concern on the part of teachers who objected to HIV positive students participating in extra-curricular activities was in the fact that some sports or activities had a very good possibility of serious injury. Precautions would need to be taken in all sports with physical contact and if

bleeding did occur the necessary procedures would be followed so as to ensure the safety of all concerned. First Aid training should be mandatory for all individuals responsible for the supervision of an extra-curricular activity. This way staff, students and HIV positive student would all be protected. Necessary equipment in case of accident should be available regardless if there is an HIV positive student on the team or not? On the question of whether HIV positive students should be allowed to participate in extra-curricular activities, 80% indicated that the student had the right to participate if their health permitted. The results concur with Brucker's (1989) findings in the area of extra-curricular activities 73% felt that HIV infected students did not belong in the school system. In this study, 98% believed that an HIV positive student should be mainstreamed in the regular classroom. This view was reinforced with some reservation by the finding that 77% did not think an HIV child was a threat to the safety of others and should be taught similiarily to other children. However, almost all subjects (94%) indicated that it was their right to know if they were receiving an HIV

positive child in their class. This concurs with Peach's (1989) finding that teachers believed they should be made aware of an HIV positive child in their class. Most teachers in this study indicated that every student has a right to a good education without prejudice and that a child's HIV status should not be regarded as a barrier to full inclusion in education.

Ninety percent of all teachers surveyed believed that these students are victims of life circumstances and should not be discriminated against. Ninety-two percent believed that a child has a right to an education as guaranteed by the Charter of Rights and Freedoms.

Teachers in this study indicated that they believed there was very little chance of transmission of the virus to them or others because the virus is not passed through casual contact.

The teachers (93%), however, were very accepting of colleagues who are HIV positive. Ninety-five percent believe that an individual who is HIV positive has a right to teach as long as their health allows them to continue teaching in their position. This result contradicts the findings of a York University

study (1989) where 77% of the teachers felt HIV positive colleagues should not be allowed to teach. It may be that increased awareness has led to increased tolerance. Therefore, if we are facing intolerance in the school system we need to increase awareness and knowledge rather than blame or ideologize.

Table 9

Personal Views and Attitudes Towards HIV Positive Students

<u>Attitudes Regarding HIV Students</u>	<u>Response</u>	
	(n = 71)	Rate
Did not know someone infected with HIV.	49	69%
Knew someone who was HIV positive.	22	31%
Would not change perception of HIV individual once status was declared.	68	97%
Would consider teaching an HIV positive student.	67	94%
Believes HIV positive students should be mainstreamed.	69	99%
Believes HIV students are not a threat to others in the classroom.	54	77%
Believes HIV students should be taught like all others.	54	77%
Believes Administrator should reveal HIV status to receiving teacher.	67	94%
Believes HIV positive students should not be discriminated against.	64	90%

Table 9 continued

Personal Views Regarding HIV Students (n = 71) Response

	<u>Rate</u>	
Believes they would have no problem teaching with a HIV positive colleague	66	93%
Believes that HIV positive teachers should be allowed to teach.	68	96%
Believes HIV positive students have the same rights as other students.	65	92%
Feels mentally prepared for an HIV positive student.	60	84%
Believes that he\she has sufficient resources for HIV positive students.	29	41%
Believes teachers' accept HIV positive students as other special needs students.	24	34%
Fears other students will become infected.	21	29%
Fears becoming infected personally.	5	6%
Fears extra work load due to HIV student.	7	9%
A personal fear of death due to AIDS.	41	57%
As a parent, would allow his\her child in a classroom with HIV positive child in it.	53	74%

AIDS Education. There was disagreement as to whether the school system adequately informs students about how AIDS is transmitted (see Table 10). Forty-three percent believed that the schools do a good job of educating, while 44% believed the system was failing at accomplishing its mandate. Why was there this difference of opinion? As shown in Appendix A, 3-D Histogram #6, urban teachers indicated most strongly that the school system did not adequately inform students. The rural and northern regions were more varied in their responses as to whether the school system did a good job of informing students on AIDS. Early years teachers voiced the strongest concern that the system inadequately informed students about AIDS [Refer to Appendix A, 3-D Histogram #7]. This may mean AIDS education programs at this level are lacking or need to be re-evaluated. It may be that some school divisions dictate their own policies, teaching techniques, program delivery and do not follow the AIDS awareness curriculum as it is meant to be used. Misinformation or no information may be the norm in some classrooms. It is safe to say that while AIDS is on the increase, present educational programs may not

be reaching all of the populations most at risk. Most teachers (69%) did not know someone who is HIV positive, has AIDS, or had died from AIDS.

Fears. In this study 67% of the subjects believed the presence of AIDS in the school system raises fears on the part of teachers that are unwarranted. Several subjects said:

- " I can't catch AIDS by teaching my subjects."
- " I don't have sex with my students."
- " I know how to protect myself from infection."
- " I am a professional. It is my duty to teach kids."
- " People who are afraid of AIDS are ignorant of the facts."

The reasons may be that some educators are ignorant of the AIDS facts. Fears are warranted and need to be addressed and then are no longer fears. As educators the concern for a student's well being physically, mentally and emotionally is first and foremost. An increase in the number of AIDS cases may be due to lack of proper education.

The explanation for this finding is that AIDS is on the increase in Manitoba and students need to be

equipped with knowledge and understanding now. Students must be educated about the disease and learn preventive measures. Forewarned students are forearmed. There is no guarantee that instruction will take place in the home. There has to be a sharing of responsibility between home and school. AIDS is a serious health issue where ignorance breeds misunderstandings and injustices. Education is the key to preventing the spread of the disease. Therefore, it is recommended that education on AIDS emphasize; a) acceptance, b) prevention, and c) dealing with the individual who has AIDS.

The use of people with AIDS as a resource in getting out the message on AIDS in schools was approved by 88% of the subjects. Those who had reservations about the use of these individuals typically felt their presence might not be warranted at the early years levels. Teachers expressed the following statements about the use of people with AIDS as a teaching resource:

"These individuals have credibility and can offer a powerful impact on others."

"Their ability to share first hand information and

experience would be most valuable."

"They are unfortunately the experts."

"Reality often hits home with students."

"These individuals would be seen as regular people and not a threat, and hopefully dispel myths and misinformation on the part of the student."

"However, these individuals must be well screened and be appropriate in an educational setting."

"They can offer experience to those students who are venturing out into the world of sexuality and drugs."

"It would impact the possible consequences of careless behaviour."

"Example is sometimes a powerful teacher."

Therefore, it is recommended that people with AIDS should be involved in the classroom programs. Teachers lack of personal experience with this issue may hamper their ability to teach about AIDS effectively. Is this enough to get the message out? The 31% who have met someone who was HIV positive or who had died from AIDS indicated overwhelmingly (97%) that their perception and relationship did not change with the person who had AIDS. This personal experience would definitely

affect program delivery and would definitely bias some of the information being presented. Real life experience would impact on the teaching of the program in that classroom.

Confidentiality. The issue of confidentiality and who should know a student's HIV status provided some interesting data (see Table 11).

The rationale that teachers gave for knowing the health status of the HIV positive student was that if an accident occurred they would take the necessary precautions. Shouldn't teachers always be taking precautions when dealing with blood oriented accidents? When teachers who are parents (60%) were asked whether or not they would want their child in a class that had an HIV positive child in it, 74% said they did not have a problem with it, while 19% said they would object and 7% were undecided. The findings indicated that teachers would not object to having their child in a class with an HIV positive child, while in a York University (1989) study 82% of the parents objected.

The subjects were split on the question of confidentiality with other students in the school. The teachers who said that the child's HIV status should

remain confidential may have been concerned with the possibility that the attitudes and reactions of the other students might lead to violence, prejudice, or make that child's life embarrassing. Social problems could compound the already difficult life situation of the infected child. Several teachers made the following comments on this issue:

" A child should not be afraid to come to school."

" Children are often cruel to kids who are different."

" Parents may overreact when they see the HIV child playing near or with their child."

" I don't want the extra supervision in the recess yard when the HIV student is out playing."

The subjects (41%) indicated that a child's health status should be kept confidential from parents. The explanation for the split on the issue of parents knowing the status of the HIV positive child is that teachers do not want to deal with fearful and angry parents. Uninformed individuals may disrupt the child's school and home life. The possibility of repercussions on the teachers needs to be addressed as well. The other side of the coin was represented by those who said that they would want the parents aware

of the fact that there was an HIV positive child in the class because it might lead to better understanding and support for the teacher. It appears a definite shift in attitude has occurred in the last five years. Possibly, in another five years, there will be 100% percent acceptance by all parents if this trend continues. Being informed seems to lead to acceptance and makes the issue less threatening and easier to live with. Therefore, a specific policy on confidentiality should be developed by school division committees consisting of teachers, administrators, consultants, parents and students. The policy should include specific standards, rules of conduct, a plan of action to accommodate HIV positive students and consequences for failing to adhere to the set policy.

Homophobia. The results of this study indicate that the teachers felt that homophobia is present in the Manitoba school system. However, they were divided on the point as to whether HIV positive students are discriminated against because of homophobic influences (see Table 12). Female teachers were more likely to believe that homophobia existed than male teachers (see Appendix A, 3-D Histogram #3). For results of findings

according to level of instruction and homophobia refer to Appendix A, 3-D Histogram #9 to answer the question as to whether public school teachers have negative attitudes towards AIDS because of homophobia. Teachers were closely divided (refer to Appendix A, 3-D Histogram #8]. The distribution of homophobic attitudes by instructional levels shows that early years teachers believe more strongly that these attitudes exist than their colleagues at the two other levels. Why the difference? The findings of this study indicate that it may be because early years teachers are at the forefront of the AIDS crisis with more young children reaching school age than in the past. At the present time new medications and treatments are lengthening the life span of these children, as compared to a very poor survival rate five years ago.

Table 10

AIDS Education and the Manitoba School System

<u>AIDS Education</u>	<u>(n = 71) Response Rate</u>	
Believes AIDS belong in the Health curriculum.	70	99%
Believes Education should begin in (K-8).	68	96%
Believes school system adequately informs students about AIDS.	31	43%
Believes people with AIDS should be involved with school system in delivery of message.	63	88%
Unaware of HIV student in his\her school.	68	97%
Unaware of HIV student in a Manitoba school.	64	90%
Predicts an increase in HIV students in Manitoba's schools in next five years.	61	86%

Table 10 continued

<u>AIDS Education</u>	<u>(n = 71)</u>	<u>Response Rate</u>
Predicts that they will come in contact with HIV students in next five years.	52	74%
Believes AIDS raises fears that are unwarranted.	48	67%
Agrees with HIV positive students should participate in extra-curricular activities.	57	80%
Predicts an increase in HIV infection in First Nations populations.	28	39%
Predicts no difference in HIV infection for First Nations than for general population.	43	60%

Table 11

Issue of Confidentiality and HIV positive students

	<u>Percent of Subjects</u>		
	<u>(n = 71) Yes</u>	<u>No</u>	<u>Undecided</u>
Believes status should not remain confidential from teachers in the school.	(55)77%	(8)11%	(8)11%
Believes status should remain confidential from other students.	(38)54%	(17)24%	(16)23%
Believes status should remain confidential from other parents of students in the class.	(29)41%	(26)37%	(16)23%
Confidential from the community.	(38)54%	(20)28%	(13)17%

Table 12

Homophobia and AIDS

	<u>Percent of subjects</u>					
<u>Homophobia</u>	<u>(n = 71)</u>	<u>Yes</u>	<u>No</u>	<u>Undecided</u>		
Believes Homophobia exists in school system.	(58)	81%	(7)	10%	(6)	9%
Negative attitudes towards HIV students because of Homophobia.	(25)	36%	(24)	34%	(21)	28%

First Nations. A rather high percentage 39% believed that there will be an increase in the rate of infection among First Nations citizens. The reasons cited for this anticipated increase in numbers were: a) a relative lack of education with regard to safer sex, b) less money available for contraception, c) drug use, d) sexual promiscuity, e) isolation in northern communities, and f) the generally poor quality of life on some reserves. Therefore, research needs to be done to see if these hypotheses are in fact accurate and the reasons for the increases in this population. As well, general research needs to be undertaken to identify the target population, to see who needs to be educated, who is at risk and where a program on AIDS education would be most needed.

New Immigrants. New Immigrants were noted as being more susceptible to infection if they emigrated from Africa or South East Asia. This is because of the very high number (250,000) of AIDS cases in these areas of the world(AIDS Quarterly 1993). The remaining 60% indicated that these two groups would not increase any higher than the general population. Is this wishful thinking or ignorance of the facts?

AIDS Testing. The issue of AIDS testing for teachers was strongly rejected by a 79% majority, while 10% said yes, and 11% were undecided. This pattern evolved because of the rights that teachers have, such as the rights to privacy and employment. The issues here are that teachers are fearful of what may arise if testing occurs and an individual is found to test out HIV positive. This knowledge could then lead to prejudice, discrimination and possibly termination of employment. Other professions are not tested. Why should teachers be any different?

AIDS and Emotions. One of the areas that I did not investigate was the area of despair and emotional upheaval that a teacher would experience with having an HIV positive student in their class. A teacher would need an effective support system in place to help him or her cope with the early death of a child that they have been nurturing in their class. We are after all human beings with emotions. These emotional needs that teachers have when it comes to AIDS will need to be addressed and planned for by the school divisions before they begin placing HIV students in Manitoba classrooms. Death is part of life, but with AIDS it is

now in the forefront of the school system with these children entering the system. Never before has a disease caused so much upheaval and emotional uncertainty on the part of teachers and students within a system. We are dealing with a big fear of the unknown and many close-minded individuals have trouble accepting change. It is hoped that exposure to this phenomena will rectify and improve the situation.

Some subjects mentioned that they would have different responses for some of the questions on whether they were answering as teachers or as parents. This presents an interesting situation. If educators were well trained then it should not make any difference whether a subject was answering from a teacher's point of view or a parent's.

A large majority of subjects in this study were very positive in their responses. However, 2 surveys were received that had negative comments and attitudes. The following quotes have been taken from these surveys:

" Kids who have AIDS should not use drinking fountains used by other students."

" These students are the results of promiscuous

parents and it God's way of punishing them."

" Gays should not be allowed to teach , they will give AIDS to their students."

Everyone is entitled to their opinions and one must respect that fact. All individuals who took the time to be honest in answering the questions are to be respected as well. Therefore, to remedy the situation appropriate professional development would counter these concerns and negative attitudes by a) educating the individual on basic facts, b) calm some of the anxiety and fear that the individual is experiencing, c) provide an appropriate role model for the students in his\her class, and d) eradicate the ignorance, intolerance and discrimination that exists with the stigma on AIDS.

Future Research: In the area of future research it is suggested that the following areas be investigated: a) stress levels of teachers who have HIV positive students in the classes, b) what the emotional effects the issue of grief and the phenomena of death has on the teacher and the rest of class that has the HIV positive student in it, and c) what kinds of training, services, professional development should

be given to new teachers going out to teach in the field.

Summary of Results

Positive Results. In the following areas results indicated a very high percentage, thus leaving no room for misinterpretation of the subjects' responses:

a) AIDS transmission methods-100%, b) needed more professional development on AIDS-81%, c) perception of HIV individual did not change after disclosure of status-97%, d) had no problem teaching HIV student-96%, e) HIV students should be mainstreamed-99%, f) administrators should tell teacher of HIV student in their class-94%, g) HIV students should not be discriminated against-90%, h) no problem teaching with HIV colleague-93%, i) HIV teachers should be allowed to teach- 96%, j) HIV students have the same rights as all others-92%, k) are mentally prepared for HIV student-84%, l) AIDS belongs in the curriculum-99%, m) People with AIDS should be involved with the school system-88%, n) HIV students should participate in extra-curricular activities-80%, o) Homophobia exist in the school system-81%. These results indicate very positive attitudes and an increased awareness,

tolerance, and understanding of the issue as compared to previous research.

Divided Results. The following results indicated a division on the part of the subjects: a) negative attitudes towards HIV students because of homophobic influences were separated into 36% yes, 34% no, 34% undecided, b) School system adequately informs students about AIDS 43%, while 44% believed the system was failing, c) the issue of confidentiality revealed division among the subjects in the area of whether parents should know, 41% yes, 37% no, and 21% undecided. These areas need to be re-evaluated so as to get a clear understanding of why these divisions occurred.

Low Results. In the following areas very low percentages indicated situations that could warrant further investigation: a) had recieved only a few inservice days-12%, b) had recieved no inservice-37%, c) indicated they knew of no policy on AIDS in the division-12%. These percentages should be noted by school divisions when planning their goals and objectives.

Conclusion: Rights should not be contingent on

types of infection one carries. However, rights come with responsibilities and infected individuals definitely have some unique responsibilities that come with their infection. It is likely this phenomena of HIV positive children will not disappear anytime soon, and there likely will be an increase in the number reaching school age. The educational system needs to rise up and meet the challenge of educating this new faction in the school system. Educators needs to be prepared to meet the needs of possibly a large number of participants in years to come. It would be idealistic to hope for a quick cure and solution to the problem. However, it may be years till we see any improvements or cures. AIDS is the plague of the late twentieth century. Are we as educators ready , armed, and willing to meet the challenge?

As educators we need to respond to the needs of the population we cater to so as to be able to continue the never ending process called education.

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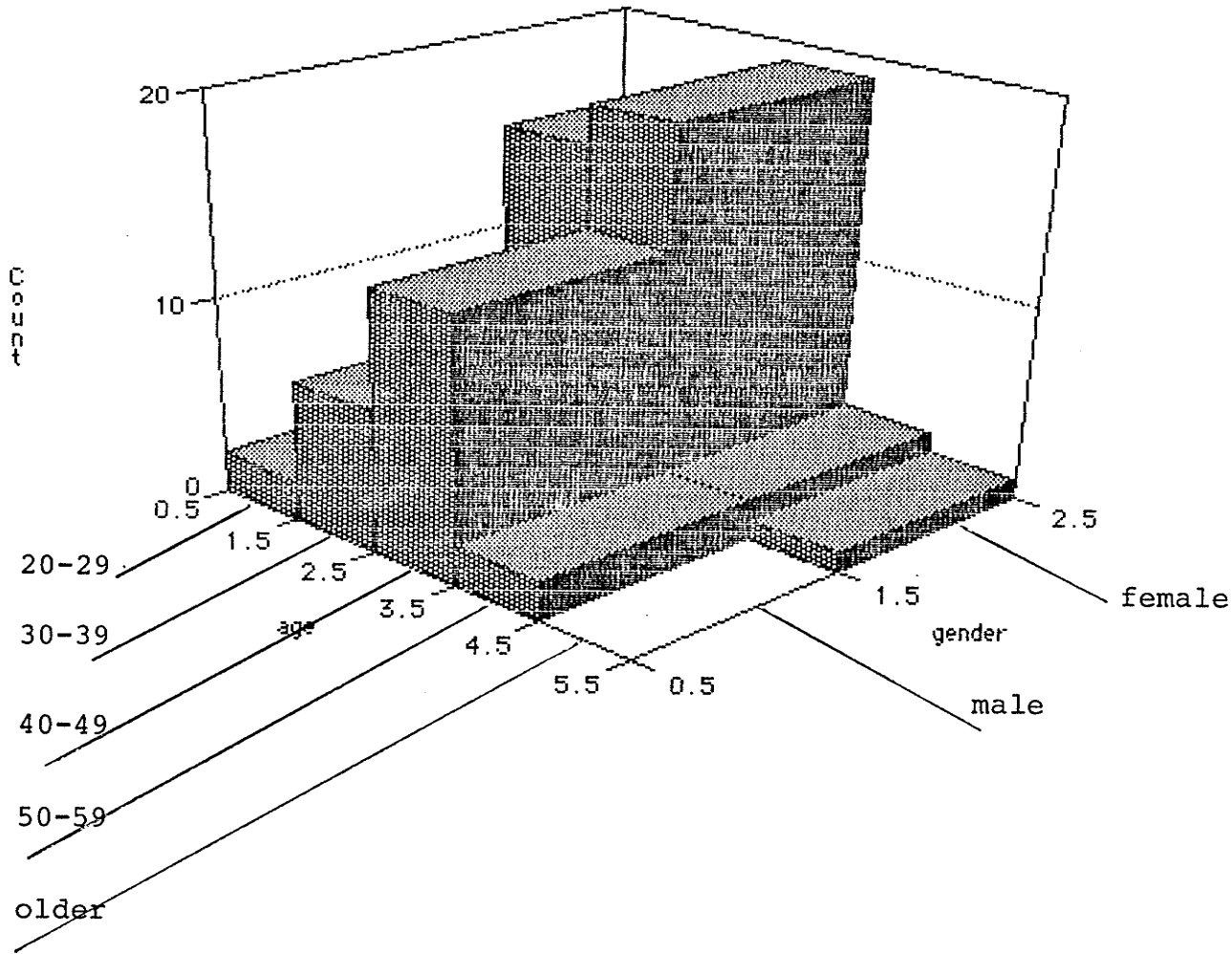
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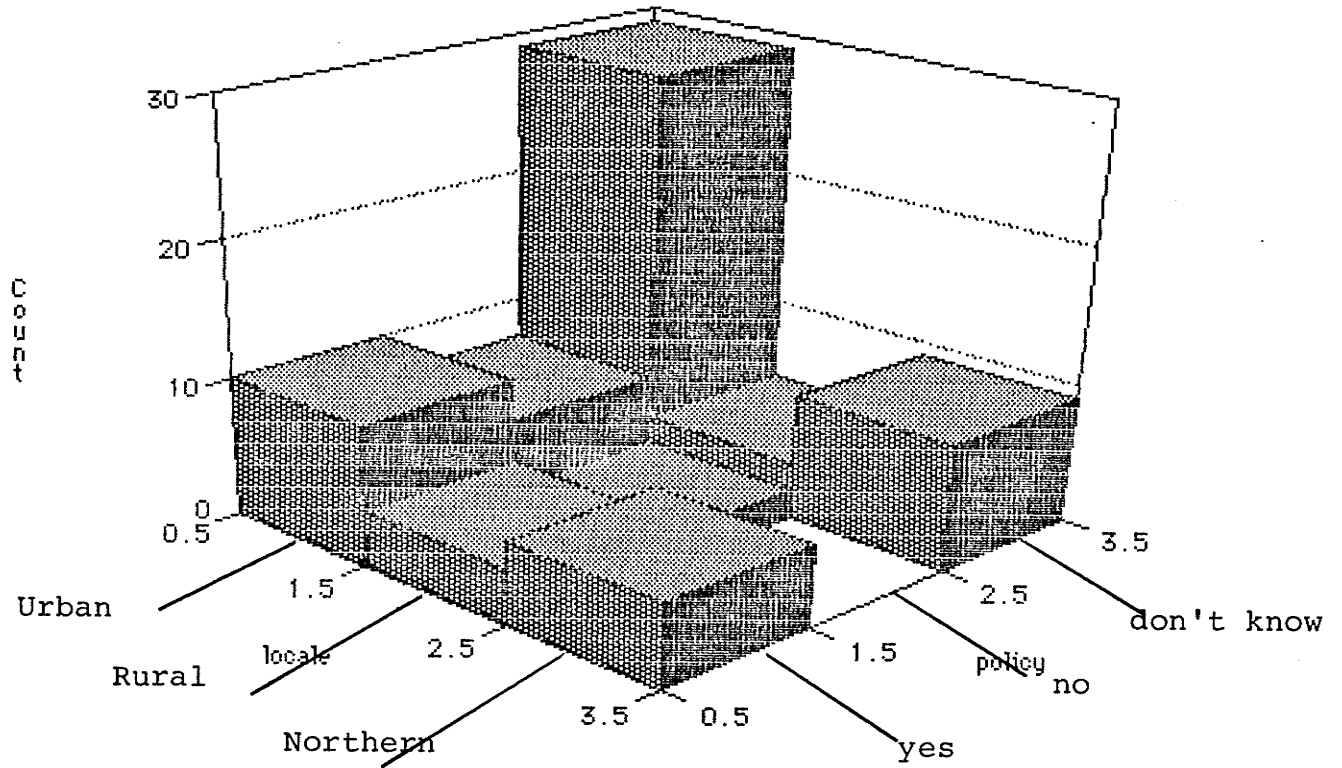
APPENDIX A - 3-D - HISTOGRAM #1

TITLE: Gender - Age Comparison



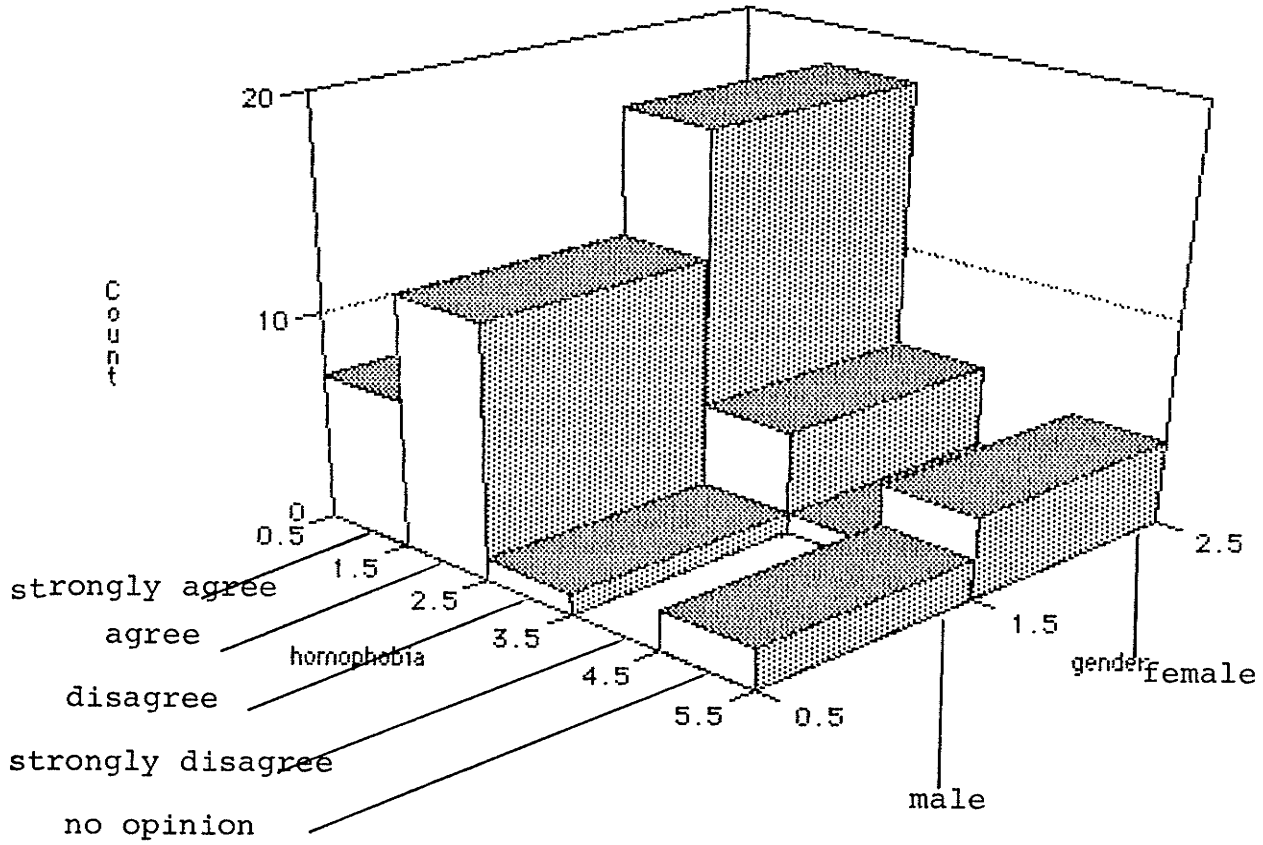
APPENDIX A - 3-D - HISTOGRAM #2

TITLE: Comparison of AIDS policy and locale



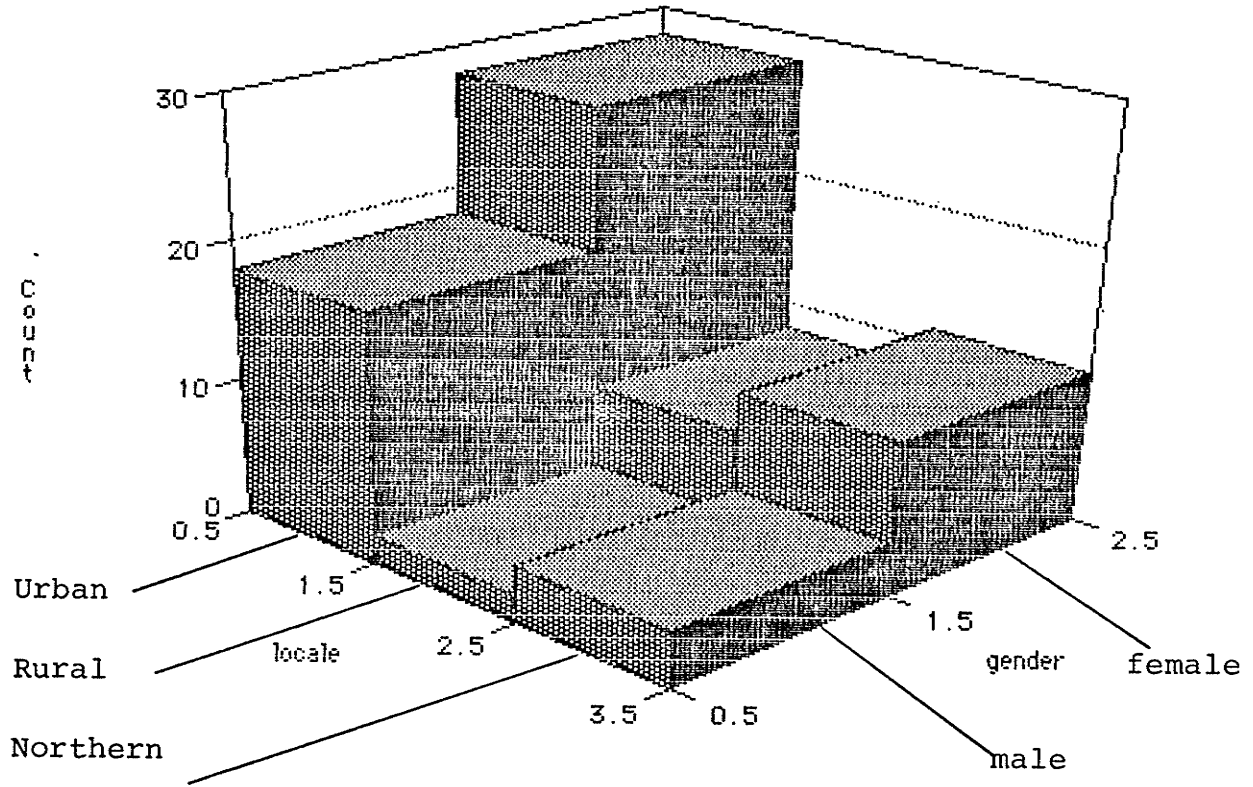
APPENDIX A - 3-D - HISTOGRAM #3

TITLE: Comparison of Homophobia and Gender



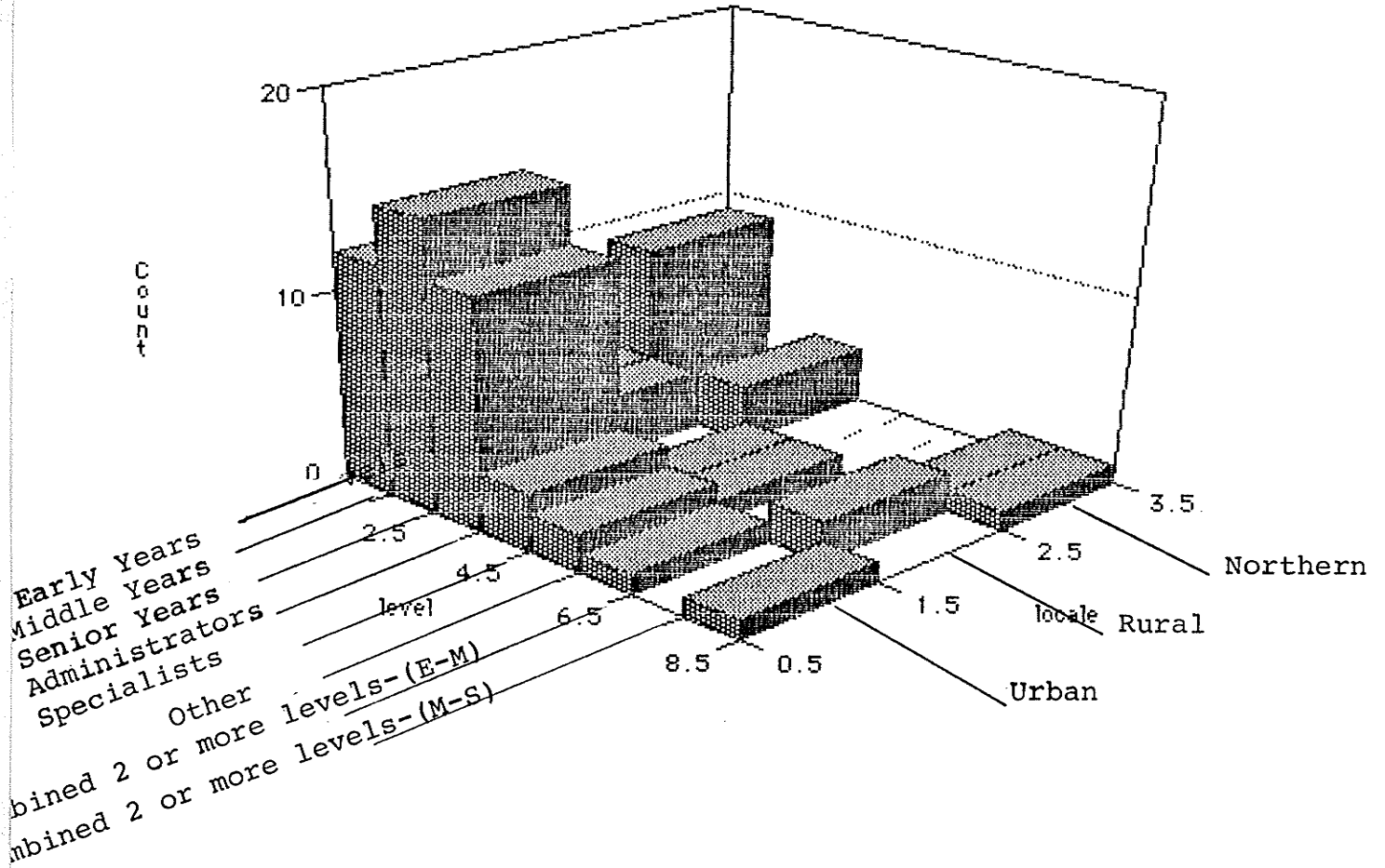
APPENDIX A - 3-D - HISTOGRAM #4

TITLE: Comparison: Locale and Gender



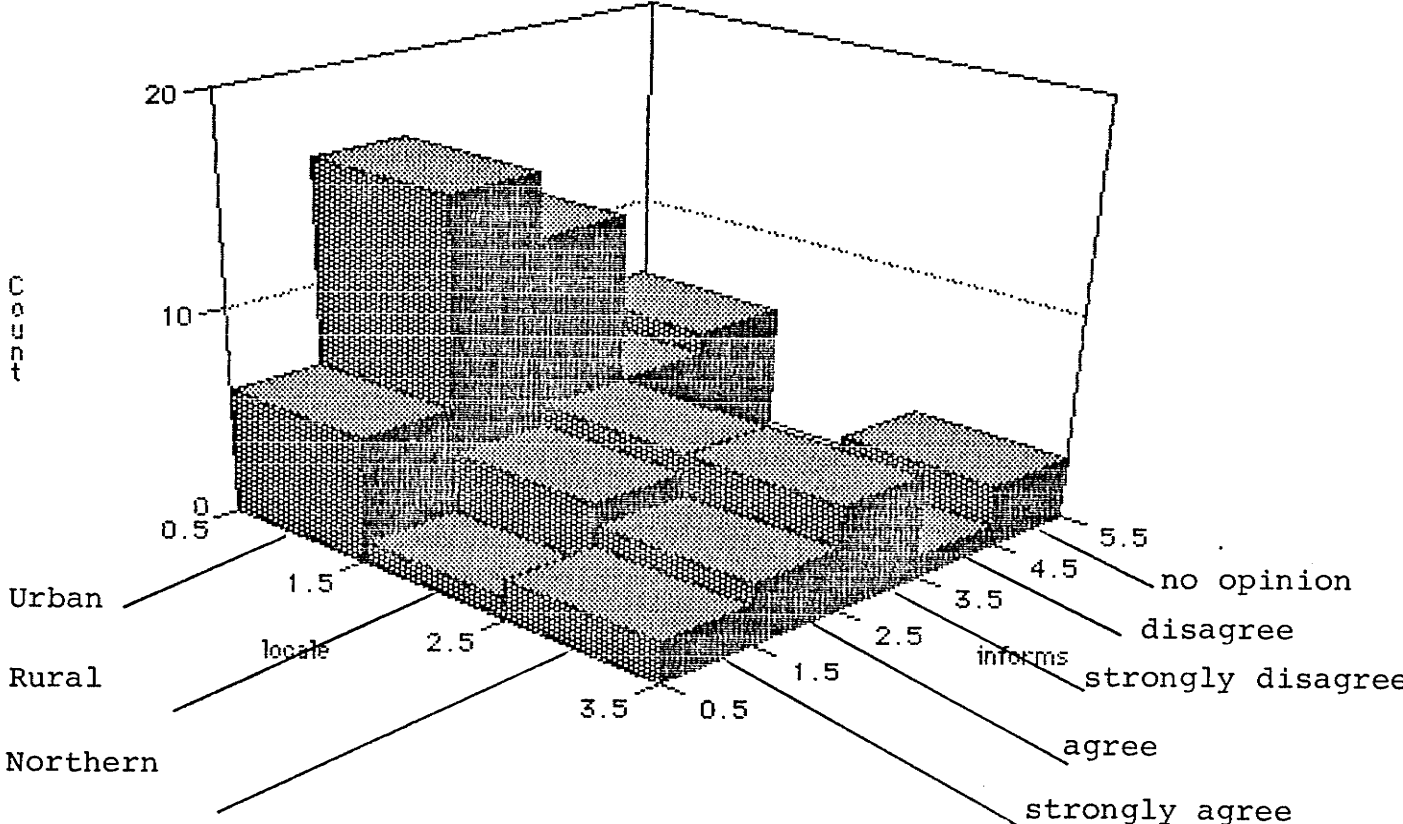
APPENDIX A - 3-D - HISTOGRAM #5

TITLE: Comparison: Locale and Level of Instruction



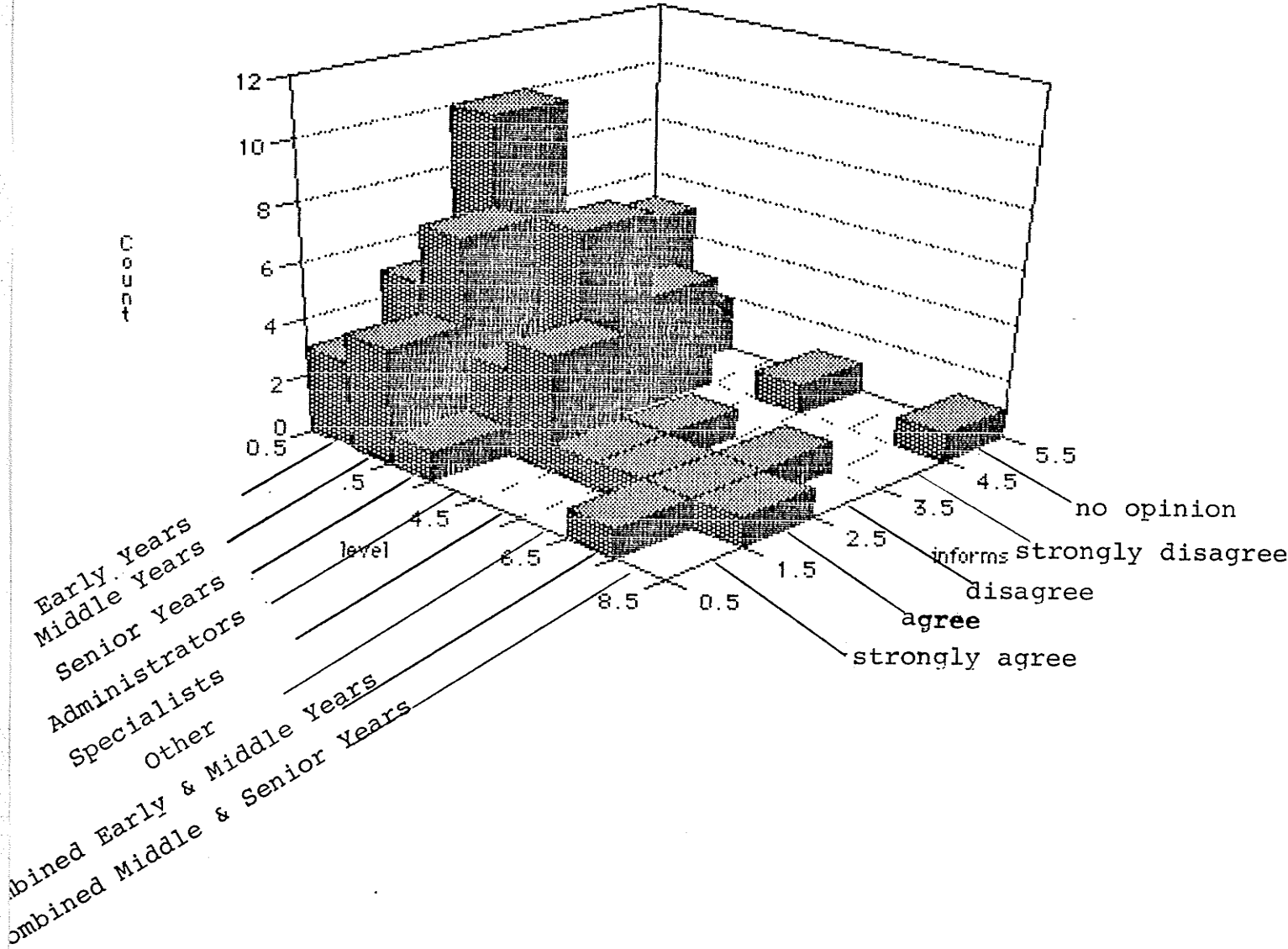
APPENDIX A - 3-D - HISTOGRAM #6

TITLE: Comparison: Locale and whether the school system adequately informs the students about AIDS.



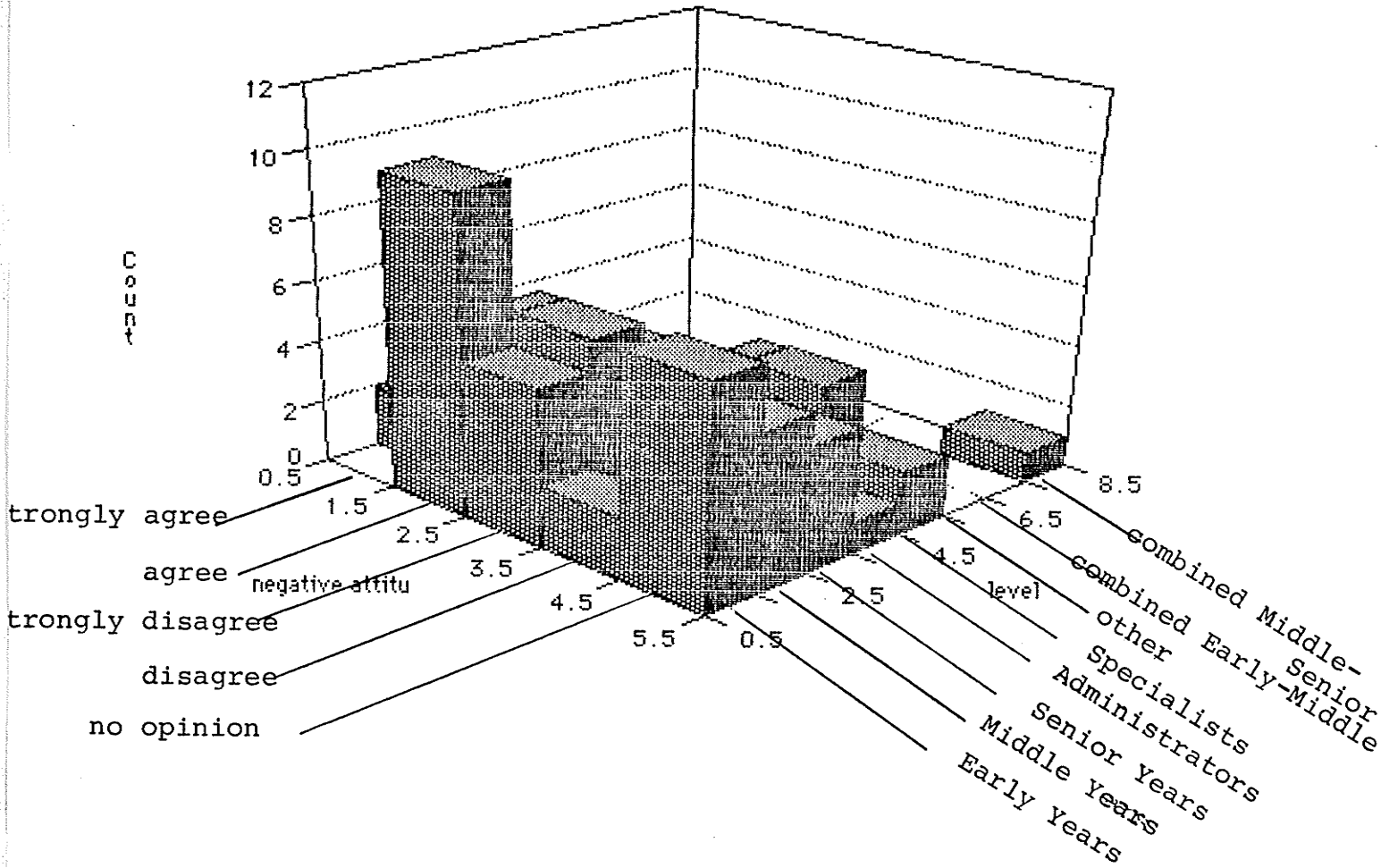
APPENDIX A - 3-D - HISTOGRAM #7

TITLE: Level of instruction and whether the school system adequately informs students about AIDS.



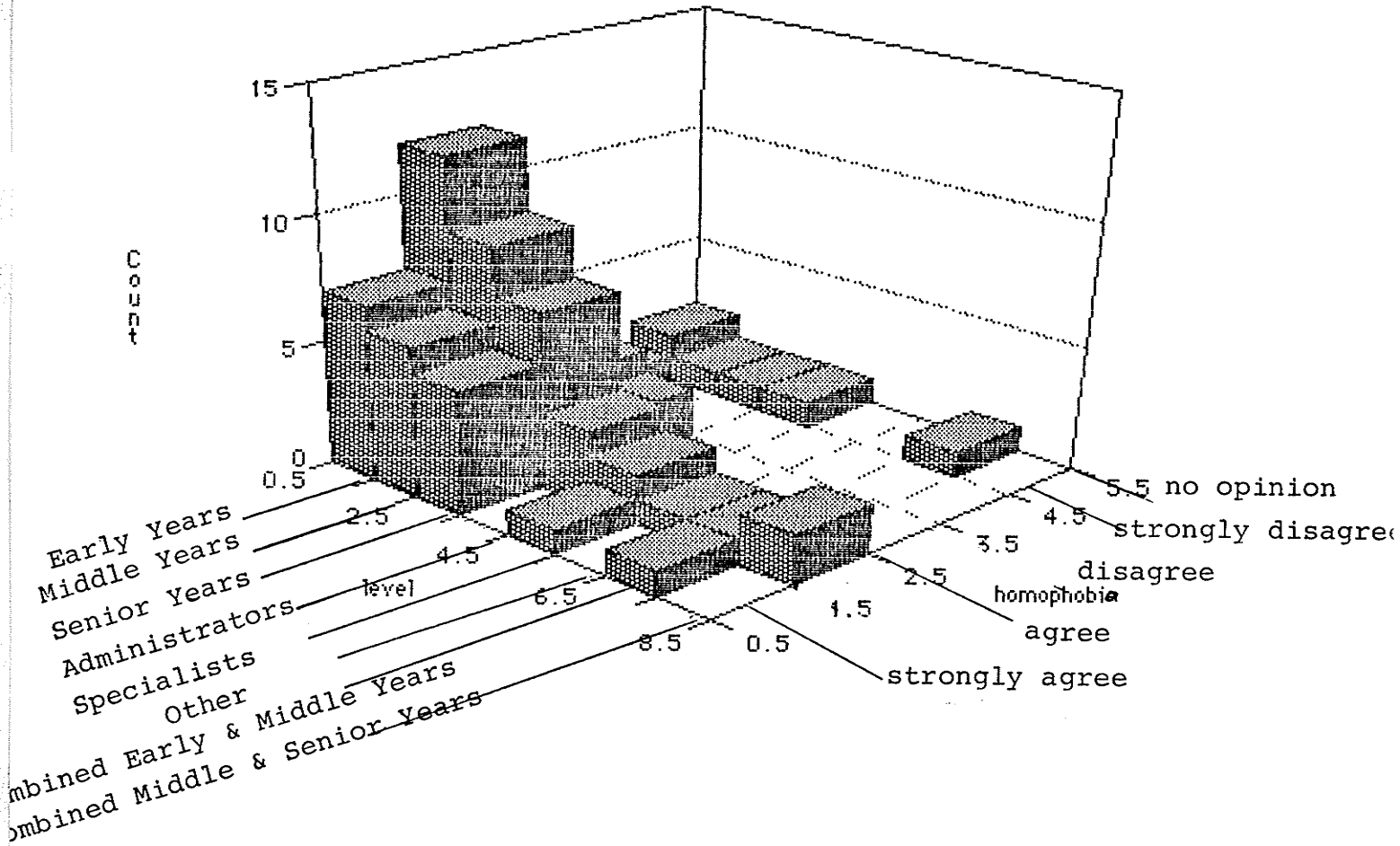
APPENDIX A - 3-D - HISTOGRAM #8

TITLE: Level of instruction and whether or not teachers have negative attitudes towards AIDS because of homophobic influences.



APPENDIX A - 3-D - HISTOGRAM #9

TITLE: Level of instruction and whether homophobia exists in the school system.



Appendix B

Dear Participant,

Please find enclosed a questionnaire dealing with the issue of AIDS in the Classroom. My name is Marcel Lebrun and I am doing this research as a thesis topic for my Masters in Education at the University of Manitoba. I am a grade 5 teacher in the Transcona-Springfield School Division in Winnipeg.

The purpose of this research is to investigate how the realities of AIDS, and HIV infected individuals and AIDS related diseases will be impacting the implementation and development of programs and services in coming years. It is my hope that the data collected will provide a basis for organizational planning, staff professional development, and community relations programs in the area of AIDS and education.

Please, fill out the brief questionnaire and return it in the stamped addressed envelope. The survey will take you about 10 minutes to complete. This survey has been approved by your Superintendent and your School Board.

I guarantee confidentiality to all participants as the names of schools or individuals will not be identified.

If you choose not to complete the questionnaire please seal it in the envelope and mail it back. Please do not put any return address or your name, or your community or school on the envelope. I request that you return the questionnaire by April 24th, at the latest.

DATE: _____

SIGNED: _____

MARCEL LEBRUN

QUESTIONNAIRE

PLEASE READ EACH QUESTION AND PUT AN X ON THE LINE THAT BEST INDICATES YOUR CHOICE OF ANSWER. PLEASE FEEL FREE TO ADD ANY COMMENTS TO ANY OF THE QUESTIONS THAT YOU WOULD LIKE TO EXPAND UPON.

Part A: Demographic Information

1. Gender: Male _____ Female _____

2. Level of Instruction at the present time:
 - ___ Early Years (K-4)
 - ___ Middle Years (5-8)
 - ___ Senior Years (9-12)
 - ___ Administration
 - ___ Specialist
 - ___ Other (PLEASE SPECIFY) _____

3. Years of teaching experience.
 - ___ Less than five years
 - ___ 5-9 Years
 - ___ 10-15 Years
 - ___ 16-20 Years
 - ___ 20-25 Years
 - ___ 26-30 Years
 - ___ more than 31 years

4. Education Background
 - ___ Bachelor's degree
 - ___ Master's degree
 - ___ Pre-Masters \ PBCE
 - ___ other (please specify) _____

5. Locale of _____ School Division
 - ___ Urban
 - ___ Rural
 - ___ Northern

6. Age:

- 20-29 Years
- 30-39 Years
- 40-49 Years
- 50-59 Years
- Older than 60

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE MAJOR ISSUE OF AIDS IN THE CLASSROOM IN THE 1990'S

Part B: Please, check only one option for each question.

7. Does your school Division have an AIDS Policy for students and staff?

- Yes No Don't know

8. Are you familiar with how AIDS is transmitted?

- Yes No

9. With respect to your level of knowledge about the transmission of AIDS would you consider yourself:

- well informed and up to date
- moderately informed
- poorly informed
- without knowledge

10. The level of inserviceing that you have received on the topic of AIDS:

Part A:

- One day session
- Several sessions
- No inservice or training

Part B: Please, indicate the source of most of your knowledge on AIDS:

- books
- journals (professional and academic)
- magazines (popular, eg:Time, Newsweek etc.)
- Newspaper
- TV and Radio

11. Do you see the need for more professional development in the area of AIDS transmission of HIV infected children in the classroom here in Manitoba?
___ Yes ___ No ___ Don't know

12. Do you know someone personally who is HIV infected, has AIDS or has died from AIDS?
___ Yes ___ No

(a) If yes, did your perception of this person and your relationship change because they had AIDS?
 ___ Yes ___ No

If so, how?

13. Would you consider teaching a child who is HIV positive or has AIDS?
 ___ Yes ___ No

Why? _____

14. Do you think that an Administrator should tell a teacher that he/ she is getting an HIV positive child in their classroom?
 ___ Yes ___ No ___ Don't know

15. Do you think that a child's HIV status should be kept confidential from:

- A- Other teachers in the school
 ___ Yes ___ No ___ Don't know
- B- Other students in the school
 ___ Yes ___ No ___ Don't know
- C- Parents
 ___ Yes ___ No ___ Don't know
- D- Community
 ___ Yes ___ No ___ Don't know

16. Do you think that HIV infected students should be:

- A Mainstreamed in the regular classroom
- B Be put in special isolation areas within the school
- C Not attend public school
- D Tutored privately in the child's home and tutor's salary paid by the school division.

17. Do you think that an HIV positive student is a threat to the safety of other children in the classroom.

Yes No Don't know

Why?

18. If you received an HIV positive student in your class tomorrow your reaction would be.

- A Child is a student and needs to be taught like all the others.
- B Refuse to accept child into your class
- C Take up the issue with administration in the hope of having student placed somewhere else.
- D Accept child and initiate contact with specialists.

19. Do you think Homophobia (the fear of and/or aggression towards homosexuals) exists in the public school system?

- strongly agree
- agree
- disagree
- strongly disagree
- neutral

20. Do you think public school teachers have negative attitudes towards AIDS because of homophobic influences?

- strongly agree
- agree
- disagree
- strongly disagree
- neutral

21. Do you think that Students with AIDS are victims and should not be discriminated against?

- strongly agree
- agree
- disagree
- strongly disagree
- no opinion

22. Do you think you would have a problem teaching with a colleague that is HIV positive?

- Yes No Don't Know

Why _____

23. Do you think a teacher who is HIV positive should be allowed to teach in the public school system?

- Strongly agree
- agree
- disagree
- strongly disagree
- no opinion

Why _____

24. Does AIDS education belongs in the school curriculum?

- strongly agree
- agree
- disagree
- strongly disagree
- no opinion

Why _____

25. Do you think the school system adequately informs students about how AIDS is transmitted?
- strongly agree
 - agree
 - disagree
 - strongly disagree
 - no opinion

26. Do you think that people with AIDS should be involved with the school system in getting out the message of AIDS transmission?
- strongly agree
 - agree
 - disagree
 - strongly disagree
 - no opinion

Why _____

27. To your knowledge has the issue of having an HIV positive child attending your school ever arisen?
- Yes
 - No

28. Are you aware of a school here in Manitoba where there are HIV positive students attending?
- Yes
 - No

29. In the future do you see _____ in HIV positive students attending Manitoba's public school?
- A An increase
 - B A decrease
 - C Relatively no change from today's levels
- Why _____
-

30. What do you think are your chances of coming in contact with an HIV positive student in your classroom in the next five years?
- A Nil
 - B 1%-50%
 - C 51%-99%
 - D 100%
 - E Don't know

31. What do you think are your chances of knowing someone in your personal life who is HIV or has AIDS, in the next five years?
A Nil
B 1% -50%
C 51%-99%
D 100%
E I already know of someone who is HIV or AIDS positive
32. Do you think that the rate of occurrence of HIV infection in First Nations and or New Immigrant students is:
A higher than for the general population
B lower than for the general population
C No different than the general population
Why _____

33. Do HIV positive students have the same rights as non HIV students?
 Yes No
Why _____

34. Do you think that you are mentally prepared to accept an HIV positive student in your class?
 Yes No
Why _____

35. Do you think that you have sufficient resources available to you to accommodate an HIV positive student in your class?
 Yes No
Why _____

36. The presence of AIDS in the school system raises fears on the part of teachers that is unwarranted.
 strongly agree
 agree
 strongly disagree
 disagree
 no opinion
37. If you are not a parent, go directly to question 38. If you are a parent as well as a teacher would you want your child in a class that had an HIV positive child in it?
 Yes No
Why _____

38. As a profession do you think that teachers are as accepting of HIV positive students as with students with other individual differences or disabilities, eg; wheelchair, culturally, special needs)?
 Yes No
Why _____

39. What is your biggest fear or concern in having an HIV positive student in your class?
A Other students in class becoming infected with the AIDS virus?
B You personally becoming infected with the AIDS virus
C Having extra work causing you stress.
D Other (specify)

40. All teachers should be required to be tested for AIDS?
A Strongly agree
B Agree
C Disagree
D Strongly disagree
E No opinion

41. Students who have been infected with the HIV virus should not be allowed to participate in school activities with other students?

- A Strongly agree
 - B Agree
 - C Disagree
 - D Strongly Disagree
 - E No opinion
 - F (If agree or disagree, what activities?)
-
-

42. Instruction about AIDS should begin during:

- A Elementary Grades (K-8)
- B High School (9-12)

43. General comments on any point or question in the survey. As well, any issues that were not addressed that you feel should have been part of the questionnaire or part of my discussion.

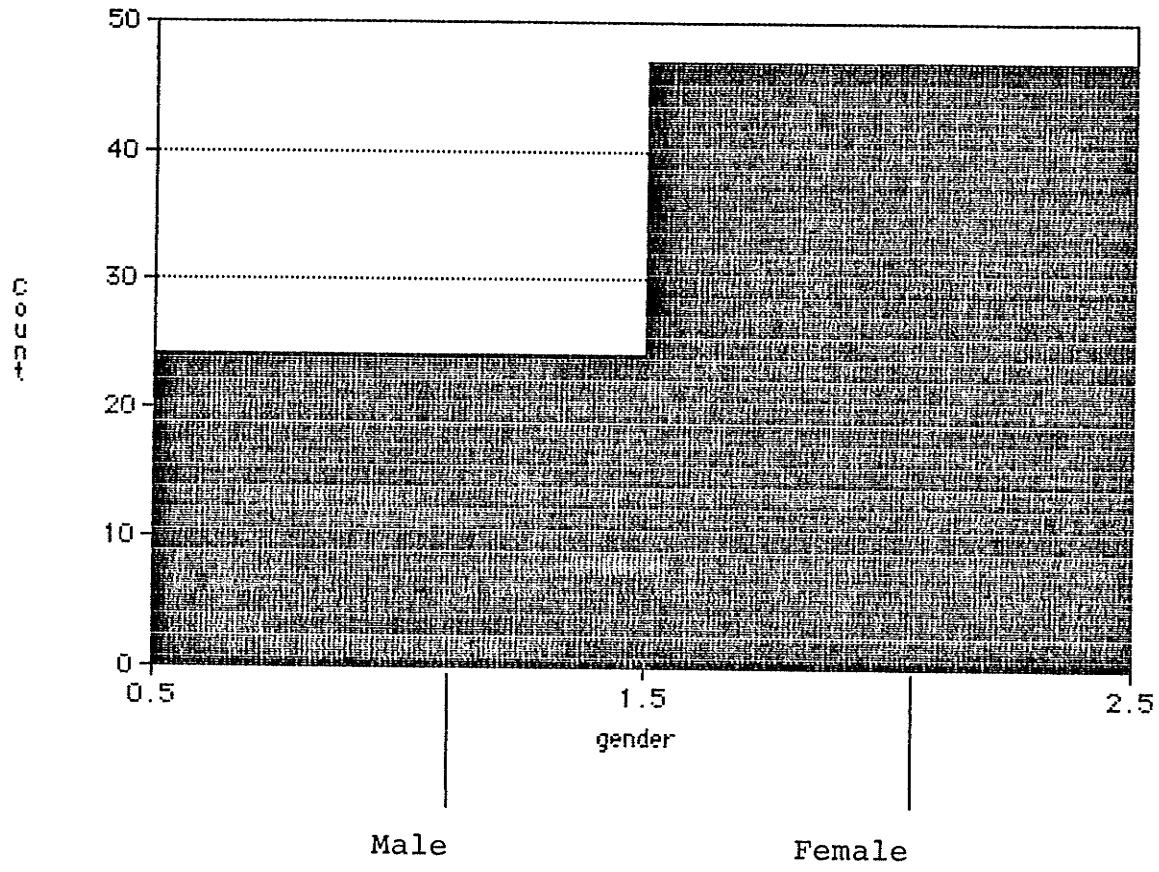
CONCLUSION:

I would like to thank you for taking the time for filling out my questionnaire.

MARCEL LEBRUN

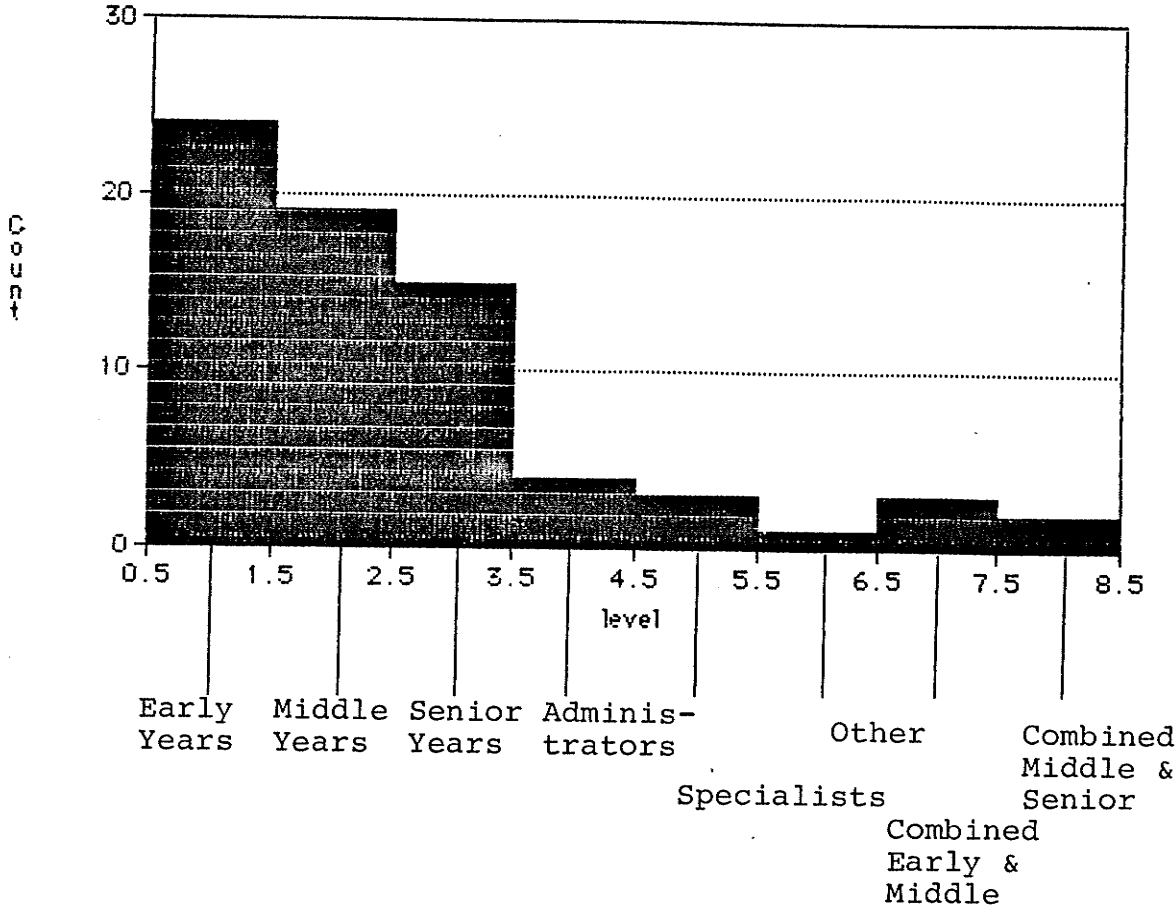
APPENDIX C - HISTOGRAM #1

TITLE: Gender



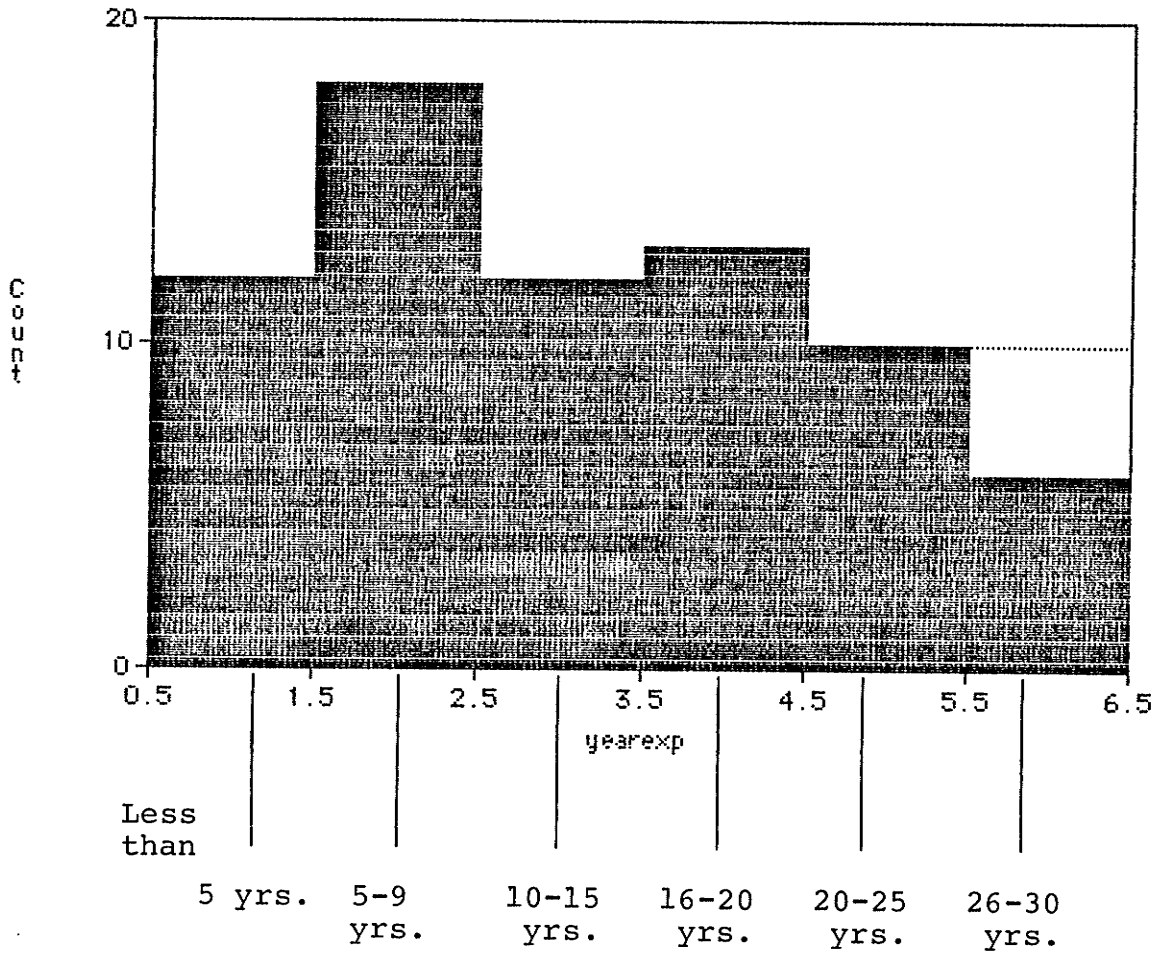
APPENDIX C - HISTOGRAM #2

TITLE: Level of Instruction



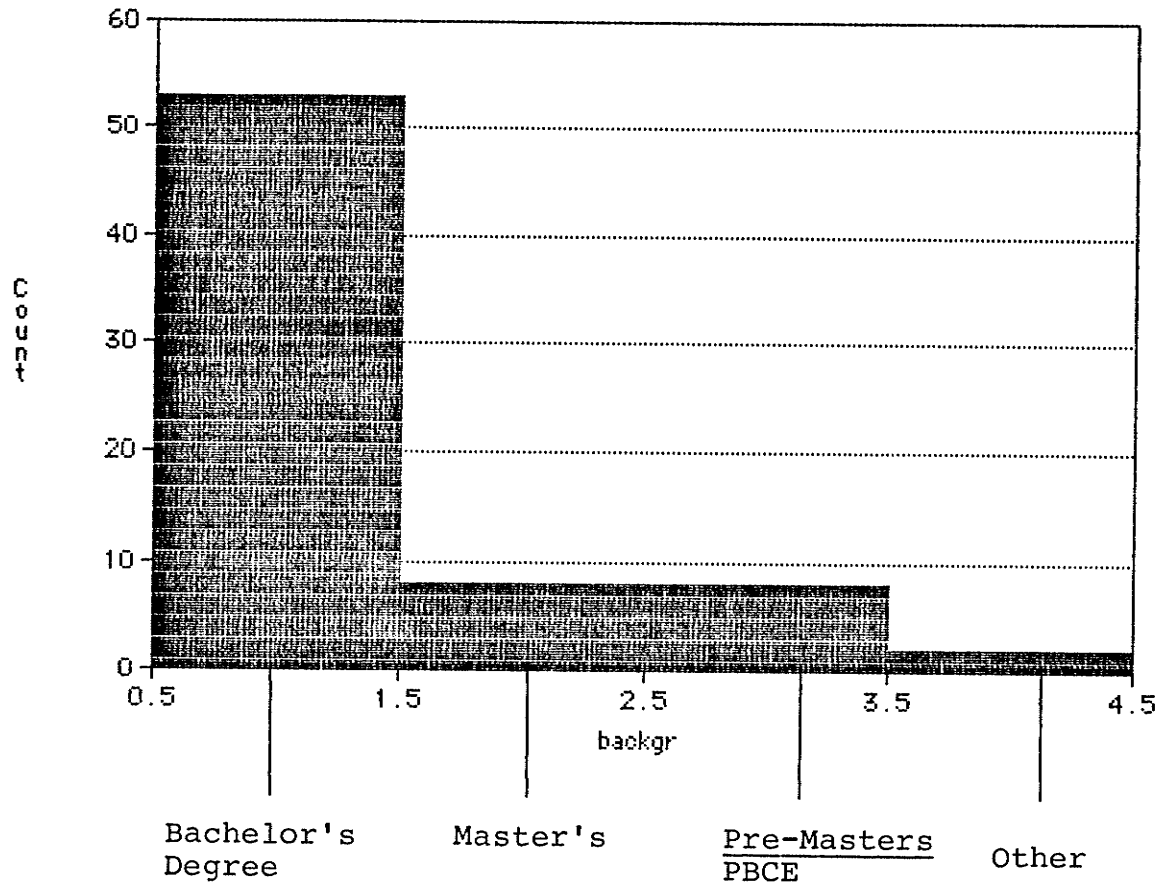
APPENDIX C - HISTOGRAM #3

TITLE: Years Teaching Experience



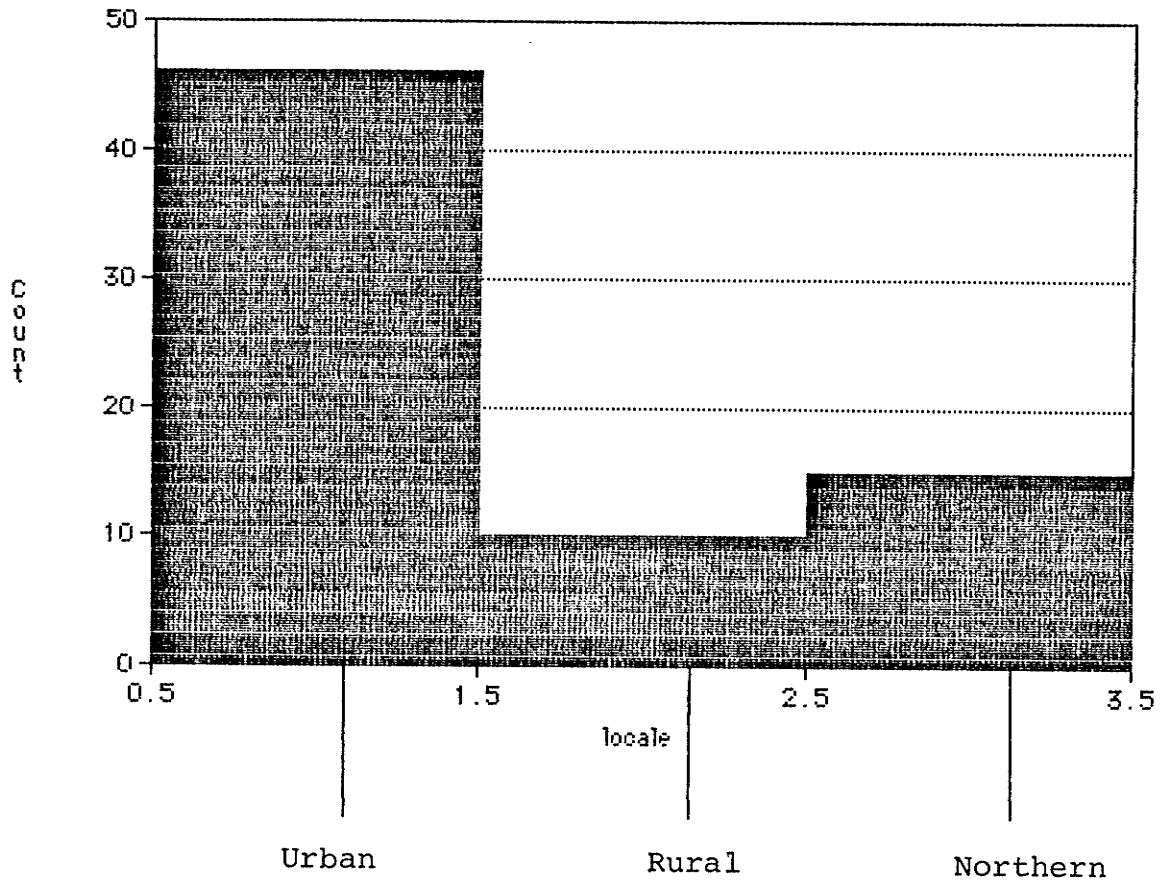
APPENDIX C - HISTOGRAM #4

TITLE: Educational Background



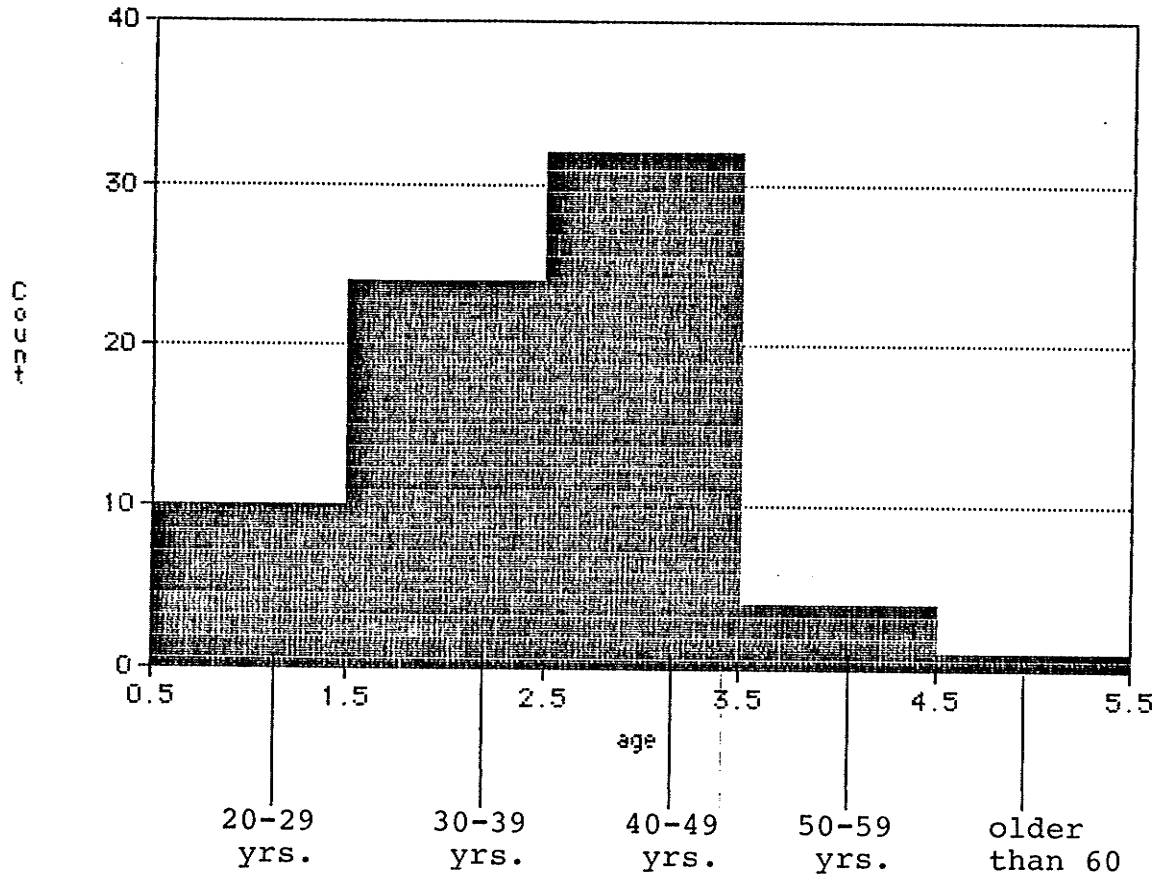
APPENDIX C - HISTOGRAM #5

TITLE: Locale of School Division



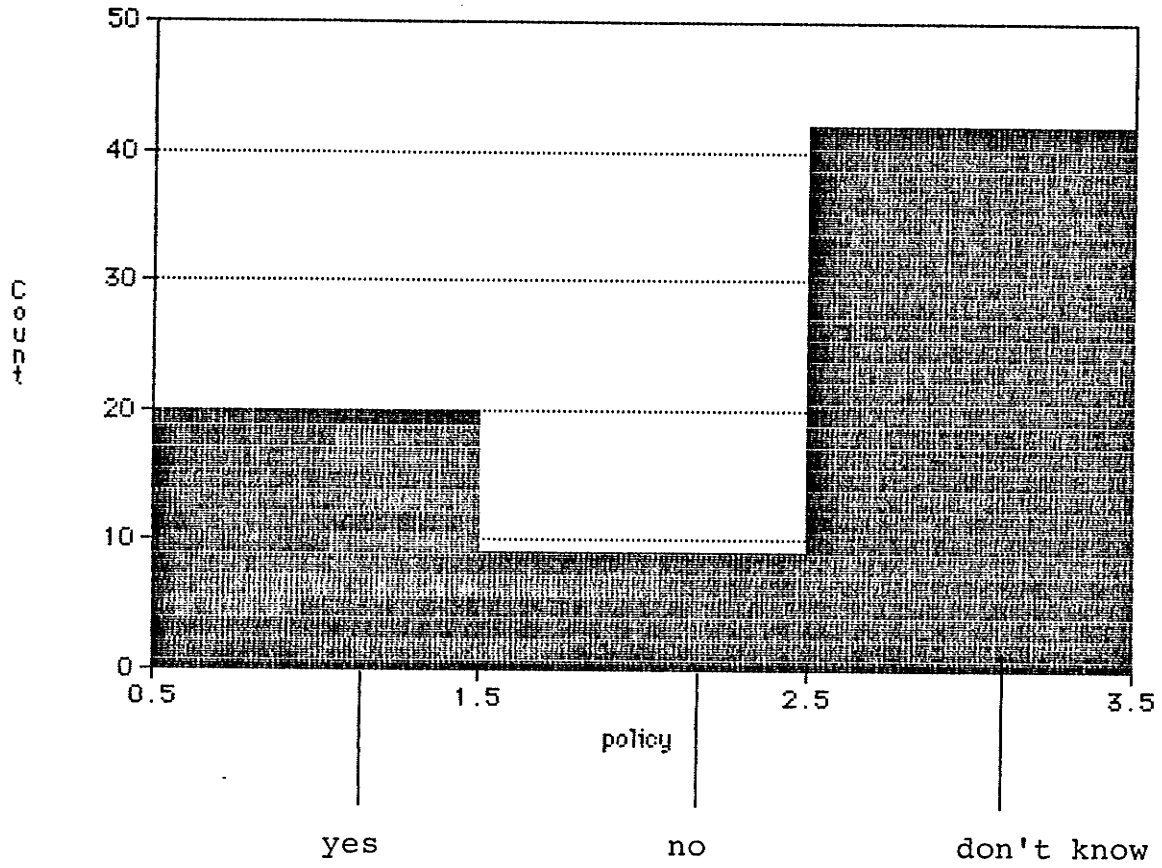
APPENDIX C - HISTOGRAM #6

TITLE: Age of Subjects

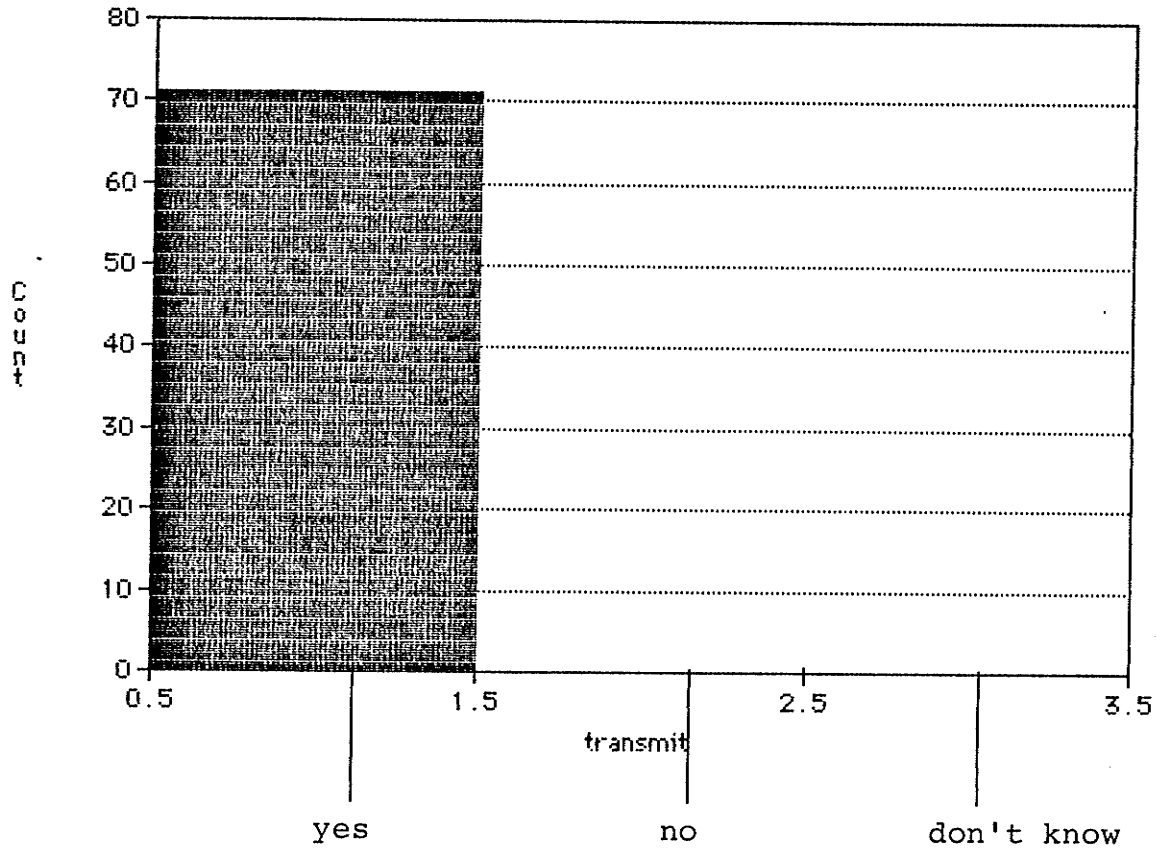


APPENDIX C - HISTOGRAM #7

TITLE: Does your School Division have an AIDS Policy?

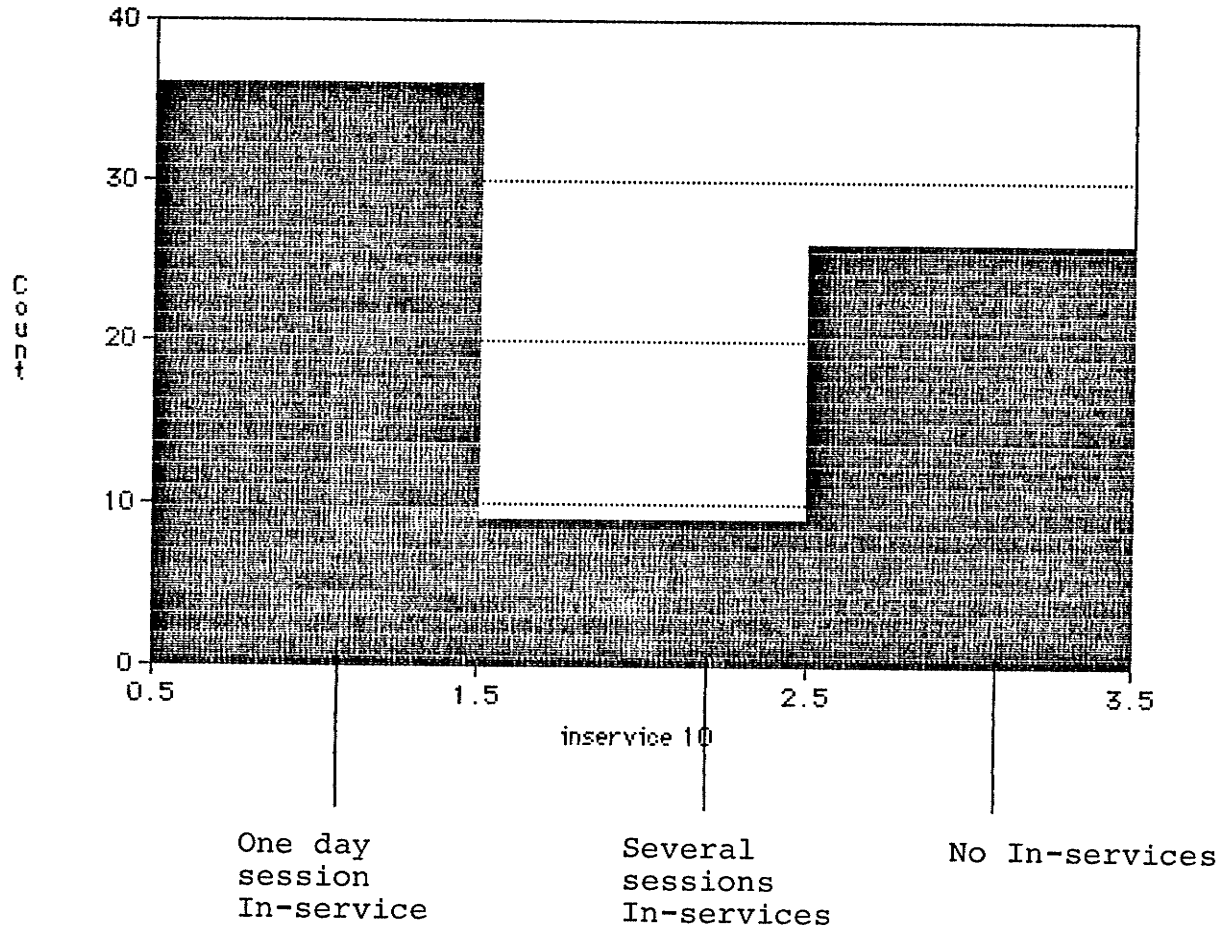


TITLE: Are you familiar with how AIDS is transmitted?



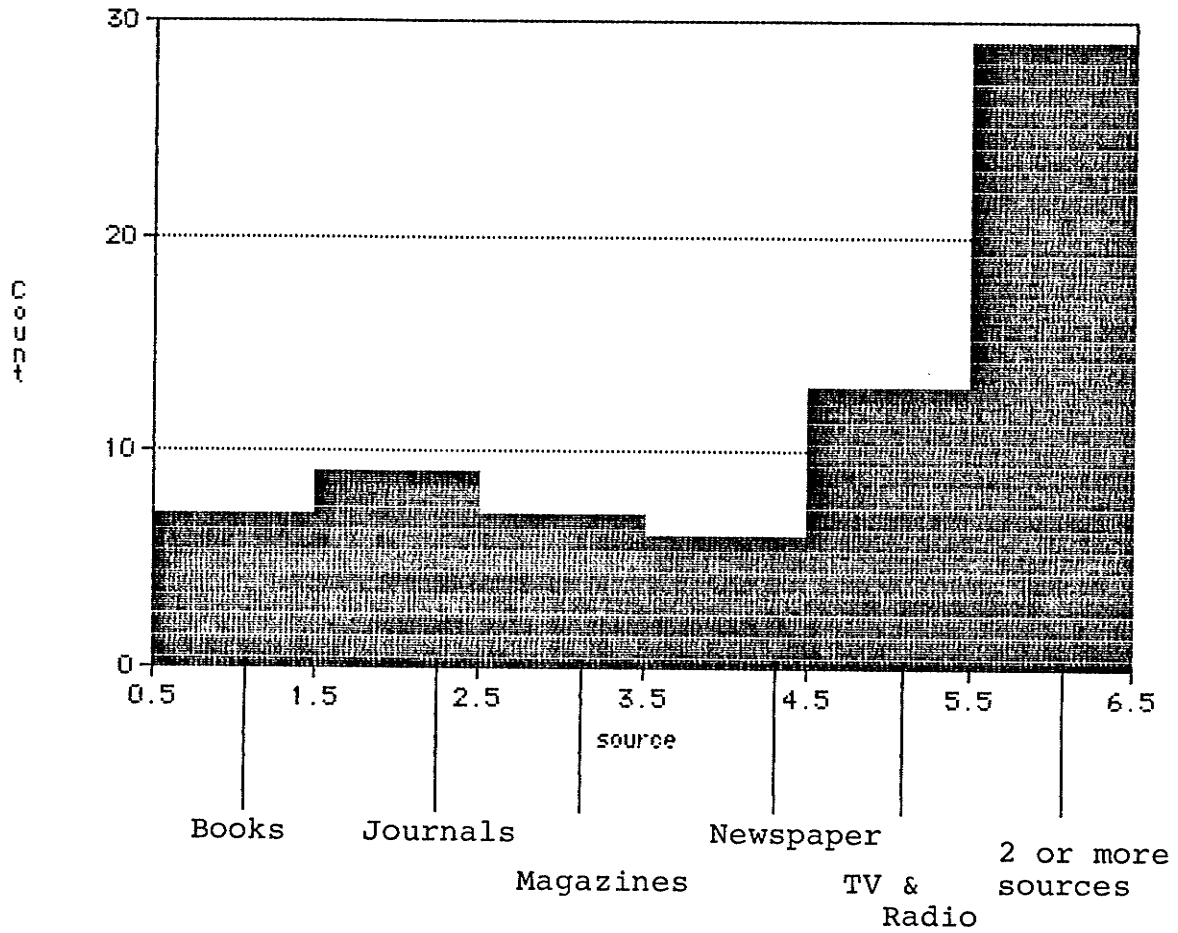
APPENDIX C - HISTOGRAM #10 PART A

TITLE: Level of Inservicing Reviewed



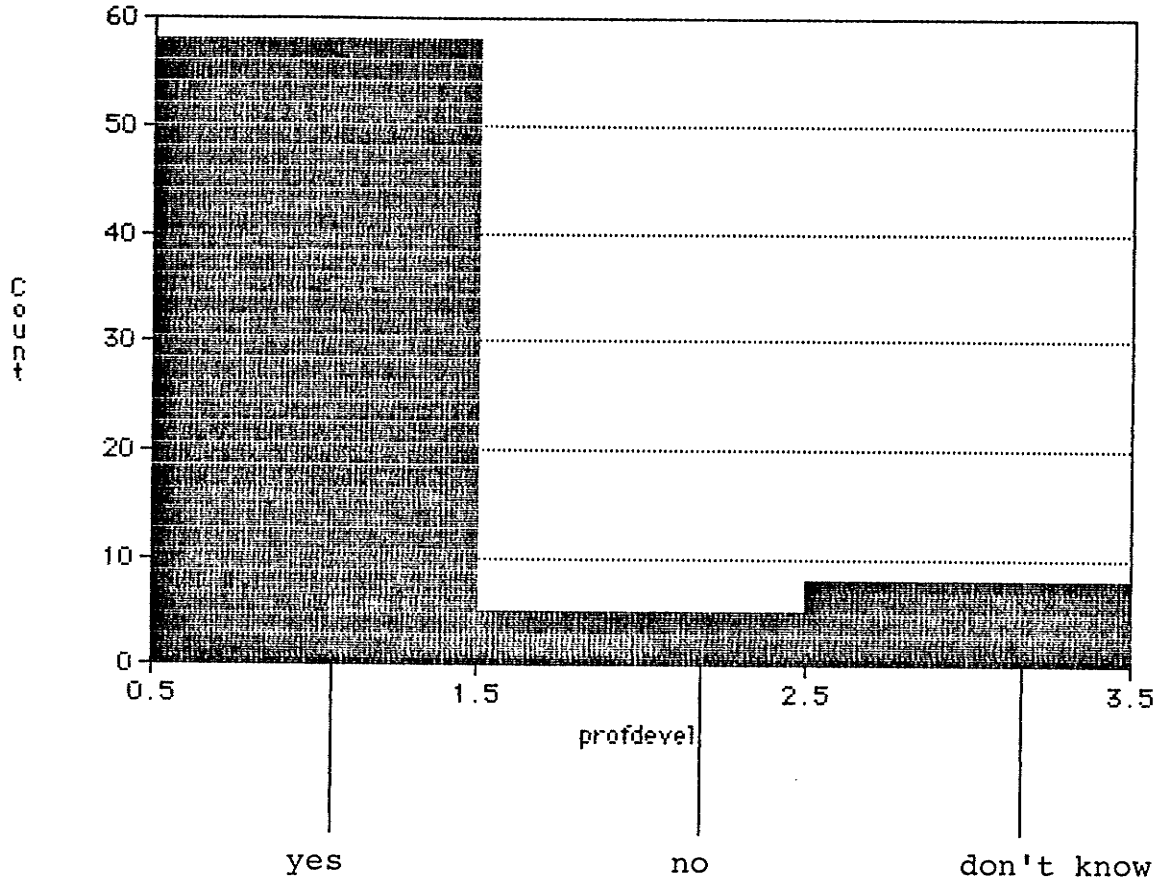
APPENDIX C - HISTOGRAM #10 PART B

TITLE: Source of most of your knowledge on AIDS.



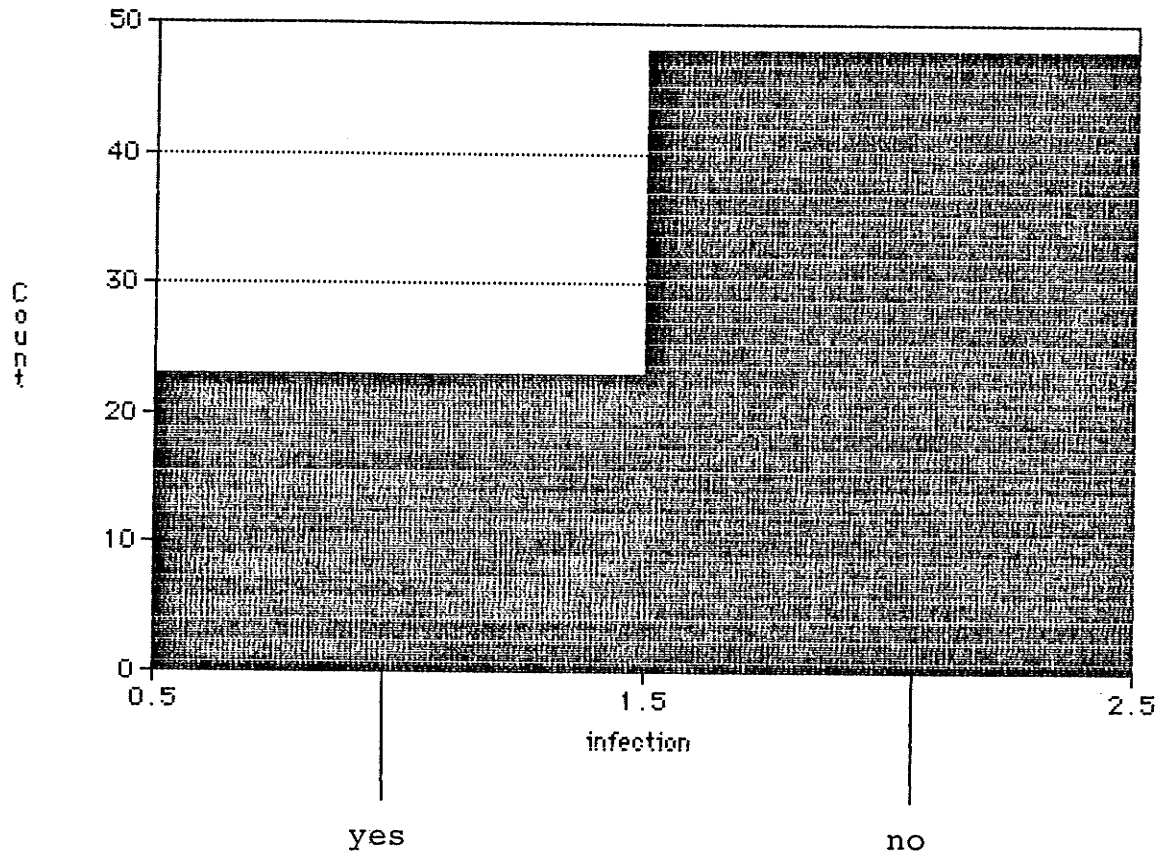
APPENDIX C - HISTOGRAM #11

TITLE: Do you need more Professional Development?



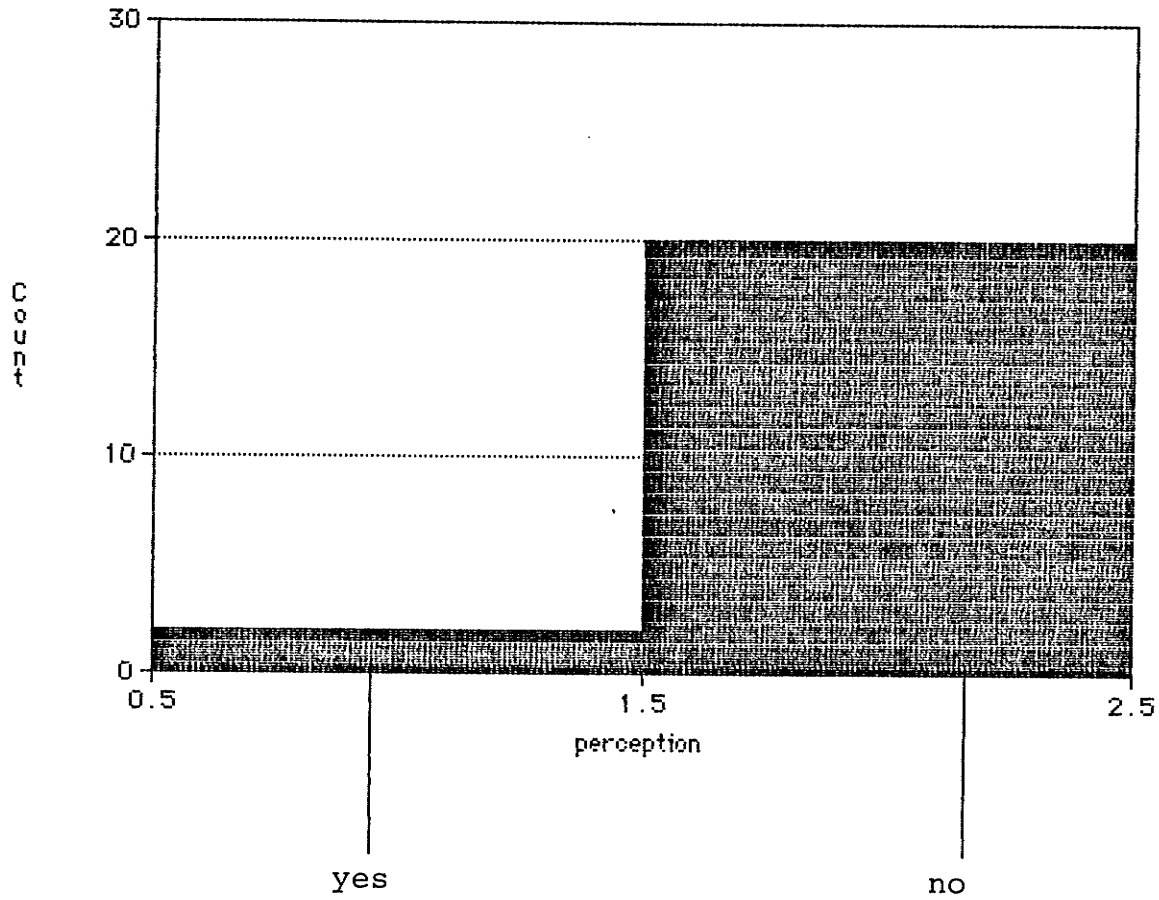
APPENDIX C - HISTOGRAM #12 PART A

TITLE: Do you know someone who has AIDS?



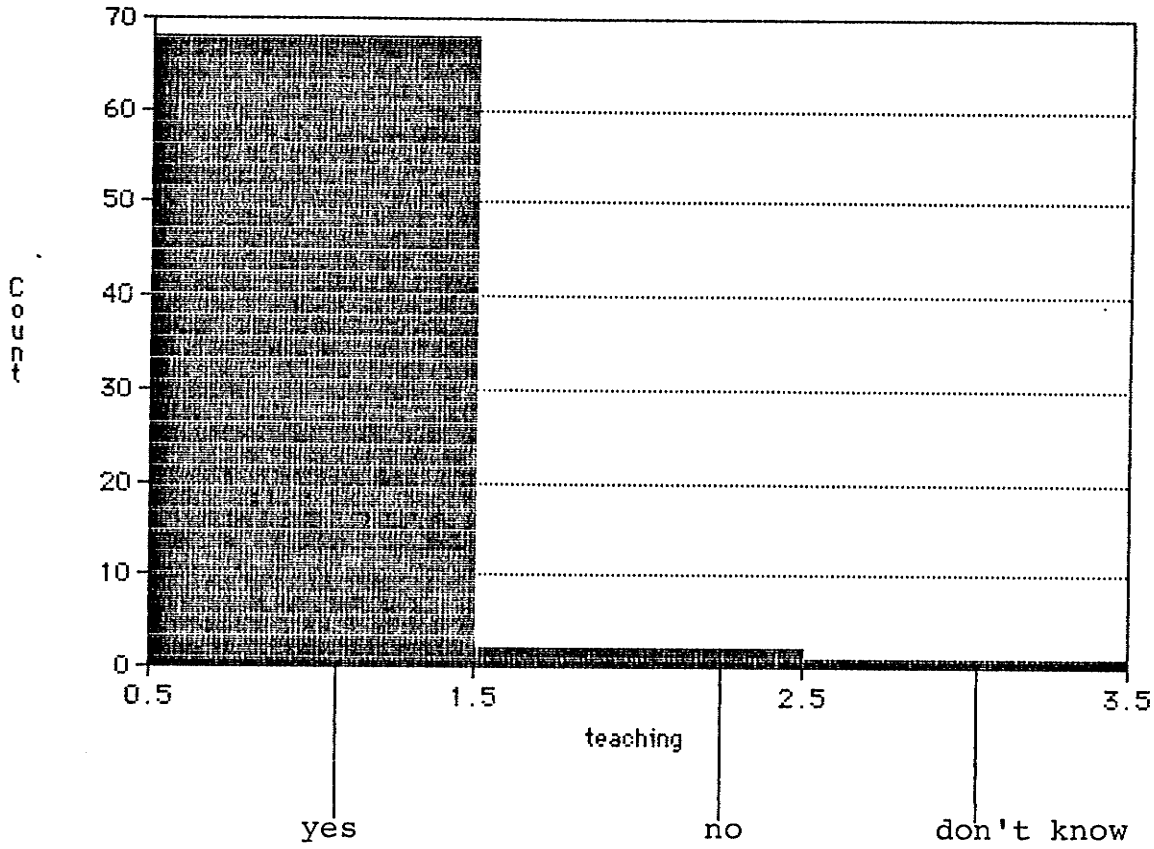
APPENDIX C - HISTOGRAM #12 PART B

TITLE: Did your perception of HIV individual change after status was revealed?

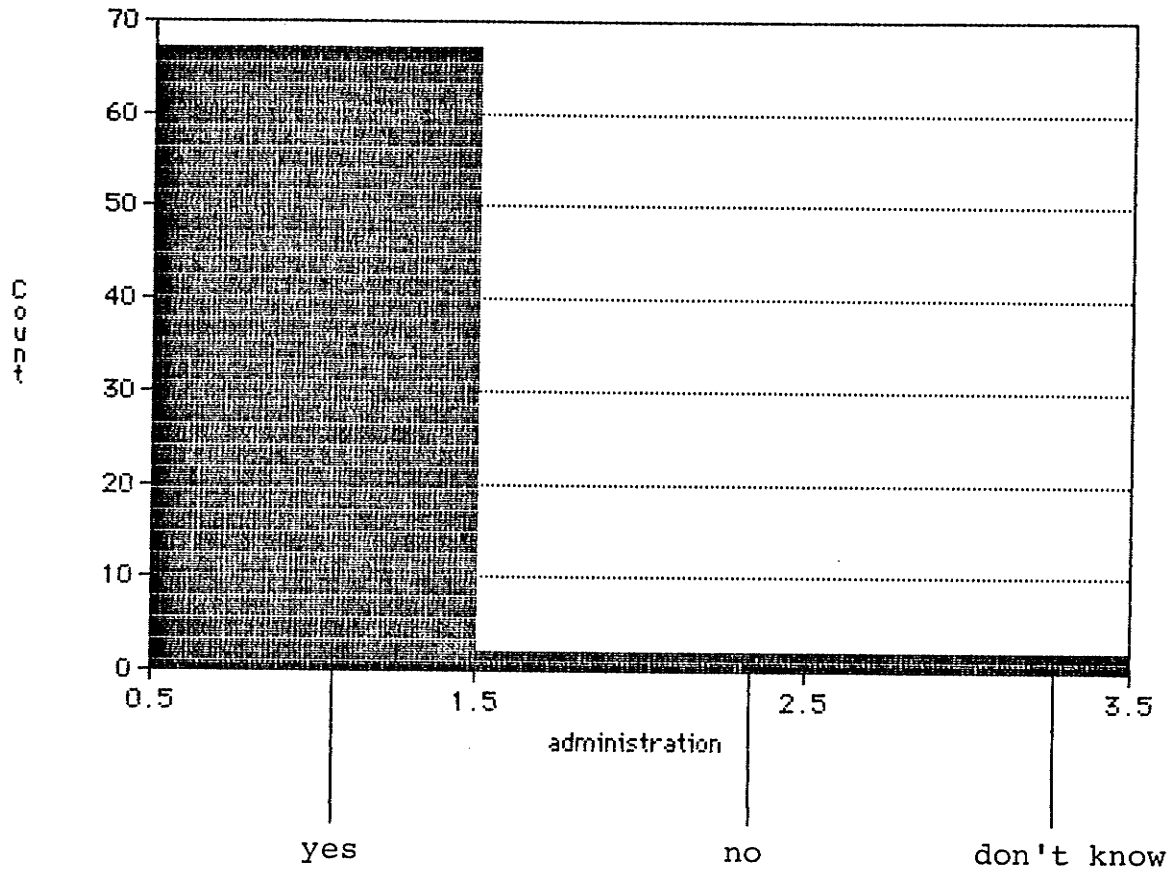


APPENDIX C - HISTOGRAM #13

TITLE: Would you consider teaching an HIV positive student?

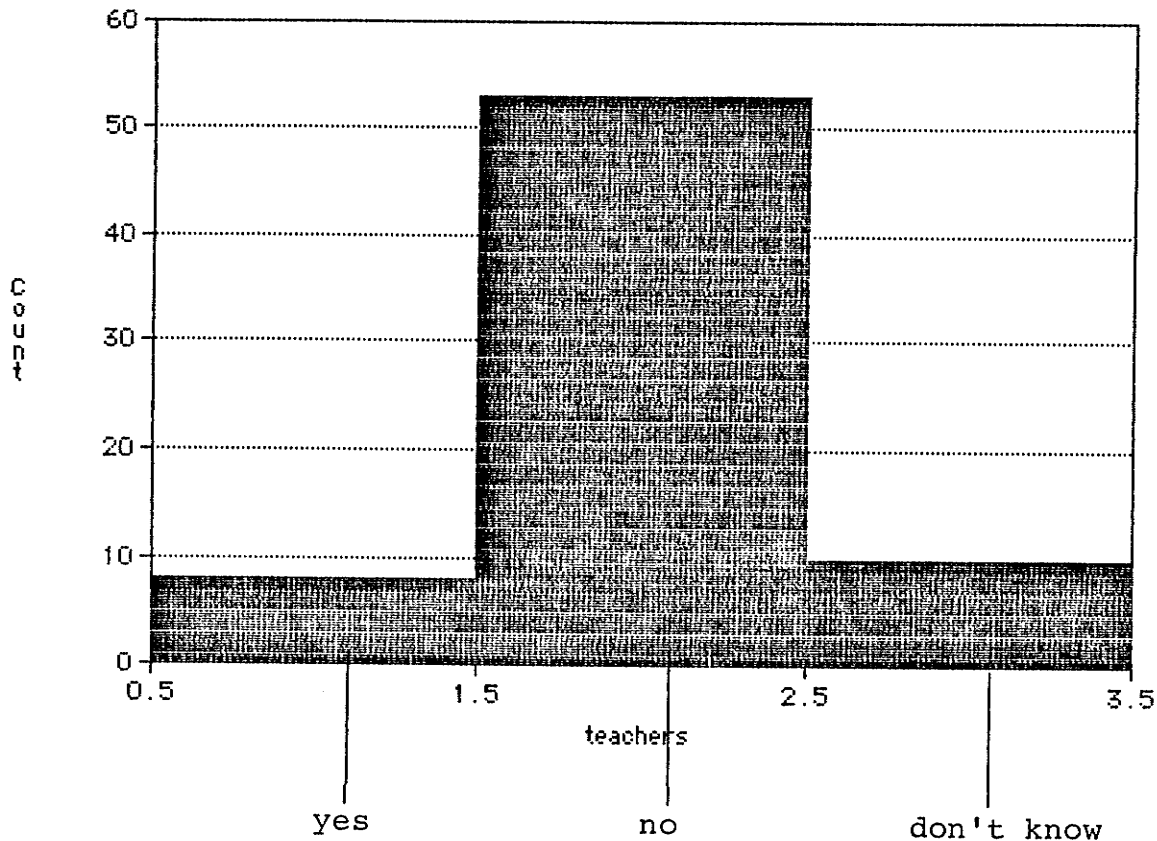


TITLE: Should an Administrator tell a teacher she/he is getting an HIV positive student?



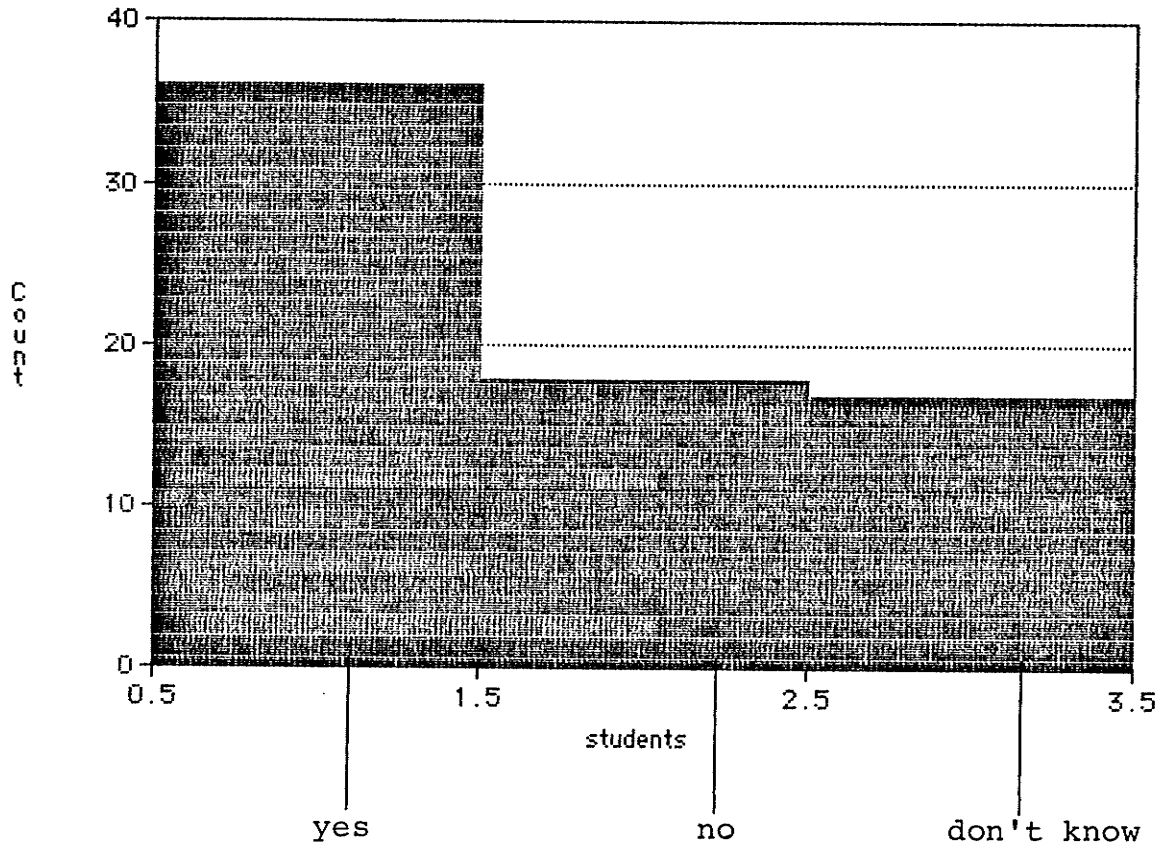
APPENDIX C - HISTOGRAM #15 - A

TITLE: Should a child's HIV status be kept confidential from other teachers in the school?

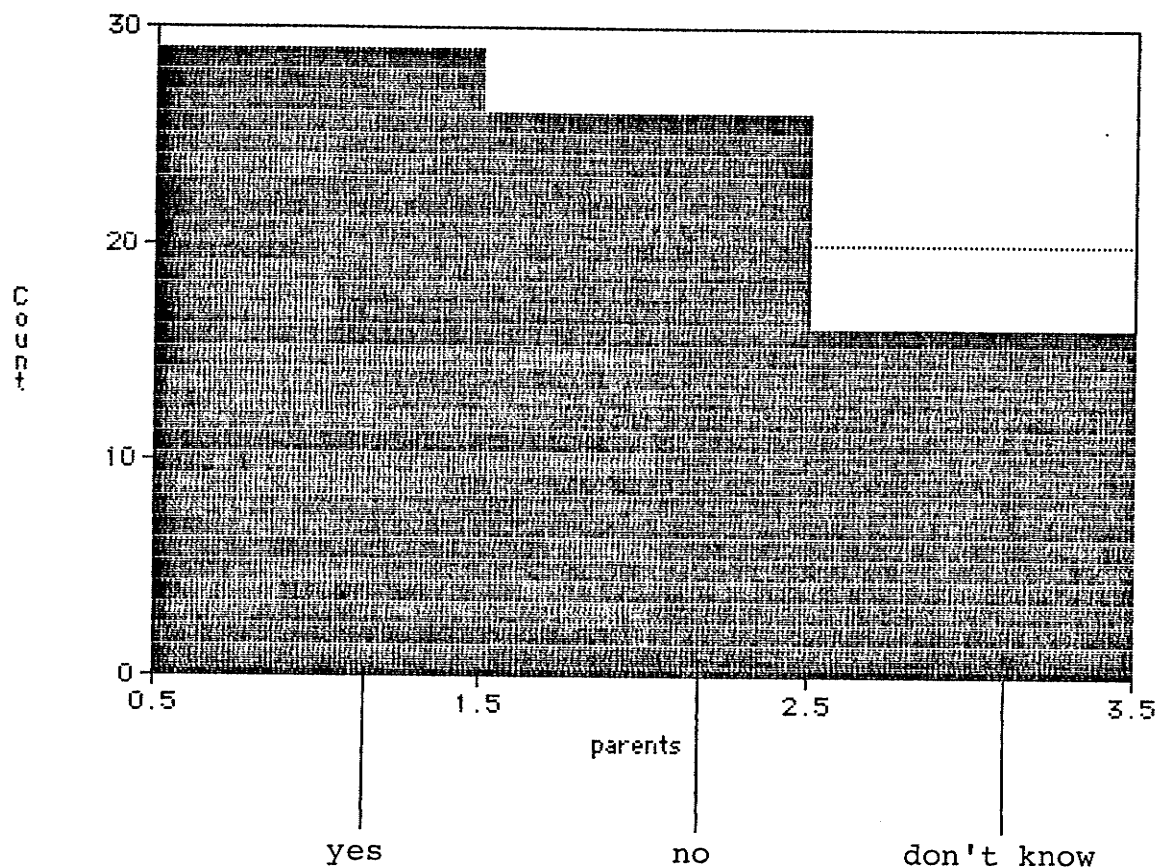


APPENDIX C - HISTOGRAM #15 - B

TITLE: Confidential from other students.

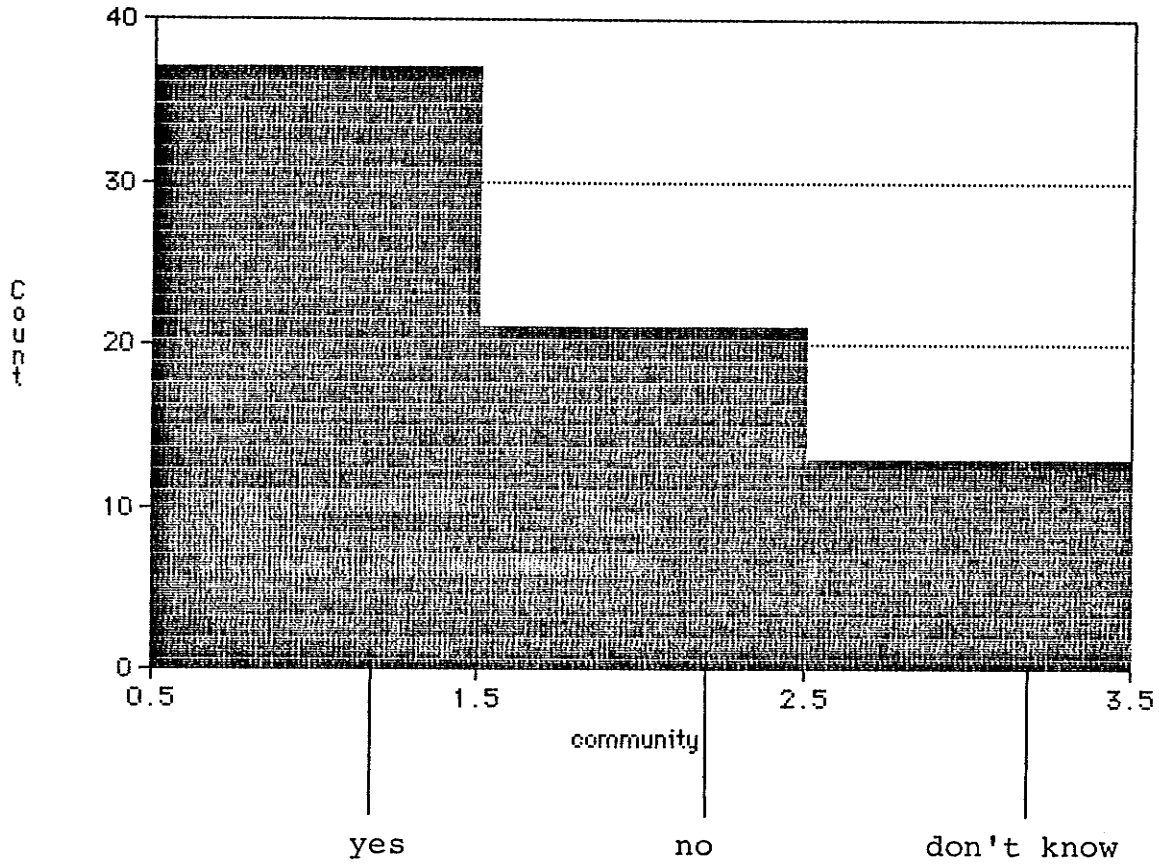


TITLE: Confidential from Parents of other students.

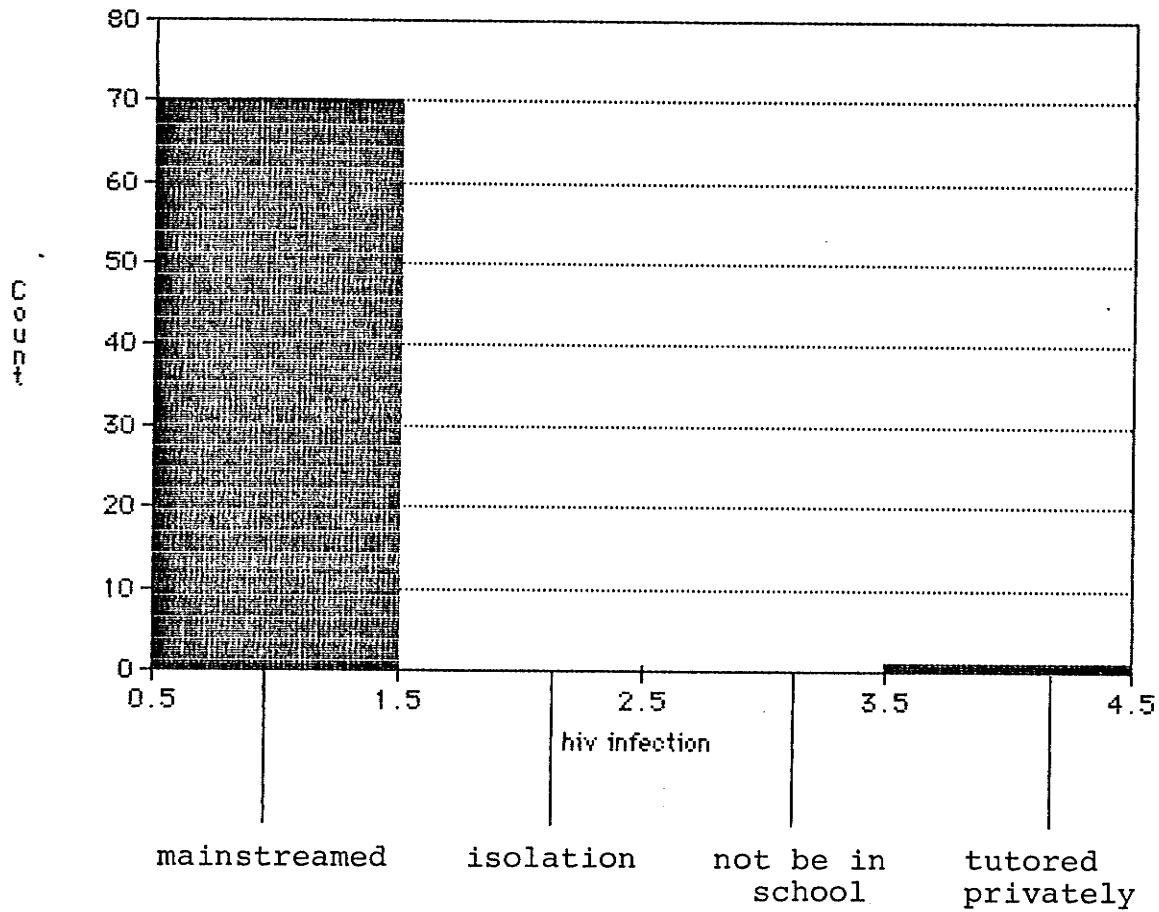


APPENDIX C - HISTOGRAM #15 - D

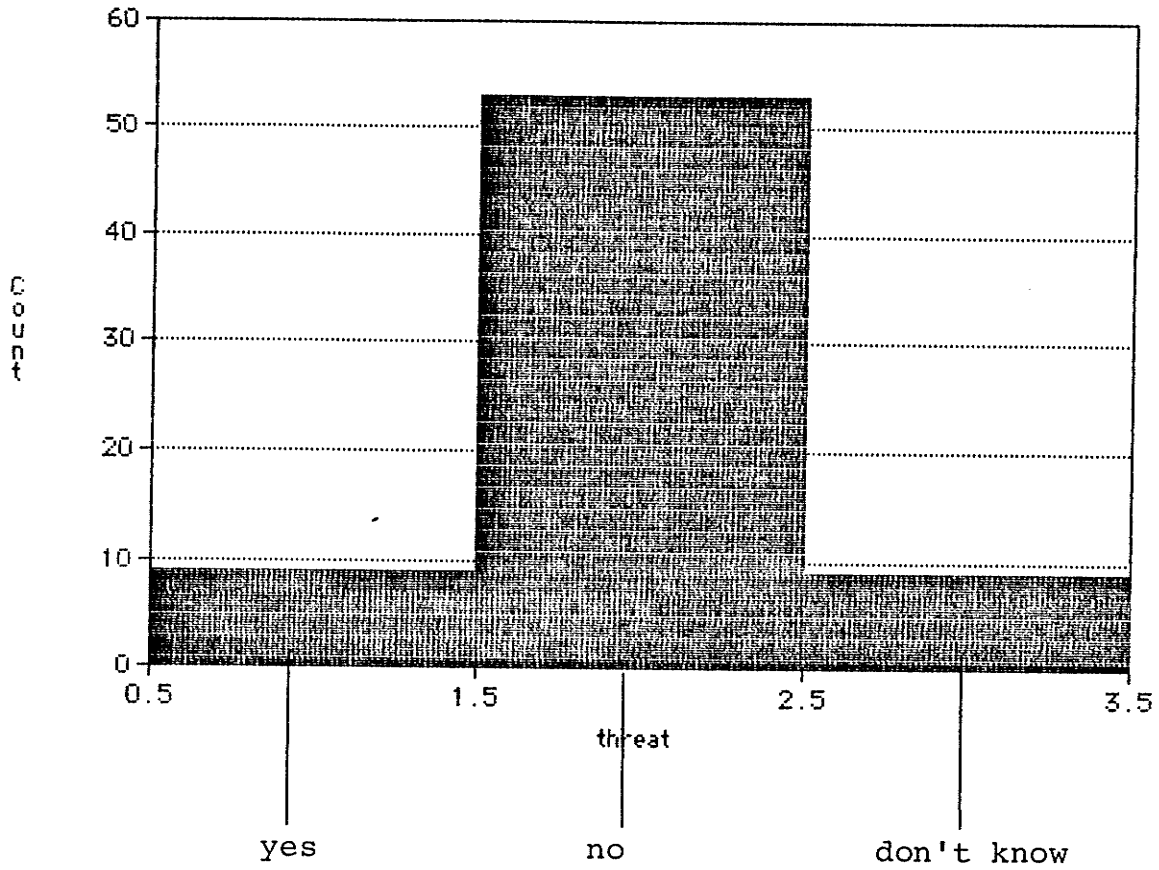
TITLE: Confidential from the Community.



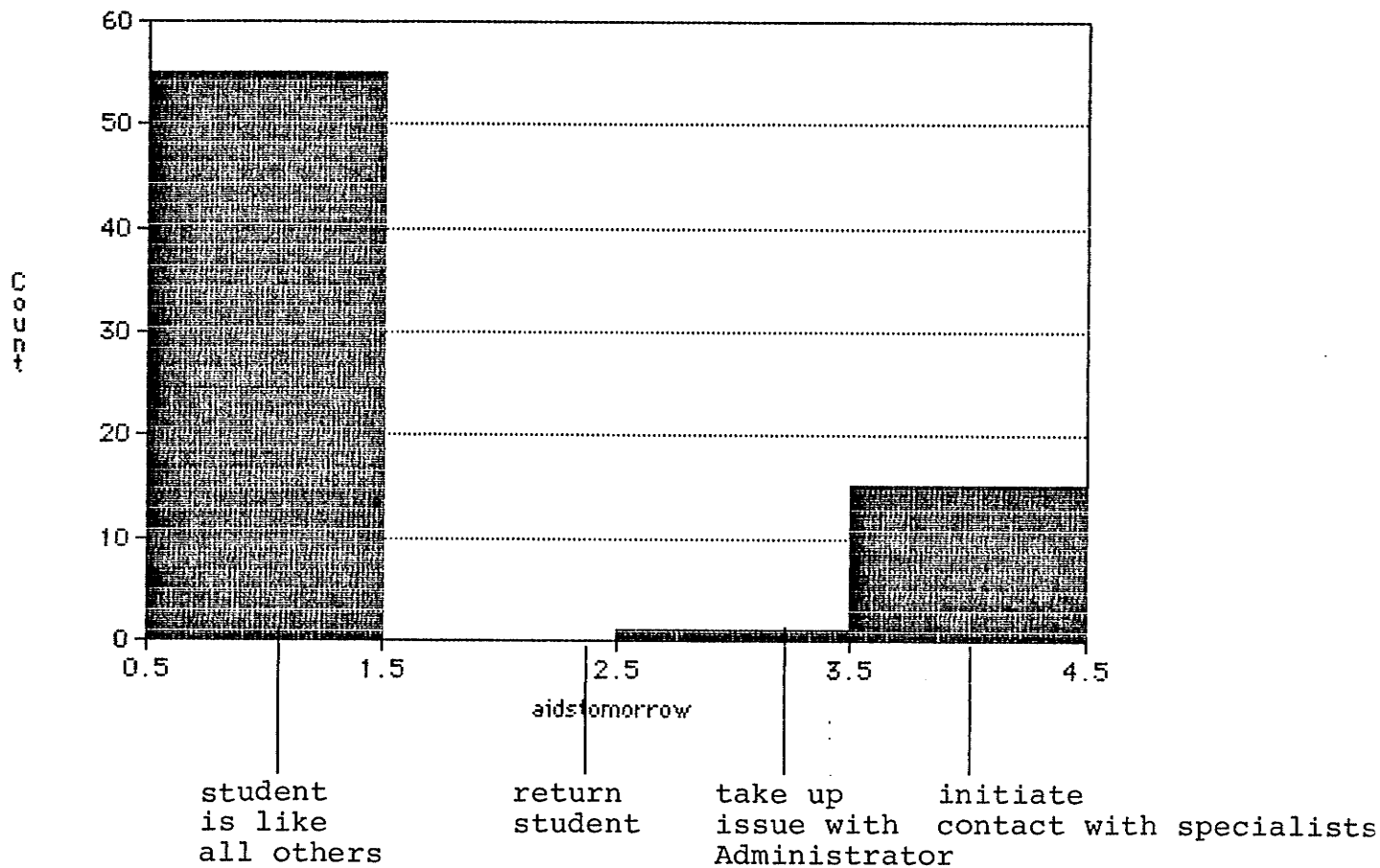
TITLE: What should be done with HIV students?



TITLE: Are HIV students a threat to other students?

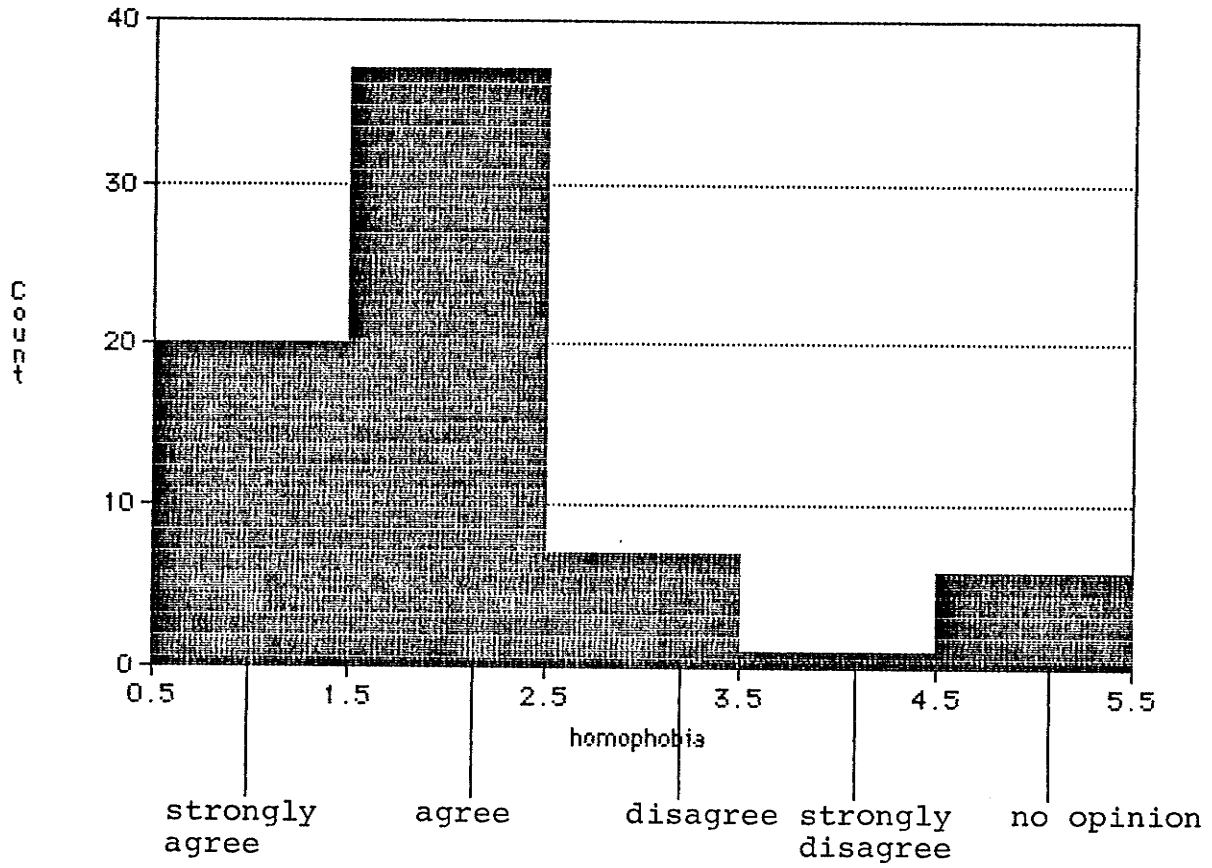


TITLE: If received HIV student in class tomorrow.

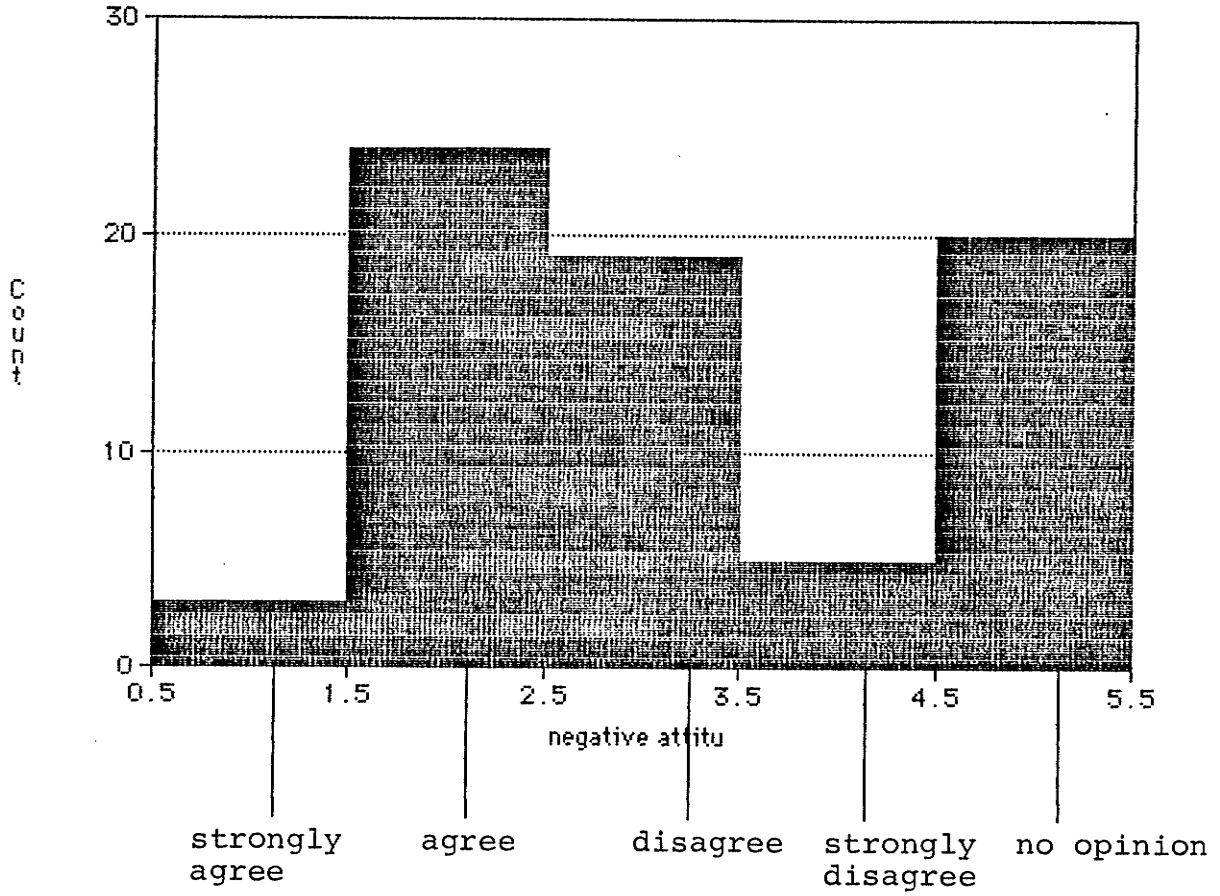


APPENDIX C - HISTOGRAM #19

TITLE: Does Homophobia exist in the school system?

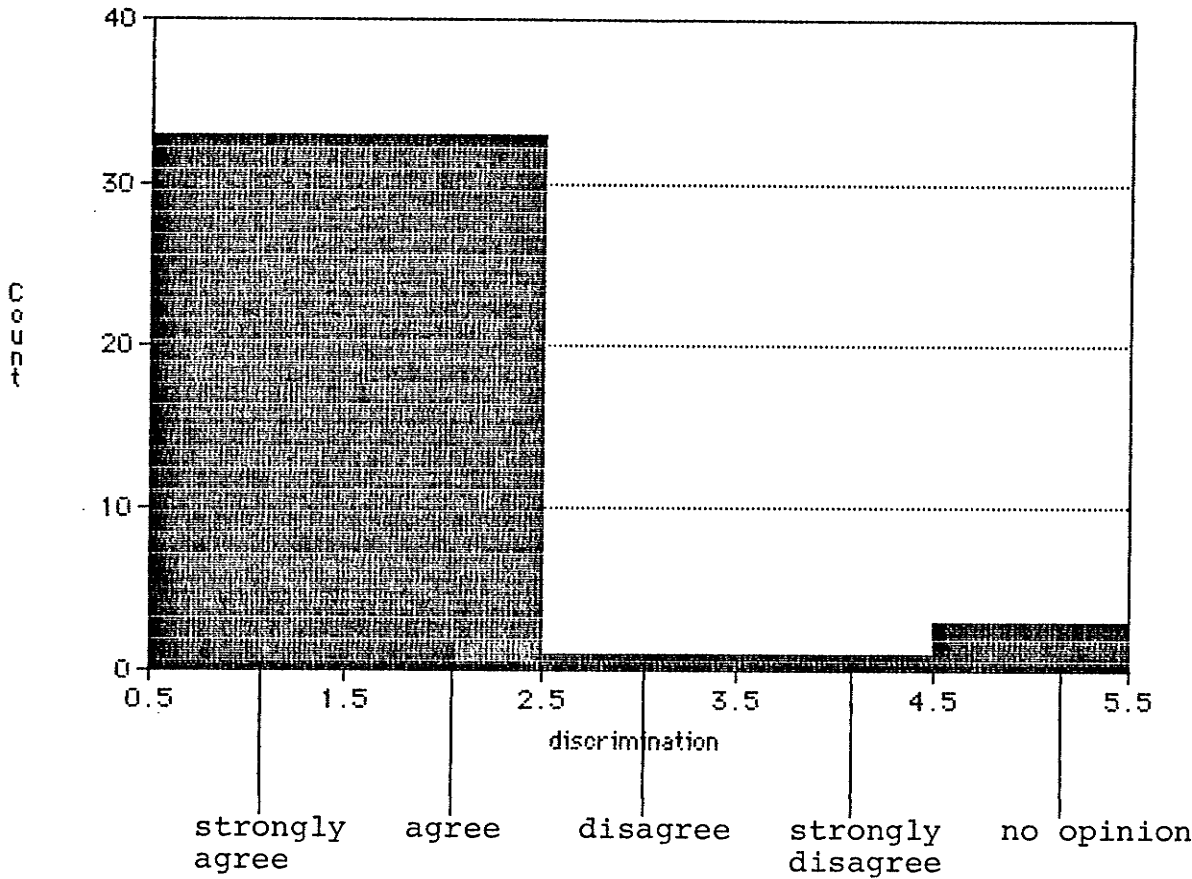


TITLE: Teachers have negative attitudes towards AIDS because of homophobic influences.



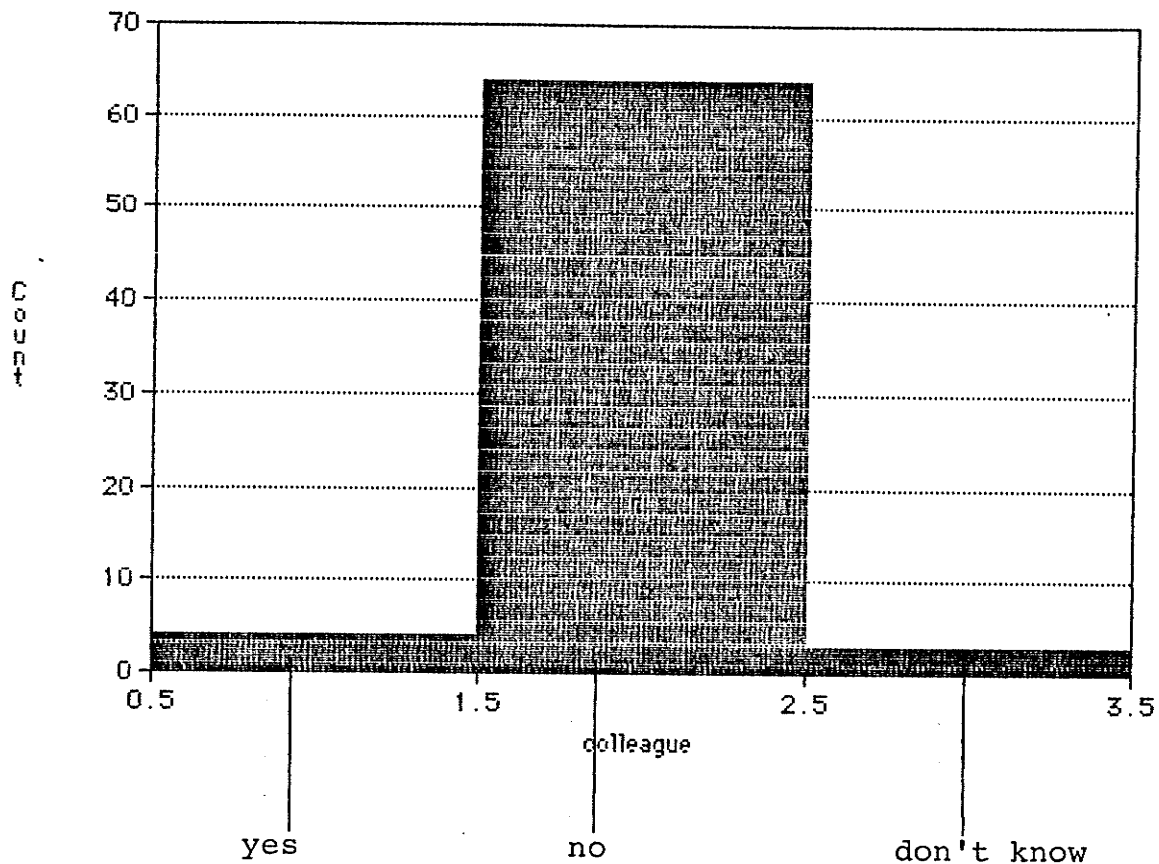
APPENDIX C - HISTOGRAM #21

TITLE: Students with AIDS are victims and should not be discriminated against.



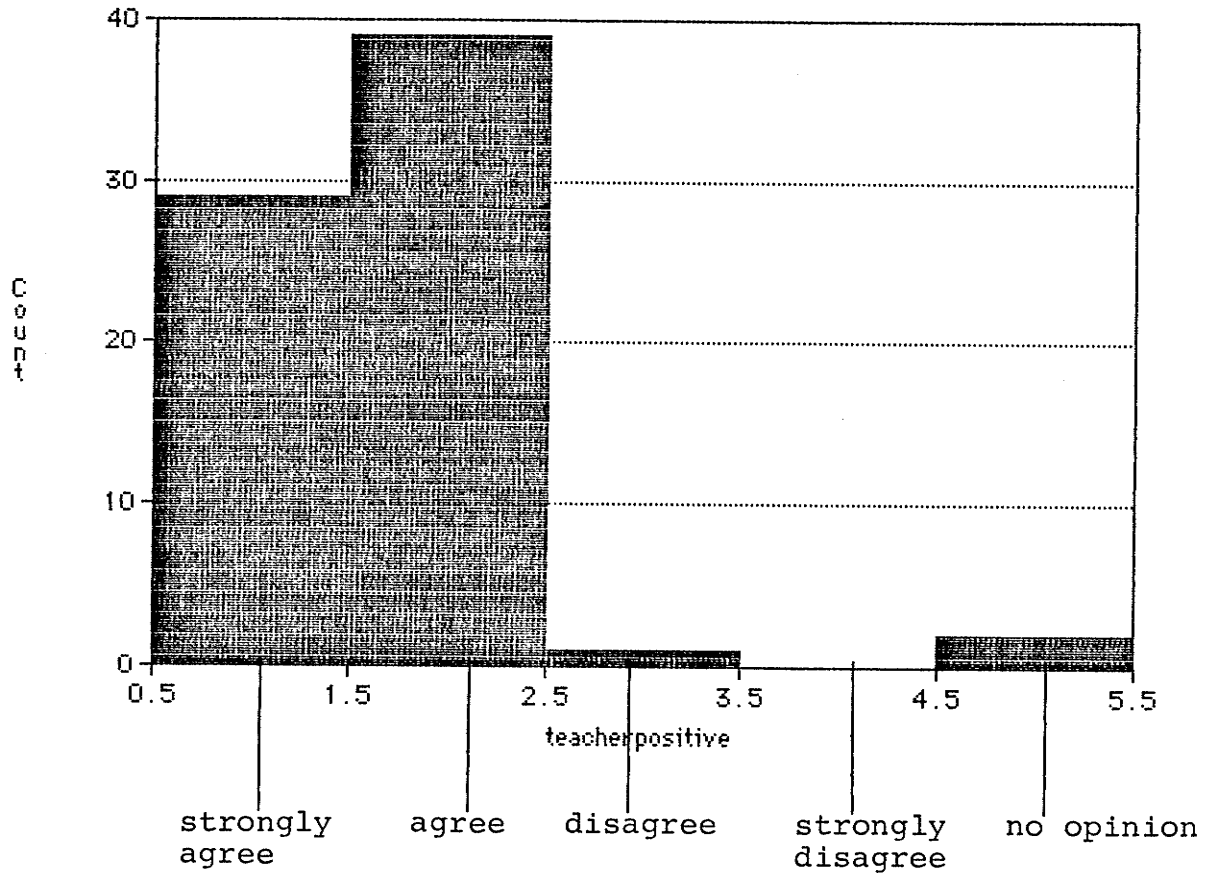
APPENDIX C - HISTOGRAM #22

TITLE: Problem with teaching with an HIV positive colleague.



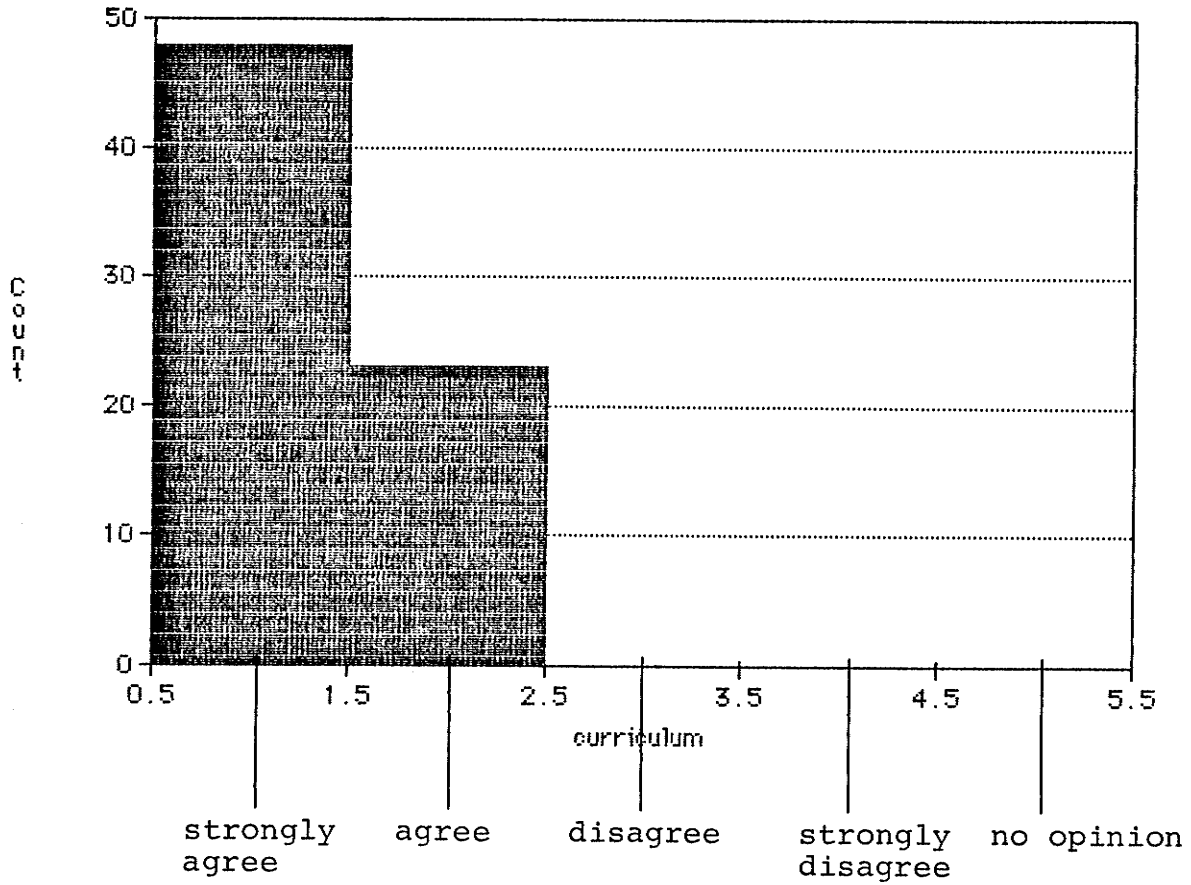
APPENDIX C - HISTOGRAM #23

TITLE: HIV positive teacher should be allowed to teach.



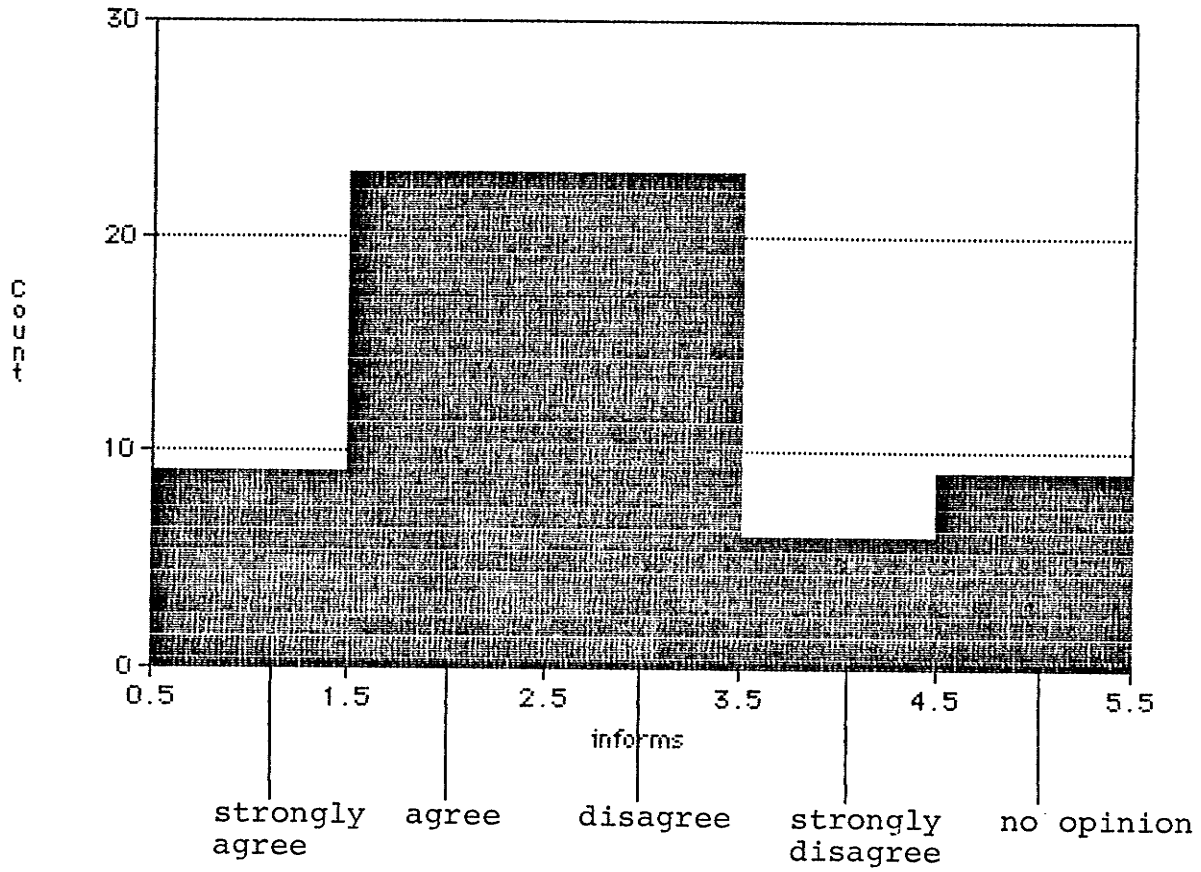
APPENDIX C - HISTOGRAM #24

TITLE: AIDS education belongs in the school curriculum.



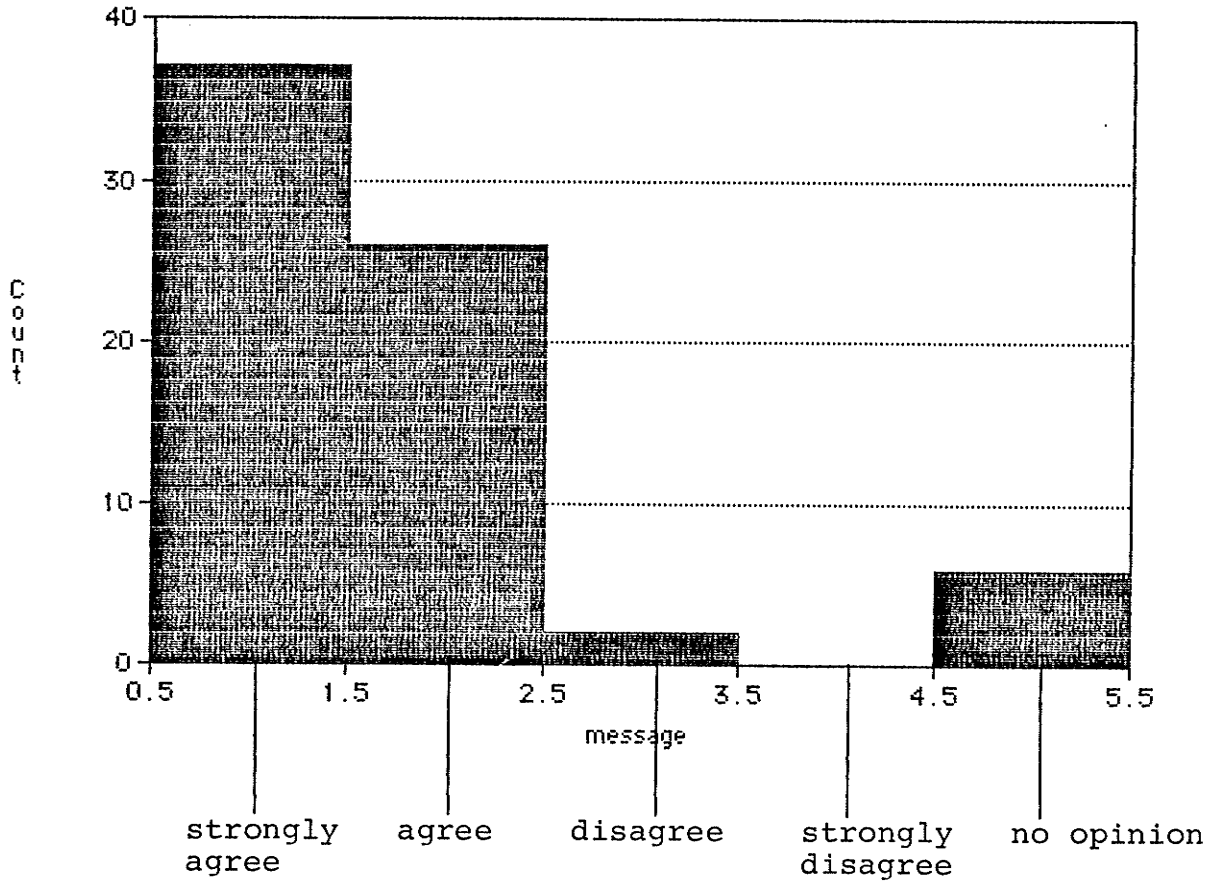
APPENDIX C - HISTOGRAM #25

TITLE: School system adequately informs students about AIDS.

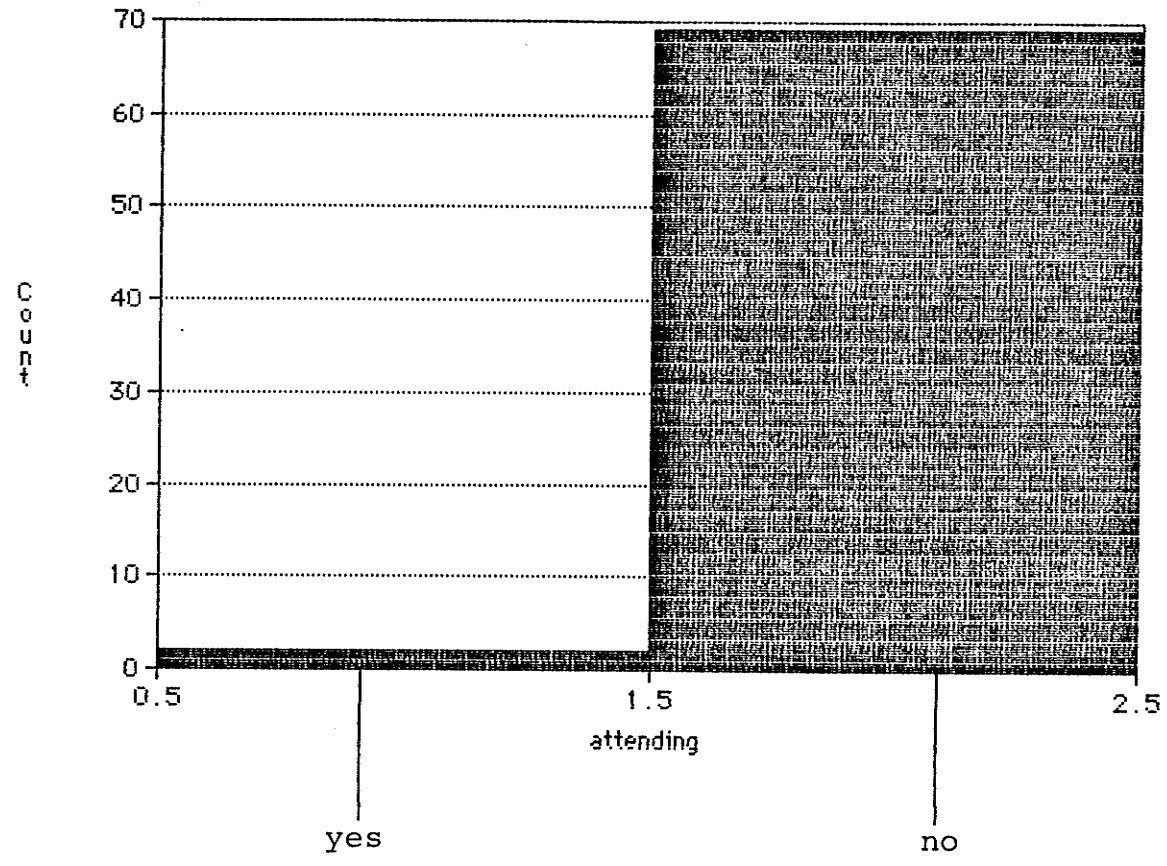


APPENDIX C - HISTOGRAM #26

TITLE: People with AIDS should be involved in getting message out about AIDS.

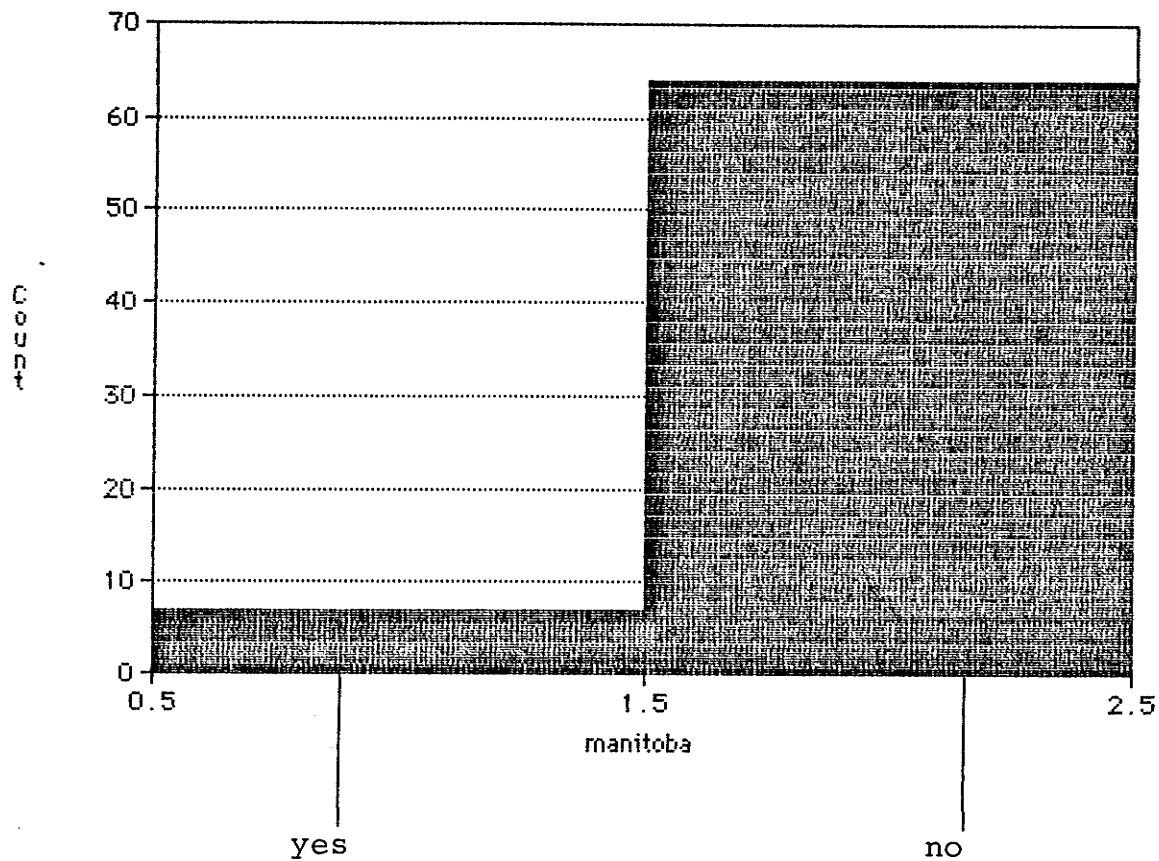


TITLE: HIV Positive attending your school.



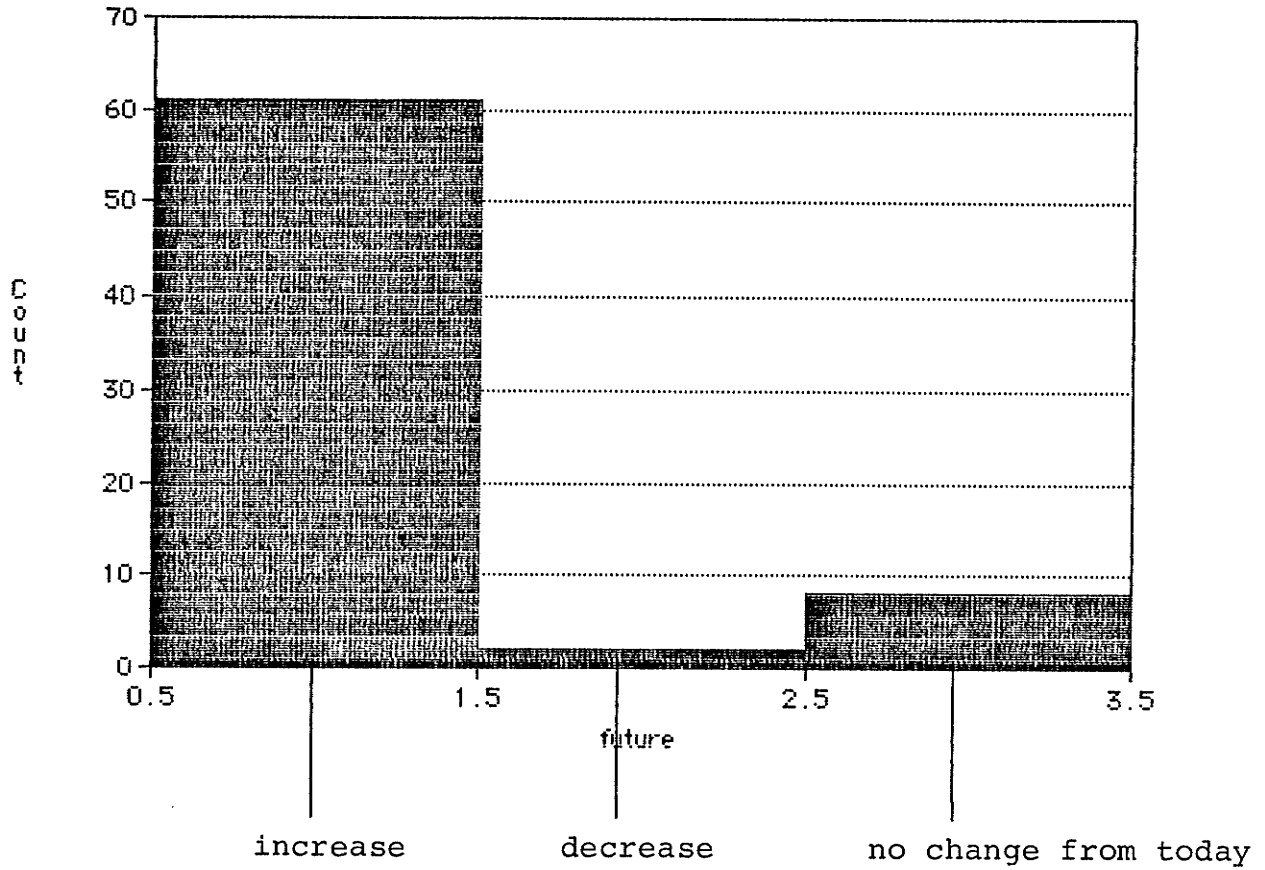
APPENDIX C - HISTOGRAM #28

TITLE: Aware of HIV Positive student in Manitoba schools.



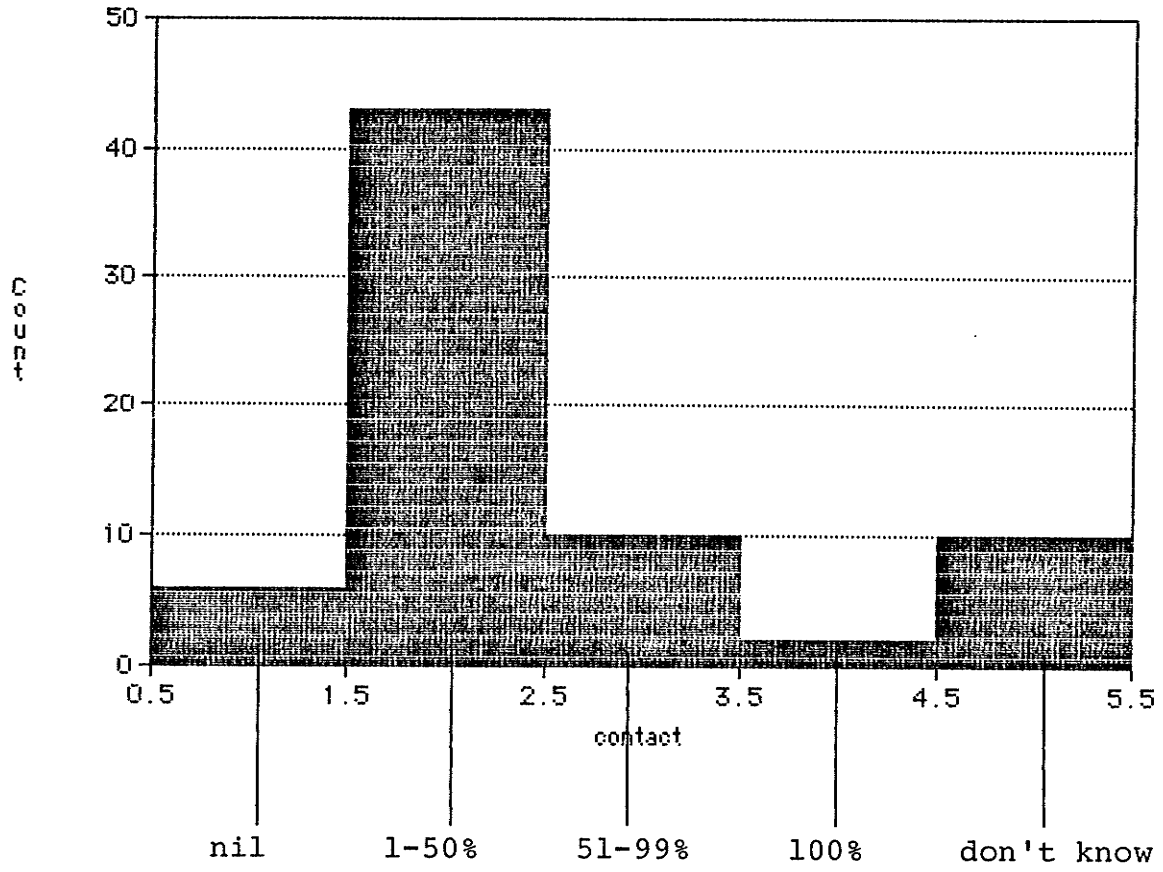
APPENDIX C - HISTOGRAM #29

TITLE: Future numbers of HIV Positive students attending Manitoba schools.

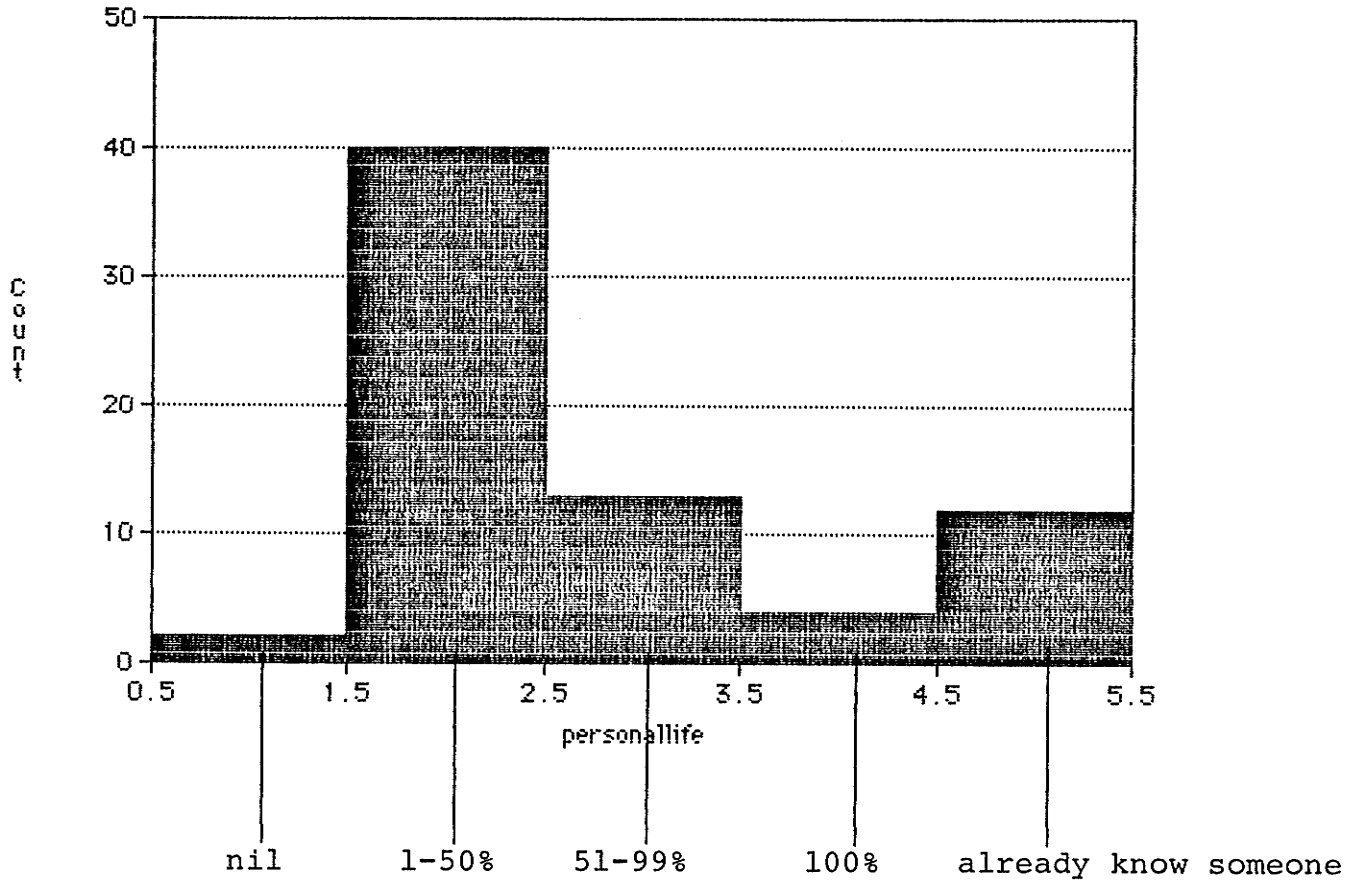


APPENDIX C - HISTOGRAM #30

TITLE: Chance of coming in contact with HIV student in next 5 years.

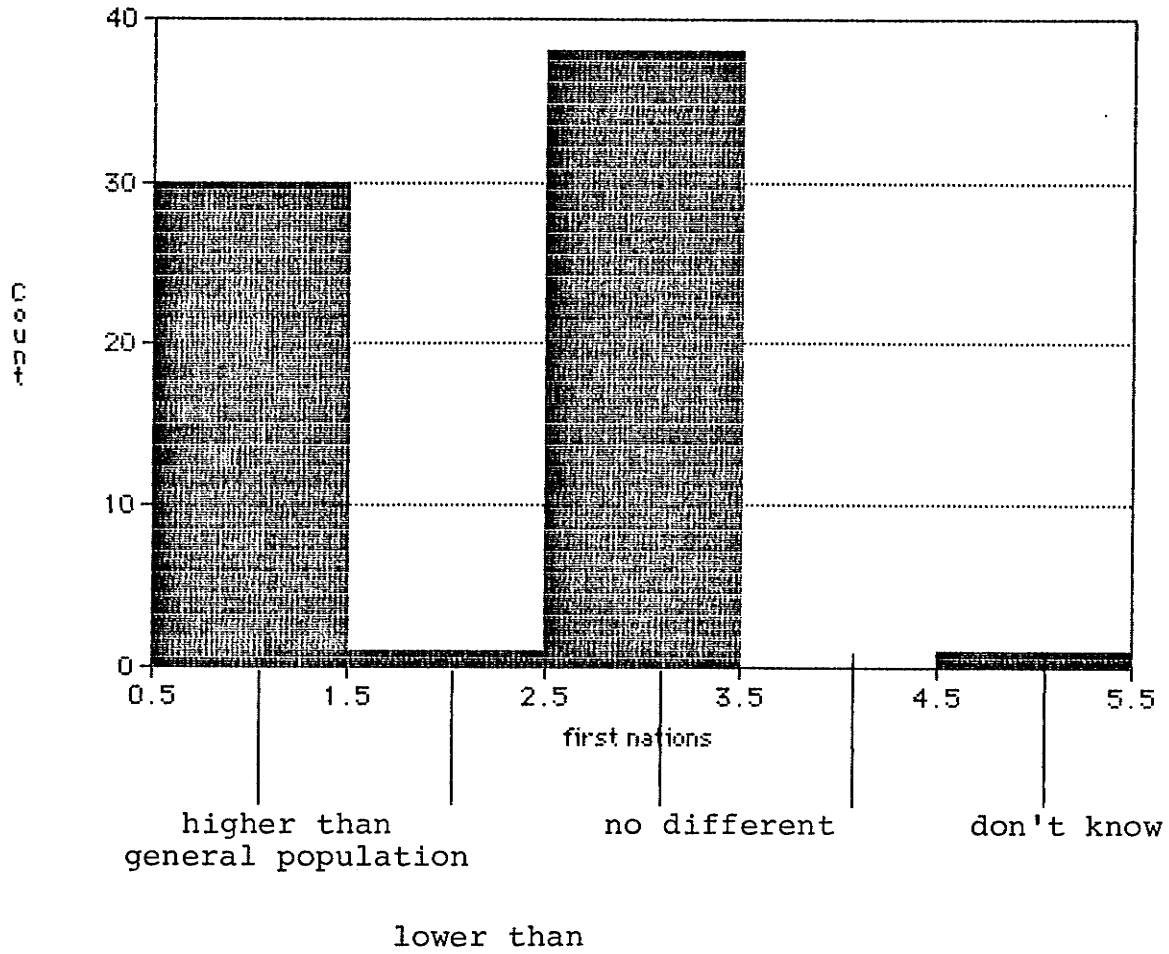


TITLE: Chance of knowing someone who is HIV Positive in the next five years.



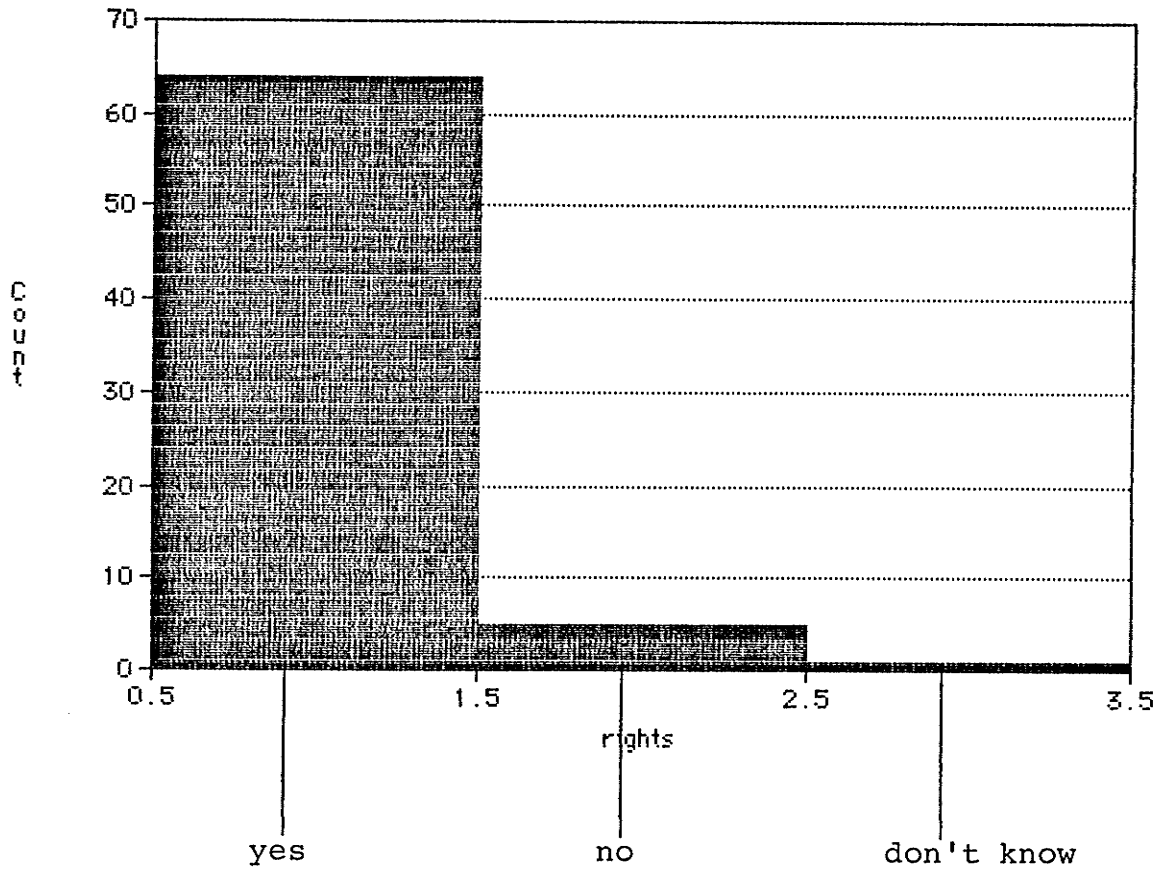
APPENDIX C - HISTOGRAM #32

TITLE: Rate of occurrence of HIV infection in First Nations and New Immigrants.



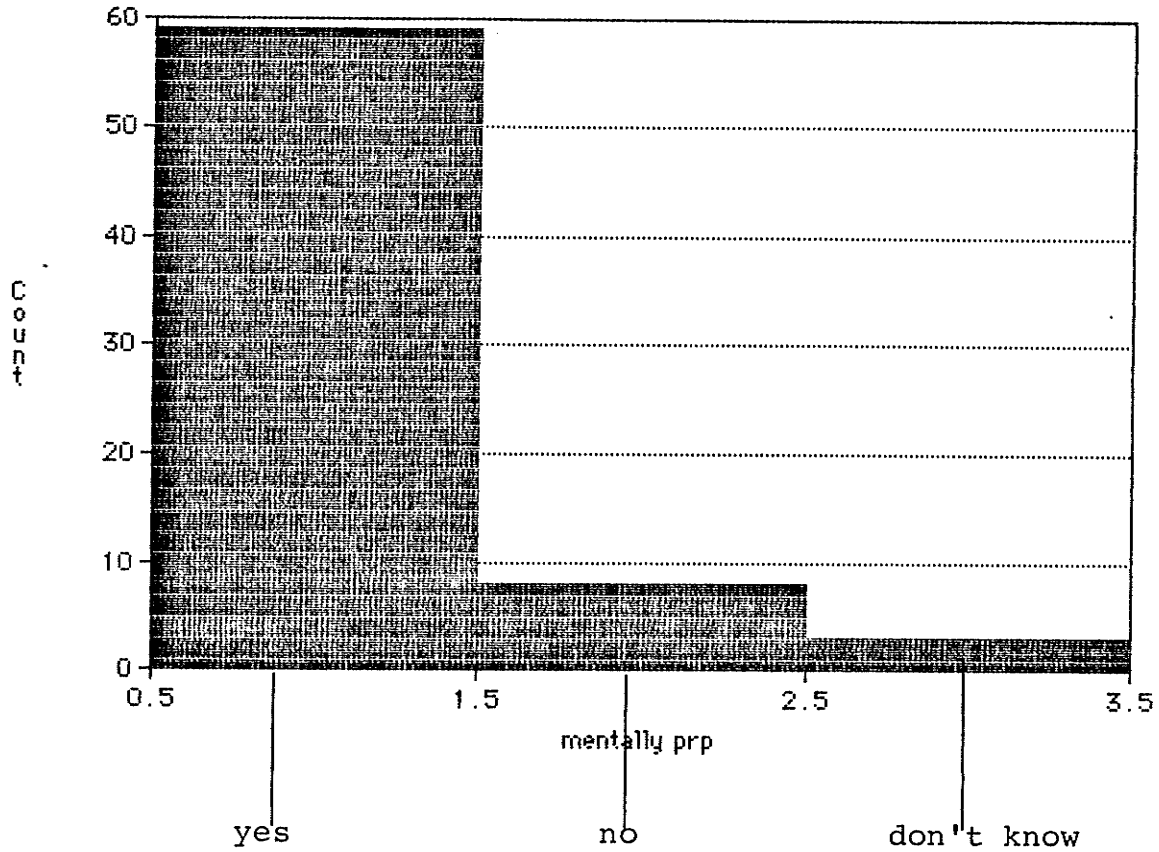
APPENDIX C - HISTOGRAM #33

TITLE: HIV Positive students have same rights as all other students.



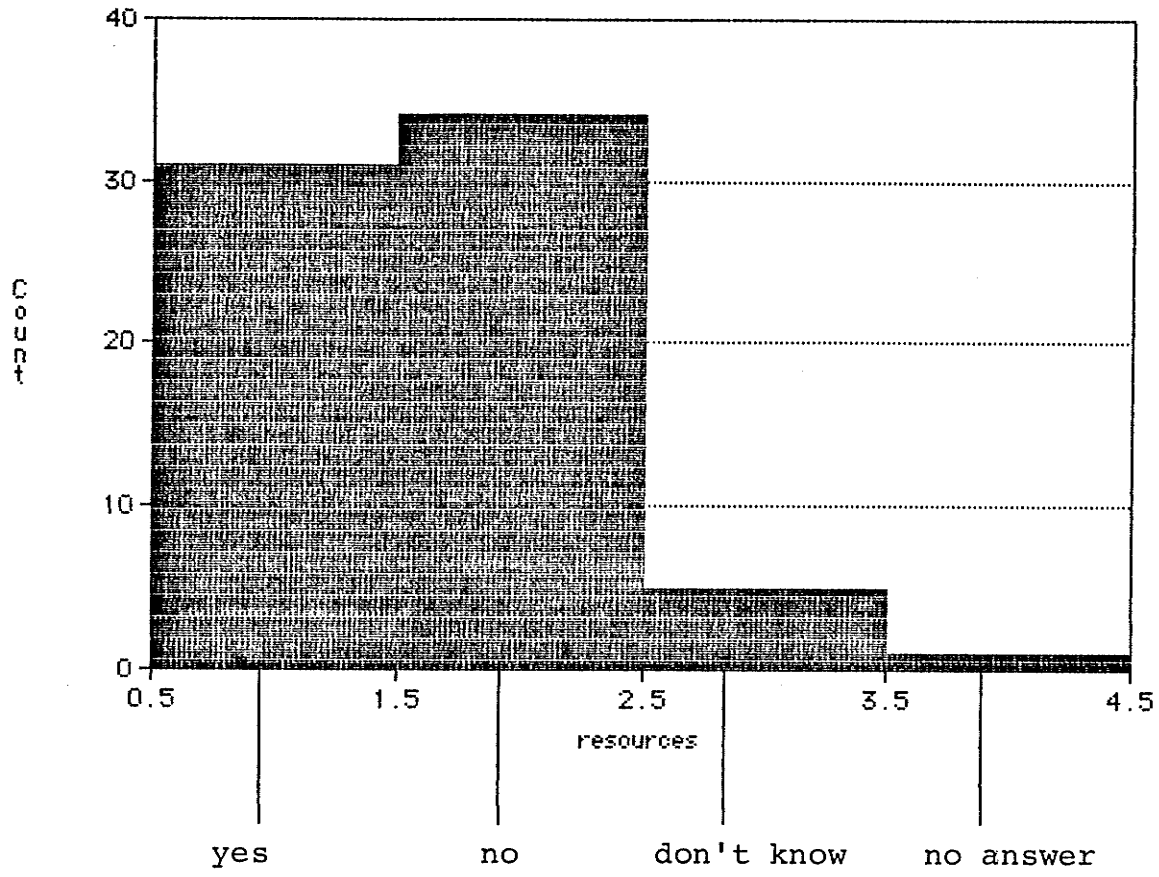
APPENDIX C - HISTOGRAM #34

TITLE: Mentally prepared to accept HIV Positive student in classroom.

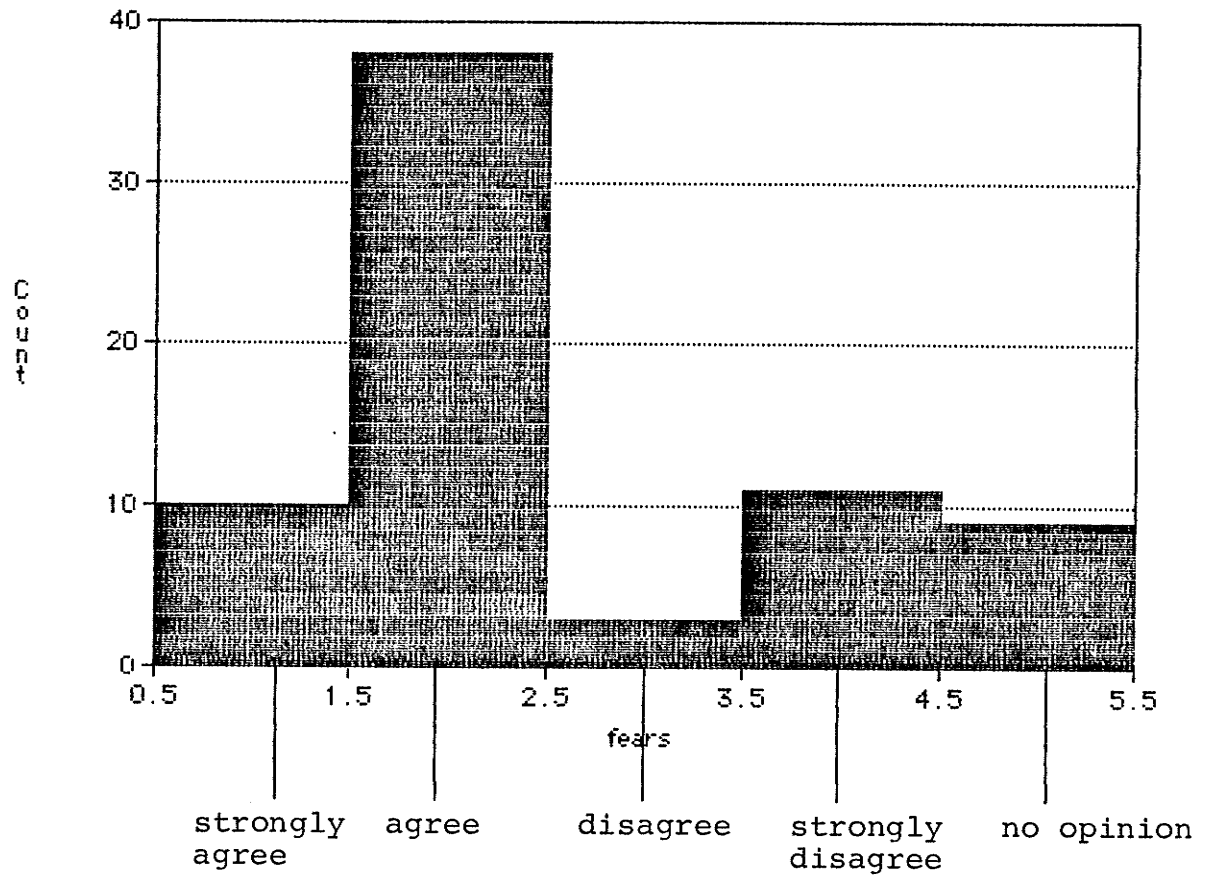


APPENDIX C - HISTOGRAM #35

TITLE: Teacher has sufficient resources to accommodate HIV student.

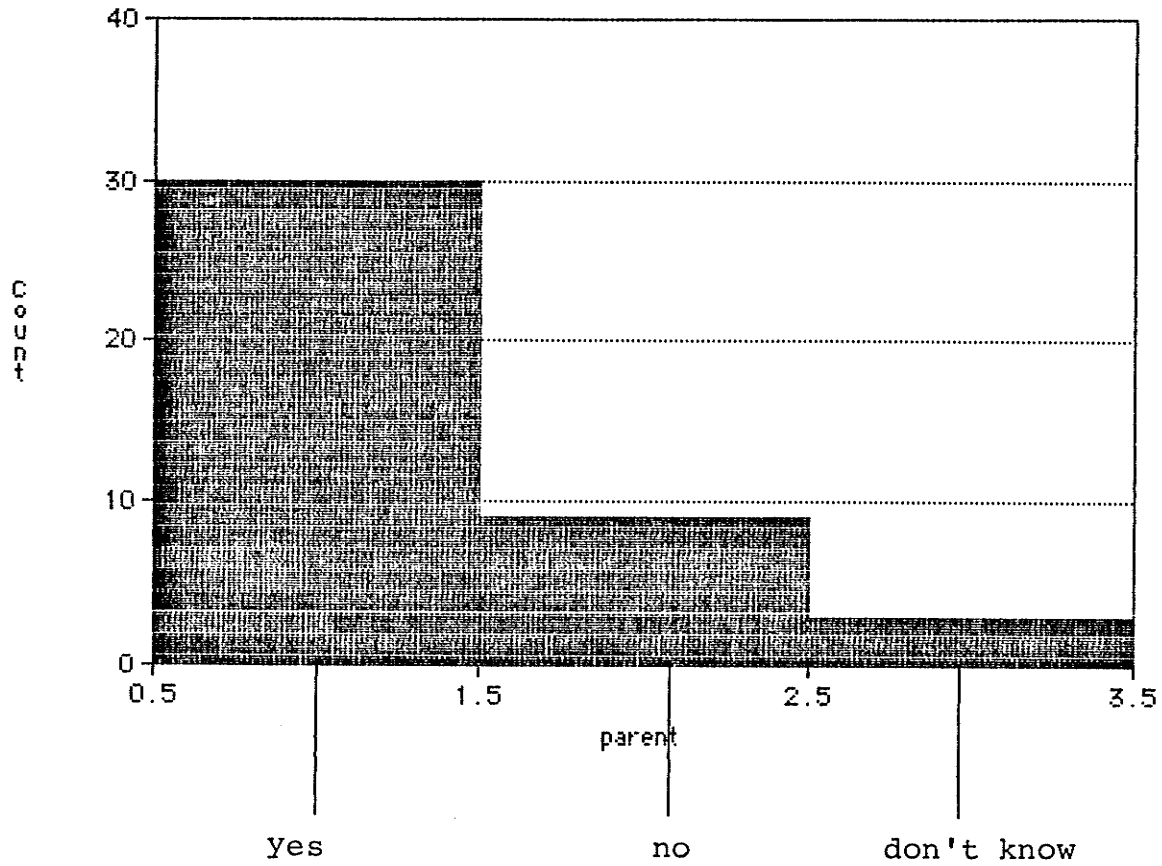


TITLE: Presence of AIDS raises fears that are unwarranted.



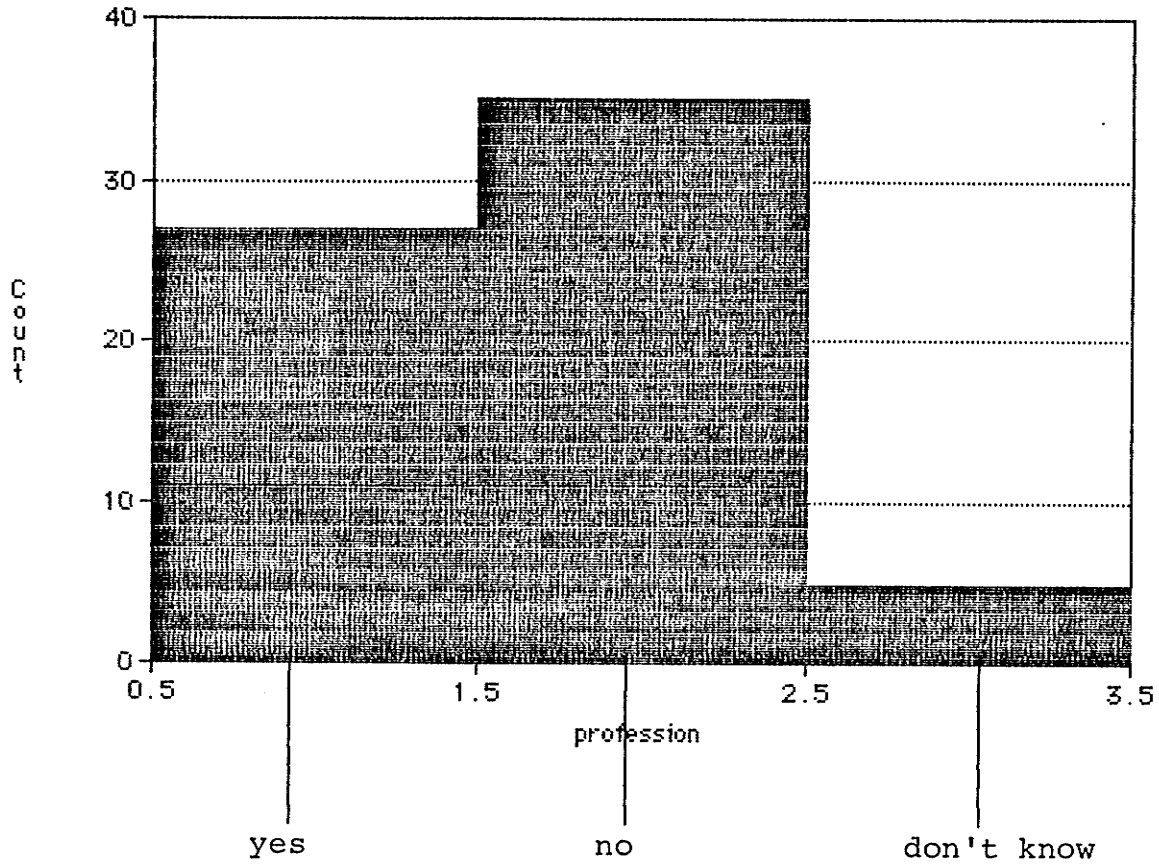
APPENDIX C - HISTOGRAM #37

TITLE: Parents who would accept having their child in a classroom with an HIV student in it.



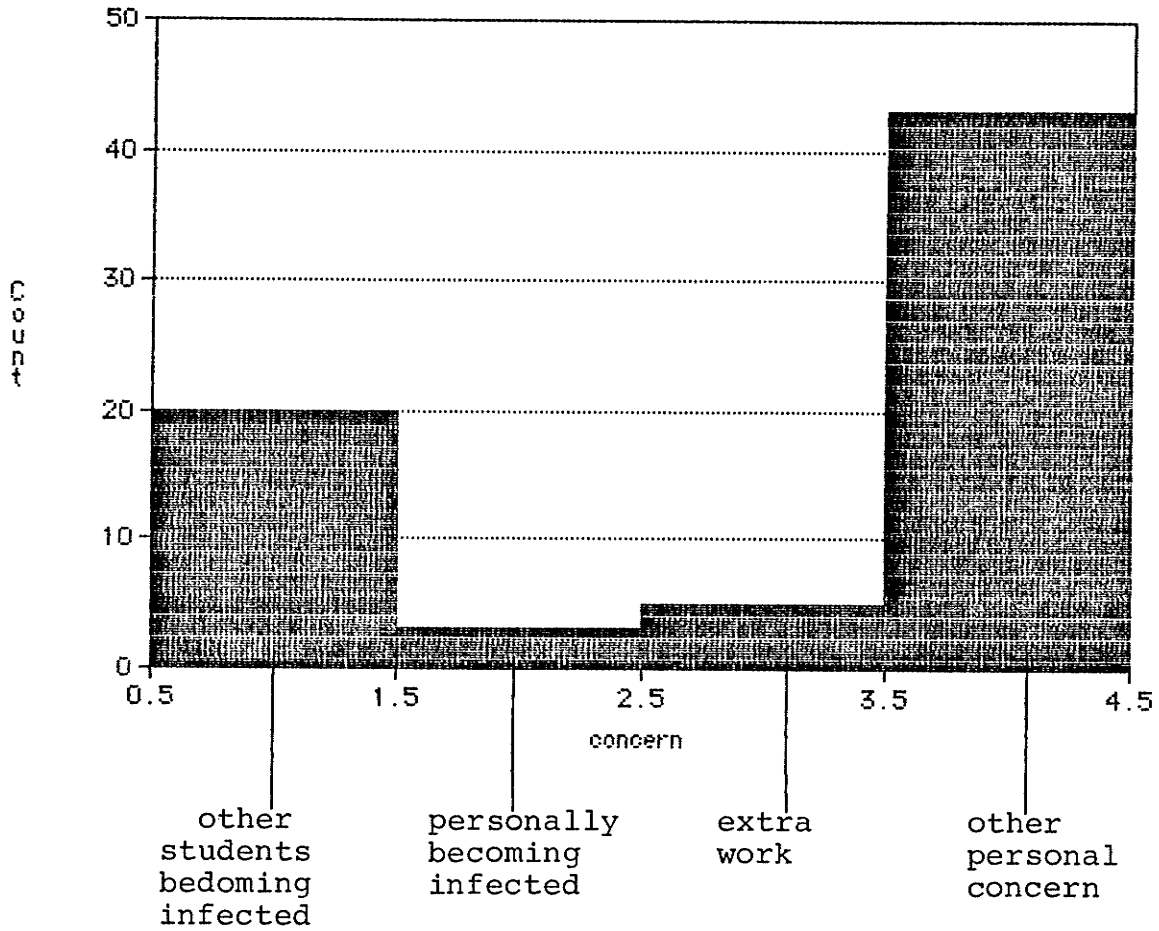
APPENDIX C - HISTOGRAM #38

TITLE: Teachers are as accepting of HIV students as they are of other students with special needs.



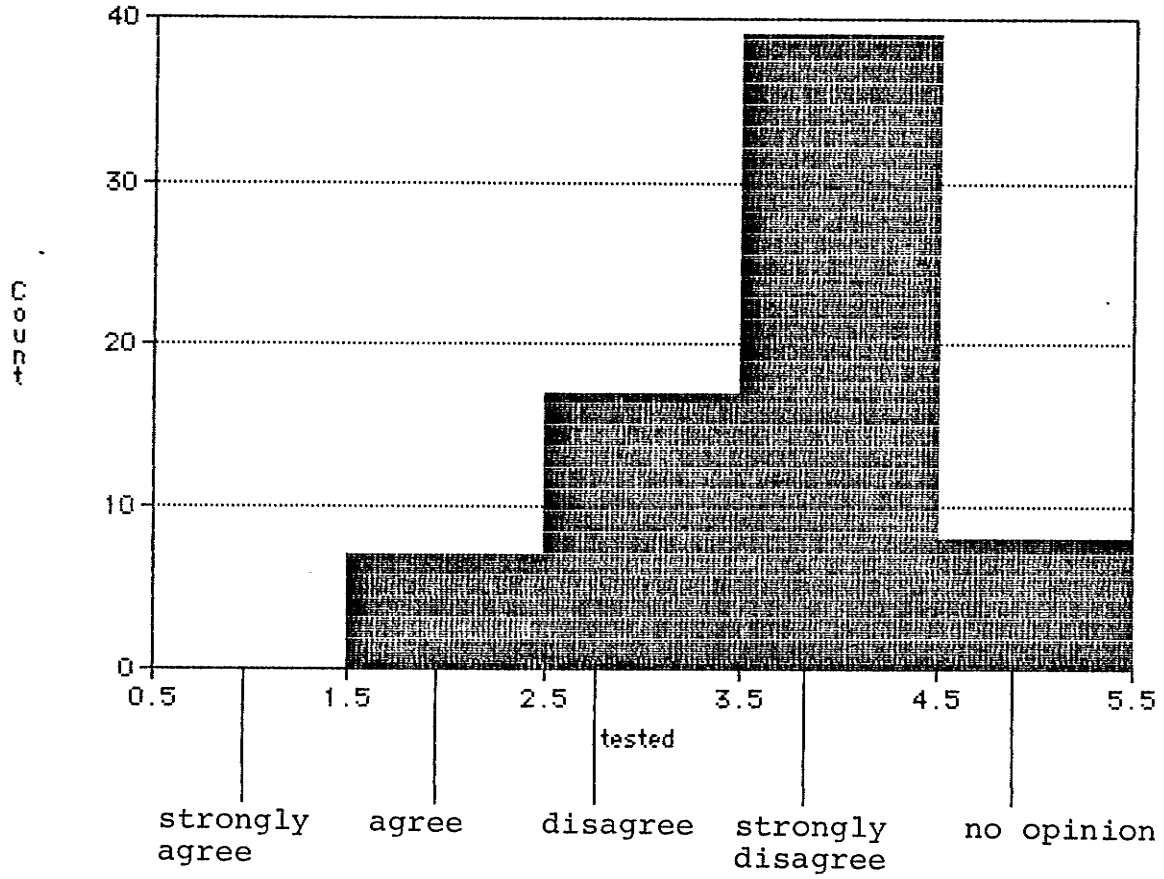
APPENDIX C - HISTOGRAM #39

TITLE: Biggest fear of concern with having an HIV Positive student in classroom.

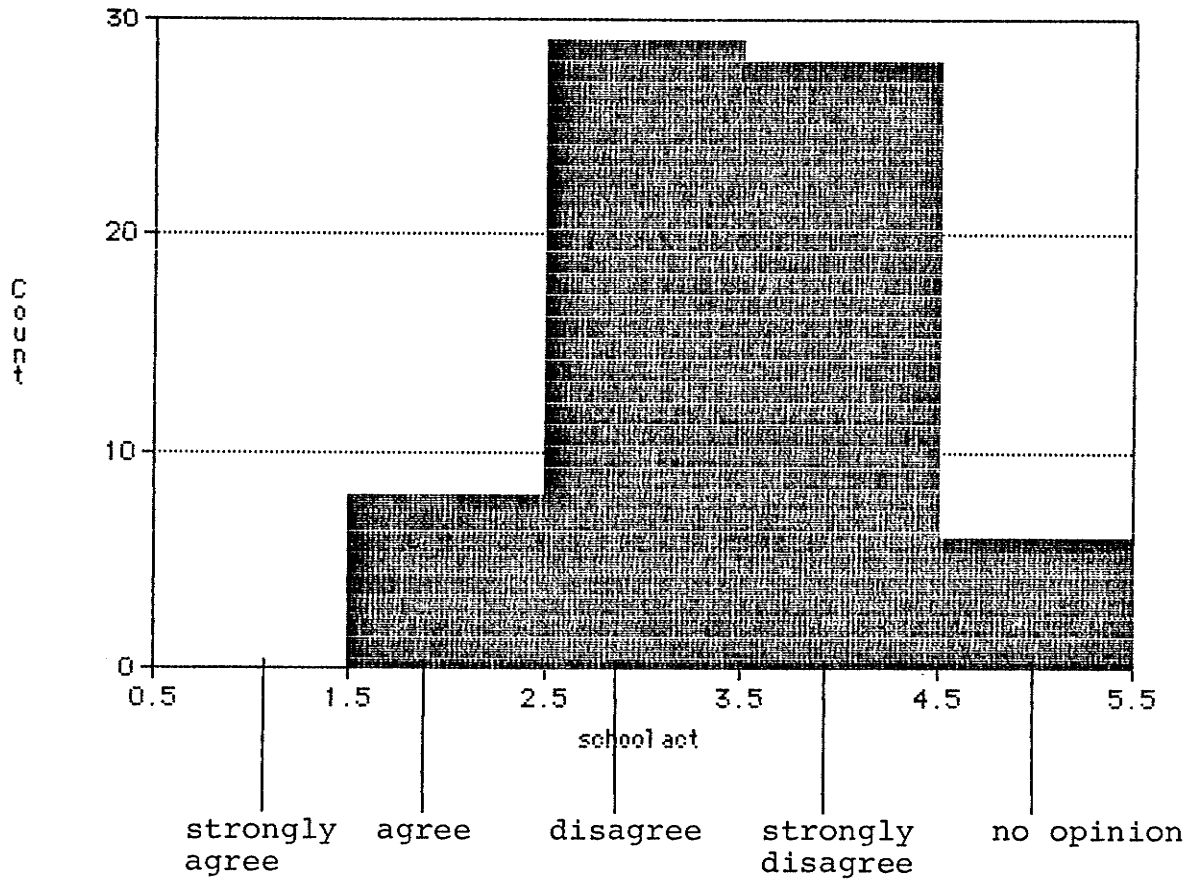


APPENDIX C - HISTOGRAM #40

TITLE: All teachers should be tested for AIDS.



TITLE: HIV students should not be allowed to participate in extra-curricular activities.



TITLE: Instruction about AIDS should begin at.

