A Dissertation

Entitled

Assessing the Opinions of Ohio School Board Members about
HIV/AIDS Policy and Curriculum: Developing an Approach to
Raise Awareness of HIV/AIDS Related Educational Issues

by

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Submitted as partial fulfillment of the requirements for
the Doctor of Education Degree in Educational
Administration and Supervision

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Abstract


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The purpose of this study is to raise HIV and AIDS awareness while evaluating the educational strategies and policies in Ohio public schools. Approximately 53,000 Americans acquire the HIV virus each year, and at least one in four Americans who are infected with the disease do not know it. Over half of the newly infected cases are between the ages of 13 and 19 (Centers for Disease Control and Prevention, 2008).
The opinions of Ohio School Board members were obtained through survey research inquiring about their beliefs on whether or not HIV/AIDS education should include a comprehensive component, which would include preventative measures in combination with abstinence education in the curriculum. In addition, participants were asked if they felt that they, as well as students, parents, and school personnel in their district, had an adequate awareness of the issues surrounding HIV/AIDS, including the current laws, Title IX, their districts’ policies that protect infected students, and other specifics surrounding HIV prevention and awareness practices.

The research revealed that over 75% of respondents are in support of preventative measures being included in Ohio’s curriculum. In addition, participants overwhelmingly felt that their district was not adequately equipped with the necessary information surrounding HIV/AIDS related issues.
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CHAPTER I

INTRODUCTION

Background of the Problem

In 1981, Acquired Immune Deficiency Syndrome (AIDS), which is caused by the Human Immunodeficiency Virus (HIV), was reported in the United States and over the years it has become a major epidemic worldwide (Centers for Disease Control and Prevention, 2005). Approximately 53,000 Americans acquire the HIV virus each year, and at least one in four Americans who are infected with the disease do not know it. Over half of the newly infected cases are between the ages of 13 and 19 (Centers for Disease Control and Prevention, 2008). Although HIV prevention methods have been developed and proven, the number of people dying of AIDS and living with HIV steadily continues to rise (Berry, 2005).

This study is intended to raise HIV and AIDS awareness and to evaluate the education and policies in Ohio public schools concerning the disease. Ohio school board members were surveyed to obtain their opinions on these issues. The topic of HIV and schools is an extremely sensitive one
which tends to influence decision making strategies towards education (Berry, 2006). Some of the controversy surrounding educating youth on HIV derives from the fact that negative behaviors, such as drug use and unprotected sex, are the most common causes of transmission. When sensitive topics such as these are presented to parents, educators, and policy makers, they are often viewed from a moralistic and religious perspective; therefore, some feel that preventative efforts should not be taught and that the only education students need about sexual activity is to know is that it is wrong and should be avoided until marriage. With this in mind, states such as Ohio, receive over 7 million dollars a year in federal funding for abstinence-only-until-marriage programs (National Coalition to Support Sexuality Education, 2007).

Society has many challenges confronting the lives of children and adults each day and AIDS is no exception. It is an emergency of global proportion, claiming 8,000 lives each day; 5 people lose their lives to AIDS every minute (National Institutes of Health Office of Communications and Public Liaison, 2005). Although the majority of HIV/AIDS infected individuals reside in developing countries, the United States has recognized the disease as a catastrophe that is rapidly spreading among a broad range of age
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groups. This study concentrates on the United States, narrowing in on Ohio for the data.

The recent statistics put the prevalence of people in the United States that are infected with HIV or AIDS between 1,000,000 and 1,200,000 (National Institutes of the Office of Communications and Public Liaison, 2004). The NIOCPL state that the range and discrepancy is apparent because not everyone reports their diagnosis. Also, positive results from anonymous tests as well as home tests are not included in the figures. Another major contributing factor is that one out of every four people infected with HIV are not aware that they have contracted the disease. Symptoms can sit dormant in the body for several years; therefore, individuals that have been infected, often do not seek testing. There are also people that have an inclination or fear that they may have contracted the virus but they are too afraid or do not feel that they can handle the truth so they simply avoid being tested to prolong the time that they are unaware of their health status (National Institutes of the Office of Communications and Public Liaison).

In the United States, over 60% of people who are diagnosed with HIV are between the ages of 13 and 19 (Centers for Disease Control and Prevention, 2004). Over
2000 youths in the United States who are under the age of 13 are infected with the HIV virus.

Experimenting adolescents are often unaware of the seriousness of the risks involved with irresponsible sexual activity and therefore they do not take the safety precautions to protect themselves (Centers for Disease Control and Prevention). When the disease first came about in 1980, it was a mystery; no one understood it and medical doctors could not explain how it was contracted, treated or cured (Silin, 1995). This unexplainable situation started the unknowingly, careless spread of the disease. However, information and education quickly became apparent shortly after the first diagnosis and questions began getting some answers (Agleton, 2002).

Many AIDS charities and community-based organizations have concerns about school districts’ policies and procedures regarding HIV/AIDS infected students (Cox, 2003). Questions are raised on whether or not a district-wide policy surrounding HIV/AIDS is existent in some schools, if it is being correctly implemented, or if a policy is out-of-date and should be revised. There have been preventable lawsuits against school districts in the United States who are in violation of the laws that protect HIV/AIDS positive students and their families (Finger,
In addition to the violation of students’ rights, there are incidents where an infected student has to experience negative stigmas and discrimination; this treatment may be based on a lack of knowledge among their peers and the school personnel (Brown, 2003). Some of these impacts include segregation, interrogation, and social rejection that could be avoided with general HIV specific policies in place.

The case of Ryan White vs. The Indiana Department of Education, which began in 1984, is the pivotal lawsuit that began to bring attention to the violation of constitutional rights for students living with an HIV or AIDS status. Alienation and harassing treatment that can lead to severe issues among these students include low self-esteem problems, violence, drug-abuse, careless sexual encounters with others, depression, and suicide. An effective school policy that addresses all discrimination in combination with a no tolerance attitude among school personnel may help to reduce these negative consequences (Ryan White Planning Council and Consortium, 2002).

Statement of the Problem

The transmission of HIV is spreading at an alarming rate and teenagers are one of the major demographic groups
spreading the virus (Centers for Disease Control and Prevention, 2006). Currently, preventative measures are not being taught in school. There is no cure for HIV or AIDS and therefore, education is the isolated defense against this devastating virus (Brown, 2003). Education includes teaching students how to protect themselves from contracting HIV/AIDS, educating those already infected, and providing policy makers that govern public school curricula with current information associated with the disease (Finger, 2000). Various forms of preventative measures, including condom use, are often not discussed in classrooms. Abstinence is the universal stance with regard to sexually transmitted diseases (STDs) and unwanted pregnancy. Therefore, the question is raised as to whether or not abstinence-only education is enough or if additional information is necessary to slow down STD transmission, including HIV.

Adolescents and teenagers often do not talk in the community or at home about the risks of contracting STDs. They often opt out of discussing these issues with doctors or nurses because they do not feel comfortable with the topic or they feel that their confidentiality may not be secure (Silin, 1995). Parents are often equally as uncomfortable talking about this issue with their children.
At times, even if they are not confident in their child’s behavior choices or if they are in denial about the situation, they hope that if they do not discuss the problem, then it may simply “go away” (Liontos, 2000). The majority of young people attend school on a regular basis, therefore school can be the entry point where these topics can be openly discussed. This is an educational advantage because there is a curriculum in the school setting and the teachings can be standard and consistent.

Purpose of the Study

This research strives to raise awareness among students, parents and school personnel. It seeks to determine the opinions of Ohio school board members concerning a comprehensive HIV program. Board members are an integral part of curriculum design and since this research concludes that the majority of board members favor a stronger, more comprehensive approach to teaching HIV education, the curriculum standards associated with this topic may be revised.

This study also seeks to provide an evaluation of policies and procedures intended to protect the rights of HIV/AIDS infected students. The possibility that some school districts have out-of-date policies and/or non-
existent procedures may motivate policy makers to facilitate change. This research evaluates the knowledge of Ohio school board members surrounding the current laws associated with the protection of students living with HIV or AIDS in accordance with Title IX. The Ohio School Board Association has requested a copy of this dissertation and an executive summary of the research results to aid in their discussions that revolve around HIV/AIDS related issues in the educational setting.

Due to time restraints and resources, Ohio was the only state surveyed. Ideally, all school boards in the United States would have been researched to determine, compare, and contrast the various opinions of board members throughout the country. An additional delimitation of this study was the choice of the participants in the survey research. Although, all administrators, teachers, and school personnel could offer an opinion on the topic of HIV and AIDS related issues in the educational setting, the policy makers specifically have been chosen to participate. Therefore, the Ohio school board members were the sample for this study. There are approximately 742 school boards in Ohio and five to seven members on each board; 600 members were randomly selected to participate.
Objectives of the Study

The Ohio School Board Association has indicated an interest in this research and could help disseminate the results of the study. Some of the current research and statistics were provided for the board members as part of the introductory letter that requested their participation with the survey. The first hypothesis was that the participants would show a positive attitude towards a comprehensive approach to HIV education. Although the state currently utilizes abstinence-only instruction, it was predicted that participants would prefer an approach that also includes preventative measures in education. It was also predicted that the school districts with a predominately low-income student population would have a more positive attitude towards a comprehensive approach to HIV education versus abstinence only.

A second hypothesis was that the survey participants would score below five on the sliding opinion scale when asked about their current awareness of HIV/AIDS related laws and guidelines implemented throughout the state of Ohio. These laws protect students infected with HIV or AIDS as well as help prevent school districts from related lawsuits on this issue. With this in mind, it was also predicted that the participants would have the desire to
become more thoroughly informed on the topic, and would desire additional training and education to help them become fully equipped with the needs and rights of students who are currently infected with HIV or AIDS.

Research Questions

The following four research questions guided the study:

1. How much knowledge do Ohio board members feel that they have regarding the legal aspects of HIV/AIDS issues that impact schools, and the policies and procedures regarding HIV/AIDS infected students?

2. Do Ohio school board members think that an HIV/AIDS comprehensive, preventative approach in addition to abstinence-education and counseling is appropriate and/or necessary in their district?

3. What do Ohio school board members believe is the level of awareness among students and school personnel concerning HIV/AIDS?

4. What method do Ohio school board members think will improve HIV/AIDS awareness?

Definition of Terms

In order to help the reader fully understand the concepts and information relative to this subject,
HIV/AIDS, an extensive list of terms and acronyms are defined. All of the definitions are constitutive in nature and are taken from the Ryan White Planning Council and Consortium. Only the definitions from this document that are applicable to this research are presented here.

AIDS (Acquired Immunodeficiency Syndrome). Disease caused by the human immunodeficiency virus (HIV).

ASO (AIDS Service Organization). An organization that provides medical or support services primarily or exclusively to populations infected with and affected by HIV disease.


CBO (Community-Based Organization). An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

CDC (Centers for Disease Control and Prevention). The Federal agency within the U.S. Department of Health and Human Services that administers HIV/AIDS
prevention programs, including the HIV Prevention Community Planning process, among other programs; responsible for monitoring and reporting of infectious diseases; administers AIDS surveillance grants and publishes epidemiological reports such as the HIV/AIDS Surveillance Report.

Comorbidity. One or more additional conditions, which an HIV/AIDS infected person may have. Some of the following comorbidities are specifically cited in the CARE Act: tuberculosis, substance abuse, and severe mental illness.

Consortium. A regional or Statewide planning entity established by many State grantees under Title II of the CARE Act to plan and sometimes administer Title II services; an association of health care and support service providers that develops and delivers services for PL WH under Title II of the CARE Act.

Continuum of Care. A coordinated delivery system, encompassing a comprehensive range of services needed by individuals or families with HIV infection, to meet their health care and psycho social service needs throughout all stages of illness.

DSS (Division of Service Systems). The division within HRSA's HIV/AIDS Bureau that is responsible for
administering Title I and Title II (including the AIDS Drug Assistance Program [ADAP]).

EIS (Early Intervention Services). Counseling, testing, and referral activities designed to bring HIV-positive individuals into the local HIV continuum of care.

Epidemic. The spread of an infectious disease through a population or geographic area.

HICCP (Health Insurance Continuum of Coverage Program). A program authorized and primarily funded under Title II of the CARE Act that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his or her health insurance coverage.

HIV Disease. The entire spectrum of the natural history of the human immunodeficiency virus, from post infection through the clinical definition of AIDS.

HIV/EIS (HIV Early Intervention Services/Primary Care). Applied in the outpatient setting assures a continuum of care which includes (1) identifying persons at risk for HIV infection and offering counseling and testing services to them, and (2) providing lifelong comprehensive primary care for those living with HIV/AIDS.
Home and Community-Based Care. A category of eligible services under Title I of the CARE Act.

Incidence: The number of new cases of a disease that occur during a specified time period.

Needs Assessment. A systematic process to determine the service needs of a defined population; a definition of the extent of need, available services, and service gaps by population and geographic area.

Prevalence. The total number of persons with a specific disease or condition at a given time.

Prevalence Rate: The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Resource Allocation. The legislatively mandated responsibility of planning councils to assign CARE Act amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Standards of Care. A document composed of several elements which identifies and defines minimum acceptable requirements by service providers. The standards of care include such areas as licensure, knowledge, skills, experience, client confidentiality, care, access to service, QA and QI, and staff
STD (Sexually transmitted disease). Where is the def?

Surveillance Report. A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Target Population. A population to be reached through some action; may refer to groups with specific demographic or geographic characteristics.

Transmission Category. A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include injection drug use, men who have sex with men, heterosexual contact, prenatal transmission, etc.

Viral Load. The amount of HIV RNA per unit of blood plasma. An indicator of virus concentration and reproduction rate, HIV viral load is increasingly employed as a predictor of disease progression. It can be measured by PCR tests and is expressed in number of copies of the HIV RNA genome per milliliter of plasma.

Vulnerable Populations. Recognizable demographic subgroups of the general population, within which HIV/AIDS diagnosis is high, which increases the risk of infection for others in the subgroup (2002, p. 1-9).
This researcher would like to thank the Ryan White website for this extensive list and hope that it will inform those that are reading this document.

Chapter 2 will provide a review of the relevant literature as it relates to HIV/AIDS education as well as what the current law says about policy guidelines for HIV/AIDS infected students. This literature review will also touch on Ohio specific information, Title IX requirements, funding considerations, and past studies and findings.
CHAPTER 2

REVIEW OF LITERATURE

Introduction

AIDS (acquired immunodeficiency syndrome), caused by HIV (human immunodeficiency virus), is a terminal illness that was discovered in 1981. HIV is most commonly transmitted through sexual activity and over half of newly infected people are between the ages of 13 and 19. The rapid transmission among teens and young adults does not appear to be slowing down. Research has found that the majority of parents would prefer that HIV education be taught at school rather than at home (Rutt, 1996). This chapter will touch on the history and facts surrounding HIV and AIDS transmission, the various avenues for HIV instruction, the laws that affect public schools in regard to HIV/AIDS, and the responsibility of board members and school personnel concerning HIV/AIDS related issues.

Over the last several years, educational policy makers have responded in various ways to the ongoing crisis. This research is intended to raise awareness to policy makers, students, school personnel, and the community.
Studies have shown that HIV-related, school-sponsored programs are intended to educate students and help them eliminate, or at least greatly reduce their likelihood of becoming infected (Blanchett, 2000). The fact that “HIV infection almost certainly results in serious illness and premature death, makes the stakes of whether or not to offer HIV education higher than those that policy-makers commonly face” (Popham, 2007, p. 1). In addition, the rate at which teenagers are becoming newly infected requires immediate, holistic attention on the subject.

Overview

This chapter examines the research to evaluate the various forms of HIV education, the policies and procedures that surround the disease, and ideas on how to raise HIV/AIDS prevention awareness. When looking at educational options, an evaluation of the effectiveness of abstinence-only education versus abstinence education in combination with a comprehensive approach is provided. A comprehensive approach includes instruction geared towards prevention through stressing abstinence first, but also provides instruction that includes condom use and other birth control methods.
This chapter will address Ohio specific materials relating to HIV education, funding, and policies surrounding HIV and AIDS. Parental attitude is discussed as well as program evaluation processes. The rights of infected students according to Title IX are discussed. Some of these rights include the laws relating to confidentiality, school attendance, and participation in athletics. Counseling and additional services for infected students will also be addressed.

Research Relating to HIV/AIDS

AIDS has become a leading cause of death among teens and young adults between the ages of 15 and 24 (Blanchett, 2000). Although the number of new HIV/AIDS cases continues to rise, funding for HIV/AIDS education has been decreasing. Researchers for John Hopkins University’s Bloomberg School and the Kaiser Family Foundation conducted a study that indicated that “decreased funding for HIV/AIDS prevention education contributes to the increase of HIV/AIDS cases” (The Daily Vidette, 2007, p.2). The study examined funding during the last 20 years. Ohio law promotes abstinence-only education in schools, and according to the Centers for Disease Control and Prevention, in 2005, 47% of high school students have had
sex and 14% of high school students have had sex with four or more partners (The Daily Vidette). A message that focuses on abstinence-only-until-marriage education is ineffective to teens who have already chosen not to abstain from sexual activity. Therefore, money is being spent on teaching teens not to begin something that many have already begun instead of teaching them how to be safe with their choices.

**Ohio Specific**

In Ohio, most schools do not teach a comprehensive sexuality education for fear of losing federal funding. The school districts throughout the state worry about this budget cut because of the history of some Ohio legislators and government officials at the national level that deem a comprehensive strategy of instruction, including condom use, inappropriate (Rollenhgen, 2007). Supporters of a comprehensive HIV program insist that Ohio policy-makers are acting selfishly and naively. Conservative legislators have been accused of implementing their moral, religious, and personal beliefs on Ohio’s educational system (Rollenhgen).

Comprehensive, preventative HIV/AIDS education is not yet accepted in many states (Liontos, 2000). However, there
are an increasing number of school administrators and board members who are feeling the pressure to implement productive HIV/AIDS programs (Liontos). In Ohio, the mandate as part of the health education requirements under ORC, are that students must receive instruction in “venereal diseases” (Us Census Bureau, 2007). The curriculum content outlines specific guidelines which clarify that the content must “emphasize that abstinence from sexual activity is the only protection that is one hundred percent effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of the virus that causes acquired immunodeficiency syndrome…” (Orc, 2004, p. 4). There is not any mandated information that requires a sexual education program to stress the importance of protecting oneself if he/she becomes sexually active. The guidelines do not discuss safe sex or how to reduce the transmission of sexually transmitted diseases, including HIV, other than abstaining from sexual activity. The Ohio mandate gives parents the choice on whether or not they want their child to be excused from any school instruction in venereal disease education; this is known as the “opt-out” policy (Orc). Therefore, a parent can send a permission slip to school
preventing their child from receiving any information on the subject.

**Ohio Parental Study**

Local school district policy makers are hesitant to put an HIV prevention curriculum piece in place that may contradict the parents’ moral or religious beliefs. Many district leaders and board members believe that they are working and decision-making on behalf of the majority of parents (Rutt, 1996, p.1). However, some research dispels the assumption that parents do not want sex education and preventative measures taught to their children (Rutt). The Ohio Lucas County Health Department conducted a study designed to assess parental beliefs and attitudes associated with HIV/AIDS education for students, particularly in junior highs and high schools. There were 400 families randomly selected who had at least one child aged 10-18 years in the district (Rutt, p.3). The outcome of this study indicated that parents want a more aggressive HIV/AIDS prevention program in their child’s schools. Most parents, 63%, want schools to increase education on HIV prevention while only 3% thought it should be decreased, 81% of parents felt that abstinence and the use of condoms should be discussed, and 64% of parents were in favor of
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schools providing information on where to obtain condoms
(Rutt, p.5). Interestingly, the majority of parents did not
want information about HIV prevention when asked, with only
28% desiring the material (Rutt, p.5). Some possible
reasons parents do not want the information to share with
their children may include parents not feeling comfortable
talking with their children about topics such as sexual
activity and condom use; the feeling that it is not
relevant or does not pertain to their child; and some
simply may not want to deal with the task of talking to
their children about HIV prevention. According to Rutt, the
parents who believed that their child was possibly sexually
active were more likely to want the information than those
who strongly believed that their child had not engaged in
sexual intercourse yet (38% vs. 23%). Regardless, the
majority of parents did not want the information. This
survey concluded that parents do indeed feel that HIV/AIDS
education is important, that it should be taught more
aggressively, it should include preventative measures, and
they would like the instruction given at school versus at
home.
Evaluation and Funding

Until the fall of 2007, Ohio and Utah were the only two states in America that had not tapped into the federal money available for HIV prevention education (Rollenhgen, 2007). Ohio had accepted the funding for almost 12 years but then dropped out in 2000 when certain legislators objected to some of the terminology used and the promotion of condoms in an educator-training program. The US Centers for Disease Control and Prevention have stated that every state is eligible to receive this funding worth approximately $1.25 million over 5 years, and that each state has wide flexibility when deciding their HIV prevention strategies (Rollenhgen). After the Department of Education received several angry e-mails and letters, and after speaking with Governor Ted Strickland’s staff and legislative leaders, the Ohio Department of Education changed their mind at the end of 2007 and began to receive federal funding (Rollenhgen).

Educational programs focusing on HIV/AIDS vary across the United States. With the details of program specifics aside, the goal is to bring about worthwhile changes in students. The program design should aspire to alter either student’s HIV-risky behaviors or some of the factors that may contribute to such behaviors by promoting the
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awareness, knowledge, skills, and behaviors that surround HIV/AIDS (Popham, 2007).

Many agencies that fund HIV prevention programs require evidence-based behavioral interventions to be used. Interventions that are thorough and rigorous in nature have been shown to be effective through various outcome evaluations (McKleroy et al., 2006). To help meet this requirement, the Centers for Disease Control and Prevention have developed a draft for adaptation and evaluation procedures. These guidelines include behavioral strategies and interventions that have shown to reduce HIV-risk behaviors as an effective tool in an HIV/AIDS curriculum. Identifying a target population then understanding the identified population’s risk factors and behavioral determinates will help to narrow-in on recent trends, social norms, and ideas on how to reach the target audience. Interventions and program guidelines should include the use of curriculum specialists and educators to review published materials, familiarize themselves with theoretical foundations, identify core elements and key characteristics, and consistently assess the costs and resource requirements (McKleroy et al.).

The assessment and evaluation process is critical in maintaining continuous financial support. Program
administrators are encouraged to use assessment data to determine if risk factors and behaviors of evidence based interventions and the target population matches (McKleroy et al., 2006). It is then that the interventions are scaled down, adapted, or altered so that implementation reaches the maximum effectiveness. Funding for HIV/AIDS education becomes consistent with meticulous organization and solid philosophy behind the administration of a project. In addition, scientific competence, up-to-date statistical knowledge, process and outcome monitoring and quantitative and qualitative analysis should be apparent (McKleroy et al.).

**HIV/AIDS Education Obstacles**

One of the main obstacles that stands in the way of effective HIV/AIDS education is that some curriculum developers, educators, and legislators, feel that the subject is too mature for youth. Some believe that withholding this type of education will secure the naive belief that all young people are and will remain “innocent” (Finger, 2000). This belief may cause controversy as moral and religious beliefs could become entangled. There are some people who believe teaching sex education will encourage sexual activity earlier than if they were not
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presented with the information (Berry, 2005). Contrary to this belief, the majority of adolescents have become interested in sex due to hormones, biological reasons, and sex references in television, movies, advertisements, music, and even some video games (Cox, 2003). The opinion of those who believe that sex education encourages sexual activity often stands in the way of HIV/AIDS education in schools despite the fact that the majority of people do not hold this opinion (Cox). A US study found that 55% of Americans believe that teaching about sexual intercourse, condom use, and sexually transmitted diseases, will not encourage teenagers to engage in sexual activity earlier than they would have otherwise (Berry, 2005). In another recent survey, 94% of adults and 93% of parents said that sex education should cover contraception and only 15% of Americans wanted abstinence-only education taught in the classroom (McKeon, 2008).

Another obstacle that stands in the way of including a quality HIV/AIDS curriculum is the fact that most school curriculums are extremely full and there is no room for specifics relating to sex education. This is especially the case currently due to the increasing amount of required state mandated content standards. Consequently, even if policy makers feel that HIV/AIDS education is a positive
choice and should be included as a part of their school districts’ curriculum, the opinion is often over-ruled by the fact that there is limited space available for additions.

**Abstinence-Only Education versus Comprehensive Instruction**

The American government has provided over a billion dollars on abstinence-only education (Berry, 2006). This method of sex education is often consistent with the views of appointed Republican presidents and government policy makers. Supporters of this type of instruction insist that educating youth solely on abstinence when teaching sex education will not only lower pregnancy and STD’s, but will also reduce the likelihood of teen suicide and depression (Pardue, 2004). Some research also states that, “teens that abstain from sex during high school years are 60% less likely to be expelled from high school, 50% less likely to drop out of high school, and almost twice as likely to graduate from college” (Rector & Johnson, 2005). Supporters of abstinence-only education contend that by combining the classroom discussion with preventative measures will ultimately encourage sexual activity (Pardue).

Contradicting some of the abstinence-only research, a House of Representatives report conducted in 2004 found that over 80% of abstinence-only curricula contained false
or misleading information (Berry, 2006, p.3). This piece of information is said to be particularly disturbing because these programs have shown that they might actually be related to the increase in the spread of STD infections and unplanned pregnancies seen in students (Berry). This assumption comes from the idea that students are not informed on the details surrounding sexual intercourse and activity and therefore tend to act ignorantly when making the choice whether or not to use protection (Berry).

Comprehensive AIDS education teaches that sexual abstinence until marriage is the best and preferred method of protection against sexually transmitted diseases and unwanted pregnancies. In addition, this type of education also provides information about contraception, sexuality, and overall disease prevention. This debate has been apparent for several years regarding which avenue of education is the most effective. The majority of studies show that comprehensive sex education is at minimum, at least as effective as abstinence-only education, and is most likely more so (Berry, 2006).

Dr. Douglas Kirby, an analyst for ETRA associates, a United States based educational research company, has reviewed sex education programs throughout the country. He found that the most effective programs offered in schools
represented a comprehensive, preventative message. The programs included training and information for educators and parents involving many community organizations that target risky behaviors among teens (Kirby, 1999).

Kirby found the following:

Giving a clear, consistent message is critical. The programs that give the pros and cons to having sex or using condoms then implicitly say ‘choose what is best for you,’ were not as effective at changing behaviors as the ones that consistently made a specific case. A common effective message was ‘always avoid unprotected sex.’ Abstinence is the best way--if you have sex, always use a condom. (p. 195)

Evaluations of comprehensive programs show that they “do not increase rates of sexual activity, do not lower the age at which youth initiates sex and do not increase the frequency of sex or the number of sex partners among sexually active youth” (McKeon, 2008, p. 4).

HIV/AIDS Related School Policies and Procedures

The purpose of this study is twofold: an evaluation of Ohio school board members’ attitudes regarding a comprehensive approach towards HIV/AIDS education; and an assessment of their knowledge and opinions surrounding
policy and procedures as they relate to HIV/AIDS infected students. Students who are living with HIV or AIDS are a protected class and there are laws that have been implemented to protect these individuals from the violation of their rights. Structured policies assist educators in following the requirements stated by Title IX; they also provide reassurance to HIV/AIDS infected students and their families, as well as the legal protection for schools (National Association Of State Boards Of Education (NASBE), 2001). The Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA) establish parameters for policy options surrounding HIV/AIDS in schools. Policymakers and educators need to be aware of the laws that have been put in place to protect the privacy of infected students and to assure an equal opportunity education. Although the laws are implemented nationally, the specific school policies should be developed at a district level (National Association of State Boards Of Education).

Policy-makers may consider involving the community, parents, and the health department. Some states make community involvement a requirement during the development and creation of local HIV/AIDS policies and procedures (King & Muthen, 1992). When the parents and community...
Assessing the Opinions

members are utilized as part of a decision-making process, it may have benefiting factors. It could help to obtain a consensus on the specifics with newly implemented policies, it may alleviate possible confusion and misunderstandings, and it also could be a means to educate a community on a particular issue.

Some states have effective HIV policies that are well perceived and provide thorough protection for infected students while offering solid advice and guidelines for school personnel to follow. However, there are some areas of the country that do not have a specific policy protecting HIV/AIDS infected students at all, and some have out-of-date or unsuccessful policies that need to be revised (King & Muthen, 1992). An HIV-related policy needs to include the current knowledge and research, should be understood by everyone that is expected to follow the guidelines, and appropriately meets the needs of those who are affected by it (King & Muthen).

The Ryan White Controversy

The first major lawsuit in the United States that set precedence for the rights of HIV/AIDS infected students was the Ryan White case which began in 1985. Ryan Wayne White, a hemophiliac from Kokomo, Indiana, became HIV positive
from a contaminated blood treatment. At the age of 13, White was diagnosed with AIDS and given a six month prognosis (Wikipedia, 2008). Though doctors stated that Ryan was of no risk to other students, and scientists had already discovered that the disease could not be transmitted in a school setting, many parents and school personnel rallied against his return (Ryan White Planning Council and Consortium, 2002). He was expelled from school and Ryan’s parents began a much publicized legal battle against the school system. Although Ryan was eventually allowed to go back to school, the harassment and discrimination was too unbearable and the family moved to Cicero, Indiana for the remainder of his schooling (Wikipedia). He was treated with much more respect and became a national spokesman for AIDS with the support of many famous singers, actors, and political leaders, including Ronald Reagan (Wikipedia).

Ryan White succumbed to the disease in 1990, 5 years after the medical professionals’ predictions (Ryan White Planning Council and Consortium, 2002). There have been many organizations and charities that have been created and/or dedicated to Ryan White, including the federally funded, Ryan White Comprehensive AIDS Resources Emergency (CARE) and AIDS Drug Assistance Program (ADAP); these
programs fund resources for low-income victims of AIDS (Centers for Disease Control and Prevention, 2006).

Ryan White and his family set the groundwork for school districts across the nation to implement specific policies that are in alignment and extend beyond the laws that protect the rights of HIV and AIDS infected students and their families. There are basic procedures that can be used to evaluate a current HIV-related policy within a school district. The content of the policy can be cross-examined with the research recommendations intended for guidance in policy creation (Ryan White Planning Council and Consortium, 2002). Also, policies should be reviewed by medical and legal experts, this will aide in the assurance of current material. In addition, the use of surveys (see Appendixes A, B, and C) for teachers, administrators, and school personnel could help policy makers judge whether or not their policy needs to be revised (King & Muthen, 1992).

HIV Transmission Risks

The risk of transmitting HIV in a school setting is extremely low; this includes extra-curricular activities and athletic events. Fluids that carry the HIV virus are blood, semen, vaginal secretions, and breast milk; therefore, it is logical to see why it is difficult to be
infected with HIV in a school setting. The evidence is overwhelming that a person living with HIV/AIDS does not pose a threat to the people around them. In fact, there has never been a case of HIV transmission in a school setting (Cox, 2003). In order for a transmission of an infection to occur, there must be an infected body fluid and an access route for the infectious fluid to get into an uninfected person (National Association of State Boards of Education (NASBE), 2001). This information is critical to communicate to those individuals that stereotype and fear the idea of HIV positive students attending school and interacting with the general population.

**School Attendance**

A student that is HIV positive has the same rights to attend school and receive the same services as their peers. The National Association of State Boards of Education suggests that the integration of any child with a disability is good for the social growth of all attending students (Cox, 2003). The Americans with Disabilities Act and the Individuals with Disabilities Education Act govern the proper education of infected students including the requirement of an Individualized Education Plan (IEP) to meet the students’ education goals (Cox). Whether a child
with HIV is eligible for special classes or accommodations under Section 504 is determined on a case-by-case basis.

An HIV/AIDS infected student shall be allowed to continue all educational activities unless there is medical evidence that the student poses a direct threat to other students, staff, or to themselves (Montana School Board Association, 2003). A direct threat is typically only evident when comorbidity, a secondary infection such as tuberculosis, is diagnosed in a student. Unless this is the case, a child’s health status shall not alter the rules, policies, or decisions concerning class work or participation in school or any school-sponsored activity.

**Athletics**

The participation in athletic programs, physical education classes, and recess, should not be conditional on a student’s HIV status (Martin, 2002). If need be, school authorities should allow for reasonable accommodations for students living with HIV if it is necessary for them to engage in school-sponsored physical activities. Infection control guidelines should be adhered to and first aid kits should be made available for emergencies and be on hand at every athletic event (Vermont Department of Education, 2007).
Although the risk of transmitting a disease such as HIV in a school setting is highly unlikely, it is still the school’s responsibility to decrease the possibility of exposure to blood-borne pathogens (Vermont Department of Education, 2007). Whenever blood or body fluids are present, latex rubber gloves should be used while the injury is being cleansed and/or dressed to minimize exposure (non-latex gloves should be available to those that are allergic to latex) (Berry, 2006). Infection transmission can easily be avoided by equipping students and staff with the guidelines and knowledge to safeguard themselves and others from any unnecessary risks.

Privacy and Confidentiality

Students and their families are not required to disclose their health status to anyone in the educational system, and health tests are not required for any purpose (Centers for Disease Control and Prevention, 2006). All employees have a duty to treat their knowledge or suspected knowledge of the health status of a student completely confidential. The only exception is if the educator or school personnel has a court order or there is an informed, written, signed, consent from the person with HIV or his or her legal guardian (Centers for Disease Control and
Assessing the Opinions

Prevention). All health records or written documentation that references a student’s status are to be kept in a secure location, and written permission is required from the person or the parent or guardian to access these confidential records (Centers for Disease Control and Prevention). Emergency medical personnel are the only people that are excluded from this rule. The National Association of State Boards of Education (2001) states that, “the violation of medical privacy can be cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit” (p. 3).

Counseling and Related Services for HIV Infected Students

Counseling, specific education, and available resources for HIV/AIDS infected students should be included in a school district’s policy. HIV positive people need guidance and relevant information to enable them to understand and appropriately cope with the fact that they are infected with HIV. These supports can indirectly prevent the onward transmission of the disease (AVERT, 2005). AVERT, an international AIDS charity, identifies six main goals for HIV/AIDS education and counseling for infected students:

(a) To help people to cope with the trauma of a HIV positive test result, (b) to inform HIV positive people about the nature of HIV and AIDS, (c) to help
them to confront any discrimination that they may face as a result of being infected with HIV, (d) to enable them to lead full and healthy lives, (e) to enable them, should they wish to, to have an active sexual life without passing the infection on to anyone else, and (f) to ensure that the infection isn't passed on by any other means (p. 1).

Many newly infected individuals have difficulty coping with their positive test results. If counseling is not made available for them to deal with their traumatic diagnosis, they could likely have difficulties with their academic success. This is especially the case if these students are unaware of the current resources and the medical advancements surrounding HIV and AIDS. Counseling can also equip HIV positive students with strategies and advice on various therapies and coping mechanisms to prepare them for the stigma, discrimination, and prejudice that they may need to confront (Paoletti, 1999). Also, by providing guidance with their fears of disclosing their HIV status to peers and family, the social isolation, loneliness, emotional concerns related to rejection by potential partners, and other multiple vulnerabilities may be avoided (Paoletti).
Specific education through counseling for students who are already diagnosed with HIV is critical to enable them to lead as healthy a life as possible. They need to understand and be informed of the differences between HIV and AIDS and what resources and medications are currently available to meet their individual needs. They should learn that their body will better fight infection with the avoidance of smoking, drugs, and alcohol, in combination with a nutritious diet (Avert, 2005). It is imperative that HIV positive individuals decide to focus on positive behaviors if they choose to engage in sexual activity so that they do not pass the infection on to someone else (Avert, 2005). Using protection during sexual activity not only protects others from becoming newly infected, but it also protects the HIV positive person from additional sexually transmitted diseases which could speed up their transition from HIV to AIDS (Avert). In addition, two HIV positive individuals that are sexually active with one another, need to use protection because of the risk of re-infecting one another with the various strands of the HIV virus, some of which are resistant to the drugs that treat AIDS (Centers for Disease Control and Prevention, 2005). Also, infected students should be provided with a list of community resources affiliated with HIV/AIDS assistance,
including information for continuum of care, Health Insurance Continuum of Coverage Program (HICCP), Housing Opportunities for People with AIDS (HOPWA), and home and community-based care, which is a category of eligible services under the CARE Act (Centers for Disease Control and Prevention).

If possible, a school counselor could attempt to set up opportunities for HIV youths to meet other HIV positive students. This type of interaction can encourage and facilitate support and peer contact to learn from each other’s stories, experiences, difficulties, and successes (Noddings, 1997). These relationships could also help with the feelings of loneliness and isolation while providing real-world experiences for the students to learn. Counseling can help with an HIV positive student’s acceptance of living with the disease and can lessen the anxiety and despair about their future. Overall, counseling provided for HIV/AIDS infected students assists these young people towards adopting more positive and productive feelings, attitudes, and behaviors associated with their infection (Paoletti, 1999).

Summary

The current HIV/AIDS specific literature reveals that the wide-spread epidemic of HIV and AIDS is an ongoing
problem. Raising awareness among policy-makers, school personnel, and students is viewed as a positive step towards slowing down the transmission of HIV. The teenage years are identified as the most common time of transmission for all sexually transmitted diseases including HIV, with over half of newly infected HIV individuals being under the age of 19. One in four people living with HIV do not know that they are carrying the virus and those that have not been infected are often ill-equipped with information on how to protect themselves from getting the disease.

The United States has funding that is allocated for abstinence-only education while some schools believe that a comprehensive approach is more effective. Other school districts that have implemented HIV/AIDS education simply teach the scientific facts surrounding the HIV virus. The lack of programming or acceptance of funding that supports the education of condom-use and preventative life-skills is often turned down because of religious beliefs and the opinions of policy-makers and some state legislators. The fear of controversy with the community and parents is also a contributing factor to the decision. However, research shows that most parents support a comprehensive plan in combination with abstinence education and prefer that this...
type of education be offered at school rather than taught at home. In 2007, Ohio accepted funding that supports HIV/AIDS education, which they had previously turned down for 7 years.

HIV and AIDS infected students are a protected class in the United States and they are covered under Title IX. These students are supported by several charity organizations as well as the IDA and IDEA. All school districts must follow the national guidelines that are in place to protect these students and their families. Many districts throughout the country have solid, up-to-date policies in place while others have not yet implemented a specific HIV policy or have not revised their existing one in some time. HIV/AIDS infected students have the same rights as everyone else. They have the right to attend school, participate in sporting events, and feel confident that their privacy and confidentiality is respected by all school personnel. They do not need to disclose their health status and should be accommodated in any way deemed necessary by the child’s health care professional and their parents or guardians. Schools could also attempt to provide HIV/AIDS specific counseling and education and any other appropriate resources for those students who are currently infected with the disease.
It is up to school boards and policy-makers to specify standard preventative sex education curricula and mandate district-wide HIV/AIDS policy implementation. Bringing this subject to the forefront should raise awareness to Ohio board members and hopefully prompt further discussions and research directed towards the topic. Young people nationwide deserve the right to become equipped with the proper information that will enable them to tackle this epidemic and strive towards the eventual elimination of HIV in its entirety.

Chapter 3 will outline the research methodology and theoretical framework for this study. In addition, it will describe the selected subjects, the instrumentation, data collection, and possible validity and reliability issues.
CHAPTER 3

METHODOLOGY

The majority of newly infected HIV cases are among adolescents between the ages of 13-19. Research shows that education is the only defense to attempt to slow down this trend. There are HIV/AIDS related issues that transpire in schools on a daily basis. This research attempts to assess the attitudes and opinions of Ohio school board members regarding many of these issues through an opinionnaire.

Some of the questions on the opinionnaire will seek to determine how much knowledge Ohio school board members feel that they have regarding the legal aspects of HIV/AIDS issues that impact schools as well as the policies and procedures regarding HIV/AIDS infected students. It will also determine if Ohio school board members think that an HIV/AIDS comprehensive, preventative approach in addition to abstinence-education and counseling is appropriate and/or necessary in their district. In addition, the board members will be asked what they believe is the level of awareness among
Assessing the Opinions students and school personnel concerning HIV/AIDS and what they feel can be done to raise awareness effectively.

Theoretical Framework

The theoretical framework employed in this study was a mixed methodology. Ohio school board members were surveyed to ultimately help raise awareness of the rapidly spreading HIV virus, to evaluate the current HIV education strategies in Ohio, and finally, to assess the opinions of board members concerning HIV/AIDS related policies and procedures. A paper/pencil survey was mailed to a random sample of 600 school board members from approximately 742 school boards in Ohio. The questions on the survey pertained to HIV/AIDS related issues as they apply to a school setting (see Appendix D). Related issues include: HIV/AIDS awareness, preventative sex education as part of a standard curriculum, policies, procedures, and the laws encompassed by Title IX that protect HIV/AIDS infected students. The questions on the survey strived to obtain the opinions of Ohio school board members on where they stand regarding AIDS education and awareness, whether they feel that they have adequate knowledge on current laws surrounding infected students, and whether or not their
specific school district has an up-to-date HIV/AIDS policy currently in place.

The theoretical construct of the methodology for this study incorporated what Wiersma (1995), terms survey research for the purposes of gaining ethnographical data. The survey research design was specifically cross-sectional, as it studied a specific population, Ohio school board members. The cross-sectional design involved data collection at one point in time from a purposeful sample. Wiersma goes on to say, that “the methodology of conducting a survey involves a series of detailed steps” (p.176). The theoretical construct of this study incorporated those steps. Those steps include defining a research problem, identifying variables, reviewing the literature, developing a sampling plan, preparing for data collection, identifying the specific types of data that will be generated, and how the data will be tabulated, summarized, and analyzed.

This theoretical framework is further supported by Kidder and Judd, (1986). They define survey research as, “the research strategy where one collects data from all or part of a population to assess the relative incidents, distribution, and inter-relations of naturally occurring variables” p.159. Suter (2006) in his chapter on common non-experimental research designs also discusses the use of
opinionnaires to extract cross-sectional ethnographic data. Since this research was designed to solicit opinions and determine awareness, an ethnographical approach is valid. Even though most ethnographic designs extend over a period of time in a natural setting and involve fieldwork, Weirsma believes that ethnographic research can provide a holistic and general prospective through the use of questionnaires, opinionnaires, or surveys. The conceptual schema of ethnographic research allows for studying a variety of problems, issues, or topics. The theoretical framework employed in this study was therefore a mixed methodology.

Basic Research Principles

The type of research chosen for this particular study was survey research. The primary purpose was to extend the knowledge and clarify policies and curriculum implementation presently in place in Ohio schools. The research was directed toward determining the extent to which HIV/AIDS issues are currently being addressed throughout the state. The goal of this study was to raise awareness and prompt further research into the need for HIV/AIDS education in schools and to help assure that HIV/AIDS infected students have their rights and needs protected.
The survey-based study describes the prevailing attitudes of school boards in Ohio toward the issue of HIV/AIDS in public schools. The focus of the research was to raise HIV awareness and determine to what extent HIV/AIDS education is implemented in the majority of Ohio districts, whether the HIV programs that are in place are comprehensive in nature, and to what extent board members feel the topic of HIV/AIDS is appropriate in the school curriculum. The secondary focus was to obtain the board members’ opinions on the policies and procedures that are currently in place in their district. The survey attempted to find out if the policies are thorough, revised regularly, and to what extent they are followed by school personnel. Additionally, the study attempted to obtain their opinion towards HIV/AIDS specific education, counseling, and support for infected students. The participants were also asked to what extent they are kept up to date with the current laws that protect the constitutional rights of HIV/AIDS infected students as well as how they feel awareness could be increased.

There was no attempt to influence the outcomes of the survey results; only to explain and describe the results. The research attempted to determine the reasons or circumstances that have influenced past decisions of Ohio
Assessing the Opinions

educational policy-makers as they relate to HIV/AIDS education and the procedures and policies related to HIV/AIDS infected students in Ohio schools.

The construction of the survey was cross-sectional in nature; the data collected described attitudes at a specific point in time and not over a period of time. The research strives to provide future insight and attention on HIV/AIDS issues in schools if a problem is discovered and the cause is simply the ignorance of the topic or lack of exposure by the participants. This could be accomplished when the OSBA evaluates this study after the executive summary is provided and if it is found that there is a need for additional training and exposure on this subject.

Selection of Subjects

Due to the fact that school boards and district leaders are the agents for enforcing board policy, the study subjects selected for the research are school board members in the State of Ohio. An initial contact was made to the Ohio School Board Association inquiring about the policies regarding the use of board members’ contact information and the preferred instrument for collecting data for research. A mailing list consisting of present school board members was requested. The association was
extremely interested in the subject matter of this project and asked if they could obtain a copy of the paper upon completion. An executive summary of the findings will be distributed to the targeted population at a future point in time.

Instrumentation

The demographic data describing characteristics of the respondents and the school district in which they are employed was described. Characteristics included length of time serving as a board member, years of education beyond high school, occupation, the average socio-economic status of the children in their school district, and gender. No names of respondents or school districts were disclosed.

After the initial questions intended to obtain the participants’ demographics, 12 HIV/AIDS related questions utilizing a 7 point sliding opinion scale were asked. The answers ranged from “Strongly Agree” to “Strongly Disagree”. The survey ends by asking the respondents what their opinions are regarding increasing HIV/AIDS awareness. The opinionnaire was designed to determine:

1a. To what extent the curriculum contains HIV/AIDS education components as a comprehensive approach to educating young people about the disease.
1b. To what extent the respondents believe the curriculum should contain HIV/AIDS education components as a comprehensive approach to educating young people about the disease.

2. Have school boards across the State of Ohio adopted policies that specifically address the rights and needs of students infected with HIV/AIDS.

3. The extent of knowledge Ohio Board Members have regarding the legal aspects of HIV/AIDS related issues that impact schools.

4. What level of HIV/AIDS awareness is apparent and what could be done to increase the awareness.

Validity and Reliability

Potential challenges to this study include credibility issues surrounding the subjects’ motivation, honesty, and ability to respond accurately to survey questions that they may not perceive clearly or accurately. When respondents cannot ask for clarification, they may simply put what they “think” the question is asking. Also, unlike an interview, the researcher is unable to probe for further explanation to better understand the true opinion of the participant. Another concern was that respondents who chose to complete the survey could have represented extremes of the
Assessing the Opinions

population (skewed responses). Finally, credibility could have been questioned when subjects may have wanted to make themselves appear more educated on current laws and policies than they actually are. There was an attempt to avoid these obstacles by providing a well-structured, easily understood, anonymously returned survey to encourage well-received participation.

Validity issues posed a potential challenge due to errors that could have occurred because non-respondents, people who chose to respond to the survey, may have made the decision because it is a topic that they feel strongly towards; and therefore, this could have biased the estimates. Also, answer choice format, (strongly agree... strongly disagree), could have led to insufficient or vague data because they are relative to one’s personal opinion and interpretation. In addition, confidentiality issues could have altered validity of the participants’ answers because some people may have answered according to what “should be said” instead of the truth. Respondents were assured that their answers and identities were anonymous in the hope that they would answer accurately and honestly.
Data Collection

The opinionnaire was distributed and returned via U.S. mail. Instructions were provided for the completion of the survey. The process was intended to be simple enough to encourage a high return of the survey. There was also careful consideration towards the assurance of anonymity of the respondents. The requested time frame for completing and returning the survey was two weeks.

Data Analysis

As mentioned earlier, the theoretical construct of this study incorporated several steps with the final stage being the analysis of the data that was collected. To describe the tabulation of the completed surveys there was an identification of the mean, median, mode, and standard deviation for each question. Outliers were identified, and histograms of the frequencies of each response opportunity were created. When summarizing, the material was reported in narrative format describing the histograms developed during tabulation. Analysis involved synthesizing the affective measures and investigating the opinions of the respondents. Ultimately, a profile depicting the typical responses of Ohio school board members was developed to aid in greater awareness.
Summary

Chapter III describes the methodological steps that were taken to conduct this study. The particulars discussed include: the design of the study, the criteria of the participants chosen, the methods of data collection and a description of the survey instrument. An opinionnaire was sent and the participants were asked to return the completed survey within 2 weeks. There were 600 surveys sent to Ohio School Board members who were randomly selected from the population.

Chapter 4 provides a narrative analysis and description of the data from the surveys. The chapter also outlines each question on the opinionnaire and includes a graph and table depicting the statistical results of the findings.
CHAPTER 4

ANALYSIS AND RESULTS

Introduction

The purpose of this study is to explore the attitudes and opinions of Ohio School Board members as they relate to the HIV curriculum and policies in their district. An overall goal of the research is to raise awareness of the disease.

Participants were surveyed on whether or not they felt that preventative measures should accompany abstinence education in their districts’ HIV/AIDS curriculum. The survey also sought to obtain the participants’ feelings on whether or not they felt equipped with knowledge on the laws surrounding the disease, Title IX, and what policies are in place in their district to protect infected students. In addition, the opinionnaire asked board members if they felt that the students, staff, and parents were adequately trained and informed with this information. Lastly, participants were asked to rate various methods of educational resources that could further educate students and staff on HIV/AIDS.
Chapter IV focuses on the findings from the surveys that were distributed to Ohio School Board members for this study. The chapter content includes the analysis of the data, charts and graphs depicting the data, and a narrative description of the results; including hypothesis determinations and any correlations of the study. In addition, the demographics of the participants are described as well as their overall opinions towards HIV/AIDS related issues in the educational setting.

Analysis of Data

There were 123 surveys returned by Ohio School Board members who were randomly selected to participate. The majority of respondents returned the completed survey within the 2 week time period requested. Other surveys trickled in up to one month after participants initially received the paperwork. The following tables and graphs in this chapter depict the overall survey results.

The researcher found that the demographics of the sampled participants are an accurate representation of the Ohio School Board member population. There were 66% male respondents in this study and research shows that the typical demographic profile of a school board member across the country is a “white, middle-aged, married, male with an
advanced degree who is employed in a professional position and earns more than $50,000 a year” (Saks, 2009, p. 1). One of the few correlations revealed in the findings was a positive claim of white collar males working in a middle-class district who felt they were more adequately equipped with the necessary knowledge surrounding HIV/AIDS related issues that affect schools than the other respondents. However, this group of participants did feel that other people in the district lacked this knowledge, including school personnel, parents, and students.
Table 1.

Demographics of Participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>33.3</td>
</tr>
<tr>
<td>Male</td>
<td>82</td>
<td>66.7</td>
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<tr>
<td>School Board Member’s Occupation</td>
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<td></td>
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<tr>
<td>White-Collar</td>
<td>74</td>
<td>60.2</td>
</tr>
<tr>
<td>Blue-Collar</td>
<td>20</td>
<td>16.3</td>
</tr>
<tr>
<td>Entrepreneur</td>
<td>15</td>
<td>12.2</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>11.4</td>
</tr>
<tr>
<td>School Board Member’s School District Socio-Economic Status</td>
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<td></td>
</tr>
<tr>
<td>Upper-Class</td>
<td>6</td>
<td>4.9</td>
</tr>
<tr>
<td>Middle-Class</td>
<td>85</td>
<td>69.1</td>
</tr>
<tr>
<td>Lower-Class</td>
<td>26</td>
<td>21.1</td>
</tr>
<tr>
<td>Poverty Stricken</td>
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<td>4.9</td>
</tr>
<tr>
<td>Years of Education Past High School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 1</td>
<td>13</td>
<td>11.7</td>
</tr>
<tr>
<td>1 to 5</td>
<td>58</td>
<td>52.3</td>
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<tr>
<td>5 to 9</td>
<td>43</td>
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</tr>
<tr>
<td>9 to 13</td>
<td>10</td>
<td>9.0</td>
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<tr>
<td>Years on the School Board</td>
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<td>4 to 8</td>
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<td>8 to 12</td>
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<td>12</td>
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</tbody>
</table>
Serving on a school board often requires long, stressful, thankless hours (Saks, 2009). This may represent why the majority of the respondents have served less than 8 years. The term for an elected Ohio School Board member is four years (Ohio School Boards Association, 2009). There were 22.1% of respondents nearing the end of their term currently serving their third year. Three respondents have put in over 40 years with one that has dedicated an astonishing 50+ years.

Figure 1. The number of years that participants have been a member of the Ohio School Board Association.
The majority of participants had some education past high school with 33.3% holding a bachelors degree. This figure would indicate that board members value higher education in conjunction with their dedication to serving on the local school board.

![Figure 2. The number of years of education participants have past high school](image)

Some of the descriptive statistics related to the number of years of education participants have past high school are depicted in the table below.

<table>
<thead>
<tr>
<th>Table 2.</th>
<th>Descriptive Statistics for Survey Question B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.9</td>
</tr>
<tr>
<td>Median</td>
<td>4.0</td>
</tr>
<tr>
<td>Mode</td>
<td>4.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.7</td>
</tr>
</tbody>
</table>
The majority of respondents agreed that there is limited collaboration in the developmental processes of HIV/AIDS education and policies within their district. This is an indication that there is room for a stronger, proactive approach in getting the community, teachers, and students more involved in combating the fight against HIV.

![Diagram showing distribution of responses to survey question 1](image)

**Figure 3.** A depiction of the opinions of participants on parents, teachers, students, and appropriate community representatives being involved in developing, implementing, and assessing HIV/AIDS education, policies and programs within the district (Survey question 1)

**Table 3.**
*Descriptive Statistics for Survey Question 1*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.5</td>
</tr>
<tr>
<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>2.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.7</td>
</tr>
</tbody>
</table>
The figure below shows that approximately half of the survey participants do not feel that they have an understanding of the laws that surround Title IX and HIV/AIDS in schools. This may indicate that board members may need to be updated with current material and guidelines describing the laws that are currently in place.

Figure 4. A graphic display of the respondents’ belief that they have an understanding of how Title IV protects the rights of HIV/AIDS infected students (Survey question 2)

Table 4.
Descriptive Statistics for Survey Question 2

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.9</td>
</tr>
<tr>
<td>Median</td>
<td>4.0</td>
</tr>
<tr>
<td>Mode</td>
<td>2.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.9</td>
</tr>
</tbody>
</table>
Assessing the Opinions

Over 50% of respondents disagreed with the statement that they feel adequately equipped with the knowledge and training regarding HIV/AIDS and schools. This disclosure may indicate that additional training is necessary for all board members and school personnel to assure that the students’ needs are being met in this area and HIV/AIDS awareness is raised.

Figure 5. A display of whether respondents feel that they have been adequately equipped with the knowledge and training necessary regarding HIV/AIDS issues that impact schools (Survey Question 3).

Table 5. Descriptive Statistics for Survey Question 3

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
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</tr>
<tr>
<td><strong>Median</strong></td>
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</tr>
<tr>
<td><strong>Mode</strong></td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Standard Deviation</strong></td>
<td>1.6</td>
</tr>
</tbody>
</table>
The majority of participants felt that they did have the knowledge of the confidentiality requirements as they relate to HIV infected students. Only 23.8% of respondents did not feel knowledgeable on the subject. The topic of confidentiality is part of the Title IX material that encompasses HIV awareness training. This graph indicates that the basic concept of privacy has been expressed to educators as an expected norm relating to students.

Figure 6. Respondents’ opinions on having an awareness of what Ohio law says about the confidentiality requirements for HIV/AIDS infected students (Survey Question 4).

Table 6.
Descriptive Statistics for Survey Question 4

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<table>
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<tbody>
<tr>
<td>Mean</td>
<td>4.7</td>
</tr>
<tr>
<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>5.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.7</td>
</tr>
</tbody>
</table>
An overwhelming percentage of survey participants felt that HIV specific education and counseling should be made available for infected students. This indicates a level of compassion to accommodate those students who may have greater needs to reach their fullest academic potential. However, three respondents indicated that they would be concerned about the funding source for the extra services.

**Figure 7.** The opinions of respondents on whether specific education and counseling should be made available for HIV/AIDS infected students (Survey Question 5).  

**Table 7.**

*Descriptive Statistics for Survey Question 5*

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<tbody>
<tr>
<td>Mean</td>
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<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>7.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessing the Opinions

Figure 8 represents a normal distribution of respondents’ opinions on whether or not they felt they were well equipped with the knowledge necessary to meet the needs of HIV infected students. However, there were slightly more participants who disagreed with this statement. The 24.6% of neutral respondents may indicate that many board members may be unsure of the needs of infected students.

![Figure 8](image-url)

**Figure 8.** A depiction of the respondents’ opinions when asked if they have adequate, up-to-date knowledge on the needs of students who have been diagnosed with HIV/AIDS (Survey Question 6).

**Table 8.**

<table>
<thead>
<tr>
<th>Descriptive Statistics for Survey Question 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>Mode</td>
</tr>
<tr>
<td>Standard Deviation</td>
</tr>
</tbody>
</table>
The figure below is an indication that both the communities and school personnel in Ohio may need some type of HIV/AIDS awareness training based on the low number of respondents that feel that the awareness is adequate (only 1.6% of participants strongly agree). School-wide in-services, Parent Teacher Association (PTA) and community meetings could help to obtain the goal to raise awareness.

![Graph showing the participants' opinions on their community, parents, and school personnel having an adequate awareness concerning HIV/AIDS (Survey Question 7).]

**Figure 9.** The participants’ opinions on their community, parents, and school personnel having an adequate awareness concerning HIV/AIDS (Survey Question 7).

**Table 9. Descriptive Statistics for Survey Question 7**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.4</td>
</tr>
<tr>
<td>Median</td>
<td>3.0</td>
</tr>
<tr>
<td>Mode</td>
<td>3.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.4</td>
</tr>
</tbody>
</table>
Only 0.8% of respondents strongly agreed that the students in their district have adequate HIV/AIDS knowledge and awareness. Research shows that the lack of knowledge concerning HIV/AIDS prevention is a strong contributor to the rapid spread of the disease; education is our only defense against this crisis (Berry, 2005).

Figure 10. The participants’ opinions on whether the students in their district have an adequate awareness concerning HIV/AIDS (Survey Question 8).

Table 10. Descriptive Statistics for Survey Question 8

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.4</td>
</tr>
<tr>
<td>Median</td>
<td>3.0</td>
</tr>
<tr>
<td>Mode</td>
<td>4.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Research has found that nurses and counselors, at minimum, should be equipped with HIV/AIDS related knowledge in order to properly support students currently infected, as well as to help prevent further transmission (Avert, 2005). The responses to this survey question were a normal distribution with 30.3% of respondents neither agreeing nor disagreeing that adequate training for school personnel is currently apparent in their district.

**Figure 11.** A depiction of the participants’ opinions on whether there is adequate HIV/AIDS training for school administrators, teachers, nurses, and counselors (Survey Question 9).

**Table 11.**

*Descriptive Statistics for Survey Question 9*

<table>
<thead>
<tr>
<th>Statistic</th>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Mode</td>
<td>4.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Assessing the Opinions

The figure below represents a skewed distribution indicating that an overwhelming majority agreed that preventative HIV education should be included along with abstinence education. This finding represents a need to revisit the HIV/AIDS curriculum in Ohio, which is currently abstinence-only-until-marriage education.

Figure 12. The respondents’ belief that a comprehensive, preventative approach to HIV/AIDS education in combination with abstinence education is appropriate and/or necessary in their district (Survey Question 10).

Table 12.
Descriptive Statistics for Survey Question 10

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
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</tr>
<tr>
<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>6.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.5</td>
</tr>
</tbody>
</table>
The majority of respondents answered “neutral” or agreed that the students in their district are adequately equipped with current knowledge of HIV/AIDS statistics, transmission facts, and myths. However, less than half of the participants agreed with this survey item. Factual information is often included in most high school health textbooks as well as the scientific areas of HIV/AIDS.

![Figure 13](image-url)

*Figure 13.* A display of the respondents’ opinions on whether the students in their district currently receive training and education regarding the statistics, transmission, and myths surrounding HIV/AIDS (Survey Question 11).

**Table 13.**

<table>
<thead>
<tr>
<th>Statistical Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
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<tr>
<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>4.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.3</td>
</tr>
</tbody>
</table>
The figure below indicates that only 12.9% of respondents agreed that the HIV/AIDS education program in their district is being monitored and periodically assessed. This display represents a deficit in the area of assuring an up-to-date, quality HIV/AIDS curriculum for students. Research shows that a curriculum should be evaluated approximately every 3 years (Liontos, 2000).

**Figure 14.** A representation of the participants’ responses regarding the monitoring and periodic assessment of the HIV/AIDS curriculum in their district (Survey Question 12).

**Table 14.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
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</tr>
<tr>
<td>Median</td>
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</tr>
<tr>
<td>Mode</td>
<td>4.0</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Assessing the Opinions

Figure 15 indicates which strategies the respondents felt were the most and the least effective in raising HIV/AIDS awareness in schools. 38.6% chose “Professional Development” as the most effective strategy with “Guest Speakers” chosen as a first choice by 26% of respondents. A semester long course was viewed as overkill while posters and printed literature were both considered ineffective choices. The graph below shows a white bar to indicate the strategy respondents felt would be the most effective and the shaded bar represents the strategy chosen as the least effective.

Figure 15. Respondent’s opinions rating the most effective and least effective strategies to raise awareness concerning HIV/AIDS in schools
The previous graph depicts the answers to the question asking participants to rate the effectiveness of seven different HIV/AIDS awareness strategies. The last item on the opinionnaire asked the participants to indicate if they felt that the strategy they rated as their first choice should be mandated or elective. The majority of people felt their first choice should be elective; in addition, some of the respondents who chose the “Mandated” option specifically added that only their first choice should be mandated, and not their choices 2-7. One participant stated, “There is too much currently mandated for educators, however, the topic of HIV/AIDS awareness strategies should be apparent in schools”.

Figure 16. A depiction of the participants’ opinions on whether their first choice HIV/AIDS awareness strategy should be mandated or elective
Overall, the research findings did support the researcher’s predictions and hypotheses indicating that the members of the Ohio School Board felt that they lacked specific information as it relates to HIV/AIDS related issues in the school setting. The survey results are also consistent with the findings in chapter two indicating that the HIV/AIDS curriculum in Ohio is out-of-date and not working towards slowing the transmission of HIV (Berry, 2006).

The majority of the participants felt a deficit of knowledge as it relates to how Title IX protects infected students, and they did not feel equipped with adequate training on HIV/AIDS related topics as well. In addition, the majority of the respondents did not feel confident with the amount of HIV/AIDS related training and education currently provided for the students, school personnel, and parents in their district. The surveys revealed an indication that the respondents did have a desire to obtain educational information as well as raise awareness in their community. An overwhelming percentage of participants thought that specific counseling and education for infected students was appropriate. Respondents also indicated that they were in support of a comprehensive, preventative, HIV program which would be in addition to Ohio’s current
practice of abstinence-only-until-marriage HIV prevention program.

Based on the results of the data and the findings of this study, the information found in chapter five will include ideas about how to raise HIV/AIDS awareness, strategies on how to improve existing educational programs, and recommended policies to protect HIV/AIDS infected students.
CHAPTER 5
SUMMARY AND CONCLUSIONS

The HIV epidemic is a growing problem that our nation is faced with on a daily basis. More than half of newly infected cases are between the ages of 13-19 (Centers for Disease Control and Prevention, 2004). This statistic draws attention to school districts and their role in facilitating a solution. In addition, the number of school-age children who are infected with the disease has become more apparent than in years past. With this being said, there should be a focus on the creation and enforcement of HIV/AIDS specific policies and procedures that are in place to protect the rights of these students.

Focus of the Study

School Board members are a vital part of the curriculum and policy development within a school district. The research in this study was designed to survey a sample of Ohio School Board members to obtain their opinions on the topic of HIV/AIDS school related issues. The opinionnaire included questions surrounding HIV curriculum,
Assessing the Opinions

policies and procedures, and system-wide strategies that could help raise HIV/AIDS awareness. Chapter IV details the findings from the research. The summary includes the results of the data collected from the opinionnaire, graphs and tables describing the data, and relationships that were found within the statistical analysis.

Some of the questions on the opinionnaire include but are not limited to the participants’ opinions on HIV/AIDS curriculum design for all students, whether they feel that they personally are equipped with updated information on policies related to HIV infected students, and whether they have a clear understanding on what Title IX says about laws surrounding the disease. Participants were also asked about their opinions on the level of HIV/AIDS related knowledge that the students, staff, and parents in their district held. Lastly, participants rated the level of usefulness among seven different interventions and strategies to raise HIV/AIDS awareness among school personnel and students.

Chapter five will discuss the findings in greater detail while outlining ideas concerning implications for current and future educational research as they relate to teenagers and HIV. Title IX and the laws that protect students infected with HIV are explored in the hope that
the information will contribute to a plan for effective school change. Lastly, this chapter will include a discussion on the limitations and ethical aspects of this research study, recommendations for further research, and the researcher’s role and focus as they relate to the study’s findings.

Summary of Background

The educational institutions in America have many obstacles and challenges confronting our youth each day. The wide-spread health and social epidemic of HIV/AIDS is one of the greatest challenges in the country and needs to be viewed as a relevant and critical topic in public schools. Given that there is no known cure for AIDS, and that thus far, there has not been a defensive strategy stronger than education, schools are in a position to assist with equipping young people with the facts surrounding HIV and how to avoid transmission.

It is sad to find that many of our youth lack the basic knowledge about HIV and AIDS; some are not even aware of how the virus is spread. Almost all people go to school for at least some of their formal education and while there, they anticipate learning new information. This is why the classroom is a conducive environment to obtain
sensitive, relevant material (Berry, 2005). Traditionally, discussing sex for the first time with children has been understood to be the parents’ job. Parents and children are often too embarrassed to discuss this topic or are not in a neutral position to ensure an unbiased opinion.

**HIV/AIDS Education**

If funding is in place, the obstacles are overcome, and the curriculum planners choose to implement an HIV/AIDS program within their schools, it is then imperative to plan an effective curriculum. Certain subjects are more difficult to teach when it comes to holding a student’s attention. However, this situation is unlikely with HIV/AIDS education simply because it involves the discussion of sex which tends to be an interest of teenagers who are discovering their own sexualities (Berry, 2005).

Some items to consider when designing an HIV education curriculum are the age of students, classroom prejudices, current knowledge, and when possible, implementing the subject cross-curriculurally. It is necessary to make sure that the material is age-appropriate and although the education should start prior to the students reaching an age that they might encounter high risk situations, the
information does not need to be detailed at the primary level. Starting young allows the information to be taught gradually as they proceed through their schooling. This intervention could slowly increase the comfort level surrounding the topic and build a foundation for consistent, up-to-date information to be processed. Teaching younger students about prejudices, misconceptions, and myths can help with misunderstandings and future transmission of STDs that often derive simply from ignorance. Assessing the current knowledge of students prior to each lesson helps to build upon the information that they have already obtained.

*Abstinence-Only Education*

HIV and AIDS education often focuses on only the biological and medical components of the disease and not real life perspectives. Adequate HIV education and awareness should be viewed from a social perspective assuring that life skills are taught (Berry, 2000). Preventative education is currently approached in two different ways; abstinence-only education or comprehensive/abstinence preferred education.

Currently, Ohio is an abstinence-only state which means that teaching teens to abstain from sexual activity
is the only preventative measure taught. This encompasses all forms of sexual activity including oral sex. Given the current trends of newly infected persons, this measure of prevention is not adequately working. There are HIV/AIDS advocates that are outraged that we are not teaching teens about condom use and other measures in combination with abstinence education. Ideally, all local policy makers and curriculum designers need to understand why HIV/AIDS education is so vital, how to deal with the controversy surrounding the issue, and how to efficiently implement a program. This research showed that 55.6% of Ohio School Board member participants ultimately think that preventative measures should be included in the curriculum with only 6.8% of participants strongly disagreeing. One respondent put a comment next to this question that stated, “I will not answer this with abstinence education included, it is a misleading method and I feel that it is a waste of an educator’s time”. Although this participant was obviously an advocate for preventative measures being included in the curriculum, the law would have to be changed in Ohio to allow a combination of methods to be taught.
Assessing the Opinions

**Perceived Threat**

Interestingly, some board members responded to the survey with a “denial-like” attitude. One participant stated in all capital letters, “THIS IS NOT A PROBLEM IN OUR DISTRICT”. Another respondent left this side-note at the bottom of the survey, “HIV is an issue in larger cities and districts but in small towns, we don’t have to worry about things like this. Our focus is getting these students to pass the OGT”. It was also mentioned by a couple of participants that funding and time restraints are both reasons that HIV education is limited. It is understood that both testing requirements, and time and funding issues often get in the way of any additions or expansions to the curriculum. Sadly, these types of attitudes do not get schools any closer to recognizing the spread of HIV as a national epidemic while raising the awareness on how to slow down the transmission of the disease among students.

**Specific Education and Counseling for Infected Students**

Of the 123 participants, 90 Ohio School Board members (72.9%) agreed that specific education and counseling should be made available for infected students with only 12.3% disagreeing. Within the 12.3%, some of the comments included, “who would pay for this?”, “yes, they need
specific education and counseling but that should be provided by medical professionals, not schools”. The majority of respondents felt that it is indeed the schools responsibility to provide these services and research shows that this could not only improve the quality of life for those students who are HIV positive, but it could also aid in lowering the transmission rate. Lowering transmission and improving life quality is obtained through educating infected students about using protection with future sexual partners, discussing appropriate lifestyles and behaviors, and informing them of current medications and community assistance programs. All of these facets of information and support may provide a more positive attitude and outlook on life for infected students while raising awareness and protection against the spread of the virus.

**Title IX and HIV**

Title IX protects the rights of infected students and clearly outlines what these laws are. When the Ohio Board Members were asked if they “have a strong understanding of how Title IX protects the rights of HIV/AIDS infected students”, only 25.6 percent of participants answered that they strongly agreed with this statement. When the participants were asked if they were aware of the
Confidentiality requirements associated with HIV infected students, 37.1% answered that they strongly felt that they were. The health status of a student is completely confidential and the medical records are only available to those persons whom the parent or legal guardian of the infected student deem necessary. The records are then stored in a locked cabinet. Students who are infected with the HIV virus are allowed to participate in all activities, sports, and extra-curricular events affiliated with the school. If a student’s illness becomes chronic, school authorities need to collaboratively work with the child’s parent or guardian while continuing to respect the family’s privacy rights. Placement changes, accommodations, or services need to be provided as necessary and determined on an individual basis.

Conclusions

This research has shown that many Ohio School Board members do not feel adequately equipped with relevant knowledge pertaining to HIV/AIDS educational issues. This lack of knowledge includes an updated curriculum design, as well as the current laws and policies that protect students infected with the disease. The majority of participants felt that they lacked knowledge surrounding the epidemic as
it related to Title IX; in addition, they felt that there was not enough training for staff members and education for students on the topic. Lastly, school board participants did not feel that the processes and outcomes of HIV education are being monitored and periodically assessed in their district. Professional development was chosen as either a first or second choice for 54.7% of participants and guest speakers came in as the second most popular strategy to raise awareness answered by 41% of respondents. When asked if their first choice should be mandated or elective, 45% of participants stated that the intervention should be mandated.

Limitations and Ethical Considerations

There were few limitations and ethical considerations. However, when utilizing a seven point sliding opinion scale, it is difficult to obtain an explanation on why respondents answered the way that they did. Survey research also limits the researcher from being able to ask follow-up questions for clarification or elaboration. The “strongly agree” to “strongly disagree” answer format not only limits respondents’ expressiveness towards the questions, but also could vary in interpretation among participants.
Ethically, respondents may have answered the questions on the opinionnaire in a way that put themselves in a more favorable light and may not have answered completely honestly even though the survey was anonymous. In addition, the active participants who took the time to fill out and return the survey could represent a sample of the population that is more passionate and/or educated on the topic of HIV/AIDS and this could have skewed the overall responses.

**Future Research and Recommendations**

A follow-up qualitative study is recommended to further obtain the opinions of Ohio School Board members. School Board members are the policy makers and decision makers about curriculum programs and related spending for a district; both of which should be periodically assessed and updated on a regular basis. Future research that would obtain the agenda of current Ohio School Board members’ plan of action to update Ohio’s curriculum and policy requirements could aid in getting preventative measures in the Health classes. It could also encourage a protective clause in all school harassment and privacy policies to protect students infected with HIV/AIDS as it is stated under the current Title IX laws.
It is highly recommended that additional training and education be provided for Ohio School Board members, all school personnel, and parents and students throughout every district on the topic of HIV/AIDS. Workshops, in-services, and printed literature could all assist with the educational efforts affiliated with HIV prevention.

In addition, it is recommended that a comprehensive educational piece be included in the HIV/AIDS curriculum throughout Ohio; this includes condom use and other preventative measures to protect students from future HIV transmission.

Summary and Conclusions

This study has revealed the candid opinions of the policy makers in Ohio. The results are an effective indicator of what the responses might have been if the entire population had been surveyed. There was a diverse range of demographics of the participants including the gender, years as a board member, occupation, and socio-economic status of their school district. Overall, it was pleasing to see a desire to learn more about HIV/AIDS comprehensive education programs. Further, I respondents’ acknowledgement of their ignorance on the topic was respected. The majority of participants also recognized a
lack of training, education, and awareness of HIV/AIDS related issues among themselves and the students, staff and community in their district. A gentleman who has served as a teacher, principal, treasurer and superintendent and is currently a board member in a lower SES district left this comment; “we educators did a poor job on sex education in the 1960’s. I feel that until HIV/AIDS becomes a major, major national problem, we as a nation will continue to drag our feet on this. You will live to see this tragic indifference.” Some participants were more passionate towards a need for change than others, but in the end, the study revealed that a greater sense of awareness and education is necessary and it is up to the schools to do their part.

A holistic approach to HIV prevention programs is crucial in order to appropriately empower the youth of the future with the knowledge, skills, and training that they need to protect themselves. Targeting teenagers, the highest percentage of newly HIV diagnoses, prior to their on-set of sexual activity is the only way to get the information in the hands of an age group that can help to slow down the transmission of HIV. Knowledge is power and when a topic such as HIV/AIDS prevention gets pushed off to the side because it is controversial, or to make more room
Assessing the Opinions

in the curriculum for testing, the problem will continue to get worse. We must educate people on how to prevent themselves from contracting the HIV virus; we must teach those who are already infected with the disease how to live a safe, productive life, and how to prevent spreading their infection. Lastly, we must put this knowledge in the hands of the policy-makers and school personnel so that school districts are equipped with the necessary training, skills and information to make a difference. If young people properly learn the facts surrounding the HIV virus and understand how to protect themselves, and we as educators take a pro-active approach in helping to make this happen, it is the hope that we will eventually see a decline in the spread of this deadly disease.
References


Assessing the Opinions


Appendix A

Policymaking Process Checklist

1. Gathered updated and pertinent HIV information and contacted experts.
   YES NO UNCLEAR

2. Formed a policy-development committee representing diverse community and school interests.
   YES NO UNCLEAR

3. Provided the committee with updated HIV information and ample opportunity to share their opinions.
   YES NO UNCLEAR

4. Committee reached consensus on most issues to be addressed in the policy.
   YES NO UNCLEAR

5. Sought all committee members' suggestions for revision of the initial policy draft.
   YES NO UNCLEAR

6. Had policy approved by committee and adopted by school officials.
   YES NO UNCLEAR

7. Provided thorough information to the public about the policy.
   YES NO UNCLEAR

8. Provided staff training regarding HIV policies.
   YES NO UNCLEAR

9. Devised a plan for the periodic review of HIV-related policies.
   YES NO UNCLEAR

(Centers For Disease Control and Prevention, 2006, p. 11)
Appendix B

Policymaking Content Checklist

1. Thorough HIV education is included as a part of a more comprehensive school health education program.

   YES NOUNCLEAR

2. HIV education is integrated into other subject areas.

   YES NOUNCLEAR

3. HIV education is required of students before advancing to another grade level or graduating.

   YES NOUNCLEAR

4. HIV education is taught in elementary school through high school.

   YES NOUNCLEAR

5. HIV education is designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade.

   YES NOUNCLEAR

6. HIV education describes the benefits of abstinence for young people.

   YES NOUNCLEAR

7. HIV education is designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV.

   YES NOUNCLEAR

8. HIV education is taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades.

   YES NOUNCLEAR

9. Sufficient program development time, classroom time, and educational materials are provided for HIV education.

   YES NOUNCLEAR
10. Guidance regarding appropriate HIV topics, instructional materials, and strategies are provided.

YES NO UNCLEAR

11. Adequate training about AIDS is provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS.

YES NO UNCLEAR

12. The outlined staff development program has all of the characteristics provided in Guideline 2 of Evaluating HIV Staff Development Programs.

YES NO UNCLEAR

13. Parents, teachers, students, and community representatives are involved in developing, implementing, and assessing HIV education policies and programs.

YES NO UNCLEAR

14. Parent or guardian permission for student participation in HIV education is required.

YES NO UNCLEAR

15. A plan for the evaluation of the HIV education program is specified.

YES NO UNCLEAR
Addressing the Needs of Persons Infected with HIV

1. Specific procedures to meet the needs of persons infected with HIV are simple, standard, and clearly defined.

   YES NO UNCLEAR

2. A breach of confidentiality is highly unlikely given the confidentiality procedures established by the policy.

   YES NO UNCLEAR

3. Great care is taken to protect against discrimination of a student or staff member infected with HIV.

   YES NO UNCLEAR

4. There is little or no disruption to the school schedule, responsibilities, or job environment of a student or staff member infected with HIV.

   YES NO UNCLEAR

5. A plan for the periodic review of the health status of a person infected with HIV is addressed.

   YES NO UNCLEAR

6. Specific procedures are clearly defined for appealing HIV-related district decisions or policies.

   YES NO UNCLEAR

7. The district contact person for staff infected with HIV and parents of students infected with HIV is clearly identified.

   YES NO UNCLEAR

(Centers For Disease Control and Prevention, 2006, p. 13-17)
Appendix C

Sample Policy Survey for Educators

General Description

This sample form is intended to measure the extent of HIV policy dissemination to educators and their reactions to the policy.

Rationale

Teachers and administrators who utilize a policy in carrying out their duties can provide insights regarding the usefulness of the policy that are not immediately apparent to policymakers. Policymakers often find this information useful in organizing policy dissemination efforts and revising policy statements. Educators can offer the most useful information after they have attempted to implement what they learned in staff development sessions regarding the policies. Therefore, a survey such as that provided here should not be distributed to participants at the conclusion of a staff development session. Instead, surveys should be circulated to participants after enough time has passed to expect them to use the policies. The survey can be distributed to a representative sample of teachers and administrators or to all teachers and administrators in the district.

Scoring Procedures

The contents of a policy evaluation form should be customized to reflect a particular district's policies and related training. Scoring, therefore, would be based on the particulars of the form being used. Because HIV crisis action plans are carried out by a very small number of individuals close to the superintendent of a district, questions regarding a crisis action plan probably would not appear on a general teacher or administrator survey.

Policy Survey for Educators

The purpose of this survey is to find out how helpful the district's HIV and AIDS policies are to teachers and students. The information that you provide will be used to improve the policies and the training efforts associated with them.

Please do not put your name on this form. Your answers will be anonymous. When you have completed this survey, return it in the enclosed stamped self-addressed envelope.
1. What is your primary position? (Circle one.)
   
   Teacher
   
   Administrator
   
   Nurse
   
   Counselor
   
   Other

2. Are you familiar with any of the district's policies related to HIV and AIDS? (Circle one.)
   
   YES   NO

   If no, please stop here and return the survey. Thank you.

3. Do you have a copy of any of the following HIV policy statements? (Circle all that apply.)

   This section of the survey asks questions about the district's HIV education policy and the staff development efforts related to that policy.

4. Have you attended the district's educator training for HIV education? (Circle one.)

   YES   NO

   If no, please stop here and return the survey. Thank you.

5. During the training session, were the district's HIV policies presented and explained? (Circle one.)

   YES   NO

   If no, please stop here and return the survey. Thank you.

6. What aspects of the district's HIV education policy should have been treated more extensively in the training?

7. What additional policy-related topics should have been included in the training?

8. Have you received training in how to meet the needs of students and staff members infected with HIV? (Circle one.)

   YES   NO
9. Do you have access to materials that describe confidentiality procedures for students and staff infected with HIV? (Circle one.)

YES        NO       NOT SURE

10. During the past year, did you encounter a situation that involved providing support to a student or staff member infected with HIV? (Circle one.)

YES       NO

11. What changes would you recommend in the procedures or the training you received in providing support to students or staff members infected with HIV?

(Centers For Disease Control and Prevention, 2006, p. 23-27)
Appendix D

Survey Distributed to Ohio School Board Members

A) How long have you been a member of the Ohio School Board Association? _______

B) How many years of education do you have past high school? ______

C) How would you classify your occupation? (Please circle one)

White-collar     Blue-collar     Entrepreneur    Other

D) How would you describe the socio-economic status of the majority of families in your district? (Please circle one)

Upper-class   Middle-class   Lower-Class   Poverty-Stricken

E) What is your gender?   Male   Female

Please circle the number that best describes your feelings or opinions towards each of the following statements:

1) Parents, teachers, students, and appropriate community representatives are involved in developing, implementing, and assessing HIV/AIDS education, policies and programs within the district.

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<tr>
<td>Strongly Agree</td>
<td>Neutral</td>
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<td>Strongly Disagree</td>
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2) I have a strong understanding of how Title IV protects the rights of HIV/AIDS infected students.

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3) I feel that I have been adequately equipped with the knowledge and training regarding the HIV/AIDS issues that impact schools.

4) I am aware of what Ohio law says about the confidentiality requirements for HIV/AIDS infected students.

5) I feel that specific education and counseling should be made available for HIV/AIDS infected students.

6) I feel that I have adequate, up to date knowledge on the needs of students that have been diagnosed with HIV/AIDS.

7) I feel that the community, parents, and school personnel have an adequate awareness concerning HIV/AIDS.
8) I feel that the students in my district have an adequate awareness concerning HIV/AIDS.

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9) There is adequate training regarding HIV/AIDS provided for school administrators, teachers, nurses, and counselors in our district.

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10) I believe that a comprehensive, preventative approach to HIV/AIDS education in combination with abstinence education is appropriate and/or necessary in my district.

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11) The students in our district receive adequate training and education regarding the statistics, transmission, and myths surrounding HIV/AIDS.

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12) The processes and outcomes of HIV/AIDS education are being monitored and periodically assessed in our district.

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There are many strategies that could raise awareness concerning HIV/AIDS. The following is a list of some of the most common. Please prioritize these as to which would be the most effective in raising the awareness among students and school personnel; one (1) being viewed as the most effective and seven (7) as being viewed as least effective.

___ Professional development
___ Semester-long course
___ Three week training course
___ Printed literature
___ Posters
___ Guest speakers
___ Videos and other multimedia

Do you think that your first choice should be mandated or elective?

___ Mandated   ___ Elective

*There will not be any identities, including names or school districts that will be disclosed. There will not be any individual data reported, or any attempt to identify respondents. By returning this survey, you are consenting to be a participant in the research and allowing the researcher to utilize your response data.

Thank you for your participation!