A NATIONAL STUDY OF SCHOOL BOARD MEMBERS' OPINIONS ABOUT ACQUIRED IMMUNE DEFICIENCY SYNDROME AND EDUCATION

by

Edgar B. Hatrick, III

Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

in

Educational Administration

APPROVED:

Dr. Kenneth E. Underwood, Chairman

Dr. Katherine E. Keough
Co-Chairman

Dr. Jim C. Fortune

Dr. Ronald L. McKeen

Dr. Wayne M. Worner

December, 1988

Blacksburg, Virginia

A NATIONAL STUDY OF SCHOOL BOARD MEMBERS' OPINIONS ABOUT ACQUIRED IMMUNE DEFICIENCY SYNDROME AND EDUCATION

by

Edgar B. Hatrick, III

Committee Chairman: Kenneth E. Underwood
Educational Administration

(ABSTRACT)

The major purpose of this study was to ascertain the opinions of school board members about Acquired Immune Deficiency Syndrome (AIDS) as it relates to the curriculum of America's public schools and employment and other policies governing those schools. The presence of the AIDS virus in the general population presents school board members throughout the nation with potentially volatile choices to be made about dealing with this infectious disease in the public school setting. In addition to the opinion survey, data were also gathered from this national sample of school board members about practices already in place related to sexually transmitted diseases such as AIDS.

Descriptive research methodology was utilized in this study. A nationwide sample of school board members was

identified from the list of subscribers of The American School Board Journal using a stratified random sampling technique. Of the approximately 25,000 subscribers who are school board members, the researcher surveyed an 18% random sample by means of a mailed questionnaire. The study was sponsored by The American School Board Journal, published by the National School Boards Association, the national professional organization for school board members in the United States.

ACKNOWLEDGMENTS

The writer expresses his sincere appreciation to those whose assistance, cooperation, encouragement, and time made this dissertation possible.

Dr. Kenneth Underwood, Chairman of the writer's dissertation, is especially recognized for his wise counsel and encouragement during the time that the writer has been his advisee at Virginia Polytechnic Institute and State University. Dr. Underwood is also recognized for acquiring support for this study from the American School Board Journal.

Appreciation is also extended to the Co-Chairman of the writer's dissertation committee, Dr. Katherine Keough, for her insight and expertise in framing the content of the study. Her national reputation for research involving AIDS is well deserved.

Further appreciation is expressed to the other members of the writer's dissertation committee: Dr. Jim Fortune, for his suggestions and time taken in advising the careful construction of the questionnaire and suggestions for analysis; Dr. Wayne Worner for his encouragement and careful critiquing of written documents; and Dr. Ronald

McKeen for his insights, perspective, and cheerful encouragement.

Finally, the writer expresses his personal gratitude to his wife, , and three children, , , and , whose patience and cooperation made this endeavor possible.

Table of Contents

List of Tables

Chapter 1

INTRODUCTION

In the summer of 1981 the newsletter of the U.S. Public Health Service's Center for Disease Control (CDC) carried a brief comment on an unusual outbreak of rare cancers and lung infections in five young homosexuals in Los Angeles. Similar reports followed shortly thereafter from New York City and San Francisco. Later in that same year the New England Journal of Medicine published several articles describing the appearance of these same illnesses in both homosexuals and intravenous drug abusers and suggesting that the victims' immune systems were severely deficient. The CDC soon labeled the new disorder Acquired Immune Deficiency Syndrome (AIDS) (AIDS Prologue).

It is difficult to imagine any topic of the 1980's which has aroused more discussion, concern, and questions than Acquired Immune Deficiency Syndrome. The drastic consequences of the AIDS virus combined with the current lack of a medical cure for the disease or vaccine to protect against it have caused reactions ranging from compassion and understanding to fear and hatred (Monmaney, p. 53). What at first seemed to be a problem limited to the male homosexual population and intravenous drug abusers

has quickly become an issue that must be dealt with by the whole population of America and the world (Osborn, p. 45).

There are probably not many school systems in the United States that have not or will not have to deal with some aspect of the AIDS epidemic. Whether the issue is deciding if educational programs about AIDS should be made available to students, determining the extent of education about sexually transmitted diseases (STD's) that will be provided in public school classrooms, or dealing with students, teachers, or other school personnel who carry the AIDS virus, it is clear that America's school board members have been and will be confronted with a number of crucial and difficult decisions regarding AIDS (Thompson, p.10).

It is equally clear that the administrators of America's schools must be prepared to offer counsel to school boards as they wrestle with a variety of compelling aspects of the AIDS epidemic and how it affects public schools. At once a medical problem and also a social dilemma, AIDS promises to create controversy as boards of education seek to deal with the school related problems it presents (Monmaney).

The historic position of America's schools to speak out against illegal abuse of drugs, particularly intravenous use, makes one aspect of AIDS education very natural in the school setting. Transmission of AIDS among

intravenous drug users by means of shared needles can be easily addressed in schools. "Just say no to drugs!" is not a new concept in schools' attempts to educate young people to the dangers of drug abuse. The possibility of transmission of the AIDS virus as a consequence of drug abuse adds strength to the message.

The more difficult aspect of AIDS education for many school boards has to do with sexual transmission of the disease, particularly as it has become a reality in the heterosexual as well as the homosexual community. In this arena old taboos and community mores about sex education must be considered as school boards decide on the scope of educational offerings for students. It is not unusual for school systems that did not even condone the teaching of human reproduction in science classes to be confronted now with the need to provide information for students about such topics as condoms and "safer sex."

Given the dire consequences associated with ignorance about AIDS and how it is transmitted, it is not at all surprising that significant pressure is being brought on the public schools of the United States to incorporate AIDS education into curriculum offerings at various levels. School boards are also being asked to deal with the policy issues associated with employment of AIDS victims and the education of children with AIDS.

What has been created, then, is an environment in which school board members must make decisions that are not always easily explained by scientific reasoning. They are often confronted with unanswered medical, legal, and social questions that may cause them to rely on their own notions about AIDS and education in making the decisions that eventually rest with boards of education.

Statement of Need

Given the magnitude of the decisions facing the nation's school board members, it is important to assess the opinions that they carry into the decision-making process about AIDS as it relates to the public schools. As more and more school boards find that they must make policy decisions about AIDS and education that they may previously have thought they might avoid, it is important that they have available information from around the country about how their colleagues in other communities are dealing with similar decisions.

Although there have been some limited surveys of school personnel regarding AIDS and education, there has not been a broad based national survey of the opinions of school board members on this topic. It is important to understand those opinions and the role they will play in setting the direction for AIDS education and personnel

policy decisions in America's public schools in coming years. Should AIDS education be part of the regular school curriculum? What is the role of parents vs. schools in developing student understanding concerning the relationship of AIDS transmission and sexual activity? Should testing for the AIDS virus be required of school employees? What components should an AIDS curriculum contain? Should school curriculum stress abstinence or "safer sex" or both or neither?

These and other questions about the opinions of school board members could provide vital information to help understand the influences and factors which relate to decision making about AIDS education.

This study is intended to provide current data on the opinions of school board members about Acquired Immune Deficiency Syndrome and education. It also indicates how these opinions vary among school board members across the United States. In providing that opinion profile, the results of this study could make a significant contribution to the department of knowledge regarding opinions of school board members, particularly as those opinions relate to AIDS and education. This body of knowledge is available for the use of administrators and school board members as they work together in confronting the dire consequences of the AIDS epidemic and as they plan ways to educate

America's young people to the dangers of this blood borne disease.

Using the results of this study, given the broad demographic data available, school personnel should be assisted by the findings of this study as they seek to formulate policies and plan for their implementation in local school districts across America.

Statement of Purpose

The major purpose of this study was to determine the opinions of school board members about Acquired Immune Deficiency Syndrome as it relates to public education and how these opinions relate to selected demographic, personal, and school board variables.

Research Questions

The research questions to be addressed were:

1. What are the opinions of school board members about inclusion of AIDS education in the regular curriculum and what aspects of AIDS education are appropriate?

2. What are the opinions of school board members about personnel policies related to AIDS?

3. Do these opinions differ significantly as a consequence of (a) size of the school district; (b) type or location of the school district; or (c) region of the country?

4. Do these opinions differ significantly as a consequence of the (a) sex; (b) ethnic designation; (c) age; (d) education; (e) occupation; (f) income; or (g) status of the member with regard to having children enrolled in public school?

5. Do these opinions differ significantly as a consequence of (a) length of service or (b) method by which board members were selected?

Definitions

The following terms used in this study have certain restrictions placed on their usage.

School board member. The term school board member, as used in this study, identifies an individual, either elected or appointed, who is a member of a local or regional board of education.

Demographic characteristics. This term refers to variables descriptive of a local school district such as a region of the country, type or location, or size.

Personal characteristics. This term refers to socially relevant variables such as age, sex, race, income, and occupation as noted by the individual school board member.

Limitations of the Study

The limitations of the study were:

1. The population from which the sample for this study was drawn is that of the subscribers to The American School Board Journal and was not that of the total school board member population serving as school board members in the United States.

2. A follow-up survey could not be conducted in an effort to improve the response rate because The American School Board Journal required anonymity.

3. The responses to the questionnaire were assumed to be the true opinions of the respondents based on personal observation, experience, or preference.

Organization of the Study

This study of the opinions of school board members about Acquired Immune Deficiency Syndrome and education is divided into five chapters.

Chapter one contains an introduction, statement of need, statement of the problem, research questions, definitions, and limitations of the study.

Chapter two contains a review of the literature relevant to AIDS and AIDS education in relation to the public school setting.

Chapter three includes a description of research methodology, selection of the sample instrumentation, collection of data, and method of analysis.

Chapter four describes the data and the findings of the survey and provides an analysis of data concerning the research questions.

Chapter five contains the summary, conclusions, and recommendations of the study.

Chapter 2

REVIEW OF LITERATURE

The purpose of this chapter is to provide a review of the literature relevant to the topic of Acquired Immune Deficiency Syndrome (AIDS) and education with a view toward highlighting its importance for consideration and decision making by school board members across America.

According to the "Surgeon General's Report on Acquired Immune Deficiency Syndrome," a person sick with AIDS is in the ". . . final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for 'shooting' drugs" (p. 9). The AIDS virus is scientifically known by three names: HIV - Human Immunodeficiency Virus, HTLV-III - Human T-Lymphotropic Virus Type III, and LAV - Lymphadenopathy Associated Virus. By attacking a person's immune system, the AIDS virus prevents the natural warding off of other germs so that the individual can become infected by bacteria, protozoa, fungi, and other viruses and malignancies; these may cause life-threatening illnesses, such as pneumonia, meningitis, and cancer (p. 10).

Since there is presently no cure for AIDS and no vaccine to prevent its spread, education to change behaviors that place persons at greater risk for infection has been called for by many authorities.

The importance of the role of public education in dealing with the AIDS epidemic is summarized well in the following quotation from the "Morbidity and Mortality Weekly Report" of the Centers for Disease Control (CDC, 1988, p. 1).

> Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV.

The same theme was expressed by the Surgeon General of the United States Public Health Service in his "Report on Acquired Immune Deficiency Syndrome" (1987, p. 5).

> Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

This call for education to play a significant role in trying to limit the spread of AIDS is not surprising, considering the consequences of the disease and the current

inability of science to control it medically. But between the call for schools to teach about AIDS and the necessity for schools themselves to deal with the threat of any spread of AIDS within the school, school boards throughout the country have been presented with policy decisions that often lead them into waters that they had previously steadfastly avoided, particularly in the area of sexual transmission of the AIDS virus.

The Surgeon General of the United States, Dr. C. Everett Koop, has strongly issued the challenge, though, for America's educators to take the lead in preventing the spread of AIDS. In an open letter to the members of the National Education Association, Dr. Koop said,

> Teachers have a significant role to play in the health education process. If preventive programs are to be most effective, they must be instituted before behavior that creates risk begins. America's teachers make up the only professional, national, educated, dispersed network that can reach young people before they begin these behaviors. In collaboration with public health workers and others in their communities, teachers can play a key role in helping to prevent the spread of AIDS and the development of other serious health problems (National Education Association, p. 2.).

When one considers that it has only been seven years since that time in 1981 when the weekly newsletter published by the U.S. Public Health Service's Centers for Disease Control carried a brief comment on an unusual outbreak of rare cancers and lung infections in five young

homosexuals in Los Angeles, it is not surprising that an investigation of the literature on AIDS and education, most of which has been written in the last five years, reveals a rapid evolution of information about medical aspects of AIDS and continuing debate over some aspects of public policy dealing with the disease (Issues in Science and Technology, Winter, 1986, p. 39).

Later in 1981, the New England Journal of Medicine published articles describing these same illnesses in both homosexuals and intravenous drug abusers. These articles suggested that the victims' immune systems were severely deficient. Not long after, the CDC labeled the new disorder Acquired Immune Deficiency Syndrome (AIDS).

Although initial attention focused on homosexuals and intravenous drug users as the groups most "at risk" for the disease, it did not take long to realize that the disease had spread through the blood supply and through various behaviors into the population in general.

According to the National Education Association's "The Facts About Aids," (1987), by September, 1987 there were more than 500 documented cases of AIDS in children under age 13. An estimated 3,000 more children had other serious illnesses resulting from the AIDS virus, and it was estimated that another 3,000 additional infected children would be born in 1987. This same booklet (p. 9) asserted

that eighty percent of all children with AIDS were infected during pregnancy or at the time of delivery, twelve percent received transfusions of infected blood before the blood supply was protected, and five percent were hemophiliacs who were treated with blood products before the need to destroy the virus was known.

In addition to the cases of pediatric AIDS that confront school officials, Dr. Katherine Keough points out in "Dealing With AIDS: Breaking the Chain of Infection" (p. 2) that teenagers are a high risk group for AIDS because of their experimentation with sex and drugs. She defines the risk for teenagers as follows.

> Although fewer than 1 percent of this country's AIDS cases are teens, nearly one-fourth of those infected with AIDS are between 20 and 30 years old. Since AIDS has an average incubation period of from 5 to 7 years, many of these young adults were infected with the virus as teens. Nearly half of all sexually transmitted disease patients are under 25. (p. 2)

Dr. Keough further asserts that universal AIDS instruction is of vital importance because it may be five or more years before medical science has significant tools with which to fight AIDS.

In addition to dealing with the imperative to educate young people about the dangers of AIDS, though, school boards throughout the country have been confronted with having to make decisions about attendance at school by students and other personnel who have tested positive for

the AIDS virus. This arena of decision-making is very young. Although school boards have for years been making decisions about inclusion or exclusion of personnel in line with various state laws governing communicable diseases such as chicken pox, measles, influenza, whooping cough, and impetigo, these laws have already proved inadequate to deal with such blood borne contagious and infectious diseases as AIDS.

"AIDS and the Public Schools," a report of the National School Boards Association in 1986, pointed out that in designing policy, school board members must be aware of three important differences between AIDS and other communicable diseases.

> -- The virus that causes AIDS is not transmitted by casual contact, such as would occur in schools; that is, it is much more difficult to catch than disease agents that cause many other communicable diseases;
> -- AIDS is a disease with no cure, from which no one has yet recovered; therefore, the consequences of developing AIDS are much more grave than those associated with many other communicable diseases that can affect persons in schools;
> -- People often forget the first difference and remember the second; therefore, public reaction to the presence of a person with AIDS in the schools can reach the level of hysteria. (p. 38)

A significant amount of advice regarding the writing of policies has been produced to help school boards, and most of it harkens back to the suggestions of the Centers for Disease Control. In general these suggestions call for

educators to work closely with medical authorities in determining on a case-by-case basis those personnel who should be admitted to school even though they have tested positive for AIDS virus. These guidelines also call for protection of the individual's right to confidentiality and proper instruction for all school personnel on appropriate means of dealing with blood and other body fluids in all clean up operations.

Balancing this advice to establish policies, though, are many vexing questions that must be answered. Some of these questions were summarized in a survey conducted by Dr. Katherine Keough and Dr. George Seaton in the late Spring of 1987. Among the questions they put to a select group of school administrators across the country were the following that must also be considered by school boards as they set policy.

-- Who is entitled to be informed about the outcome of a test for AIDS?
-- Should teachers be notified when students who test positive for the AIDS virus are placed in their classrooms?
-- Should teachers be trained in the care of students who have AIDS?
-- Should students who have AIDS be kept from participating in the regular school program? (Keough, PDK, 1988)

This study of superintendents, those professional educators who work most closely with school board members, produced some interesting and relevant findings, especially if one compares those findings with their answers to

questions about AIDS with those asked of school board members. The superintendents' study revealed that superintendents strongly agreed with the view that mandatory AIDS testing and widespread disclosure of the findings would place many individuals at risk of harsh discrimination. They agreed that "fear of such discrimination would frighten away many members of high-risk groups (e.g. homosexuals and intravenous drug users), who must be reached and educated to change their habits if the epidemic is to be checked" (Keough, PDK, 1988, p. 360).

The survey also revealed that 98% of the superintendents surveyed favored including AIDS education in the regular curriculum of the schools. The survey also revealed that school administrators may not have been well-equipped to deal with the AIDS crisis at the time of the survey. "Just slightly more that half of the superintendents we surveyed had attended a workshop on AIDS--and a single workshop can be considered only a first step toward acquiring any real understanding of the problem" (Keough, p. 361). Finally, the survey revealed that superintendents placed AIDS high on their list of concerns, ranking it third among 14 troublesome issues.

In talking about AIDS and children in school, Dr. Koop said in his "Surgeon General's Report on Acquired Immune Deficiency Syndrome" (pp. 23-24),

> None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.
>
> Children with AIDS are highly susceptible to infections such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be a child's parents, physician and a public health official.
>
> Casual social contact between children and persons infected with the AIDS virus is not dangerous.

It is in this context of definitive answers to some questions and far less than definitive answers to others that school board members across America must make policies governing the attendance at school by persons infected with AIDS and the exact scope of the educational effort to prevent the spread of the AIDS virus.

Summary

This review of the literature explored writings relevant to the topic of Acquired Immune Deficiency Syndrome (AIDS) and education. The purpose was to highlight that literature which is important for consideration by school board members as they are involved in decision making about issues related to schools and AIDS.

A review of the literature revealed that much medical and scientific information is available about AIDS, although neither a cure nor a vaccine to prevent its spread has been discovered.

Beyond the scientific information, the literature reveals an almost universal opinion that education geared to changing behaviors that place persons at greatest risk for infection by the AIDS virus is currently the best means available to prevent its further spread. Given the fact that most experts now consider the level of AIDS infection to have reached pandemic proportions and the further view that a medical cure is not in sight, the important role of education was stressed again and again by authors reviewed. No less than the Surgeon General of the United States spoke strongly to the need for public education to join with parents and community leaders to educate young people so that they can grow up knowing the behaviors to

avoid to protect themselves from exposure to the AIDS virus. (Koop, p. 5)

Chapter 3

METHODOLOGY

The purpose of this chapter is to describe the research methodology employed in this study, explain the sampling technique, describe the data collection instrument (questionnaire) and its administration, and provide an explanation of the statistical procedures used in analyzing the data.

Research Methodology

Descriptive research methodology was used in this study.

> Descriptive research describes what is. It involves the description, recording, analysis, and interpretation of conditions that now exist. It often involves some type of comparison or contrast and may attempt to discover cause-effect relationships that exist (Best, 1970, p. 15).

The purpose of descriptive or survey research is to collect data from a selected sample in order to test hypotheses or to answer questions regarding the relative incidence, distribution, and interrelation of variables identified for study (Wiersma, 1980).

> No category of educational research is more widely used than the type variously known as the survey, the narrative survey, or descriptive research. This is a broad classification comprising a variety of specific techniques and procedures, all similar from the standpoint of purpose--namely to establish the status of the phenomenon under investigation (Mouly, 1970, p. 234).

Survey research refers to a particular type of empirical social research. Babbie (1973) has identified three general objectives of this type of research.

1. Description. The ability to make descriptive assertions about the distribution of traits among a carefully selected sample of respondents and to infer a comparable description of the larger population.

2. Explanation. The ability to make explanatory assertions about the population.

3. Exploration. The ability to search for additional possibilities.

This study surveyed a nationwide stratified sample by means of a mailed questionnaire (Appendix A). The study was sponsored by The American School Board Journal, published by the National School Boards Association, the national professional organization for school board members in the United States.

> Among the major advantages of the questionnaire is that it permits wide coverage at a minimum expense both in money and effort. It not only affords wider geographic coverage but it also reaches persons who

> are difficult to contact. This greater coverage makes for greater validity in the results through promoting the selection of a larger and more representative sample. Particularly when it does not call for a signature or other means of identification, the questionnaire may, because of its greater impersonality, elicit more candid and objective replies (Mouly, 1970, p. 242).

A survey, according to Fink and Kosecoff (1985), is "a method of collecting information from people about their ideas, feelings, plans, beliefs, and social, educational, and financial background" (p. 13). A survey in the form of a questionnaire has distinct advantages for gathering such data since each respondent receives the same set of questions phrased in exactly the same way. "Questionnaires are, then, supposed to yield more comparable data than do interviews" (Sax, 1979, p. 245).

The researcher chose to use descriptive survey procedures utilizing a questionnaire for this study in order to determine information about and opinions of school board members about Acquired Immune Deficiency Syndrome and its impacts on public education and to study the relationship among these factors and selected demographic, personal, and school board variables.

Sample

A nationwide sample of school board members was identified from the list of subscribers of The American

School Board Journal. Because of the wide variance in the number of school board members from region to region, the technique of stratified random sampling was used by the researcher to ensure that the population within each region was equally represented. For the purpose of this study, regions of the United States, as identified by The American School Board Journal were utilized (Table 1). This methodology follows the dictum of Isaacs and Michael (1978).

> When there are two or more ways of classifying the data and it is important to ensure that each category is proportionately represented in the sample, the population is divided into appropriate strata and then a pre-determined quota of cases is drawn at random from each substratum (p. 146).

The stratified random sample (Table 2) was prepared from the list of subscribers of The American School Board Journal. Superintendents, professors of education, librarians, etc., were deleted from the list of subscribers so that only local school board members were surveyed.

The researcher used an 18% random sample of the population. This is the same sample size chosen by Cameron in her 1987 study, and is similar to that chosen by Dodge in his 1981 study and Meyer in his 1982 study.

Table 1

Regions of the United States According to National School Board Association Membership

Region	Membership	States	
Northeast	5,644	Connecticut	New Jersey
		Delaware	New York
		District of Columbia	Pennsylvania
		Maine	Rhode Island
		Maryland	Vermont
		Massachusetts	Virgin Is.
		New Hampshire	
Central	8,483	Illinois	Minnesota
		Indiana	Missouri
		Iowa	Ohio
		Kentucky	Wisconsin
		Michigan	
Southern	4,389	Alabama	Tennessee
		Arkansas	Texas
		Florida	Virginia
		Georgia	West Virginia
		Louisiana	
		Mississippi	
		North Carolina	
		South Carolina	
Western	3,256	Colorado	North Dakota
		Kansas	Oklahoma
		Montana	South Dakota
		Nebraska	Wyoming
		New Mexico	
Pacific	3,189	Alaska	Nevada
		Arizona	Oregon
		California	Utah
		Hawaii	Washington
		Idaho	

Note. N = 24,961

Table 2

Population and Sample by Region

Region	School Board Member Subscribers	18% Sample
Northeast	5,644	1,016
Central	8,483	1,527
Southern	4,389	790
Western	3,256	586
Pacific	3,189	574
Total	24,961	4,493

Instrumentation

The survey form (Appendix) used in this study was designed to accomplish two purposes. The first purpose was to collect selected demographic, personal, and opinion information about school board members in this study. The second purpose was to gather data which is not utilized in this study but which was requested by The American School Board Journal.

The survey instrument was divided into seven parts. Part I (Questions 1-3) gathered demographic information about the school board member's school district. Part II (Questions 4-12) asked for personal information about school board member subscribers to The American School Board Journal. Part III (Questions 13-28) sought information about the school boards on which the members serve. Part IV (Questions 29-41) presented 13 questions or statements about AIDS and the relationship of AIDS to education that school board members were asked to answer or with which they were asked to indicate agreement or disagreement. Part V (Questions 42-52) asked 11 more questions about AIDS and the school board member's board or district. Part VI asked board members to rank the three most pressing concerns in their school districts. Part VII (Questions 54-67) sought answers to 14 questions about tenure of superintendents.

In addition to certain of the demographic and personal information questions, the specific questions contained in Parts IV and V of the survey were constructed to obtain information about school board members' opinions about AIDS and its relationship to various aspects of public school education. All of these questions were designed to elicit information about opinions held by school board members in light of various demographic, personal, and school board service factors in line with the five research questions identified for the study.

The factors selected for study were derived from a review of the literature and discussions with the members of the researcher's dissertation committee and editors of the The American School Board Journal.

In order to validate the questionnaire, dissertation committee members the chairman and co-chairman, members of the editorial staff of The American School Board Journal, and selected school board members, not represented in the study sample, were asked to review the questionnaire and respond to the following inquiries about it.

1. Are the directions of the questionnaire stated and explained clearly?
2. Are the questions of sufficient interest and appeal to ensure the respondent would be inclined to respond and complete the questionnaire?

3. Are the questions relevant to current educational concerns so as to elicit an accurate and realistic response?
4. Are the questions asked in a way that is not embarrassing to the respondent?
5. Are the questions too restrictive, limited, or narrow in scope?
6. Are the questions designed in a manner which would, when taken as a whole, answer the basic philosophy of the study?

Responses of these reviewing groups were analyzed for possible misinterpretations of any items, and revisions were made where necessary. Particular emphasis was given to clarity of question items and appropriateness of response alternatives to facilitate item analysis.

Collection of Data

A total of 4,493 local school board members within the United States was identified and requested to participate in this study. A postcard (Appendix) was sent one week prior to the mailing of the questionnaire to notify selected respondents that they had been selected for participation in the survey and to solicit their cooperation in completing and returning the survey. Questionnaires were mailed to

each school board member selected for the sample on March 12, 1988. They were accompanied by a cover letter and self-addressed postage-paid return envelope. First returns were received on March 22, 1988, and the final set on April 28, 1988. No attempt was made to perform a follow-up survey of those who did not respond because of the requirement of The American School Board Journal that anonymity be maintained in studies involving its subscribers.

"Responses to mail questionnaires are generally poor. Returns of less than 40 or 50 percent are common" (Kerlinger, 1973, p. 414). Previous national studies of school board members in The American School Board Journal/Virginia Polytechnic Institute and State University series have reported returns ranging from 23% to 40%. In this study a return of 25.9% was achieved.

Method of Analysis

Returned questionnaires were examined for correctness and completeness. Any questionnaires with one or more parts substantially incomplete were discarded.

All data were coded and entered on a computer terminal. The data were analyzed through use of the Statistical Package for the Social Sciences (SPSS) packaged computer routines. All questions from the survey were analyzed using frequency distributions. Responses to

questions from Part IV were also analyzed according to cross-tabulation procedures with the chi-square statistic for significance.

Summary

The purpose of this chapter was to describe the methodology of this study, the development of the survey instrument, the data collection procedures, and the statistical methods used in analyzing the data collected.

Chapter 4

RESULTS

The purpose of this chapter is to present a description of the response data and the applied statistical techniques. This chapter is divided into three sections. The first section describes characteristics of the respondents to the survey. The second section presents the findings with respect to each research question. The third section presents a summary of the chapter.

Description of the Sample

The sample for this study consisted of 4,493 local and regional school board members within the United States who were sent a survey. After seven weeks, 1,162 or 25.9% of the surveys were returned.

Demographic Data Relative to the Respondents

Region. The distribution of returned surveys from the sample group by region is reported in Table 3 in relation to data indicating the national distribution of local school districts for the same geographic regions. The responses by region were within 0.0% to 10.5% of the national data. The greatest differences occurred in the Central region where

Table 3

Distribution of Returned Surveys by Region and in Relation to National Distribution of School Districts

	Surveys				School Districts[a]	
	Mailed	Returned		Total		
Region	No.	No.	%	%	No.	%
Northeast	1,016	246	24.2	21.2	3,023	18.9
Central	1,527	442	28.9	38.0	4,671	29.2
Southern	790	191	24.2	16.4	2,615	16.4
Western	586	138	23.5	11.9	3,582	22.4
Pacific	574	140	24.4	12.0	2,085	13.1
No Response		5				
Total	4,493	1,162			15,976	100.0

[a]Number of local basic administrative units were obtained from the National Center for Education Statistics, Digest of Education Statistics 1983-84, p. 57.

the responses were 8.8% greater than the national data and in the Western region where the responses were 10.5% less than the national data. The other three regions varied between 0.0% and 2.3% in the difference between the responses and the actual distribution of school districts in terms of percent by region.

Enrollment. The distribution of returned surveys by school system enrollment size is reported in Table 4 and in relation to data indicating the national distribution of local school districts for the same enrollment size groupings. The enrollment sizes reported by the school board members vary from the national data by a range of 3.7% to 33.7% and in inverse relationship to the size of the district. That is, as the size of the district increased, the amount of difference decreased such that the percent of variance between percent of respondents to the survey and the percent of school districts is highest (33.7%) in the less-than-1,000 category and the smallest (3.7%) in the 25,000-or-more category. In addition, the direction of the difference is such that there is a greater percent of respondents than percent of school districts for each category of enrollment size exceeding 1,000 and fewer percent respondents than percent school districts in the enrollment size category of less than 1,000.

Table 4

Distribution of Returned Surveys by Enrollment Size and in Relation to National Distribution of School Districts

	Surveys		School Districts[a]	
Enrollment Size	No. Returned	% Total	No.	%
Fewer than 1,000	246	21.2	8,652	54.9
1,000 - 4,999	567	48.8	5,508	35.0
5,000 - 9,999	176	15.1	970	6.2
10,000 - 24,999	114	9.8	456	2.9
25,000 or more	55	4.7	161	1.0
No Response	4	0.3		
Total	1,162	100.0	15,747	100.0

[a]Number of local basic administrative units by size of school system obtained from the National Center for Education Statistics, Digest of Education Statistics 1983-84, p. 62.

Community description. The number and percent of responses by community description are reported in Table 5. The largest percent of respondents indicated that their community was best categorized as Suburban with 29.0% of the total. The next largest groups of respondents indicated Rural (28.7%) and Small Town (26.1%) as characterizing their communities. The smallest groups of respondents characterized their communities as Urban (10.8%) and Other (4.2%).

Personal Data Relative to Respondents

The distributions of respondents by their reported various personal characteristics are presented in Tables 6-13.

Sex of respondents. The number and percent of respondents by sex, as indicated in Table 6, was 745 or 64.1% male and 416 or 35.8% female.

Ethnic designation of respondents. The number and percent of respondents by ethnic designation, as shown in Table 7, indicate that the majority, 1,089 or 93.7% were White and 40 or 3.4% were Black. The next largest category was Hispanic with 15 or 1.3% of the total number of respondents.

Table 5

Distribution of Returned Surveys by Community Description

	Surveys Returned	
Community Description	No.	%
Urban	126	10.8
Suburban	337	29.0
Rural	334	28.7
Small town	303	26.1
Other	49	4.2
No response	13	1.1
Total	1,162	100.0

Table 6

Distribution of Respondents by Sex

Category	Frequency	Percent
Male	745	64.1
Female	416	35.8
No response	1	0.1
Total	1,162	100.0

Table 7

Distribution of Respondents by Ethnic Designation

Category	Frequency	Percent
Black	40	3.4
White	1,089	93.7
Hispanic	15	1.3
American Indian	8	0.7
Oriental	4	0.3
Other	3	0.3
No response	3	0.3
Total	1,162	100.0

Age of respondents. An analysis of the data indicated, as shown in Table 8, that the largest group of respondents were between 41 and 50 years of age, 517 respondents or 44.5% of the total. The second and third largest groups were between 51 and 60 years of age (232 or 20.0%) and between 36 and 40 years of age (179 or 15.4%). Thus, 928 or 79.9% of the responding school board members were between the ages of 36 and 60 years.

Education level of respondents. As shown on Table 9, the number and percent of respondents by level of education indicated that 1,015 or 87.3% had completed some education beyond high school graduation with 792 or 68.2% indicating completion of a four-year college degree or an advanced college degree.

Occupation of respondents. The number and percent of respondents by occupation is reported in Table 10 in classifications derived from the Gallup poll. The largest category of respondents, 369 or 31.8%, reported working in professional fields while the fewest respondents reported working in laborer (8 or 0.7%) or semi-skilled (6 or 0.5%) areas. The three categories of professional (369 or 31.8%), managerial (187 or 16.1%) and business owner (144 or 12.4%) accounted for 60.3% of all respondents while another 23.2% were homemakers (161 or 13.9%) or retired (108 or 9.3%). Seventy-three respondents or 6.3% reported "other" for their current occupation.

Table 8

Distribution of Respondents by Age

Category	Frequency	Percent
25 or less	2	0.2
26 - 35	85	7.3
36 - 40	179	15.4
41 - 50	517	44.5
51 - 60	232	20.0
Over 60	146	12.6
No response	1	0.1
Total	1,162	100.0

Table 9

Distribution of Respondents by Highest Education Attainment

Category	Frequency	Percent
Less than high school graduate	9	0.8
High school graduate	136	11.7
Post-high school training	223	19.2
Four-year college degree	402	34.6
Advanced college degree	390	33.6
No response	2	0.2
Total	1,162	100.0

Table 10

Distribution of Respondents by Current Occupation

Category	Frequency	Percent
Professional	369	31.8
Managerial	187	16.1
Business Owner	144	12.4
Clerical	26	2.2
Sales	36	3.1
Service	9	0.8
Skilled Trades	29	2.5
Semi-skilled	6	0.5
Laborer	8	0.7
Retired	108	9.3
Homemaker	161	13.9
Other	73	6.3
No response	6	0.5
Total	1,162	100.0

Family income of respondents. The number and percent of respondents by family income, shown in Table 11, indicates that family incomes of school board members range from less than $20,000 (39 or 3.4%) to $150,000 or more (40 or 3.4%). The largest group of respondents, 875 or 75.3%, had family incomes of $20,000 to $79,999. Over half of the sample (608 or 52.3%) had family incomes over $50,000 while 515 or 44.3% had family incomes of less than $50,000.

Marital status of respondents. The number and percent of school board member respondents by marital status, as indicated in Table 12, was 1,097 or 94.4% married and 58 or 5.0% not married.

Status of respondents with regard to having children in public school. As shown in Table 13, the majority of school board member respondents (720 or 62.0%) indicated that they currently have children in public school. Some 422 or 36.3% indicated that they do not currently have children enrolled in public schools.

Table 11

Distribution of Respondents by Family Income

Category	Frequency	Percent
Less than $20,000	39	3.4
$20,000 to $29,999	92	7.9
$30,000 to $39,999	181	15.6
$40,000 to $49,999	203	17.5
$50,000 to $59,999	183	15.7
$60,000 to $69,999	128	11.0
$70,000 to $79,999	88	7.6
$80,000 to $89,999	54	4.6
$90,000 to $99,999	38	3.3
$100,000 to $149,999	77	6.6
$150,000 or more	40	3.4
No response	39	3.4
Total	1,162	100.0

Table 12

Distribution of Respondents by Marital Status

Category	Frequency	Percent
Married	1,097	94.4
Not married	58	5.0
No response	7	0.6
Total	1,162	100.0

Table 13

Distribution of Respondents by Whether or Not They Have Children in Public School (K-12) at This Time

Category	Frequency	Percent
Children in pubic school	720	62.0
No children in public school	422	36.3
No response	20	1.7
Total	1,162	100.0

School Board Characteristics Relative to Respondents

Length of board service by respondents. As shown in Table 14, school board members responded that they had served on their boards from less than one year to 31 years. Most respondents, 696 or 60.0%, indicated that they had served five or less years on the board, while the mean number of years served was 5.8.

Size of school board served on by respondents. The size of school boards, as determined by the number of members, ranged from 3 to 22 members, as shown in Table 15. The largest group of school boards were 7 or 8 members (498 or 42.9%) with the second largest group reported as being 5 or 6 members (443 or 38.1%). Thus, 941 or 81.0% of the respondents served on boards that numbered in size from five to eight members with a mean size of 6.7 members.

Method of selection of school board members. As indicated in Table 16, the majority of school boards (1,096 or 94.3%) represented by the respondents select their members by election, while 62 or 5.3% represent appointed school boards.

Table 14

Distribution of Respondents by Length of Board Service

Category	Frequency	Percent
0 to 5 years	696	60.0
6 to 10 years	291	25.0
11 to 15 years	101	8.7
16 to 20 years	41	3.5
More than 20 years	26	2.2
No response	7	0.6
Total	1,162	100.0

Note: n = 1,162
Range = 0 - 31 years
Mean = 5.8 years
SD = 5.1 years

Table 15

Size of School Boards on Which Respondents Serve

Size of Board (Number of Members)	Frequency	Percent
3 - 4	6	0.5
5 - 6	443	38.1
7 - 8	498	42.9
9 - 10	185	15.9
11 or more	24	2.1
No response	6	0.5
Total	1,162	100.0

Note: n = 1,162
Range = 3 - 22 members
Mean = 6.7
SD = 1.7

Table 16

Method of Selection of School Board Members Indicated by Respondents

Category	Frequency	Percent
Elected	1,096	94.3
Appointed	62	5.3
No response	4	0.3
Total	1,162	100.0

Additional background information

In order to help ascertain the frame of reference for respondents beyond the demographic and personal data that had been solicited in earlier questions, a multi-part question was asked to determine members' knowledge of various school personnel, including students, who had tested positive for the AIDS virus, who had contracted AIDS, or who had died from complications of AIDS.

The overwhelming majority of board members (1,135 or 97.7%) indicated that no students had been identified in their communities who had tested positive for the AIDS virus. As is indicated in Table 17, only 27 of the respondent school board members indicated that any students tested positive for AIDS virus in their communities. Of these, 15 or 1.3% indicated that one student had tested positive, eight or 0.7% indicated positive testing for two students, and four or 0.3% indicated they were aware of positive testing for the AIDS virus for three of their students.

In answer to the same question about instances where teachers have tested positive for the AIDS virus, 1,147 or 98.8% of the respondents indicated that they were not aware of any teachers testing positive. Thirteen, or 1.1% indicated that one teacher in their community had tested positive, and two or 0.2% indicated that two teachers had tested positive.

Table 17

Distribution of Respondents According to Identification of Members of the School Community Who Have Tested Positive for the AIDS Virus

Category		Frequency	Percent
Students	0	1,135	97.7
	1	15	1.3
	2	8	0.7
	3	4	.3
Teachers	0	1,147	98.8
	1	13	1.1
	2	2	.2
Support staff	0	1,162	100.0
Administrators	0	1,162	100.0
Board Members	0	1,162	100.0

Finally, as indicated in Table 17, all 1,162 of the respondents (100.0%) indicated that to their knowledge no support staff, administrators, or board members had tested positive for the AIDS virus.

Results similar to those obtained about personnel who had tested positive for the AIDS virus were obtained when respondents were asked to indicate whether students, teachers, support staff, administrators, or board members in their community had, to their knowledge, contracted AIDS. Table 18 shows the results of responses to that set of questions. Of the 1,162 school board members who responded, 1,148 or 98.8% indicated that they did not know of any students who had contracted AIDS in their communities. Almost the same number, 1,145 or 98.6%, indicated that they did not know of any teachers in their communities who had contracted AIDS.

Eleven board members (0.9%) answered that one student in their community had contracted AIDS, 13 (1.1%) indicated that one teacher had contracted AIDS, and one board member (0.1%) indicated that an administrator had contracted AIDS. Three respondents (0.3%) answered that two students had contracted AIDS. Similarly, three board members (0.3%) answered that two teachers in their communities had contracted AIDS, while one respondent (0.1%) indicated that six teachers had contracted the virus. Although 1,161

Table 18

Distribution of Respondents According to Identification of Members of the School Community Who Have Contracted AIDS

Category		Frequency	Percent
Students	0	1,148	98.8
	1	11	0.9
	2	3	.3
Teachers	0	1,145	98.6
	1	13	1.1
	2	3	0.3
	6	1	0.1
Support Staff	0	1,162	100.0
Administrators	0	1,161	99.9
	1	1	0.1
Board Members	0	1,162	100.0

board members (99.9%) indicated that they did not know of any administrators in their communities who had contracted AIDS, one respondent (0.1%) indicated knowing of one administrator in the community who had contracted the virus. Finally, as indicated in Table 18, 1,162 or 100% of the board members responding indicated that they did not know of any board members or administrators in their communities who had contracted AIDS.

The last part of this question dealt with whether or not board members knew of various categories of persons in their communities who had died from AIDS related causes. As one can see in Table 19, 1,158 respondents (99.7%) said that they did not know of any students in their communities who had died from AIDS related causes. The remaining four board member respondents (0.3%) answered that they knew of one student who had died from AIDS related causes.

When responding about teachers, 1,150 board members (99.0%) reported that they did not know of any teachers in their communities who had died of AIDS related causes. Six board members (0.5%) indicated that they knew of one teacher who had died, four (0.3%) knew of 2 teachers who had died, and one respondent each (0.1%) knew of five and six teachers who had died in their communities of AIDS related causes (Table 19).

Table 19

Distribution of Respondents According to Identification of Members of the School Community Who Have Died from AIDS Related Causes

Category		Frequency	Percent
Students	0	1,158	99.7
	1	4	0.3
Teachers	0	1,150	99.0
	1	6	0.5
	2	4	0.3
	5	1	0.1
	6	1	0.1
Support Staff	0	1,162	100.0
Administrators	0	1,161	99.9
	1	1	0.1
Board Members	0	1,162	100.0

Findings for Each Research Question

Research Question 1. What are the opinions of school board members about inclusion of AIDS education in the regular curriculum and what aspects of AIDS education are appropriate?

AIDS Education in the Regular Curriculum

Board members were asked to give their opinion on whether or not AIDS education should be part of the regular school curriculum. As Table 20 indicates, 1,105 (95.1%) of the board members surveyed indicated agreement with the statement that "AIDS education should be part of the regular school curriculum." Forty-nine respondents (4.2%) indicated disagreement with the statement.

Of those who agreed that AIDS education should be part of the regular curriculum, 1,087 (93.5%) went on to identify a grade level at which such instruction should begin. As indicated in Table 21, those who agreed were almost evenly divided among the choices of beginning AIDS instruction at the primary level grades K-3 (324 or 27.9%), intermediate grades 4-5 (350 or 30.1%), and middle school grades 6-8 levels (389 or 33.5%). Only 24 or 2.1% favored waiting until high school grades 9-12 to begin AIDS instruction. It is interesting to note that 147 board members (12.7%)

Table 20

Distribution of Respondents by Opinion Reaction to the Statement: "AIDS education should be part of the regular school curriculum."

Category	Frequency	Percent
Agree	1,105	95.1
Disagree	49	4.2
No response	8	0.7
Total	1,162	100.0

Table 21

Distribution of Respondents' Opinions Toward Inclusion of AIDS Education in Regular Curriculum of School District

Category	Frequency	Percent
Should be included	1,087	93.5
Grade Level at Which AIDS Instruction Should Begin		
Primary (grades K-3)	324	27.9
Kindergarten	147	12.7
Grade 1	42	3.6
Grade 2	21	1.8
Grade 3	114	9.8
Intermediate (4-5)	350	30.1
Grade 4	156	13.4
Grade 5	194	16.7
Middle school (6-8)	389	33.5
Grade 6	209	18.0
Grade 7	157	13.5
Grade 8	23	2.0
High school (9-12)	24	2.1
Grade 9	16	1.4
Grade 10	6	0.5
Grade 11	1	0.1
Grade 12	1	0.1
Should not be included	49	4.2
No response	26	2.2
Total	1,162	100.0

favored beginning AIDS instruction in kindergarten. 674 respondents (58.0%) indicated that they thought AIDS instruction should begin during the elementary, kindergarten through fifth grade, years.

The opinion responses to the next statement that, "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home" are indicated in Table 22. As one might have expected from the responses given to the previous statement about AIDS education being part of the regular school curriculum, a large majority of respondents (1,051 or 90.4%) indicated disagreement with the statement that the home should have the sole responsibility for AIDS instruction. Those who agreed with the statement numbered 99 or 8.5% of the total respondents.

Just as these first two statements had attempted to establish some pattern of response to the question of where AIDS instruction should occur, so the next statement pursued the same notion in a direct way about the schools. The statement, "Overall, the school is the best place to teach students about the relationship between sexual activity and AIDS transmission" produced a more mixed reaction among respondents (Table 23). Although 760 or 65.4% of the respondents said that they agreed with the statement, 372 or 32.0% indicated that they disagreed. In

Table 22

Distribution of Respondents by Opinion Reaction to the Statement: "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home."

Category	Frequency	Percent
Agree	99	8.5
Disagree	1,051	90.4
No response	12	1.0
Total	1,162	100.0

Table 23

Distribution of Respondents by Opinion Reaction to the Statement: "Overall, the school is the best place to teach students about the relationship between sexual activity and AIDS transmission."

Category	Frequency	Percent
Agree	760	65.4
Disagree	372	32.0
No response	30	2.6
Total	1,162	100.0

light of the earlier response by 95.1% of the respondents that they agreed that AIDS education should be part of the regular school curriculum, the reduction in agreement with the statement that the schools are the best place to teach students about AIDS may have been driven by the notion of "best." At any rate, it is clear that a number of respondents who favor including AIDS education in the regular curriculum still do not hold the opinion that the schools are really the best place to instruct students about the relationship between sexual activity and AIDS transmission.

Curricular Aspects of AIDS Education

Having probed the opinions of school board members about whether or not AIDS education should take place in the school, the questionnaire then went on to seek specific reactions to the inclusion of certain messages or topics in school AIDS instruction.

The first of these statements about which school board members' opinions were sought said that, "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS." As Table 24 indicates, the numbers of agreeing and disagreeing respondents was closer than in previous responses. Those agreeing with the statement

Table 24

Distribution of Respondents by Opinion Reaction to the Statement: "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS."

Category	Frequency	Percent
Agree	531	45.7
Disagree	605	52.1
No response	26	2.2
Total	1,162	100.0

numbered 531 or 45.7% of the respondents, while disagreement was expressed by 605 school board members or 52.1% of the respondents.

The next statement introduced the question of whether or not board members felt that moral issues should be part of school AIDS instruction. As is indicated in Table 25, 676 or 58.2% of the board members responding agreed with the statement that, "School AIDS instruction should specifically address moral issues associated with AIDS." On the other hand, 454 respondents or 39.1% disagreed.

When reaction to the statement that, "In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms" was sought, the response was better than four to one in agreement. School board members numbering 937 or 80.6% indicated agreement with the statement, while 194 or 16.7% indicated disagreement. Complete frequency distribution of respondents can be found in Table 26.

The next statement to which board members were asked to respond was that, "School AIDS instruction should teach about AIDS solely as a health issue." As Table 27 indicates, respondents were more evenly divided when giving their opinions about this statement. While 595 or 51.2% indicated agreement, 540 or 46.5% responded that they did not agree.

Table 25

Distribution of Respondents by Opinion Reaction to the Statement: "School AIDS instruction should specifically address moral issues associated with AIDS.

Category	Frequency	Percent
Agree	676	58.2
Disagree	454	39.1
No response	32	2.8
Total	1,162	100.0

Table 26

Distribution of Respondents by Opinion Reaction to the Statement: "In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms."

Category	Frequency	Percent
Agree	937	80.6
Disagree	194	16.7
No response	31	2.7
Total	1,162	100.0

Table 27

Distribution of Respondents by Opinion Reaction to the Statement: "School AIDS instruction should teach about AIDS solely as a health issue."

Category	Frequency	Percent
Agree	595	51.2
Disagree	540	46.5
No response	27	2.3
Total	1,162	100.0

Research Question 2. What are the opinions of school board members about personnel policies related to AIDS?

The next series of questions sought to draw out opinions of school board members with regard to personnel policies related to AIDS. The term personnel is used here to include students and employees. Questions dealt with both testing for AIDS and inclusion in the school environment of those who have tested positive for AIDS.

In addition to seeking their opinions, respondent school board members were asked whether or not their school district had developed a policy to deal with employees who test positive for the AIDS virus. As Table 28 shows, more than half of those polled (645 or 55.5%) said that their school district had not developed such a policy. On the other hand, 480 or 41.3% of the board members indicated that their district had developed such a policy.

When board members were then asked whether or not they agreed that all current school employees in their school system should be tested for the presence of the AIDS virus, an overwhelming majority (886 or 76.2%) indicated that they did not agree that such testing should take place. Those who agreed with the idea of testing current school employees numbered 251 or 21.6% (Table 29).

Table 28

Distribution of Respondents by Whether or Not Their School District Has Developed a Policy for Employees Who Have Tested Positive for the AIDS Virus

Category	Frequency	Percent
Has developed policy	480	41.3
Has not developed policy	645	55.5
No response	37	3.2
Total	1,162	100.0

Table 29

Distribution of Respondents by Opinion Reaction

to the Statement: "All current school employees in my school system should be tested for the presence of the AIDS virus."

Category	Frequency	Percent
Agree	251	21.6
Disagree	886	76.2
No response	25	2.2
Total	1,162	100.0

The distribution changed somewhat, however, when the statement dealt with testing of new employees as opposed to those already employed. Asked to indicate agreement or disagreement with the statement, "All contracts for new employees in my school system should require testing for AIDS as a condition of employment," those who disagreed numbered 767 or 66.0%, a decline of 10.2% from the level of disagreement regarding testing of current employees. For new employees, 366 board members (31.5%) indicated agreement that AIDS testing should be required (see Table 30).

In the realm of student personnel, school board members responding to the questionnaire were again asked about policy development. Specifically they were polled on the question of whether or not their school district had developed a policy for school attendance by students who have tested positive for the AIDS virus. The number and percentage of those responding in the affirmative to this policy development question were larger than to the similar question about policy development with regard to employees who have tested positive for the AIDS virus. In the case of students, 680 or 58.5% of the board members indicated that their school district had developed a policy for school attendance by students who have tested positive for the AIDS virus. Another 464 board members or 39.9% answered that their boards had not developed such a policy (Table 31).

Table 30

Distribution of Respondents by Opinion Reaction to the Statement: "All contracts for new employees in my school system should require testing for AIDS as a condition of employment."

Category	Frequency	Percent
Agree	366	31.5
Disagree	767	66.0
No response	29	2.5
Total	1,162	100.0

Table 31

Distribution of Respondents by Whether or Not Their School District Has Developed a Policy for School Attendance by Students Who Have Tested Positive for the AIDS Virus

Category	Frequency	Percent
Has developed policy	680	58.5
Has not developed policy	464	39.9
No response	18	1.5
Total	1,162	100.0

Given this background of policy development, board members were then asked to indicate whether they agreed or disagreed with the statement that students who have tested positive for the AIDS virus or who have contracted AIDS should be educated in their regular classrooms. As indicated in Table 32, a large majority, 875 or 75.3% indicated agreement with the statement. The smaller number of 213 respondents or 18.3% indicated their disagreement with the statement.

Board members were then asked, "In addition to providing students with AIDS with the free public education to which they are entitled, do you believe your school system should allocate additional resources to meet their needs?" Their responses (Table 33) indicated that 497 or 42.8% believed that additional resources should be allocated while 568 or 48.9% did not believe that such additional allocation should be made.

In asking all of these questions about policies and whether or not they had been formulated or whether or not board members were of the opinion that they should be, it was deemed appropriate to determine whether or not the board members perceived AIDS as a problem that would affect a large number of school systems, perhaps including their own. Therefore, respondents were asked to give their opinion of the statement, "By the year 2000, AIDS will

Table 32

Distribution of Respondents' Opinions Toward Educating Students in Their Regular Classrooms Who Have Tested Positive for the AIDS Virus or Who Have Contracted AIDS

Category	Frequency	Percent
Agree	875	75.3
Disagree	213	18.3
No Response	74	6.4
Total	1,162	100.0

Table 33

Distribution of Respondents' Opinions Toward Expenditure of Additional Education Dollars to Meet the Needs of Students With AIDS

Category	Frequency	Percent
Should expend	497	42.8
Should not expend	568	48.9
No response	97	8.3
Total	1,162	100.0

affect most U.S. school systems." A clear majority, 949 or 81.7%, answered that they agreed with the statement, while 175 or 15.1% indicated that they disagreed (Table 34). Given the answers cited earlier to questions about whether or not they were aware of actual cases of personnel who had tested positive for the AIDS virus or had contracted AIDS, answers to this question would seem to indicate awareness on the part of board members that although they may not personally have known of the problem being present in their school communities, it was likely to be so.

Finally, in the area of opinions, board members were asked to indicate by what means their opinions about AIDS had been primarily informed. Magazine and newspaper articles headed the list with 575 board members (49.5%) indicating that these written documents were primarily responsible for informing their opinions. After the written word came workshops and conferences, which were primary sources of opinion informing for 341 respondents or 29.3%. As Table 35 indicates, the next source for informing opinions was television, 177 board members or 15.2%. Finally, only 28 board members (2.4%) indicated that their opinions had been primarily informed by friends and colleagues.

Table 34

Distribution of Respondents by Opinion Reaction to the Statement: "By the year 2000, AIDS will affect most U.S. school systems."

Category	Frequency	Percent
Agree	949	81.7
Disagree	175	15.1
No response	38	3.3
Total	1,162	100.0

Table 35

Distribution of Respondents by How Their Opinions About AIDS Have Been Primarily Informed

Category	Frequency	Percent[a]
Television	177	15.2
Magazine & Newspaper Articles	575	49.5
Workshops and Conferences	341	29.3
Friends/colleagues	28	2.4
No Response	41	3.5
Total	1,162	100.0

Research Question 3. Do these opinions differ significantly as a consequence of (a) size of the school district; (b) type or location of the school district; or (c) region of the country?

The previous research question (2) addressed the opinions of board members about various topics related to AIDS analyzed according to the total sample group. This research question asked how those opinions compared when considered in the context of various demographic characteristics. The attempt was made to determine whether or not opinions varied significantly as a function of those demographic characteristics of size of district, type of district, and region of the United States in which the district is located. Responses to questions in Part I of the survey were used to classify the respondents by various demographic characteristics. Cross-tabulation procedures with the calculation of the chi-square statistic and level of significance were then performed to analyze responses to each of eleven opinion questions that had been asked. Any cross-tabulations with more than 20.0% of the cells evidencing an expected cell frequency of less than 5.0 were considered indeterminate and treated as not significant.

Table 36 shows information concerning the significance of the cross tabulations between certain demographic,

Table 36

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

Variable	AIDS Education in Regular Curriculum		If YES, begin Primary (K-3)		If YES, begin Intermediate (4-5)	
	Significance	X^2/S	Significance	X^2/S	Significance	X^2/S
DEMOGRAPHIC:						
Size of district	N.S.					
Type of district	N.S.					
Region	N.S.					
PERSONAL						
Sex	S	17.083 / 0.000	S	52.279 / 0.000	S	52.279 / 0.000
Ethnic Designation	N.S.					
Age	N.S.					
Education	N.S.					
Occupation	N.S.					
Income	N.S.					
Children in Public School (K-12)	N.S.					
BOARD						
Length of service	N.S.					
Selection method for board members	N.S.					

(continued)

Table 36 (continued)

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

Variable	If YES, begin Middle School (6-8) Significance	If YES, begin Middle School (6-8) X^2/S	If YES, begin High School (9-12) Significance	If YES, begin High School (9-12) X^2/S
DEMOGRAPHIC:				
Size of district				
Type of district				
Region				
PERSONAL				
Sex	S	52.279 / 0.000	S	52.279 / 0.000
Ethnic Designation				
Age				
Education				
Occupation				
Income				
Children in Public School (K-12)				
BOARD				
Length of service				
Selection method for board members				

Note: N = 1,162. S = Level of significance; N.S. = Not Significant at p = 0.05.

personal, and board variables and the question of whether or not it was the opinion of the responding board member that AIDS education should be included in the regular school curriculum (chi-square, $p < 0.05$). With regard to this question of whether or not board members held the opinion that AIDS education should be included in the regular curriculum, significant differences were not found among board members when the variables of size of district, type of district, or region were considered. As stated earlier and shown in Table 20, 95.1% of all the board members agreed that AIDS education should be included in the regular curriculum. Only 49 board members (4.2%) disagreed.

In a similar vein, when board members were asked their opinion of the statement, "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home," no significant differences were found in responses based on the demographic variables of size of district, type of district, and region (Table 37). More than ninety percent of all school board members (1,051 or 90.4%) did not agree with this statement. Less than ten percent of those surveyed (99 or 8.5%) did agree (Table 22).

Table 37

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

Variable	Responsibility In Home		School best for AIDS/STD		AIDS test for current employees	
	Significance	X^2/S	Significance	X^2/S	Significance	X^2/S
DEMOGRAPHIC:						
Size of district	N.S.		N.S.		N.S.	
Type of district	N.S.		N.S.		N.S.	
Region	N.S		S	9.564 / 0.048	N.S.	
PERSONAL						
Sex	S	6.443 / 0.011	N.S.		S	8.463 / 0.004
Ethnic Designation	N.S.		N.S.		N.S.	
Age	N.S.		N.S.		N.S.	
Education	N.S.		N.S.		N.S.	
Occupation	N.S.		N.S.		N.S.	
Income	N.S.		N.S.		N.S.	
Children in Public School (K-12)	N.S.		N.S.		N.S.	
BOARD						
Length of service	N.S.		N.S.		N.S.	
Selection method for board members	N.S.		N.S.		N.S.	

Note: N = 1,162. S = Level of significance; N.S. = Not Significant at p = 0.05.

When considering the next statement that, "Overall the school is the best place to teach students about the relationship between sexual activity and AIDS transmission," significant difference was found by region of the country (chi-square = 9.564 with 4 df and significance = 0.048). In examining the opinions expressed by board members in the various regions of the country, one found that in the Northeast slightly less than expected (64.56%) agreed with the statement; in the Central region more than expected agreed (70.16%); in the Southern region less agreed than expected (60.0%); in the Western region more agreed than expected (73.33%); and in the Pacific region less agreed than expected (64.71%) (Table 38).

The statement, "All current school employes in my school system should be tested for the presence of the AIDS virus," did not produce any significant differences based on demographic variables (Table 37).

When responses to the statement about whether or not AIDS will affect most U.S. school systems by the year 2000 were analyzed (Table 39), responses varied significantly according to the size of the school district in which the board member served (chi-square = 22.643 with 5 df and significance = 0.000). Less than expected in the Northeast (76.35% as compared to 84.43% for all respondents) agreed with the statement; slightly more than expected agreed in

Table 38

Percentage of Respondents by Category for the Variable of Region in Responding to the Statement: "Overall, the school is the best place to teach students about the relationship between sexual activity and AIDS transmission."

Region	Percent Agree	Percent Disagree
Northeast	64.6	35.4
Central	70.2	29.8
Southern	60.0	40.0
Western	73.3	26.7
Pacific	64.7	35.3
Total	67.0	33.0

N = 1,127

Table 39

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

Variable	2000 - AIDS problem most school districts		AIDS tests for all new employees		Stress abstinence in curriculum	
	Significance	X^2/S	Significance	X^2/S	Significance	X^2/S
DEMOGRAPHIC:						
Size of district	S	22.643 / 0.000	N.S.		N.S.	
Type of district	N.S.		N.S.		S	19.570 / 0.002
Region	S	18.333 / 0.001	N.S.		S	13.979 / 0.007
PERSONAL						
Sex	S	16.440 / 0.000	S	15.118 / 0.000	S	12.195 / 0.000
Ethnic Designation	N.S.		N.S.		N.S.	
Age	N.S.		N.S.		N.S.	
Education	N.S.		N.S.		N.S.	
Occupation	N.S.		N.S.		N.S.	
Income	N.S.		N.S.		S	20.742 / 0.036
Children in Public School (K-12)	N.S.		N.S.		N.S.	
BOARD						
Length of service	N.S.		N.S.		N.S.	
Selection method for board members	N.S.		N.S.		N.S.	

Note: N = 1,162. S = Level of significance; N.S. = Not Significant at p = 0.05.

the Central region (86.58%); more than expected in the Southern region agreed (90.12%); more than expected agreed in the Western region (85.84%); and less than expected agreed in the Pacific region (80.00%) (Table 40).

Table 40

Percentage of Respondents by Category for the Variable of Size of District in Responding to the Statement: "By the year 2000, AIDS will affect most U.S. school systems.

Size of District	Percent Agree	Percent Disagree
Fewer than 1,000	76.4	23.7
1,000 to 4,999	86.6	13.4
5,000 to 9,999	90.1	9.9
10,000 to 24,999	85.8	14.2
25,000 or more	80.0	20.0
Total	84.4	15.6

N = 1,124

Significant differences were also found when responses to the statement were grouped by region (chi-square = 18.333 with 4 df and significance = 0.001). The Northeast (82.48%) and Western (74.64%) showed less agreement than expressed by the total sample (84.36%). Table 41 lists the percentages of agreement and disagreement for each of the regions.

As shown in Table 39, significant differences for demographic variables were not found when board members were asked their opinion of the statement that, "All contracts for new employes in my school system should require testing for AIDS as a condition of employment."

Significant differences were found, however, in type of district (chi-square = 19.570 with 5 df and significance = 0.002) and region (chi-square = 13.979 with 4 df and significance = 0.007) when board members were asked to agree or disagree with the statement, "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the danger of sexual transmission of AIDS. Although the majority of all respondents disagreed (53.23%) with this statement, in the Southern region the majority (55.79%) agreed with the statement. More than expected disagreed in the Northeast and Pacific, while less than expected disagreed in the Central, Southern, and Western regions (Table 43).

Table 41

Percentage of Respondents by Category for the Variable of Region in Responding to the Statement: "By the year 2000, AIDS will affect most U.S. school systems.

Region	Percent Agree	Percent Disagree
Northeast	82.5	17.5
Central	84.7	15.3
Southern	91.5	8.5
Western	74.6	25.4
Pacific	86.7	13.3
Total	84.4	15.6

N = 1,119

Table 42

Percentage of Respondents by Category for the Variable of Type of Community in Responding to the Statement: "School AIDS Instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS."

Type of Community	Percent Agree	Percent Disagree
Urban	43.1	56.9
Suburban	41.3	58.7
Rural	56.9	43.1
Small town	44.1	55.9
Other	43.8	56.2
Total	46.7	53.3

N = 1,136

Table 43

Percentage of Respondents by Category for the Variable of Region in Responding to the Statement: "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS.

Region	Percent Agree	Percent Disagree
Northeast	38.1	61.9
Central	47.2	52.8
Southern	55.8	44.2
Western	49.6	50.4
Pacific	44.8	55.2
Total	46.8	53.2

N = 1,131

On the question of specifically addressing moral issues associated with AIDS, significant difference was not found in demographic variables (Table 44).

On the question of discussing the use of condoms in AIDS instruction, significant difference was found for the demographic variable of size of district (chi-square = 14.282 with 5 df and significance = 0.014). As shown in Table 45, less than expected agreed in three of the five enrollment groups that described size of district.

Responses to the statement, "School AIDS instruction should teach about AIDS solely as a health issue," did not produce significant differences when considered in the context of the demographic variables identified. Slightly more than half of the school board members (51.2%) agreed with the statement.

Finally, in consideration of demographic variables with regard to the eleven opinion questions about AIDS asked of board members, no significant differences were found in opinions expressed in response to the statement that, "In addition to providing students with AIDS the free public education to which they are entitled, do you believe your school system should allocate additional resources to meet their needs?" (Table 46)

Table 44

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

Variable	Address moral issues in curriculum		Discuss "safer sex" in curriculum		Teach AIDS as health issue	
	Significance	X^2/S	Significance	X^2/S	Significance	X^2/S
DEMOGRAPHIC:						
Size of district	N.S.		S	14.282 / 0.014	N.S.	
Type of district	N.S.		N.S.		N.S.	
Region	N.S.		N.S.		N.S.	
PERSONAL						
Sex	S	36.367 / 0.000	S	18.377 / 0.000	S	9.710 / 0.003
Ethnic Designation	N.S.		N.S.		N.S.	
Age	N.S.		N.S.		N.S.	
Education	N.S.		N.S.		N.S.	
Occupation	N.S.		N.S.		S	22.655 / 0.031
Income	N.S.		N.S.		S	21.507 / 0.028
Children in Public School (K-12)	N.S.		N.S.		N.S.	
BOARD						
Length of service	N.S.		N.S.		N.S.	
Selection method for board members	S	4.509 / 0.034	N.S.		N.S.	

Note: N = 1,162. S = Level of significance; N.S. = Not Significant at p = 0.05.

Table 45

Percentage of Respondents by Category for the Variable of Size of District in Responding to the Statement: "In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms.

Size of District	Percent Agree	Percent Disagree
Fewer than 1,000	80.5	19.5
1,000 to 4,999	84.5	15.5
5,000 to 9,999	88.4	11.6
10,000 to 24,999	77.7	22.3
25,000 or more	70.4	29.6
Total	82.9	17.1

N = 1,131

Table 46

Summary of Cross-Tabulations of Selected Issues in AIDS Education by Certain Demographic, Personal, and School Board Characteristics

	Extra money for students w/ AIDS	
Variable	Signif-icance	X^2/S
DEMOGRAPHIC:		
Size of district	N.S.	
Type of district	N.S.	
Region	N.S.	
PERSONAL		
Sex	N.S.	
Ethnic Designation	N.S.	
Age	N.S.	
Education	N.S.	
Occupation	N.S.	
Income	N.S.	
Children in Public School (K-12)	N.S.	
BOARD		
Length of service	N.S.	
Selection method for board members	N.S.	

Note: N = 1,162. S = Level of significance; N.S. = Not Significant at p = 0.05.

Research Question 4. Do these opinions differ significantly as a consequence of the (a) sex; (b) ethnic designation; (c) age; (d) education; (e) occupation; (f) income; or (g) status of the member with regard to having children enrolled in public school?

Just as the previous research question (3) sought to determine how school board members' opinions compared and whether they differed significantly when considered in the context of various demographic variables, so this research question sought the same indication of variation in the context of various personal characteristics of the board members surveyed. Responses to questions in Part II of the survey (Personal Information) were used to classify respondent school board members by various personal characteristics. Cross-tabulation procedures with the calculation of the chi-square statistic and level of significance were then performed to analyze responses to each of the eleven opinion questions with regard to AIDS that had been asked. Any cross-tabulations with more than 20.0% of the cells evidencing an expected cell frequency of less than 5.0 were considered indeterminate and treated as not significant.

When board members were asked to respond to the statement that, "AIDS education should be part of the regular school curriculum," significant difference was

found only on the variable of sex (chi-square = 17.083 with 1 df and significance = 0.000). In this case 93.9% of the men and 99.0% of the women responding agreed with the statement. In contrast, 3.9% of the men and 1.0% of the women disagreed. Overall, 95.7% of the respondents agreed and 4.3% disagreed. As indicated in Table 47, significant difference was also found on the variable of sex to the follow-up question of when such instruction should begin. In all four cases of Primary (K-3), Intermediate (4-5), Middle school (6-8), and High school (9-12), significant difference was found (chi-square = 52.279 with 4 df and significance = 0.000).

Significant differences were not found based on the personal variables of ethnic designation, age, education, occupation, income, or status with regard to having children enrolled in public school (Table 36). One is reminded, however, that as is shown in Table 20, 95.1% of all board members responding agreed that AIDS education should be included in the regular curriculum. Only 4.2% of those responding disagreed.

When asked to express their opinions of the statement, "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home," significant difference was again found only on the variable of sex (chi-square = 6.443 with 1 df and significance = 0.011) (Table 48). Again,

Table 47

Percentages of Respondents by Category for the Variable of Sex in Responding to the Statements: "AIDS education should be part of the regular school curriculum." and "If AIDS instruction is included in the school curriculum, I believe it should begin at the following grade level."

Sex	Percent Agree	Percent Disagree	Begin Instruction Percent K-3	Percent 4-5	Percent 6-8	Percent 9-12
Male	93.9	3.9	22.9	31.2	40.7	3.0
Female	99.0	1.0	40.2	32.4	25.9	0.7
Total	95.7	4.3	29.3	31.7	35.2	2.2

N = 1,105

Table 48

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home."

Sex	Percent Agree	Percent Disagree
Male	10.1	89.1
Female	5.8	94.2
Total	8.6	91.3

N = 1,149

significant difference was not found when the statement was measured against the variables of ethnic designation, age, education, occupation, income, or status with regard to having children enrolled in public school (Table 37). It may again be noteworthy, however,that 90.4% of all respondents disagreed with the statement, while 8.5% agreed, and 1.0% did not express an opinion (Table 22).

The next statement considered was, "Overall, the school is the best place to teach students about the relationship between sexual activity and AIDS transmission." Although significant difference was not found in the chi-square procedure among any of the personal variables (Table 37), the population of responding school board members was more divided in the opinion reaction to this statement than to the two that preceded it. As shown in Table 23, almost a third of the school board members (32.0%) disagreed, while almost two-thirds (65.4%) agreed.

When board members were asked to agree or disagree with the statement, "All current school employes in my school system should be tested for the presence of the AIDS virus," their answers showed significant difference once again only for the personal category of sex (Table 49). When the answers of male and female school board members were compared, significant difference was found (chi-square = 8.463 with 1 df and significance = 0.004). Once again it

Table 49

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "All current school employes in my school system should be tested for the presence of the AIDS virus."

Sex	Percent Agree	Percent Disagree
Male	24.8	75.2
Female	17.3	82.7
Total	22.1	77.9

N = 1,136

may be noteworthy that over three-fourths of all the respondents (76.2%) disagreed with the statement (Table 29).

In response to the statement, "By the year 2000, AIDS will affect most U.S. school systems," school board members again differed significantly only when considered by the variable of their sex (chi-square = 16.440 with 1 df and significance = 0.000) (Table 39). Overall, as indicated in Table 50, 84.5% of the respondent school board members agreed with the statement while 15.5% disagreed. Among men 81.2% agreed and 18.8% disagreed. Among the women 90.4% agreed and 9.7% disagreed.

The same phenomenon held true when a chi-square test was run of the responses to the next statement, "All contracts for new employees in my school system should require testing for AIDS as a condition of employment." Significant difference again occurred on the variable of sex (chi-square = 15.118 with 1 df and significance = 0.000) (Table 39). As shown in Table 51, in this case the rate of agreement for men was 36.4% and for women it was 25.1%. Disagreement with the statement was expressed by 63.7% of the men and 75.0% of the women. It is interesting to note that although respondents disagreed by about two to one with the statement, the percentage of agreement (31.5%) was greater for testing of new employees than it was for testing of current employees (21.6%).

Table 50

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "By the year 2000, AIDS will affect most U.S. school systems."

Sex	Percent Agree	Percent Disagree
Male	81.2	18.8
Female	90.4	9.7
Total	84.5	15.5

N = 1,123

Table 51

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "All contracts for new employees in my school system should require testing for AIDS as a condition of employment."

Sex	Percent Agree	Percent Disagree
Male	36.4	63.7
Female	25.1	75.0
Total	32.3	67.7

N = 1,132

When responses to the next statement were considered, significant difference again occurred for the variable of sex of the respondent, but also for the income level. The statement, "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS," produced an overall response of 45.7% agreement and 52.1% disagreement. Significant difference was found on the variable of sex (chi-square = 12.195 with 1 df and significance = 0.000) and income (chi-square = 20.742 with 11 df and significance = 0.036). When grouped by the variable of sex of the respondents (Table 52), 50.6% of the men agreed and 49.5% disagreed. Among the women respondents, 39.8% agreed and 60.3% disagreed. Overall, 46.7% of the responding school board members agreed with the statement and 53.3% disagreed. For the variable of income, as shown in Table 53, agreement with the statement was expressed by 46.7% of the respondents, while disagreement was indicated by 53.3%. Table 53 shows the percentages of agreement and disagreement for the various income categories by which the respondents were divided.

Responding to the statement, "School AIDS instruction should specifically address moral issues associated with AIDS," school board member opinions differed significantly once again only on the variable of their sex (chi-square =

Table 52

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "School AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS."

Sex	Percent Agree	Percent Disagree
Male	50.6	49.5
Female	39.8	60.3
Total	46.7	53.3

N = 1,135

Table 53

Percentage of Respondents by Category for the Variable of Income in Responding to the Statement: "School AIDS instruction should stress that abstinence is the only acceptable response to the dangers of sexual transmission of AIDS."

Family Income	Percent Agree	Percent Disagree
Less than $20,000	48.6	51.4
$20,000 to $29,999	55.7	44.3
$30,000 to $39,999	49.4	50.6
$40,000 to $49,999	50.3	49.8
$50,000 to $59,999	49.2	50.9
$60,000 to $69,999	47.6	52.4
$70,000 to $79,999	32.6	67.4
$80,000 to $89,999	46.3	53.7
$90,000 to $99,999	40.5	59.5
$100,000 to $149,999	35.1	64.9
$150,000 or more	32.5	67.5
Total	46.7	53.3

N = 1,136

36.367 with 1 df and significance = 0.000). In this case agreement was expressed by 66.4% of the male respondents and 48.0% of the females. Disagreement was indicated by 33.6% of the men and 52.0% of the women (Table 54).

The same type of significance was seen for responses to the statement, "In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms." Significant difference appears for the variable of sex of the school board member (chi-square = 18.377 with 1 df and significance = 0.000. Table 55 shows the percentages of men and women respondents who agreed and disagreed with the statement.

The next statement, however, showed significant difference for respondents in two personal categories: sex and income. "School AIDS instruction should teach about AIDS solely as a health issue," prompted significant difference when the sex of the respondent was considered (chi-square = 9.710 with 1 df and significance = 0.003). Significant difference also occurred when consideration was by the income level of the respondent (chi-square = 21.507 with 11 df and significance = 0.028. Percentages of respondents agreeing and disagreeing with the statements are shown in Tables 56 and 57 as they are re-grouped on the basis of the personal characteristics of sex and income level.

Table 54

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "School AIDS instruction should specifically address moral issues associated with AIDS."

Sex	Percent Agree	Percent Disagree
Male	66.4	33.6
Female	48.0	52.0
Total	59.9	40.1

N = 1,129

Table 55

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms."

Sex	Percent Agree	Percent Disagree
Male	79.3	20.7
Female	89.3	10.7
Total	82.8	17.2

N = 1,130

Table 56

Percentage of Respondents by Category for the Variable of Sex in Responding to the Statement: "School AIDS instruction should teach about AIDS solely as a health issue."

Sex	Percent Agree	Percent Disagree
Male	49.1	50.9
Female	58.2	41.8
Total	52.4	47.6

N = 1,134

Table 57

Percentage of Respondents by Category for the Variable of Income in Responding to the Statement: "School AIDS instruction should teach about AIDS solely as a health issue."

Family Income	Percent Agree	Percent Disagree
Less than $20,000	54.1	45.9
$20,000 to $29,999	62.0	38.0
$30,000 to $39,999	43.8	56.2
$40,000 to $49,999	56.0	44.0
$50,000 to $59,999	51.4	48.6
$60,000 to $69,999	60.5	39.5
$70,000 to $79,999	49.4	50.6
$80,000 to $89,999	42.3	57.7
$90,000 to $99,999	59.5	40.5
$100,000 to $149,999	46.7	53.3
$150,000 or more	41.0	59.0
Total	52.4	47.6

N = 1,135

The final statement for which opinions were sought dealt with the question of whether or not school board members believed that their school systems should expend additional resources (beyond the normal costs of education) to meet the needs of students with AIDS. Respondents were more evenly divided than on some issues, with neither side demonstrating a majority. Although a plurality of board members (48.9%) did not favor expenditure of additional funds, a healthy 42.8% indicated a willingness to do so. No significant differences were found when answers were considered in light of the personal characteristics of the respondents discussed earlier.

Research Question 5. Do these opinions differ significantly as a consequence of (a) length of service or (b) method by which board members were selected?

Just as the previous research question sought to discover significant difference in the opinion answers given by school board members when they were re-grouped by various personal characteristics, so this research question sought to find out whether such significant difference occurred when the members were grouped according to "board characteristics"; namely how long they had served and the method by which they had been appointed to their positions.

Responses to questions in Part III of the survey (School Board Information) were used to classify respondent school board members by the two board characteristics identified. Cross-tabulation procedures with the calculation of the chi-square statistic and level of significance were then performed to analyze responses to each of the eleven opinion questions with regard to AIDS that had been asked. Any cross-tabulations with more than 20.0% of the cells evidencing an expected cell frequency of less than 5.0 were considered indeterminate and treated as not significant.

As Tables, 36, 37, 39, 44, and 46 indicate, significant difference was found for only one variable (selection method for board members) for only one question. When board members were asked to indicate their opinion of the statement, "School AIDS instruction should specifically address moral issues associated with AIDS," significant difference was found (chi square = 4.509 with 1 df and significance = 0.034) when respondents were divided into those who were appointed and those who were elected to their board positions. Among those who were elected to their board position, 59.0% agreed with the statement and 41.0% disagreed. Among those who were appointed 72.9% agreed and 27.1% disagreed (Table 58).

Table 58

Percentage of Respondents by Category for the Variable of Method of Selection to the School Board in Responding to the Statement: "School AIDS instructions should specifically address moral issues associated with AIDS."

Selection Method	Percent Agree	Percent Disagree
Elected	59.0	41.0
Appointed	72.9	27.1
Total	46.7	53.3

N = 1,126

Additional study with collapsed variables

In considering research questions three, four, and five, a phenomenon occurred which led to further study. In a number of cases when the chi-square statistic was applied in considering the variables of education, occupation, and income, the cross-tabulations evidenced expected cell frequencies of less than 5.0 in more than 20.0% of the cells and were therefore considered indeterminate and treated as not significant.

In an effort to determine whether significant difference could be found if the number of categories for each variable was reduced, the researcher "collapsed" these categories into fewer, more inclusive groups.

For the variable of education, the respondent school board members were divided into two groups (Table 59). The first group included those school board member respondents who indicated that their highest education attainment was either "less than high school graduate," or "high school graduate," or "post high school training." The second group was comprised of those who indicated that their highest education attainment was either a "four year college degree" or an "advanced college degree." As Table 59 shows, 367 respondents fell into the first category of having attained less than a four-year college degree. Those who had attained a four year college degree or more numbered 786.

Table 59

Distribution of Respondents by Highest Education Attainment with Collapsed Groupings

Category	Frequency	Percent
Less than a four year college degree	367	31.6
Four year college degree or more	786	67.6
No response	9	0.8
Total	1,162	100.0

For the variable of occupation, respondents were grouped into three categories (Table 60). The first category included those who indicated that they were either "professional," "managerial," or "business owner." The second category included those who indicated that they were "clerical," "sales," "service," "skilled trades," "semi-skilled," or "laborer." The third category included those who had indicated on their questionnaires that they were "retired," "homemakers," or "other." As is indicated in Table 60, the first grouping included 697 respondents. The second grouping included 113 respondents, and the third grouping included 339 respondents.

Finally, for the variable of income, the respondent school board members were grouped into three economic categories (Table 61). The first group included those who had indicated on their questionnaires that the family income was "less than $20,000," "$20,000 to $29,999," or "$30,000 to $39,999." In other words the first category included all those who had indicated that their family income was less than $40,000. The second re-grouping included those who had indicated that their family income was "$40,000 to $49,999," "$50,000 to $59,999," "$60,000 to $69,999," or "$70,000 to $79,999." In other words, the second category included all those school board member respondents who had indicated that their family income was

Table 60

Distribution of Respondents by Current Occupation with Collapsed Groupings

Category	Frequency	Percent
Professional, managerial or business owner	697	60.0
Clerical, sales, service, skilled trades, semi-skilled, or laborer	113	9.7
Retired, homemaker, or other	339	29.2
No response	13	1.1
Total	1,162	100.0

Table 61

Distribution of Respondents by Family Income with Collapsed Groupings

Category	Frequency	Percent
Less than $40,000	311	26.8
$40,000 to $79,999	596	51.3
More than $80,000	209	18.0
No response	46	3.9
Total	1,162	100.0

between $40,000 and $79,999. The final re-grouping included all of those who had indicated that their family income was "$80,000 to $89,999," "$90,000 to $99,999," "$100,000 to $149,999," or "$150,000 or more." In other words, this third re-grouping included all of those respondents who indicated that their family income was greater than $80,000. As Table 61 shows, those whose family income was less than $40,000 numbered 311. Five hundred and ninety-six (596) respondents indicated that their family income was between $40,000 and $79,999; and 209 respondents indicated that their family income exceeded $80,000.

As had been the case in consideration of the research questions dealing with cross-tabulation, cross-tabulation procedures with the calculation of the chi-square statistic and level of significance were performed to analyze responses to each of the eleven opinion questions with regard to AIDS that had been asked. Any cross-tabulations with more than 20.0% of the cells evidencing an expected cell frequency of less than 5.0 were considered indeterminate and treated as not significant.

As a result of this re-grouping of categories for variables, the greatest change occurred in the cross-tabulations of highest education level attained and the eleven opinion questions about AIDS. Significant difference was found for five of the questions.

When board members were asked to indicate their opinion of the statement, "AIDS education should be part of the regular school curriculum," significant difference was found (chi-square = 8.685 with 1 df and significance = 0.003) when respondents were divided into those whose highest educational attainment was less than a four-year college degree and those who had attained a four-year college degree or more. Among those with less than a four-year college degree, 93.2% agreed with the statement and 6.8% disagreed. Among those with a four-year college degree or more, 97.0% agreed with the statement and 3.0% disagreed.

Significant difference was next found when board members were asked to indicate their opinion of the statement, "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home." When board members were grouped by highest education attained, significant difference was found (chi-square = 19.231 with 1 df and significance = 0.000). Among those with less than a four-year college degree, 13.9% agreed with the statement while 86.1% of the respondents disagreed. Among those with a four-year college degree or more, 6.1% agreed with the statement and 93.9% disagreed.

The next finding of significant difference occurred when board members were asked their opinion of the statement, "All current employees in my school system should be tested for the presence of the AIDS virus." When respondent school board members were grouped by highest level of educational attainment, significant difference was found (chi-square = 6.228 with 1 df and significance = 0.044). Among those with less than a four-year college degree, 26.5% agreed with the statement and 73.5% of the respondents disagreed. Among those with a four-year college degree or more education, 20.1% agreed and 79.9% disagreed.

The fourth finding of significant difference occurred when board members were grouped by educational attainment in considering their opinions of the statement, "All contracts for new employees in my school system should require testing for AIDS as a condition of employment" (chi-square = 17.057 with 1 df and significance = 0.000). Among those with less than a four-year college degree, 40.7% of the respondent school board members agreed with the statement and 59.3% disagreed. Among those with a four-year college degree or more, 28.5% agreed and 71.5% disagreed with the statement.

The fifth finding of significant difference was in response to the statement, "School AIDS instruction should

stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS" when board members were grouped by highest level of educational attainment (chi-square 25.020 with 1 df and significance = 0.000). Among those with less than a four-year college degree, 57.5% of the respondents agreed with the statement and 42.5% disagreed. Among those with a four-year college degree or more, 41.7% agreed and 58.3% disagreed with the statement.

When the eleven opinion statements were cross-tabulated with the collapsed descriptions of occupations, no significant differences were found for opinion responses.

The only other finding of significant difference occurred when respondents were re-grouped by income and their responses to the statement, "The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home" were considered (chi-square = 9.681 with 3 df and significance = 0.021). Among those whose family income was less than $40,000, agreement was expressed by 11.9% of the respondents and disagreement was expressed by 88.1% of the respondents. Among those who indicated that their family income was between $40,000 and $79,999, 7.6% agreed and 92.4% disagreed. For the final grouping, those who

indicated family income in excess of $80,000, agreement was expressed by 4.8% and disagreement by 95.2%.

Summary

This chapter presented a description of demographic, personal and school board characteristics of the respondents. Demographic characteristics included the region and size of the school district of the respondents, comparing those descriptions to recorded national distributions, and the type of the school district. Respondents were described by the personal characteristics of sex, ethnic designation, age, educational level, occupation, income, and status with regard to having children enrolled in public school. Respondents were further described based on the length of board service and method by which they were selected.

The findings of this study with respect to each of five research questions were presented. The method of analysis and results were presented for each research question.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this chapter is to present a summary of the study that was conducted. This summary will include a review of the purpose of the study, a restatement of the research questions, a summary of the related literature, the research methodology employed, and a summary of the findings and conclusions derived from the analysis of the data. Also, recommendations for further research will be made.

Summary

Purpose of the Study

In 1981 a new medical disorder began appearing in the United States. Recognized first as an unusual outbreak of rare cancers and lung infections by the U. S. Public Health Service, within several months the Center for Disease Control had labeled this disorder Acquired Immune Deficiency Syndrome (AIDS). First appearing to be limited to young homosexual men, the medical community soon found it to exist in other segments of the population.

In the time since 1981, AIDS has become a worldwide epidemic affecting a broader spectrum of the population, including children who have been infected at birth or through the blood supply. As any cure for AIDS remains unfound and the number of cases increases, school systems have been called upon to make policy decisions to deal with various aspects of the AIDS epidemic. Whether the issue is deciding if educational programs about AIDS should be made available to students, determining the extent of education about sexually transmitted diseases (STD's) that will be provided in public school classrooms, or dealing with students, teachers, or other school personnel who carry the AIDS virus, America's school board members have been and will be confronted with a number of crucial and difficult decisions regarding AIDS.

The major purpose of this study was to ascertain the opinions of school board members about Acquired Immune Deficiency Syndrome (AIDS) as it relates to the curriculum of America's public schools and employment and other policies governing those schools. The presence of the AIDS virus in the general population presents school board members throughout the nation with potentially volatile choices to be made about dealing with this infectious disease in the public school setting.

Given the dire consequences associated with ignorance about AIDS and how it is transmitted, it is not at all surprising that significant pressure is being brought on the public schools of the United States to incorporate AIDS education into curriculum offerings at various levels. School boards are also being asked to deal with the policy issues associated with employment of AIDS victims and the education of children with AIDS.

What has been created, then, is an environment in which school board members must make decisions that are not always easily explained by scientific reasoning. They are often confronted with unanswered medical, legal, and social questions that cause them to rely on their own notions about AIDS and education in making the decisions that eventually rest with boards of education.

Given the magnitude of the decisions facing the nation's school board members, it is important to assess the opinions that they carry into the decision-making process about AIDS as it relates to the public schools. As more and more school boards find that they must make policy decisions about AIDS and education that they previously thought they might avoid, it is important that they have available information from around the country about how their colleagues in other communities are dealing with similar decisions and about the opinions of those peers.

It is important to understand those opinions and the role they will play in setting the direction for AIDS education and personnel policy decisions.

Research Questions Restated

1. What are the opinions of school board members about inclusion of AIDS education in the regular curriculum and what aspects of AIDS education are appropriate?

2. What are the opinions of school board members about personnel policies related to AIDS?

3. Do these opinions differ significantly as a consequence of (a) size of the school district; (b) type or location of the school district; or (c) region of the country?

4. Do these opinions differ significantly as a consequence of the (a) sex; (b) ethnic designation; (c) age; (d) education; (e) occupation; (f) income; or (g) status of the member with regard to having children enrolled in public school?

5. Do these opinions differ significantly as a consequence of (a) length of service or (b) method by which board members were selected?

Summary of Related Literature

A review of literature related to the topic of AIDS and education points up both the newness of the topic and also the seriousness with which it is viewed in both the medical and the educational communities. The lack of a cure for AIDS or a vaccine to prevent its spread coupled with its deadly nature give the virus a press that compares it to the Black Plague. Its rapid spread has raised its classification from epidemic to pandemic. Dr. Katherine Keough and other researchers point out that it will likely be five or more years before medical science has significant tools with which to fight AIDS. (Keough, p.2)

As Dr. C. Everett Koop, the Surgeon General of the United States, points out, the best current weapon against the spread of AIDS is education (National Education Association, p. 2). In his open letter to the members of the National Education Association, he asserted that teachers have a significant role to play in the health education process that can slow the spread of AIDS.

In addition to dealing with the imperative to educate young people about the dangers of AIDS though, school boards throughout the country have also been confronted with having to make decisions about attendance at school by students and other personnel who have tested positive for

the AIDS virus. Many school boards have found that existing laws governing attendance at school by those with such communicable diseases as chicken pox and measles do not prove adequate for deciding the fate of persons with AIDS or other blood borne contagious and infectious diseases that are not thought to be spread by casual contact.

Along those lines, a 1986 report of the National School Boards Association entitled "AIDS and the Public Schools" pointed out that in designing policy school board members must be aware of three important differences between AIDS and other communicable diseases.

> -- The virus that causes AIDS is not transmitted by casual contact, such as would occur in schools; that is, it is much more difficult to catch than disease agents that cause many other communicable diseases;
> -- AIDS is a disease with no cure, from which no one has yet recovered; therefore, the consequences of developing AIDS are much more grave than those associated with many other communicable diseases that can affect persons in schools;
> -- People often forget the first difference and remember the second; therefore, public reaction to the presence of a person with AIDS in the schools can reach the level of hysteria. (p. 38)

School boards are, of course, interested in making policy decisions and having those decisions implemented in such a way that a level of hysteria is not reached within their school systems. Most of the advice written to school board members points them to the guidelines put forth by

the Centers for Disease Control when they craft policy for their school districts. In general the CDC suggestions call for educators to work closely with medical authorities in determining on a case-by-case basis those personnel who should be admitted to school even though they have tested positive for the AIDS virus. These guidelines also call for protection of the individual's right to confidentiality and proper instruction for all school personnel on appropriate means of dealing with blood and other body fluids in all clean up operations.

In summary, a review of the literature reveals that much medical and scientific information is available about AIDS, although neither a cure nor a vaccine to prevent its spread has been discovered.

The literature also reveals an almost universal opinion that education geared to changing behaviors that place persons at greatest risk for infection by the AIDS virus is currently the best means available to prevent its further spread. Given the fact that most experts now consider the level of AIDS infection to have reached pandemic proportions and the further view that a medical cure is not in sight, the important role of education was stressed by authors again and again. The Surgeon General of the United States has spoken strongly of the need for public education to join with parents and community leaders

to educate young people so that they can grow up knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus (Koop, p.5).

Research Methodology

This study utilized descriptive research methodology and survey technique to gather data from school board members regarding their opinions about Acquired Immune Deficiency Syndrome (AIDS) as it relates to the curriculum of America's public schools and employment and other policies governing those schools.

The sample for the study was drawn from the population of subscribers to The American School Board Journal. The sample contained 4,493 members, stratified by regions of the United States and representing 18% of the population. The respondent sample contained 1,162 members, which yielded the achievement of a return rate of 25.9%.

The survey instrument used to collect the data was divided into seven parts. Part I gathered demographic information about the school board member's school district. Part II asked for personal information about school board member subscribers to The American School Board Journal. Part III sought information about the school boards on which the members serve. Part IV

presented 13 questions or statements about AIDS and the relationship of AIDS to education that school board members were asked to answer or with which they were asked to indicate agreement or disagreement. Part V asked eleven more questions about AIDS and the school board member's board or district. Part VI asked board members to rank the three most pressing concerns in their school districts. Part VII sought answers to 14 questions about tenure of superintendents.

The method of analysis and statistical treatments applied to the data were identified. All questions from the survey instrument were analyzed.

Results

The respondents were described by region of the United States, enrollment size of the district, community description, sex, ethnic designation, age, educational level, occupation, family income, marital status, whether or not they have children in public school, length of board service, size of school boards, and method of selection of school board members.

School board member respondents were then grouped and described according to their reported experience with members of their school communities who had tested positive for the AIDS virus, who had contracted AIDS, or who had died from AIDS related causes.

Following this additional background description, responses of school board member respondents were presented for each of eleven statements with which they were asked to agree or disagree. Each statement dealt with some aspect of AIDS and education in either the curricular or personnel policy realm.

In the area of curriculum, 95.1% of school board member respondents indicated that they favored including AIDS education in the regular school curriculum. In a follow up question it was determined that those who favored including AIDS education in the regular curriculum were somewhat evenly divided over when that instruction should begin. Although 27.9% of the school board member respondents indicated that such instruction should begin at the primary (grades K-3) level, 30.1% favored waiting until the intermediate (grades 4-5) level, and the largest percentage, 33.5%, indicated that such instruction should begin at the middle school (grades 6-8) level. Only 2.1% of the respondents said that such instruction should not begin until the high school level (grades 9-12).

When asked whether the sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home, a strong 90.4% of the school board member respondents answered that it did not. In contrast, though, only 65.4%

of the respondents thought that the school is the best place to teach students about the relationship between sexual activity and AIDS transmission. The answers to these two questions may reflect the view shared by many persons involved in public school education that there must be a partnership between school and home if the best education of children is to occur.

In further answer to curricular questions, 45.7% of the school board member respondents agreed that school AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS. More than half (52.1%) of the respondents, however, did not agree with the statement.

A much larger percentage indicated that they agreed that in today's world it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms. A total of 80.6% of school board member respondents agreed that discussion of the use of condoms must take place as part of school AIDS instruction.

Slightly more than half, 51.2%, of school board member respondents indicated that school AIDS instruction should teach about AIDS solely as a health issue. A larger percentage of respondents, 58.2%, agreed that school AIDS

instruction should specifically address moral issues associated with AIDS.

In the area of personnel policies dealing with AIDS, 58.5% of the school board member respondents indicated that their school boards had adopted a formal policy on school attendance by students who have tested positive for the AIDS virus. When asked whether such a policy had been adopted for employees who have tested positive for the AIDS virus, the percentage of school board member respondents answering affirmatively dropped to 41.3%.

When school board member respondents were queried for their opinions about matters relating to AIDS policies, the following results were obtained. Over three-fourths (75.3%) of the respondents said they were of the opinion that students who test positive for the AIDS virus or who have contracted AIDS should be educated in their regular classrooms.

When the issue of testing of school board employees for the presence of the AIDS virus was presented, only 21.6% of school board member respondents agreed that such testing should be required for current school employees in their school systems. A larger percentage, though, 31.5%, indicated that all contracts for new employees in their school systems should require testing for AIDS as a condition of employment.

There was little doubt about how serious the AIDS epidemic is considered to be by school board member respondents. More than four-fifths (81.7%) of the respondents agreed that by the year 2000, AIDS will affect most U.S. school systems.

Given this belief in how widespread the consequences of the AIDS epidemic will be and the belief expressed by the strong majority of respondents (75.3%) that students who test positive for the AIDS virus should be educated in their regular classrooms, the close division among respondents on another question asked bears consideration. A plurality of 48.9% said that their school systems should not allocate additional resources to meet the needs of AIDS students beyond providing them the free public education to which they are entitled. On the other hand, 42.8% of the school board member respondents indicated that they were willing to provide additional resources.

The information received from school board member respondents in terms of their opinion reactions to eleven statements dealing with AIDS and education provided a general description of the thinking of school board members in addressing issues about AIDS related to public school education. When those opinion answers were analyzed in terms of certain demographic, personal, and board characteristics, opinions were found to vary significantly

for certain groupings of respondents in ten of the eleven statements. The only statement that did not vary significantly for any of the demographic, personal, or board characteristics was the one asking whether additional resources should be used to educate students with AIDS beyond the provision of the free public education to which they are entitled.

Responses to the statement that AIDS education should be part of the regular school curriculum varied significantly for two personal characteristics. When the statement dealt with responsibility for teaching students about the relationship between sexual activity and AIDS transmission and whether that responsibility was in the home, answers varied significantly for three personal characteristics. In contrast, when a statement was presented that suggested that the school is the best place to teach students about the relationship between sexual activity and AIDS transmission, a significant difference in responses was found only for the demographic characteristic of region of the country.

On the issue of whether or not AIDS instruction should stress that sexual abstinence is the only acceptable response to the dangers of sexual transmission of AIDS, significant difference was found for two of three demographic variables and three of seven personal

variables. The related statement that suggested that in today's world it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms was found to vary significantly when responses were grouped by one of three demographic variables and one of six personal variables.

Responses to the statement that school AIDS instruction should teach about AIDS solely as a health issue varied significantly for three of six personal characteristics of school board member respondents. In contrast, responses to the statement that school AIDS instruction should specifically address moral issues associated with AIDS varied significantly for only one of six personal characteristics of school board member respondents.

In the area of personnel policies, responses to the statement that all current employees in the board member's school system should be tested for presence of the AIDS virus varied significantly for two of six personal characteristics of respondent school board members. For the companion statement that such testing should be required as a condition of employment for all new employees in the school system, responses were found to vary significantly for two of six personal characteristics.

Conclusions

This study provided a national profile of the opinions of school board members about various issues concerning AIDS and education. In addition to providing personal and demographic information about the school board member subscribers of the American School Board Journal, information was also gathered that allows commentary on the opinions of school board members about the deadly disease of AIDS and how they feel school policy issues surrounding the disease should be handled.

The overwhelming majority of school board member subscribers surveyed (95.1%) agree that AIDS education should be part of the regular school curriculum. Furthermore, a compelling 90.4% of the respondents disagreed with the notion that the sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home. In fact, 65.4% of those school board member respondents held the opinion that, overall, the school is the best place to teach students about the relationship of sexual activity and AIDS transmission.

On the question of when AIDS instruction should begin, school board members who said they believed such instruction should be part of the regular curriculum were

fairly evenly divided over when that instruction should start. While 27.9% favored beginning in grades K-3, 30.1% said that schools should wait to start until grades 4 or 5, and 33.5% favored waiting until middle school to begin AIDS instruction.

The results of the study also indicate that school board members are not willing to ask for or impose mandatory AIDS testing on current or future employees. Over three-fourths of those responding (76.2%) indicated that they did not favor testing current employees, and a smaller majority (66.2%) expressed the same opinion when asked about requiring testing of new employees.

Even when the results of testing for students are known and those results are positive for the AIDS virus, a strong majority (75.3%) continued to favor educating those students in the regular classroom.

Much has been written about the need to develop policies for dealing with AIDS and other blood borne contagious diseases, but the responses of the school board members polled would seem to indicate that the advice is not being taken uniformly. Although 58.5% of the school board members indicated that their boards did have formal policy in place to address the issue of school attendance by students who have tested positive for the AIDS virus, only 41.3% indicated having a formal policy for employees

who test positive and only 34.5% of the school board members responding indicated that their school board had adopted formal policy calling for in-service AIDS instruction for school employees.

If the number concerning in-service instruction policy is somewhat disturbing, it is encouraging to note that over half of the respondents indicated that their school systems are actually providing training for school employees on proper clean up procedures in cases of blood spills and similar accidents.

In summary one may conclude that school board members certainly see AIDS as a problem with which they are likely to have to deal. Fully 81.7% of the respondent school board members agreed that by the year 2000 AIDS will affect most U.S. school systems. Their positions on instruction indicate that, in general, they intend to pursue the recommendations of many for education about AIDS. Given the current lack of a cure for AIDS or even a vaccine to prevent its spread, the need for this education expressed so well by public leaders such as the Surgeon General of the United States seems to have been recognized by the school board members who must eventually decide on both curricular and personnel issues surrounding AIDS.

Recommendations for Further Study

Based upon the results and conclusions of this study of the opinions of school board members about AIDS and education, the following recommendations are made for further study.

The study was limited to a nationwide sample of school board members who are subscribers to The American School Board Journal. As such, it cannot be assured that the population studied reflects the same characteristics as the population of school board members who have not subscribed to the Journal. A more comprehensive nationwide sample or a more exhaustive regional sample would result in a more accurate assessment of the opinions of school board members about AIDS and education.

As medical advancements are made in treating those with AIDS it would also be worthwhile to assess the opinions of school board members on these topics as they have more experience in educating students and employing persons with AIDS.

REFERENCES

AIDS (prologue). (1986, Winter). Issues in Science and Technology, p. 39.

AIDS education intensifies. (1987, September 21). Education USA, 30(4), pp. 25, 28.

AIDS issue (The): It won't go away. (1987, October). It Starts in the Classroom, p. 1.

AIDS teacher loses suit. (1987, September 21). Education USA, 30(4), p. 28.

Babbie, E. R. (1973). Survey research methods. Belmont, California: Wadsworth.

Best, J. W. (1970). Research in education. Englewood Cliffs, New Jersey: Prentice-Hall.

Cameron, B. H. (1987). A national study of the selection of school board members. Unpublished doctoral dissertation, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Centers for Disease Control. Guidelines for effective school health education to prevent the spread of AIDS. Morbidity and Mortality Weekly Report 1988;37 (suppl. no. S-2)

Clark, Matt & Gosnell, Mariana (1987, September 7), When a child has AIDS, Newseek, p. 57.

Dodge, H. (1981). A national study of the attitudes of school board members toward the reduction of programming and services. Washington: U.S. Government Printing Office.

Fink, A., and Kosecoff, J. (1985). How to conduct surveys. Beverly Hills, California: Sage Publications.

Hooper, Susan, and Gregory, Gwendolyn H. (1986). Aids and Public Schools. Leadership Reports, 1 (1986). Alexandria, VA: National School Boards Association.

Intress, Ruth S. (1987, October 4). Time has come for AIDS law newsletter. Richmond Times-Dispatch.

Isaac, S., and Michael, W. B. (1971). Handbook in research and Evaluation. San Diego, California: Edits.

Kaus, Mickey, Drew, Lisa, Hutchison, Sue, & Robinson, Kate, (1987, September 7), Newsweek, pp. 52-53.

Keough, Katherine E. Dealing with aids: Breaking the chain of infection. Arlington, VA: American Association of School Administrators.

Keough, Katherine E., and Seaton, George (1988). Superintendents' views on aids: a national survey. Phi Delta Kappan, January, 1988, 358-361.

Kerlinger, F. N. (1973). Foundations of behavioral research. New York: Holt, Rhinehart, and Winston, Inc.

Koop, C. Everett. Surgeon General's Report on Acquired Immune Deficiency Syndrome. U. S. Department of Health and Human Services. Washington, D. C.

Meyer, J. A. (1982). National survey of the attitude of school board members toward community participation - community control. Unpublished doctoral dissertation, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Monmaney, Terence (1987, September 7), Kids with AIDS, Newsweek, pp. 51-59.

Mouly, C. J. (1970). The science of educational research. New York: Litton.

Okie, Susan (1987, December 22). 71,000 AIDS cases reported: WHO report puts true count higher. The Washington Post, p. A4.

Osborn, June E. (1986, Winter). The AIDS epidemic: an overview of the science. Issues in Science and Technology, pp. 40-55.

Reed, Sally (1988). Children with aids: how schools are handling the crisis. Phi Delta Kappan Special Report. January, 1988, K3-K12.

Ricklefs, Roger. (1987, October 7). AIDS cases prompt a host of lawsuits. The Wall Street Journal, p. 37.

Sax, G. (1979). Foundations of educational research. Englewood Cliffs, New Jersey: Prentice-Hall.

School districts developing AIDS prevention curricula. (1987, September 23). School Board News. 7(17), pp. 1, 8.

Squires, Sally (1988, January 21). Top executives confused by AIDS issue: Poll shows firms rank disease among nation's top problems. The Washington Post, pp. 1, 20.

Thompson, Larry. (1987, October 6). Teaching about AIDS. The Washington Post, pp. 10-11.

Wiersma, W. (1980). Research methods in education. Itasca, Illinois: Peacock.

APPENDIX

Dear Colleague: We need your opinion!

From among the 90,000 school board members in the United States, you have been selected to take part in a special annual survey that will advance local control of education and improve the quality of our schools.

You will soon receive a special questionnaire designed to reveal the attitudes and characteristics of school board members throughout the nation. Please fill it out and return it as soon as possible. Your response will be included in an upcoming issue of the Journal.

Thank you for your cooperation.

The Editors
The American School Board Journal

THE AMERICAN SCHOOL BOARD
JOURNAL

1680 DUKE STREET, ALEXANDRIA, VIRGINIA 22314 / (703) 838-6722

Dear Subscriber,

Please help your magazine The American School Board Journal, promote a greater understanding of education and a deeper appreciation of the importance of board service. At the same time, make your views count with other school leaders across North America.

For the last eleven years, your magazine has surveyed school board members to find out more about board service and the challenges you face.

It's the only national source of consistent, accurate information about the attitudes, concerns, and characteristics of school board members -- and as you'll see, this year's topics of special inquiry are of vital interest to the nation as a whole.

The results, which will be featured in our January 1989 cover story, traditionally are publicized from coast to coast by the wire services and local news media. This exposure helps promote the importance of board service and calls attention to the achievments and concerns of local school leaders such as yourself.

Your participation is crucial for the survey to be valid. You'll also be helping to make our January cover story -- always a good read -- even better.

Please take time right now to complete the enclosed questionnaire. Be sure to use the self-addressed, postage-paid envelope provided for your convenience. All individual responses will be kept strictly confidential.

I know how busy you are, so I'm especially grateful for your time and cooperation. Thanks so much.

Cordially,

Gregg W. Downey
Editor and Assistant Publisher

1988 NATIONAL SURVEY OF SCHOOL BOARD MEMBERS

DEMOGRAPHIC INFORMATION

Directions: Please respond with the following information.

1. In which state is your school system located? _____

2. Describe the approximate size of your school system's enrollment by checking *one* of the following:

   _____ fewer than 1,000
   _____ 1,000 to 4,999
   _____ 5,000 to 9,999
   _____ 10,000 to 24,999
   _____ 25,000 or more

3. Describe the community your school district serves by checking *one* of the following:

   _____ urban
   _____ suburban
   _____ rural
   _____ small town
   _____ other (please specify) _____

PERSONAL INFORMATION

Directions: Please respond with the following information.

4. Are you _____ male, _____ female?

5. Are you

   _____ black
   _____ white
   _____ Hispanic
   _____ American Indian
   _____ Oriental
   _____ other (please specify) _____

6. Age

   _____ 25 or less
   _____ 26-35
   _____ 36-40
   _____ 41-50
   _____ 51-60
   _____ over 60

7. What is your highest education attainment?

   _____ less than high school graduate
   _____ high school graduate
   _____ post-high school training
   _____ four-year college degree
   _____ advanced college degree

8. What is your current occupation?

   _____ professional
   _____ managerial
   _____ business owner
   _____ clerical
   _____ sales
   _____ service
   _____ skilled trades
   _____ semi-skilled
   _____ laborer
   _____ retired
   _____ homemaker
   _____ other (please specify) _____

9. What is your family income?

   _____ less than $20,000
   _____ $20,000 to $29,999
   _____ $30,000 to $39,999
   _____ $40,000 to $49,999
   _____ $50,000 to $59,999
   _____ $60,000 to $69,999
   _____ $70,000 to $79,999
   _____ $80,000 to $89,999
   _____ $90,000 to $99,999
   _____ $100,000 to $149,999
   _____ $150,000 or more

10. Are you married? _____ yes _____ no

11. How many children do you have in public school (K-12) at this time? _____

12. Do you own or rent your own home?
    own _____ rent _____

SCHOOL BOARD INFORMATION

Directions: Please respond with the following information.

13. How many years have you served on the school board?
    _____

14. How many terms have you served on the school board?

    _____ less than one term
    _____ one term
    _____ two terms
    _____ three terms
    _____ more than three terms

15. How many members of your school board are
    _____ men, _____ women?

16. How many members of your school board are
    _____ white, _____ black, _____ Hispanic,
    _____ American Indian, _____ Oriental,
    _____ other (please specify) _____

17. Is your school board fiscally *dependent* (budget control and taxing authority rest with local government) or *independent* (budget control and taxing authority rest with school board)?

    _____ dependent
    _____ independent

18. In what month does your school system's fiscal year begin?
    _____

19. In what month is a draft budget first submitted to your board? _____

20. In what month does your board vote to approve or disapprove the final budget? _____

21. Are members of your school board
    _____ elected, _____ appointed?

22. Has your school system passed a bond issue in the past 12 months?

    _____ yes
    _____ no

    If yes, what was the amount of the bond? $_____

23. Has your board selected a bond underwriter in the past 12 months?

_____ yes
_____ no

24. Will your board select a bond underwriter in the next 12 months?

_____ yes
_____ no

25. Will your board solicit bids for tax anticipation warrants in the next 12 months?

_____ yes
_____ no
_____ not allowed in my state

26. Has your board made final purchasing decisions in any of the following categories in the past 12 months? (Check all that apply.)

_____ athletic, gym, and playground equipment
_____ audiovisual equipment
_____ building products/services
_____ classroom equipment
_____ communication signal and alarm systems
_____ computer hardware or software
_____ curriculum materials
_____ flooring and floor covering
_____ food service
_____ heating/air conditioning/ventilation
_____ insurance
_____ maintenance
_____ music
_____ transportation

27. Is a major construction or renovation project planned for your school system during the next 12 months?

_____ yes
_____ no

If yes, what is the estimated cost of this construction?
$ _____

28. Which of the following publications are mailed to you personally? Which ones are passed on to you? Which do you read regularly? (Check all that apply.)

Magazines mailed to me personally	Magazines passed on to me	Magazines I read regularly	
_____	_____	_____	NASSP Bulletin
_____	_____	_____	Executive Educator
_____	_____	_____	School Administrator
_____	_____	_____	American School Board Journal
_____	_____	_____	Phi Delta Kappan
_____	_____	_____	Educational Administration Quarterly
_____	_____	_____	Principal
_____	_____	_____	American School & University
_____	_____	_____	School and College

AIDS AND THE SCHOOLS

Directions: The following statements are about AIDS (acquired immune deficiency syndrome) and the schools. For each statement, please give your *opinion* as a school board member.

29. AIDS education should be part of the regular school curriculum.

_____ I agree
_____ I disagree

30. The sole responsibility for teaching students about the relationship between sexual activity and AIDS transmission belongs in the home.

_____ I agree
_____ I disagree

31. Overall, the school is the best place to teach students about the relationship between sexual activity and AIDS transmission.

_____ I agree
_____ I disagree

32. All current school employes in my school system should be tested for the presence of the AIDS virus.

_____ I agree
_____ I disagree

33. All contracts for new employes in my school system should require testing for AIDS as a condition of employment.

_____ I agree
_____ I disagree

34. By the year 2000, AIDS will affect most U.S. school systems.

_____ I agree
_____ I disagree

35. If AIDS instruction is included in the school curriculum, I believe it should *begin* at the following grade level (please check one):

_____ kindergarten
_____ grade 1
_____ grade 2
_____ grade 3
_____ grade 4
_____ grade 5
_____ grade 6
_____ grade 7
_____ grade 8
_____ grade 9
_____ grade10
_____ grade 11
_____ grade 12

36. School AIDS instruction should stress that sexual abstinence is the *only* acceptable response to the dangers of sexual transmission of AIDS.

_____ I agree
_____ I disagree

37. School AIDS instruction should specifically address moral issues associated with AIDS.

_____ I agree
_____ I disagree

38. In today's world, it is unrealistic for school AIDS instruction to stress abstinence only without also discussing the use of condoms.

_____ I agree
_____ I disagree

39. School AIDS instruction should teach about AIDS *solely* as a health issue.

_____ I agree
_____ I disagree

40. Students who test positive for the AIDS virus or who have contracted AIDS should be educated in their regular classrooms.

_____ I agree
_____ I disagree

41. My opinions about AIDS have been informed *primarily* by (check one):
_____ television
_____ magazine and newspaper articles
_____ workshops and conferences
_____ friends and colleagues

AIDS AND YOUR BOARD

Directions: Please answer the following questions as they apply to AIDS and AIDS instruction in *your* school system.

42. To your knowledge, how many members of your school community have tested positive for the AIDS virus, contracted AIDS, or died from complications of AIDS? (Please indicate the correct number for each category.)

	tested positive	contracted AIDS	died of AIDS
students	_____	_____	_____
teachers	_____	_____	_____
support staff	_____	_____	_____
administrators	_____	_____	_____
board members	_____	_____	_____

43. Has your school board adopted a formal policy on school attendance by students who have tested positive for the AIDS virus?

_____ yes
_____ no

If yes, does your policy call for keeping the names of AIDS patients confidential?

_____ yes
_____ no

44. Has your school board adopted a formal policy on employes who have tested positive for the AIDS virus?

_____ yes
_____ no

45. Has your school board adopted a formal policy calling for in-service AIDS instruction for school employes?

_____ yes
_____ no

46. Has your school board adopted a formal policy calling for AIDS instruction?

_____ yes
_____ no

If yes, at what grade level does AIDS istruction *begin?*

_____ kindergarten
_____ grade 1
_____ grade 2
_____ grade 3
_____ grade 4
_____ grade 5
_____ grade 6
_____ grade 7
_____ grade 8
_____ grade 9
_____ grade10
_____ grade 11
_____ grade 12

47. How is AIDS instruction provided in your school system?

_____ integrated into a comprehensive health education curriculum
_____ offered as a stand-alone unit of instruction
_____ addressed in lessons on sexuality and/or substance abuse
_____ AIDS instruction is not provided

48. Are parents permitted to remove their children from class during AIDS instruction?

_____ yes
_____ no
_____ not applicable

49. Is there opposition within your community to AIDS instruction?

_____ yes
_____ no

50. Is your board educating parents and other community members about AIDS?

_____ yes
_____ no

51. Does your school system provide training for school employes on proper clean-up procedures in cases of blood spills and similar accidents?

_____ yes
_____ no

Do you supply rubber gloves and bleach for use in such accidents?

_____ yes
_____ no

52. In addition to providing students with AIDS the free public education to which they are entitled, do you believe your school system should allocate *additional* resources to meet their needs?

_____ yes
_____ no

ISSUES

Directions: Please respond to the following.

53. From the following list, please rank the top *three* most pressing concerns in your school district. (Place *1* next to your *most* pressing concern; *2* next to your *second* most pressing concern; and *3* next to your *third* most pressing concern.)

_____ integration/busing
_____ use of drugs
_____ declining enrollment
_____ crime/vandalism
_____ management/leadership
_____ facilities
_____ personnel relations
_____ state mandates
_____ curriculum development
_____ large schools/overcrowding
_____ pupils' lack of interest/truancy
_____ poor curriculum/poor standards
_____ difficulty of getting good teachers
_____ parents' lack of interest
_____ lack of respect for other students/teachers
_____ lack of proper financial support
_____ collective bargaining
_____ other (please specify) _____

TENURE OF SUPERINTENDENTS

Directions: Please respond to the following.

54. How long has your current superintendent been employed in that position by your school system?
_____ less than 1 year
_____ 1 year
_____ 2 years
_____ 3 years
_____ 4 years
_____ 5 years
_____ 6 years
_____ 7 years
_____ 8 years
_____ 9 years
_____ 10 years
_____ more than 10 years

55. Were you a member of the school board when the current superintendent was first appointed?
_____ yes
_____ no

56. How long should a superintendent plan to stay in a position?
_____ less than 5 years
_____ 5 to 10 years
_____ more than 10 years

57. A superintendent tends to grow in effectiveness the longer he or she is in a school system.
_____ I agree
_____ I disagree

58. How long should a new superintendent wait before making any significant changes in school system operations?
_____ immediately
_____ 3 months
_____ 6 months
_____ 12 months
_____ 24 months

59. A superintendent should serve out his or her entire contract term before moving to another school system.
_____ I agree
_____ I disagree

60. Assuming they are otherwise equally well qualified, which of the following candidates would you choose to be superintendent in your school system?
_____ A veteran school administrator who indicates that he or she intends to stay in my school system for the remainder of his or her career.
_____ A young, up-and-coming school administrator who views the superintendency of my school system as one step in a varied career.

61. Do you believe a school system needs a new superintendent every so often in order to stay open to new ideas?
_____ yes, every 2 years or so
_____ yes, every 5 years or so
_____ yes, every 10 years or so
_____ no

62. Do you believe a superintendent's effectiveness begins to diminish after he or she has been in the same school system for a while?
_____ yes, after 2 years or so
_____ yes, after 5 years or so
_____ yes, after 10 years or so
_____ no

63. I would prefer to hire a superintendent who has gained experience as a superintendent in another school system in my state.
_____ I agree
_____ I disagree

64. I would prefer to hire a superintendent who has experience in the superintendency, even if the experience was in another state.
_____ I agree
_____ I disagree

65. I think starting salaries for superintendents in general are:
_____ too low
_____ too high
_____ about right

66. I think the starting salary for the superintendent in my school system is:
_____ too low
_____ too high
_____ about right

67. What is the current *base salary* (excluding benefits) of your school system's superintendent? (Check appropriate range.)
_____ under $30,000
_____ $30,000 to $34,999
_____ $35,000 to $39,999
_____ $40,000 to $44,999
_____ $45,000 to $49,999
_____ $50,000 to $54,999
_____ $55,000 to $59,999
_____ $60,000 to $64,999
_____ $65,000 to $69,999
_____ $70,000 to $74,999
_____ $75,000 to $79,999
_____ $80,000 to $84,999
_____ $85,000 to $89,999
_____ $90,000 to $94,999
_____ $95,000 to $99,999
_____ $100,000 to $104,999
_____ $105,000 to $109,999
_____ $110,000 to $114,999
_____ $115,000 to $119,999
_____ $120,000 to $124,999
_____ $125,000 or more

Thank you for your help. Please use the enclosed postage-paid envelope to return the survey. Or mail it to: *The American School Board Journal*, 1680 Duke Street, Alexandria, Virginia 22314.

The vita has been removed from the scanned document