A STUDY OF GRADE SIX STUDENT
IMAGES, CONCERNS, QUESTIONS AND KNOWLEDGE
ABOUT ACQUIRED IMMUNE DEFICIENCY SYNDROME.

by

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e Renee-Marie Fountain, 1990
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ABSTRACT

This research examines rural, pre-adolescent student images, concerns, questions and knowledge about the disease Acquired Immune Deficiency Syndrome (AIDS). A secondary objective is to determine if responses are influenced by gender. A qualitative survey was administered to six classes of Grade 6 students (n = 131), within two public education districts in the province of British Columbia. Student participants had no previous formal AIDS education instruction. Pupil images, concerns, questions and knowledge concerning AIDS are investigated by means of open-ended, survey questions requiring both pictorial and written responses. The study is designed, conducted and analyzed from a generative learning theory perspective. By ascertaining specific student concerns surrounding AIDS it is hoped that educators will be able to design AIDS curriculum that is both developmentally appropriate for and conceptually befitting to early adolescent needs.
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CHAPTER 1

STATEMENT OF THE PROBLEM

This research examines rural, pre-adolescent student images, concerns, questions and knowledge about the disease Acquired Immune Deficiency Syndrome (AIDS). A secondary objective is to determine if responses are influenced by gender.

A qualitative survey was administered to six classes of grade 6 students in two public school education districts. Student participants had no previous formal AIDS education instruction. Pupil images, concerns, questions and knowledge concerning AIDS can be investigated by means of open-ended survey questions requiring both pictorial and written responses.

The study was designed, conducted and analyzed from a generative learning theory perspective.

Rationale and Purpose of Study

AIDS education encompasses complex concepts as well as sensitive and controversial issues for persons of all ages. To encourage and facilitate comprehension and assimilation of preventive behavioural information, which is necessary to avoid infection by Human Immunodeficiency Virus (HIV), AIDS education has become an educational imperative.

The purpose of this study is to determine what images, concerns, questions and knowledge students bring to these formalized AIDS education classes. By ascertaining specific student concerns surrounding AIDS it may become possible for educators to design AIDS curriculum that is developmentally appropriate for and conceptually befitting to early adolescent needs.
Background of the Problem

AIDS Education is an entirely new subject field in the public and private school sectors. The fatality rate of those who contract the AIDS virus necessitates that adolescents, who may be beginning to experiment with their sexuality, be made aware of the potential consequences of unsafe sexual behaviour. Within the public school system AIDS Education is a part of sex education in the health education curriculum.

There are extensive theoretical and factual data that support the claims by health educators and the medical profession that sex education should be taught in the schools (Haffner, 1988; McCormick, 1987; Miller, 1988; Quackenbush, 1987; Bowen, 1987; Brick, 1987; Black, 1986; Institute of Medicine, 1986; Surgeon General's Report, 1986; Beauchamp, 1986). The seriousness of contracting AIDS has legitimized a resurgence of sex education programs (Haffner, 1988; Editorial, Health Education Journal, 1987).

In 1987, the provincial government of British Columbia mandated the development and implementation of a Family Life Education Program (approximately 10 hours) of which AIDS Education was a component (one to two hours). Given that it is important for students to internalize preventive measures if HIV infection is to be avoided, how might the effectiveness of communicating AIDS Education information be enhanced?

If it is true that within five years everyone will know someone with AIDS (Family Life Program, 1987) then we must help prepare students to cope with this possibility that may soon affect them in the workplace and in their personal lives. The federal government conducted a survey (The Canada Youth and AIDS Study) among students (ages 12, 14, 16 and 18 years of age) to come to a better understanding of what Canadian students know and do not know with respect to
AIDS. This study has taken an in-depth, qualitative look at students' personal images/concerns/questions/knowledge surrounding this disease. By examining these, one may gain further insight into how to direct AIDS information at their level.

AIDS research is rapidly advancing (Gallo, 1988) yet no cure or vaccine is in sight for ten years or more. Thus the reality of AIDS will remain with us for some time. To avoid some of the irrational fears and reactions the young might have towards those who have AIDS, the education system must do everything within its power to ensure student concerns are being addressed. Students knowledge base and beliefs surrounding AIDS and its implications must be based upon clear, concise and credible information (Grady, 1988; Keeling, 1987; McCormick, 1987; Massey, 1987; Brick, 1987). An accurate description of student concerns/questions could be a first step to achieving excellence within AIDS Education.

Theoretical Basis of the Study

The importance of identifying student concerns is an orientation found within generative learning theory. Within generative learning it is recognized that students bring ideas, concepts and feelings to their formal education; they do not arrive at school as a "tabula rasa". Students have their own "filters" or "frameworks" into which new or additional information may be incorporated. Their previous experience, or lack of greatly affects how they perceive and interpret information. These "frameworks" play an active part in what knowledge they may or may not acquire and how they may or may not acquire it.

Within generative learning theory it is not assumed that information that is selected and presented by the teacher is necessarily understood and assimilated by students as the teacher intends. To facilitate the dissemination of knowledge (planning and instruction) educators can examine existing student frameworks /
constructs, then select educational materials and methods of presentation to meet their identified student needs. To ascertain student acquisition of knowledge (verification and evaluation) educators need to study student frameworks after instruction and evaluate their appropriateness and validity.

While the evaluation process is an integral part of education, the forementioned pre-assessment process is not. Curriculum constraints, notably time, can prevent educators from eliciting student concerns/constructs before they begin to prepare and teach their subject matter. Teachers may presume that curriculum materials have already been designed according to students' developmental needs and concerns. However, students are rarely consulted within curriculum selection or development. Students have not traditionally been involved in the selection of knowledge that will meet their needs. They are recipients of that process, not determinants. This non-consultation does not necessarily reflect a lack of teacher caring, concern or respect for student involvement. It is more a reflection of the tremendous demands placed on educators, including curriculum developers, to complete work within stringent time constraints.

While these constraints are unfortunate in any subject area they may be detrimental in AIDS education. AIDS education is unlike other curriculum areas. The understanding of AIDS information and the incorporation of appropriate behavioural knowledge into students' lifestyles can have life or death consequences. This life-threatening disease does not allow for subtleties of differentiation on a scale that measures if one has learned the information well enough.

Summary

One of the ways in which research may help to ensure excellence and effectiveness in AIDS education is to target student concerns. In this way the short time exposure to AIDS classes could be made as beneficial to the students as possible. Not only should programs be directed towards student concerns in order to
avoid misconceptions and misunderstandings, these data should also be directed to
teachers to enable them to foresee what difficulties their students may or may not
encounter. Given the sensitive nature of this subject area, teachers should know
what kinds of images, concerns, questions and knowledge students may bring to
AIDS education classes. In this way, educators can prepare themselves for, as well
as anticipate and prepare responses to, specific student concerns. Teachers should
also be encouraged to reflect on their own knowledge, emotions and possible
misconceptions before they begin AIDS classroom instruction. Unfortunately,
teachers have not been given the time to do in-depth research into their students’
concerns about such specific and new subject matter. The purpose of this research is
to help educate students about AIDS by helping teachers to be as informed as
possible about specific issues that students have identified as needing special
attention.

For educators who are interested in the medical aspects of AIDS, a literature
review is presented in Appendix A1. For those interested in how AIDS programs
should be taught, by whom and what should be emphasized in AIDS classes, a
review of the literature is presented in Appendix A2. For those interested in
considering some of the political aspects of AIDS, a literature review is presented in
Appendix A3.

Focus Questions

The purpose of this project is to elicit what images, questions, concerns and
knowledge students present before their initial AIDS education experience in the
seventh grade.

This research surveys two groups of students:
1) Rural/urban students in a school district just outside of Vancouver;
2) Rural students in a school district in southern British Columbia.
This is to examine:
- what images/concerns/questions/knowledge about AIDS students in grade 6 have prior to any formal AIDS Education Program;
- similarities/differences in student images/concerns/questions/knowledge about AIDS as delineated by gender.

This may include:
- images that may reflect their fears or preconceptions surrounding AIDS;
- misconceptions that grade 6 students may have formed;
- student questions on other health education issues.

**Definition of Terms**

**AIDS Education Program for Students**: The AIDS Education Program is taken from the 1987 British Columbia Family Life Education Program.

**District**: A district in the province of British Columbia. The student population within each two districts consisted of approximately three classes of grade 6 students.

**Students**: Any of the full time students enrolled within the school district's selected grade 6 classes. All students, unless withheld by the parents, participated in this survey.
CHAPTER 2
EDUCATION LITERATURE REVIEW

Introduction

The following is a review of AIDS Education in the public school system. The first section focuses on what AIDS education might look like in the schools, recommendations as to what should and shouldn't be a part of an AIDS education program and the recent studies therein. The final section presents an overview of the constructivist/generative learning theory perspective used in this study.

"There is no doubt now that we need sex education in schools and that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually-transmitted diseases" (U.S. Surgeon General, 1986).

Education: The need

Given that there is as yet no cure for AIDS, the literature reflects the importance of education in preventing further transmission of the disease. The overwhelming message is that AIDS is preventable (AIDS Health Promotion Exchange, 1988 no2; Centre for Disease Control, 1987; McCormick, 1987; Fulton et al., 1987; Report on the National Academy of Science, 1987; Surgeon General’s Report, 1986; Bowen, 1987; Brick, 1987; Black, 1986; Institute of Medicine, 1986; Beauchamp, 1986).
Education: When

The Surgeon General's (Report, 1986) statement has been the strongest in stating that students should be taught about AIDS from grade 3.

A study by Wreford (1987) of 208 general practitioners indicated that 87 per cent thought that sex education should be in the schools. An overwhelming 98 per cent thought AIDS education should be included in that education; 36 per cent of these doctors had children of school age.

Although there is agreement that AIDS should be taught in the schools (Garland, 1987; Wreford, 1987; Black, 1986) there are differing opinions as to exactly when this education should begin. The general opinion is that sex education should begin just before the onset of sexual activity when students start asking questions (Brick, 1987; Massey, 1987; McCormick, 1987), and when they are developmentally ready according to their needs (Black, 1988; Futrell, 1987; Presidents Domestic Policy Council, 1987).

Education: Where will it fit?

It is strongly felt that AIDS education should be a part of sex education which, in turn, should be a part of a comprehensive health education program (MMWR, 1989; Kerr, 1989; Black, 1988; Lohramann, 1988; Presidential Commission, 1987; The Coalition of National Health Education, 1987; Tolsma, 1988; Bowd, 1987; McCormick, 1987; Massey, 1987; Siegel, 1987; Strunin, 1987; Yarber, 1987; Diclemente, 1986; Institute of Medicine, 1986; Surgeon General, 1986).

Education: Effectiveness of Health Education

There are conflicting views regarding the effectiveness of health education. A seven-year investigation of nine programs across the United States revealed that sex
education courses had almost no effect on contraceptive use, premarital sex, or social skills such as assertiveness and self-understanding. The investigation found only two successful programs, which had strong backing from the parents and the community (Leo, 1986).

As such, formal sex education courses appear to have had no consistent effect on the subsequent possibility that a teenager will begin to have intercourse, neither postponing it nor hastening it. More tolerant attitudes were evident among students but not necessarily personal behavioural change (Leo, 1986).

Alternately, three studies conducted in an inner city public health clinic reported dramatic changes in behaviour after sex education. The studies stressed that AIDS education must become the norm and that group attitudes and interpersonal skills need to be developed and clarified (Zeldes, 1986).

Tolsma (1988) reported that one study by Zelnik (1982) revealed that contraception was used more frequently by teens with prior sex education.

A community-based sex education program emphasizing decision making and communication skills with an understanding of contraception, measured a significant decline in adolescent pregnancy rates compared with three similar communities not targeted for educational intervention programs. Locally-determined health education programs reflecting parental and community values are common in the literature (Tolsma, 1988; Black, 1988; Lohramann, 1988; MMWR, Jan. 29 1988; MMWR Presidents Domestic Policy Council, 1988; Grady, 1988; Focus, April 1987).

Massey (1987) states that health education is very effective when it concerns working with attitudes, values and responsible behaviour. Reed (1986), Nunn (1987) and Barinaga (1988) also feel that the dissemination of information and clinical manifestations is not enough. What is needed is prevention through clarifying/testing values and attitudes and emphasizing quality relationships.
Health education that is lacking in motivation is unlikely to be adequate according to Siegal et al (1987). These authors emphasize specifying which behaviours to avoid. Fear tactics may work in the short term but long-term objectives require specific action plans stressing positive lifestyles. Similarly, Kirby's discussion paper (Tolsma, 1988) concerning the effect of human sexuality on behaviour change, concluded that effective health education needs to be linked to programs that increase motivation and facilitate the translation of information into behavioural skills. Lohramann concurs (1988), noting that students need to be taught explicit knowledge but they also need to be taught how to use that knowledge.

Smilgris (1987) argues that most educators think it will take more than effective education to change mores. He feels that until someone you know dies from AIDS it will not affect behaviour.

Whatever the orientation, behavioural change is a very personal decision. According to Toufexis (1987) "Only those people who have been given a personal sense of vulnerability seem to be willing to make changes in their sexual habits". Hochbaum in 1956 (Leishman, 1987) outlined this underlying necessity for change, a sense of vulnerability, along with several other beliefs that he purports greatly affect behavioural change. His four critical health beliefs are:

1. A belief in susceptibility to getting the disease
2. A belief in the severity of the outcome if one gets the disease
3. A belief that one can have something and not know it
4. A belief that recommendations given to alter behaviour will achieve the desired ends

Hochbaum personally feels that the lack of symptoms is the greatest barrier to change (Leishman, 1987). He may be right given that AIDS can show no symptoms for as long as nine to 10 years. However, the severity of the outcome of
acquiring AIDS may prove to outweigh any youth’s strong sense of invulnerability (Smilgris, 1987).

Education: Student knowledge/concerns about AIDS.

The most recent, and largest, Canadian study was the Canada Youth and AIDS survey (1988). It focussed on a young population aged 11 to 21. The objective was to examine knowledge, behaviour and attitudes towards AIDS and other sexually transmitted diseases. This study included grades 7, 9, and 11 within the public school system, 1st year university students, secondary school dropouts and street youth. Approximately 38,000 Canadians participated from all across Canada.

In terms of knowledge, participants could generally define AIDS and knew how the virus is transmitted but were not as well informed about how to prevent HIV infection. The average percentages of right answers to the AIDS knowledge items were: grade 7 - 68 per cent; grade 9 - 78 per cent; grade 11 - 69 per cent; dropouts - 77 per cent; and college/university - 72 per cent. Many did not know condoms and spermacide could help protect them from HIV infection.

Unfortunately, students do not seem to believe that their sexual behaviours will put them at risk, nor do they contemplate abstinence or protecting themselves. Forty-four to 57 per cent of respondents do worry about getting AIDS while 84 to 87 per cent believe they can avoid becoming infected.

There was little support among youth for the idea of abstinence from intercourse before marriage. Adolescents generally accept and are in favour of premarital sex:

- 31 per cent of male grade 9 students and 21 per cent of females reported having intercourse at least once.
- 49 per cent of male grade 11 students and 46 per cent of females reported having intercourse at least once.
-77 per cent of college/university males and 73 per cent of females reported having intercourse at least once.

-85 per cent of drop outs have had intercourse.

-15 per cent of older adolescents had also experienced anal sex on one or more occasions.

Only one-quarter of those who had sex protected themselves with condoms and spermacide. Only 41 to 60 per cent of all respondents had correct answers to the two questionnaire items about effective use of condoms.

It would seem then that participants' knowledge of AIDS did not deter them from sexual activity. Sexually-active young people are no more worried about contracting AIDS, or other STD's, than those who have not had intercourse.

In terms of HIV transmission through blood the study revealed:

-12 per cent of street youths and five per cent of drop outs indicated IV drug usage.

-Street youth were generally knowledgeable about AIDS but many still used drugs and had numerous sexual partners.

-51 per cent of grade 7 students and 40 per cent of grade 9 students mistakenly believed that, in Canada, a person can be infected with the HIV virus by donating blood.

With respect to attitudes the Canada Youth and AIDS study indicated many diverse, and sometimes surprising, attitudes:

-Canadian youth link AIDS and homosexuality in their minds. Many of the 12 to 15-year-olds were misinformed about the proportion of gay men carrying the HIV virus. Among the young men there emerged a strong fear of homosexuality.
- Older adolescents who are sexually active are more popular with peers. Interestingly, those who had not had sex had lower self-esteem and poorer mental health.

- In general, attitudes were negative toward the use of condoms.
- AIDS had a lower priority of concern than pregnancy for the majority of Canadian youth.
- Fifty-five to 77 per cent felt that people who had HIV infections should be allowed to attend regular school classes.
- Eleven to 25 per cent of youth felt people who had the HIV virus should be allowed to work in hospitals.
- Thirty-five to 65 per cent agreed that HIV-infected people should be allowed to be teachers.
- Thirteen to 24 per cent thought people infected with HIV should be quarantined.
- Seven to 16 per cent of youth believe people with AIDS are "getting what they deserve".

Only 11 to 25 per cent thought they could not be a friend of someone who has AIDS. Researchers note that this may represent a reasonable picture of the social support likely to be available for those who contract HIV in the future. Conversely, the small percentages of those participants who thought people with AIDS should be quarantined or thought that people with AIDS are "getting what they deserve" indicate that a substantial proportion of Canadian youth have extremely negative attitudes towards people with AIDS. Adolescent females, regardless of age, indicated more tolerance toward people with AIDS than their male peers. Only at the grade 7 level were there similar male/female percentages concerning tolerance levels.
The main sources of information for participants were television and print information. Schools and print were seen as most predominant educational modes when learning about other sexually-transmitted diseases. Schools, nurses and doctors were seen as the preferred sources for information, whereas media and friends were seen as less reliable. Those who cited television and friends as their main sources of information scored lower on the knowledge questions than those who cited schools as their primary source.

The following is a summation of the central issues, as depicted in the Canada Youth and AIDS Study, for consideration in AIDS education:

- Young people generally accept sexual activity among themselves and their peers. There is little support for the notion of celibacy or abstinence before marriage.

- The threat of AIDS has had some influence on young people’s attitudes toward sexuality, creating a general anxiety about AIDS among young people. This anxiety does not seem to have motivated them to modify behaviour that puts them at risk. Of those who have sexual intercourse often only one-quarter protect themselves with condoms and/or spermacide.

- A substantial proportion of youth have extremely negative attitudes toward people with AIDS. Young male adolescents have fears of homosexuality.

- The more time spent learning about AIDS in school the more accurate the information. It appears that where provinces have implemented programs in schools, students tend to have more accurate information.

- Misinformation was most prevalent among younger respondents; it diminishes progressively as age increases.

- Canadian youth feel they need much more information about AIDS.
The Canada Youth and AIDS study concludes: "If AIDS gains a foothold among Canadian adolescents, the vehicle that will drive its spread is already in place".

In the United States, Price's study (1985) of four local high schools (718 students) revealed that students did not possess a high level of knowledge about AIDS; 73 per cent were not worried about getting AIDS. Many did not know who would be likely to get AIDS, what happened when you got it, how to detect it and whether it was transmissible. They had received the majority of their information from magazines.

Diclemente's study (1986) in San Francisco surveyed 10 high schools (1,326 questionnaires were returned). The results showed that knowledge was limited. They did know that AIDS could not be cured. They knew a little about transmission and prevention. However, 33 per cent believed that AIDS could be transmitted by shaking hands; 73 per cent worried about getting the disease and 87 per cent were in favour of learning about it in schools.

Strunin's (1987) study of 860 adolescents in Massachusetts indicated that 70 per cent of students were sexually active. Of that, 15 per cent had changed their behaviour patterns because of AIDS. More sexual precautions were taken by the participants and 33 per cent, drug users, no longer shared needles because of AIDS. Only eight per cent did not know that heterosexuals could contract AIDS. Their knowledge of transmission was very limited. When asked if they were likely to get AIDS, 61 per cent said not at all likely; 31 per cent a little likely; seven per cent somewhat likely and one per cent said very likely. Almost 20 per cent thought that a person with AIDS should not go to school.

In 1988 a Connecticut study of 657 junior/senior high school students revealed that students had acquired some knowledge of AIDS. There were two critical areas where knowledge was lacking: transmission and carrier state. Most of their
information came from television and radio. Parental input was registered at six percent and teacher input at four per cent. Seventy-four per cent wanted more information on AIDS. Forty-nine per cent of those wanted that information from school (Helgerson, 1988).

One of the most recent studies in the United States was the National Adolescent Student Health Survey. In this data 93 per cent of those surveyed knew that AIDS is transmitted by sexual intercourse and 91 per cent knew it can be transmitted by sharing needles. In general, participants knew that condoms are an effective way to avoid HIV infection and thought they should be used for protection.

Some misconceptions were that:
- one is at risk for infection when donating blood
- washing after sex would reduce their chances of becoming infected.

Nine out of every 10 students thought people their age should use condoms during intercourse. However, in a previous study by Wattleton (1987), 27 per cent of those adolescents said they never use condoms. Only one-third of those who do use condoms said they used them consistently.

Education: Teacher/public knowledge/concerns about AIDS

Teachers’ knowledge also seemed limited. There have not been many studies except Bowd’s (1987) study of 161 student teachers. Teachers revealed that 80 per cent knew the cause of AIDS while 50 to 75 per cent could not name it; 20 per cent thought it could not be transmitted sexually; and yet 75 per cent thought teachers had a responsibility to educate students in the schools.

Bowd’s (1987) other study of 40 special education teachers revealed that factual knowledge was very limited. Most were unable to name the disease; 28 per cent believed virus was spread by kissing, 30 per cent were unaware of heterosexual transmission and 20 per cent were unaware of homosexual transmission. Most were
reluctant to comment on whether children with AIDS should remain in schools as they didn’t know enough about it; 88 per cent thought teachers should be involved with dispelling myths about AIDS, and 75 per cent thought AIDS education should be a part of family life.

CONSTRUCTIVIST/GENERATIVE LEARNING PERSPECTIVE

By the time children begin school they have acquired a network of concepts, beliefs, emotions and language rules that play crucial roles in subsequent school learning (Oldham, 1986; Schollum & Osborne, 1985; Novak & Gowin, 1984; Kegan, 1982).

Ascertaining the typical ideas and feelings that children bring to a topic reflects the preliminary phase in Cosgrove and Osborne’s (1985, p.109) generative learning model of teaching. This generative learning approach reflects Ausebels’ learning theory: "The most important single factor influencing learning is what the learner already knows; ascertain this and teach him accordingly" (Ausebel, 1968, p.iv).

In generative learning theory the learner is the active meaning maker. Hence the locus of control of behaviour is with the individual. Knowledge and belief structures influence the meanings learners construct in a given situation (Oldham, 1986). Wittrock (1974) insists that educators must find these meanings and concepts that the learner has already generated from his or her background, attitudes, abilities and experiences and determine ways so that the learner will generate new meanings and concepts that will be helpful for his or her understanding.

Understanding then, in generative learning theory, depends on personal reinterpretation, on the linkages made between new information and previous knowledge and experience. Consequently, the nature of human understanding, how
one perceives, interprets and integrates knowledge/ experience, is idiosyncratic (Entwistle & Marton, 1984). If learning is an idiosyncratic, dynamic process, curriculum becomes something with a problematic status, not necessarily a static entity easily predetermined beforehand. There must be a continual active engagement in the learning process between the learner and the environment that is not stagnant or predictable.

AIDS programs should be directed as closely towards the appropriate level of the student as is possible. What may seem clear and concise to educators and developers of AIDS programs may not be at all apparent and understandable to the students.

To be aware of childrens' existing ideas is important if we are to help children relate the ideas in their own minds to the learning experiences provided, so that sensible new ideas are constructed. We have to relate our teaching to their ideas, since we cannot control what they are thinking (Osborne et Freyberg, 1986, p.53).

Perhaps it is incorrect for educators to assume that either the students mind is "blank" so to speak and ready to be filled with AIDS information, or that any prior ideas students might have formed with respect to AIDS can be directly and easily replaced.

Summary

It is the purpose of this research to try to establish what images, concerns, questions and knowledge grade 6 students will bring to their grade 7 AIDS education classes. Perhaps in this way educators and parents can direct essential AIDS information to students at a more appropriate level, at their level, for their protection.
The grade level chosen for this research is to enable educators and parents to look at what very young pre-adolescents know before their AIDS instruction occurs.

At this age, children are quite receptive to information about sexuality, perhaps more so than in adolescence, when their own emerging sexual feelings may lead to greater resistance in sex education classes (Quackenbush, 1987).

Whether in or out of the context of sex education, AIDS Education encompasses complicated issues for students such as immunity, homosexuality, decision-making and self-esteem. These concepts can be extremely difficult to attempt to explicate at any age level. Therefore, every attempt must be made to ensure that the information is presented clearly and simply. Initial family life educators and parents who are not necessarily trained in AIDS education, would benefit from knowing where students’ (especially young, beginning students) concerns generally tend to fall so that they might help students avoid misconstruing intricate, detailed AIDS information.

From a constructivist perspective, whatever students express in their learning process, including errors, becomes important as these expressions may reflect what, how and if a student is organizing, processing or making sense of curriculum. What concerns students about AIDS? What learning has already occurred and what does it mean to them? Do they see the same things differently or do they see different things in different ways? (Kegan, 1982).

It is with this perspective and these questions in mind that the present study was undertaken. Constructivism reflects a shift in educational research from looking at curriculum as an entity (what) to examining the processes therein (how), from looking at learning as something static (rote) to something dynamic (meaningful),
from seeing facets of education as dichotomous (teacher/student, right/wrong) to seeing those same elements along a dialectical.
CHAPTER 3

METHODOLOGY

Overview

This AIDS education study employed a qualitative research design to investigate pre-adolescent images, concerns, questions and knowledge by means of an open ended survey. The survey asked students for written responses and pictorial representations to express their ideas about AIDS.

Introduction

The study was phenomenological in that its aim was to describe an aspect of health, notably AIDS, as perceived by the students. Thus the emphasis was on description rather than quantification; its objective leading to increased insight into students’ understanding of health, and into the learning process in general.

Using a qualitative approach with sixth grade students, descriptive data was generated to determine what ideas and preconceptions students may have before they begin their formalized AIDS education. Employing open-ended qualitative measures also allowed students to express their concerns/questions and knowledge, which elicited their words and their concepts. Following a grounded theory approach (Glaser & Strauss, 1967) issues and descriptive categories emerged from the data.

The qualitative data generated in this research was categorized into four sections each of which are highly descriptive in nature. As this type of research is designed to generate hypotheses there were no statistical methods used to measure significant differences to test hypothesis between groupings.
Subjects

- All participants were enrolled in the public education system at the grade 6 level.
- Participants within the study were predominantly white and represent middle class socioeconomic levels.
- 131 students participated in the survey: 60 females, 71 males. The age range of participating students was from 11 to 13. The mean age was 11.
- There was no formal AIDS education training conducted in any of the districts at, or previous to, this grade 6 level.
- The only subjects that were excluded from participation in the study were:
  - those students whose guardians opted them out of the survey;
  - those students who were absent due to illness.
- The two student populations were not random samples. They were entire classes of students selected according to:
  - the districts willingness to allow the survey;
  - which schools were receptive to conducting the survey.

Instrumentation

No formal instrument was used. Students were asked to identify their own personal images, concerns and knowledge regarding the disease AIDS through four open-ended statements, which follow:
1. Please draw a picture that shows your ideas, feelings and impressions about AIDS
2. Please write down any ideas, feelings, concerns that you might have about AIDS
3. Please list all of the questions you would like to have answered about AIDS
4. Please list as many things as you can that you already know or have heard about AIDS
Data Collection Procedures

- Two selected school boards were asked to select three grade 6 classes from within their district according to which grade 6 teachers were willing to participate in this AIDS survey.

- The research sessions took place in February 1989.

- All parents/guardians of grade 6 students were sent a consent form. Parents returned the form to the child's school indicating approval/disapproval for their child to participate in this study.

- Instructions for the teacher and class reply sheets and sets of pencil crayons were provided.

- The AIDS survey was the same for all participating grade 6 students.

- The tasks and questions were presented to the students within their own classroom setting and in a manner that was as relaxed, friendly, and open as possible.

- The nature and aims of the study were explained to the students. In particular it was emphasized that there were no right or wrong answers to the questions -- only different ideas and opinions; that the survey was not related in any way to their school assessment, and they would remain anonymous in this written report.

- Great care was taken to present the questions to each student using identical wording. In one class where the researcher could not conduct the survey, the classroom teacher was given the exact wording and asked to complete the survey in the same manner and wording as was offered to the other classes.

- Students were told that their concerns would not be answered after the class nor perhaps until next year when their school would bring in a formal program. They were encouraged to ask their parents any questions they might feel were important.
- A set of six pencil crayons was provided for each student although students were allowed to use other colours, which were available.
- Approximately 40 minutes was allowed for students to complete their survey.
- No names were written on the surveys. The first two letters of the family name and child's birthdate were used to develop a child's code name for reference.
- The students' school and gender were requested for comparison purposes.
- Students were instructed to answer questions on their own without the help of their fellow students. All students had the option not to write any responses. No oral questions were allowed.
- All students were requested to write something on their papers so that everyone was writing regardless of whether they were actually responding or not.
- Student questions were not addressed. This procedure was explained to all participants so that students were not expecting answers to their questions.
- The instructor did not allow any students to see any survey question responses.
- No person other than the classroom teacher and the researcher saw the handwritten student images/questions.
- Students were thanked for their participation in the survey. All teachers expressed interest in knowing their students responses. These teachers were informed that their school district would receive a copy of the thesis results.

Data Analysis

The data consisted of 131 grade 6 students responding to one statement requiring pictorial representation and to three statements requiring written responses.
The first step in the data analysis was to read all the written responses several times to obtain an overall impression of the data. After this the data were broken down into more manageable sub-sets for detailed analysis. These sub-sets were:

(i) data from each district's grade six students
(ii) data from each particular task and question
(iii) emergent categories (frequency counts)

Analysis of responses consisted principally of a form of content analysis; that is, an identification and description of the concepts and ideas used by students in answering the question. This type of conceptual/propositional analysis of the content of students' responses was used to analyze students' responses to each of the questions and tasks.

The process of category formation followed by assignment of student responses was repeated until a set of categories was achieved which adequately accommodated the data. The categories were verified by a graduate student.

Data Presentation

Data are presented descriptively in the form of category responses and numbers of students who gave responses in each category.

Examples of students' responses within each conceptual category have been included in the description to illustrate and provide evidence for the categories that were devised to describe the data.

Percentages of student responses are shown in the tables along with the number of student responses. The purpose of representing the data using percentages of students who responded within certain categories was the identification of overall patterns of responses both within each student group and
between two student groups. This provides a general overview of the range of student concerns and also allows comparisons between gender and school districts.
CHAPTER FOUR
RESULTS

Introduction

Grade six student responses were outlined according to divisions of district and gender. There is no analysis of individual class differences/similarities. To facilitate a comparative examination of response data within these two groupings (district or gender) student responses were arranged into categories. Categories were formed by aligning student responses that were similar in nature. Distribution of response data within each section was tabulated according to frequency counts within each category. Categories were listed in tables in descending order of frequency. Any consistencies and variations that appeared in the data were presented and analyzed according to their relative distribution within this study alone. Possible explanations and interpretations of student responses, both pictorial and written, are offered in Chapter Five.

Participants and Variables

A total of 141 questionnaires were administered to six classes of grade six students in February 1989. The average student age was 12.5 years. Ten questionnaires were discarded as they were returned without sufficient identity information to include them in district or gender comparisons. Therefore 131 questionnaires were collected and analyzed (n=131).

<table>
<thead>
<tr>
<th>District One</th>
<th>District Two</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Females</td>
<td>35 Females</td>
<td>60 Females</td>
</tr>
<tr>
<td>33 Males</td>
<td>38 Males</td>
<td>71 Males</td>
</tr>
<tr>
<td>58 Students</td>
<td>73 Students</td>
<td>n = 131</td>
</tr>
</tbody>
</table>
Data Presentation

The grade six student responses are arranged in four sections:

- Section A presents 130 student pictorial representations showing their ideas, feelings and impressions about AIDS.

- Section B presents 297 student written responses describing their ideas, feelings and concerns they have about AIDS (average 2.3 per student).

- Section C presents 523 student questions they would like to have answered about AIDS (average 3.9 per student).

- Section D presents 287 student responses stating what they already know or have heard about AIDS (average 2.1 per student).

Within each section, data are presented in prominent categories that emerged according to similarities between student responses. Whereas category titles appear to be similar between the different sections, the responses therein are not. Examples of student responses are provided in each category. An exact replication of all student responses, within each section and their given categories, is located in Appendices B, C and D.

Section A (Pictures): Colours

In District One all males used at least one coloured pencil in their drawings, none chose to draw in ink or black pencil. In comparison four out of 37 male students in District Two (11%), did their drawings in ink and 12 out of 38 male students (32%), chose to do their drawings exclusively in black pencil. Just over half of the males in District Two (22), 59 per cent, did their drawings using at least one coloured pencil.\(^1\)

Only one female in District One (4%) and four females in District Two (11%) did their drawings in black pencil. The other females in District One and Two used at least one coloured pencil in their drawings.

\(^1\) One male in District Two did not do a drawing, therefore District Two, male total is \(n = 37\).
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

MY FEELINGS

---

No AIDS

Sad

Moo!
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

"BE SMART, DON'T START."
BED time

Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
The most prominent colour throughout both groupings of district and gender was red, most commonly depicting blood. However, females in particular used red to express emotion in terms of tears and hearts, some of which were broken, as well as to express warning by drawing the red "Do Not" circle with the line across it in front of their chosen forbidden symbol (See Page 28A).

Overall, females tended to use more pastel colours in their drawings (See Page 30F) whereas males seemed to use bold, vibrant colours or plain black pencil (See Page 29A).

Section A (Pictures): Titles

The most popular title for females, irrespective of district, was the acronym AIDS. Titles suggesting death such as "Death", "Life or Death", "Dead End Alley" (See Page 28B) and "AIDS will Run You Over", were the second most popular titles that females in both districts assigned to their drawings. Other common titles used by females across districts reflected issues in their drawings of:

- transmission: "Blood" and "Dirty Needles"
- vulnerability: "Victim"
- knowledge of infection: "Not Knowing"
- impressions of AIDS: "Not Nice", "Bad", "Gloomy"
- emotional responses: "Feelings", "Hurt Feelings", "Sad"
- warnings: "Prevent AIDS", "Be Smart...Don't Start", (See Page 28C) "Can't Ignore It", "Danger"

Particular to females were titles of "Isolation" and "Impressions" which revealed their consideration of how a person with AIDS (PWA) might feel. Only one title by a female "Bedtime" struck the researcher as unusual and disturbing. This drawing is not particular to AIDS but it does seem to indicate some distinct representations for the student around bedtime. This is an example of how
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings, and impressions about A.I.D.S.

The medal
educators may gain access to other health issues of concern to students, the one here possibly indicating abuse (See Page 28D).

In the reverse order to females the most popular male titles, irrespective of district, were "Death" / "Killer" followed by the acronym AIDS.

Exclusive to the male population, and in particular to males in District One, were titles such as: "Virus", "Sex" and "Origin". Some males suggested to "Be Friends with Someone with AIDS", whereas others alluded to caution around PWA as one might "Get It from Someone with AIDS". Only males made reference to prevention in their titles: "Condoms" (See Page 29A).

Other common titles used by males across districts suggested:
- one word judgements: "Dumb", "Yukky", "Weird", "Sucks"
- vulnerability: "I Think I've Got AIDS", "Careful"
- reactions/observations: "NO!", "Bad", "Suffer"
- transmissibility: "Transport", "Transmit"
- uncertainty: "Question"

Section A (Pictures): Gender (See Table One)

Respondants drew images of people in more than half of their pictures. Male respondants tended to portray people (43%) more alone with AIDS than female respondants did (33%). Few participants of either gender illustrated AIDS as something shared within or between the sexes.

Figures of females were predominant in drawings done by females respondants (33%) and figures of males were predominant in the pictures done by male participants (50%).

Students revealed a wide variety of what they perceive as modes of transmission, the most notable being needles (See Page 29B). Female drawings contained fewer implications of sexual transmission (20%) than did male drawings
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

I'm curious if hiv/loosen causes A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a **picture** which shows your ideas, feelings and impressions about A.I.D.S.

A.I.D.S.
I'm Scared

R.I.P.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

MOMMY, I FEEL WEAK

A.I.D.S. KILLS

EMPTY e.g. NO BONE MARROW

DEATH

I THINK I'VE GOT A.I.D.S. (THAT'S WHAT DOC SAYS)
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

Love lasts for ever

Broken hearts 🌹🌹

The cause A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

Sad Feelings
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

Vital organs

Condom

Nedles

Drags

how you suffer from AIDS

Sex and

Kissing somebody

He has AIDS

Nedles
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

THE CREATION OF AIDS

DONT MIX YOUR BLOOD WITH HIM HE'S GOT A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
(24%). When sex was implied by females it was exclusively heterosexual and depicted only male genitalia. Misconceptions of transmission modes were evident but were not illustrated by a large number of students (10%) (See Page 30A and 30B).

Illustrations of illness and symbols pertaining to death rendered a particularly strong sense of debilitation and finality that students see as being involved with AIDS (See Page 30C, 30D and 30E).

The emotion of sadness in symbols of tears and hearts was more prominent with females (65%) than males (26%) (See Page 30F). Males tended to express a wider variety of emotions ranging from anger, to discomfort in their judgements, to love. Males also drew more pictures of people mourning over the death of someone who died from AIDS. These mourners were always female.

Reactions to AIDS were not common in either gender. However, question marks -- some quite large -- showed the uncertainty some students felt (See Page 30G). Only three students drew definite signs of acceptance or rejection of a person with AIDS (See Page 30H & 30I). Two male and two female students expressed an image of a caretaker role towards a person with AIDS; all of these figures were female.

While males and females were similar in their depiction of transmission, a prevention focus (pictures of condoms) towards avoiding the transmission of AIDS was more of concern to the male gender (16% vs. 3%) (See Page 30J). Overall pictorial representations of prevention were drawn by only 10% of all students. Two males depicted prevention as seemingly beyond a person's control as they drew AIDS being inflicted by a devil-like/monster figure (See Page 30K). With respect to control and AIDS, figures of people were shown as locked in their hospital rooms, chained (all limbs) within a cell or locked up in a building resembling a prison (See Page 30L).
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.

MIXED EMOTIONS
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Pictures of other symbols, used predominantly by females (18% vs. 3%), included the red "Do Not" circle, to show rejection against AIDS, against males and females together and against needles. A number of outdoor pictures were done by both genders (10%) where the weather was cloudy and it was raining, usually directly above a person. Only one hurricane (done by a male) appeared as a destructive weather element. In contrast, several male outdoor pictures (six) contained bright yellow suns.

Less concrete, more abstract drawings (5%) of wild lines of colour in unregulated patterns were not particular to any one gender but did fall in one particular class in District One (See Page 31A & 31B). Other abstractions, though infrequent (4%), were of monsters, bugs and other strange creature-like images. Additional uncommon symbols were pictures of tongues (2% males only), roads (2% females only), televisions (3%) and clocks (2%).

Section A (Pictures): Districts (See Table II)

Each district drew a similar number of people figures although District One portrayed more of those people as being alone with AIDS (24% vs. 8%). District One students also expressed more abstract renditions of pictorial concepts of AIDS (10% vs. 1%), as well as more images of uncertainty and AIDS (16% vs. 4%).

How AIDS was transmitted to people was a stronger concern in District Two, where pictures showed more images of heterosexual sex, kissing and needles than in District One (6% vs. 0%). Prevention of transmission was also higher in District Two shown by portrayals of protection through condom use (15% vs. 3%).

Student responses in both districts were similar in prominent issues of illness, hospitals and death. However, only District Two displayed people as imagining their own death (See Page 31C). Student emotional responses (sadness, tears) were generally similar between districts although District Two responses displayed more anger (7% vs. 2%) and judgmental comments (7% vs. 2%).
Students in District Two more frequently used the cross symbol (15% vs. 7%) (See Page 31D). More students in District Two tended to portray outdoor weather as cloudy (13% vs. 3%), whereas more students in District One portrayed the weather as sunny (10% vs. 1%).

Section B

Ideas, Feelings and Concerns about AIDS.

(See Table III and Table IV for categories and frequency counts and Appendix B for Section B student responses)

Twelve categories emerged from students' written responses. General titles are presented first followed by several response examples within the given category:

Cure:
"There is no cure for AIDS"
"AIDS cannot be stopped"

Emotions:
"Wish AIDS did not exist"
"Don't like it"
"It's scary"
"I'm worried about it"

Infection (Self):
"What if I got it"
"How would you know if you got it"
"How does AIDS affect your life"
"What might others think if I got AIDS"

Infection (Others): Students varied as to the degree of acceptance and comfort they would feel around a person with AIDS (PWA). Some felt it's OK to be around a PWA, others were afraid about being around a PWA.

"What if someone I know gets it"
"Don't want my friends, relatives to get it"

AIDS (Effect):
"How many will AIDS affect"
"What if everyone gets it"

Death: Students do not want people to die, especially people they know. Students expressed fear of and sadness towards death.

"Don't want people to die"
"I'm afraid of dying"
"It's sad if others die"
"No one deserves to die"
"Young people will die, that's unfair"

**Prevention/Protection:** Students are unsure that AIDS can be prevented or how prevention, if possible, works.

"Can AIDS be prevented"
"Don't know how to protect myself"

**Responsibility:**
"People know about AIDS and do nothing about it"
"People take their own chances with AIDS"
"People bring AIDS on themselves"

**Transmission:**
"Anyone can get it, even me"
"Don't know how to get it"
"Get it through unsafe sex"
"I wonder about getting it from kissing"

**Needs:**
"Need to know more about AIDS"
"Want true knowledge about AIDS"
"I want my questions about AIDS answered"

**Solutions:**
"Need better education"
"Get better medical supplies"

**Values:**
"PWA shouldn't be treated in a different way"
"Should stay away from PWA"
"Testing should be free"
"Should be a law for sex without a condom"
"AIDS should be studied more"

**Section B (Concerns): Gender**
(See Appendix B for detailed categorical responses)

Approximately one-third of all student responses expressed emotional concerns about AIDS (Males 26% & Females 30%). Many responses, both male and female, were about sadness: "I feel that AIDS is a sad sickness", or that "AIDS is scary and confusing." There was a certain sense of vulnerability (both genders) expressed through emotional concerns of a personal nature as opposed to emotional concerns directed towards others who might have AIDS: "I don't want to get it", "I
Females seemed more demonstrative than males about their concerns for other people who "get AIDS", in particular how they felt sorry for them. Both genders also expressed many value statements about AIDS. Females (15%) tended to be more adamant about how PWA shouldn't be treated differently, while male values (17%) varied about what the law should do, how AIDS should be studied more, and how people should help with AIDS.

Infection was a predominant concern in both genders although males (17% vs. 8%) were more concerned about infection of others, whereas females were slightly more concerned about infection of self (21% vs. 6%). Females' concerns about transmission were twice as many as males (10% vs. 5%).

Overall females expressed more concerns than males (60% vs. 40%).

Concerns in both genders were extremely low regarding locus of control issues such as protection through Prevention and Responsibility (1% & 1%).

Section B (Concerns): Districts

(See Appendix B for detailed categorical responses)

While concerns about the category Death were prominent and equally distributed between genders, District One presented twice the concerns about death than District Two (15% vs. 7%). Though few students mentioned their needs, District One expressed slightly more concern for information about AIDS (5% vs. 2%).

District Two presented more value statements than District One (19% vs. 11%) and had almost double the concerns about Transmission (9% vs. 5%) and Infection (self) (9% vs. 6%).
Districts were similar in concerns about categories of Infection (others), Cure and AIDS. Again, both districts' concerns were low with respect to Prevention/Protection (1%) and Responsibility (1%).

Section B (Concerns): Misconceptions

Misconceptions in the Concerns section were expressed by concerns:

"I just got my period and I'm scared if I'll ever get AIDS"

"I think AIDS are caused by smoking is that right?"

"I'm wondering if you get AIDS by sitting on the toilet with someone who has AIDS that sat on the toilet too?"

"Getting it by drinking out of a bottle which my relative drank out of?"

Other concerns reflect thoughts that are not classifiable as misconceptions but which denote thinking that is not necessarily true or reasonable. For example, students wondered if AIDS can just happen to a person:

"Can you get AIDS from nothing and die?"

"It started and even if a person does not do the stuff to get it they still can catch it."

Judgement concerns were evident as well as unclear thoughts about sexuality and its relation to HIV infection:

"You have to be pretty stupid to get AIDS and if you do you're a pervert"

"Is sexual relationship with gay people the cause for AIDS?"

"My thoughts and feelings about AIDS are scary because I don't know if the disease is going to spread to all people who have sex and when I feel I'm old enough to have sex I will get it too..."

"I think you get them by having sex the wrong way..."

"That sex usually gives you AIDS"

Additionally, concerns reflected unrealistic projections about the extent and transmission of AIDS:
"I watched a documentary on AIDS by a Christian writer and he said by the year 2000 more than half the world's population would have AIDS."

"I would be scared if I knew somebody that I knew had AIDS and they were sitting beside me."

"I heard that AIDS originated in Africa and was brought to North America by a homosexual airline host. AIDS scares me because I don't know all the ways the disease is passed and if for instance the disease was passed (sic) say through a common sickness anyone could get it."

"Can you get AIDS from mosquitoes, kissing, saliva? How can you get rid of it?"

Finally, comments showed unrealistic knowledge about, and expectations towards the medical profession:

"And another one is why isn't there a symptom to cure AIDS like there is to cure colds or the flu?"

"Why don't the doctors cure it."

While the above information is not a misconception per se it does reflect student concerns that health educators ought to be aware of and help clarify for students.

Section C

Questions about AIDS

(See Table V and Table VI for categories and frequency counts and Appendix C for Section C student responses)

Fifteen categories emerged from students written responses. General titles are presented first followed by several response examples within each category:

AIDS:
"What does AIDS mean?"
"What are AIDS made of?"
"How do AIDS form?"
Cure:
"Is there a cure for AIDS?"
"Is research on AIDS being done?"

Who:
"Who gets AIDS?"
"Why do people get AIDS?"
"At what age can you get AIDS?"
"Why do homosexuals get AIDS"

Origin:
"What is the cause of AIDS?"
"Where did AIDS come from?"

Affect:
"What happens to a person when you get it?"
"How does it affect your life?"
"Does it hurt?"
"What is the worst part?"

Extent:
"How many people have AIDS?"
"Is it a major disease?"
"Can it be stopped?"
"Will everyone get it?"

Death:
"If you get AIDS does it mean you die?"
"How long do you live?"
"How does it kill you?"

Risk:
"Is it serious?"
"What are the chances of getting it?"
"Is it safe to be around PWA?"
"Is sex with a PWA OK?"

Length:
"Can you get rid of AIDS?"
"Do you have it for life?"

Symptoms:
"How can you tell if you have it?"
"How do doctors know?"

Prevention:
"How can I not get it?"
"Do condoms work?"
"How do people prevent themselves from getting AIDS?"

Infection:
"What do you do if you get infected?"
"Are there tests?"
"Could a friendship break up?"
"Can you live in the same house?"

**Transmission (General):**
"How do you get AIDS?"
"How many ways are there of getting them?"
"What ways are the most common ways to get it?"
"Is it easy to get?"

**Transmission (Specific):**

**Why:**
"Why do people want to kill themselves?"
"Why do people take drugs and become addicts?"
"Why do people take a chance with sex?"
"Why don't people use rubbers?"
"Why do people treat PWA differently?"
"Why do people transfer AIDS when they know they have it?"

**Section C (Questions): Gender**

(See Appendix C for detailed categorical responses)

Students' questions, both genders, reflected a general interest in knowing more about the transmission of AIDS, in general and specific terms. Other questions were about where AIDS came from and its origins. Students circled these questions, in Transmission and Origin categories, as those they were most interested in having answered. Questions about how long PWA live and if PWA always die were the third most popular questions asked by both genders.

Categories of questions were very similar between genders. Females asked slightly more questions than males about how AIDS affects one's life (Affect: 7% vs. 3%) and what to do if you or someone else got it (Infection: 7% vs. 2%). Males were more curious than females about why people put themselves at risk through certain behaviours (Why: 6% vs. 1%).

Students did ask questions about how they could protect themselves from getting AIDS though these still represented only eight per cent of the questions asked.
Overall, females asked more questions than males (57% vs. 43%).

Section C (Questions): Districts

(See Appendix C for detailed categorical responses)

District One and Two had similar distribution of questions within each category with the exception of Origin in District Two where students posed twice the number of questions (14% vs. 8%). Distribution of questions asked between each category was also very similar for both districts, with Transmission questions being the most popular (14%) followed again by Origin (10%) and Death (9%).

Overall, District One asked slightly more questions than District Two.

Section C (Questions): Misconceptions

Many students repeated unclear understandings in this section concerning transmission (kissing, toilets, touching, etc.) that were expressed in the Concerns section. These misunderstandings are purposely not repeated in this section.

Student questions reflected confusion, or a lack of clarity, in the area of transmission. For example: "How do you catch it?" might imply that the student sees AIDS as transmissable like a common cold; one "catches" it. Others wondered: "If you trade clothes can you get it?" , "Can you get AIDS from tampons?", "Can it be transmitted through the air?" These questions require careful explanation as trading clothes, using tampons and breathing the air are common occurrences in these students’ lives, which might, if left unattended, create irrational, but understandable fears.

In terms of sexual transmission, student questions may indicate they believe that sex in general (without one person being HIV infected) can transmit AIDS: "If it is transferred by the penis going into the vagina without a condom?" This type of question would need to be addressed to clarify and thus help possibly reduce
unfounded student fears regarding intercourse; to ascertain that not all intercourse is necessarily unsafe and that it leads to AIDS.

Other transmission questions showed a concern for behavioural limits with respect to interpersonal relationships:
"If a family member has AIDS and you don’t know can you get it from that person by giving the person hugs and stuff like that, drinking out of the same glass etc.?"
"If you have a friend and you want them to stay over can they?"
"If you have a boyfriend and he has AIDS and you know but you don’t care and you hold hands and stuff is that alright?"

Students may be curious about drugs in general and limits therein: "Can you get it from sharing other drugs?", "Can you always get it from needles?"

Students were concerned about the degree they were directly at risk:
"How many teens get it in a month?"
"What are the odds of a person in grade 6 getting AIDS?"
"Is it true that more children get AIDS than adults?"
"At what age do you get it?"

While these are not misconceptions, students may require special assurances that they are not in any particular age risk group. In fact, this is precisely why they are being taught prevention now. Conversely, special attention may even be needed to insist that no one, regardless of sex, is necessarily immune as seen in the question: "Do females get AIDS?", "Do all homosexual people get AIDS?"

Students may also need clarification on the permanency of infection with HIV:
"Does it go away from carriers eventually?"
"If you don’t have a very serious case of AIDS can you still die from it?"

Others need explanation of symptoms or information about living with symptoms:
"Do AIDS show on your body?"
"Do you get things like zits on your body?"

"Can you go out in public if you have AIDS?"

The role of animals in both the transmission and origin of AIDS can promote confusion for students: "What if animals get AIDS and you have one do you get it put to sleep or just keep it?", "Is AIDS really from a monkey?"

Easy solutions in the form of questions depict the simplicity with which students may perceive the world of AIDS and our ability to contend with such health problems: "Why don’t people stop being prostitutes and things and maybe it would stop?", "If we can do brain surgery or fly to Mars why can’t we cure AIDS?"

Section D

Knowledge Statements about AIDS

(See Table VII and Table VIII for categories and frequency counts; and Appendix D for Section D student responses)

Student knowledge responses are not necessarily true or valid. They are simply reported. Discussion of the accuracy of student knowledge responses will be discussed in the section on misconceptions and then again in Chapter Five.

Fifteen categories emerged from students’ written responses. General titles are presented first followed by several response examples within each category:

AIDS:
"It is a virus"
"It kills people"
"It attacks the immune system"

Extent:
"There is no cure"
"It is widespread"

Origin:
"It comes from gorillas"
"It came from apes"
Transmission:
"It’s from sex"
"It’s from gay sex"
"It’s from sex with a lot of people"
"It’s from sharing needles"
"Through blood"
"You can be born with AIDS"
"You can get it from things like: kissing, saliva, toilets, animals, the pill", "Hookers get it"
"You get it from being around it too long".

Non Transmission:
"Not from the same air, it dies"
"Not through casual contact"
"Not in little cities"
"Not from being gay"
"Not from... kissing, touching, saliva"

Symptoms:
"You get spots...brown, purple, blue"
"Things grow on you"

Prevention:
"Wear condoms"
"Use clean needles"

Treatment:
"There’s some medication"

Who:
"Many people have it"
"Kids get it"
"More males than females get it"
"Ugandians and Haitians have it"

Difficulties:
"AIDS is hard on loved ones"
"It tears people apart"
"It's hard to talk about"
"There are bad rumours about it"

Section D (Knowledge): Gender

(See Appendix D for detailed categorical responses)

Although both male and female students asked the most questions about the transmission of AIDS they also made the most knowledge statements about the transmission of AIDS. Knowledge statements referring to sex were usually very brief, such as: "You get it through sex." Neither sex offered any further
understanding or explication about sexual transmission. Heterosexual and homosexual modes of transmission were not differentiated, only the general word sex was used. Females made more statements about blood transmission (12% vs. 8%). Misconceptions tended to be stated more by females in the category of Transmission from "Things" such as toilets, coughing, kissing, etc. (9% vs. 3%).

The second most popular knowledge category was AIDS where male and female students relayed information about what AIDS is and what it does, notably that it kills.

Males made more statements (11% vs. 3%) about the extent of AIDS and that it was widespread.

Knowledge was low in both genders in areas of who gets AIDS and how. Particularly little knowledge was demonstrated about non-transmission and prevention.

The Difficulties, Symptoms and Treatments involved with AIDS were the least-mentioned categories in the knowledge section.

Males expressed more knowledge statements than females (57% vs. 43%).

Section D (Knowledge): Districts

(See Appendix D for detailed categorical responses)

Districts One and Two offered similar numbers of knowledge statements about AIDS (49% vs. 43%). District One mentioned slightly more statements pertaining to sexual transmission (24% vs. 17%) and District Two mentioned slightly more knowledge about needles transmission (9% vs. 6%). Amount of misconceptions of transmission through "Things" were low (only four students in each district) but were equally distributed throughout both districts.

Again, the category of AIDS, what it is and that it kills was second in terms of the quantity of knowledge statements offered by students in both districts. Other
categories such as Extent and Who were equally represented by both districts. In both districts students displayed little knowledge about non-transmission and prevention. Knowledge statements of where AIDS came from, the difficulties, symptoms and treatment involved with AIDS were minimal in both districts.

Section D (Knowledge): Misconceptions

Misconceptions in the knowledge section were largely due to students knowledge being partial or vague. For example, concerning who gets AIDS:
"Hookers probably have AIDS, most of them"
"The pill and what gays and lesbians are"
"I no (sic) you get AIDS from being gay"
"Lots of movie stars die from AIDS".

Not only who gets AIDS was misconstrued but also who does not get AIDS:
"I heard from a friend that you can’t get it in little cities." As well some students displayed a false sense of security: "I've heard that AIDS is no big deal".

Once again, knowledge concerning sexual transmission of HIV was vague or over-simplified:
"I heard from my mom that if you do it with someone you could get AIDS"
"I know it’s a disease from having sex"
"You contract it by having sex"
"I have heard that you get AIDS by making out with someone who has it or by being gay"
"AIDS is spread, but not always, by sex without a condom"
"AIDS is when two people have sex and each others sperm mixes"
"You get AIDS by having sex with a lot of people"

Various kinds of contact and interaction between people that might lead to infection is not clear:
"I know you can get AIDS by sex and saliva"
"If you get kissed"
"I also know you get it from being around someone for a long time"
"I heard that if you get someone else's spit in one of your cuts you can get AIDS"
"I heard that you get AIDS if someone coughs on you"

Infection through birth was occasionally stated as a given:
"If your mom or dad has it you are born with it"
"Children are born with AIDS and their parents don't have it"

As well the perceived inevitability of fatality in contracting HIV was evident:
"I know that if you get a very bad cold and you got AIDS your cells in your body can't fight the cold and you can die from that cold"
"Everyone who had AIDS has died so..."
"I know that there is no way to stop AIDS"
"You live for four years when infected."

Misconceptions that possibly all drugs, or that animals can give you AIDS, were common but not predominant:
"Cats sometimes have it"
"...drugs can give you AIDS and that if someone has AIDS and they have a cut on their hand and you shake hands with them you can get AIDS..."

Prevention suggestions were quite explicit: "Don't get spat on" and "You can't get it if you have birth control, foamy and condoms."

Fortunately, the misconception that AIDS is easy to get like a cold was rarely explicitly articulated: "I heard on TV it catches on quickly." Yet this misconception struck the researcher as possibly being hidden in the students' questions and knowledge statements, which were quite unclear about how HIV is contracted.
CHAPTER FIVE

DISCUSSION/CONCLUSIONS

Overview

This chapter discusses the study's overall results and relates these results to the literature. Following are the study's limitations and suggestions for further research. The chapter concludes with a discussion of the theoretical and practical importance of this research.

Introduction

Six classes of grade six students produced a wealth of responses concerning a subject (AIDS) in which they had previously received no formal education. These grade six students displayed a large range of images, concerns, questions and some limited knowledge about AIDS. These data do confirm the constructivist view in education that students already have existing knowledge, beliefs, thoughts and attitudes with respect to any subject matter, and as such, are not a "tabula rasa" ready to be filled with prescribed knowledge.

Overall: gender and districts

Females in grade six showed more concern about AIDS than males. As well females asked more questions about AIDS than males. However, males did tend to make more knowledgeable statements (most of which were true) about AIDS.

Districts One and Two were very similar in the numbers and types of questions asked and the knowledge statements made. Only in the area of Concerns did District Two show more than District One. Issues concerning Emotions and Transmission dominated across districts.
Misconceptions / Misunderstandings

Student misunderstandings were most predominant in the modes of transmission. These included knowing that one could get AIDS from kissing and toilet seats, to questioning if one could get AIDS from hugging, coughing, or borrowing clothes, to being concerned about how close contact was safe with respect to a PWA.

A second common area of misunderstanding was how long a PWA could live. Students seemed to think, as indicated in their drawings, that having AIDS indicated immediate death. Very few students gave any indication that they understood or misunderstood what AIDS actually is and what it does, other than "it kills." The closest indications were that AIDS is a virus or a germ and that it affects the immune system.

Students' misconceptions were also due to having partial information such as, "You get it from sex", which is sometimes true but not always. Difficulties arise in categorizing areas of transmission including saliva, kissing where no documented cases exist to prove this mode of transmission. Yet the answer to whether these behaviours might in fact transmit HIV is still unknown.

Pictures

In an article about children's perceptions of nuclear power stations, as revealed through their drawings (Brown, Henderson & Armstrong 1987), art teachers observed that children in general find drawing people a struggle and that they tend to avoid including them in their pictures unless explicitly asked to do so. Children in this study were not explicitly asked to draw people, yet figures of people were the most predominant images common to both gender and district. Students
seem to perceive AIDS as affecting people. Their drawings tend to depict these people as emotional and alone.

Transmission

Student responses revealed they were predominantly concerned about the transmission of AIDS. In the Concerns section students expressed concerns that they or someone else might get AIDS. In the questions section they asked how this might occur and in the knowledge section some reported knowing that AIDS was transmitted by sex and needles. Grade six students were very curious and concerned about AIDS but were minimally informed about its transmission.

Prevention

Grade six students in this study, while curious and somewhat knowledgeable about transmission, displayed comparatively few concerns, asked fewer questions and made hardly any knowledge statements concerning the prevention of AIDS. Assuredly, grade six students did express worry about contracting AIDS as seen in some of their questions about preventive measures.

Both genders expressed little concern or knowledge of prevention. Females tended to express more concern than males about infection of self, whereas males mentioned and drew more pictures of condoms.

Concern and knowledge about prevention was also low across districts although somewhat more interest was shown in the section on questions. Regardless, prevention was not a high priority in the minds of grade six students in this study.

In spite of this low concern about prevention, students in both districts revealed in both their written and pictorial responses a sense of personal vulnerability that they might get AIDS.
This sense of vulnerability to contracting AIDS may also be reflected in the quantity of drawings, concerns, questions and knowledge statements students expressed concerning the area of transmission. It may be that their sense of prevention is linked with transmission and not seen as a separate area.

**Death**

Students revealed an awareness of some of the varying stages of debilitation involved in AIDS in their pictures -- people couldn't play, they were chained or locked up, or they were hooked up to machines in hospital beds. Some students went a step further and imagined their own death. However, many students went directly to the final stage of AIDS in their drawings and knowledge statements, notably death.

Death also played a very prominent role in the minds of these grade six students throughout their written work. It was reflected largely in their titles in the concerns section and in particular the questions section where they wanted to know how long people with AIDS lived and if they always died. This would seem to indicate that grade six students may equate AIDS directly with a sense of finality, leaving little room for ideas of treatment or recovery. Students did, however, express some hope that a cure might be found suggesting that death might not always be the inevitable consequence of contracting AIDS.

**AIDS not limited to homosexuality**

Each gender represented its own sex as being susceptible to, but not immune from AIDS. Students rarely mentioned homosexuality or portrayed AIDS as a gay disease; in fact females made no reference to AIDS in relationship to homosexuality whatsoever.
Value statements and the controversy implicit in AIDS education

One of the more curious aspects that grade six students revealed in their responses was the quality of their value statements regarding persons with AIDS. They wanted to know why people with AIDS are treated differently, what should we do with them, and how a person should relate to them. Some students expressed definite opinions about what should or should not happen where others indicated that their minds were not made up but that they were considering what should or shouldn't happen.

Value statements and questions (predominantly in the concerns section) were expressed by approximately one-third of the students in both genders and across districts. Next to the category of emotions, values were the second priority in the concerns section. Emotions and values were expressed predominantly in the concerns section. A possible reason for this might be that the Questions and Knowledge sections tend to reflect the prevailing tendency in education to accentuate what is factual rather than emotive and value laden.

Literature Considerations

The prevention of AIDS and locus of control

"AIDS is preventable" is the overwhelming theme in the literature for educational efforts to control the spread of HIV infection. Fundamental to these educational efforts is a belief that people have control over their behaviour. The locus of control is seen as "within" the person. Whether students (or the public) believe this to be true was not evident in the AIDS literature surveyed, nor in the data responses conveyed in this research. Nevertheless, prevention strategies are claimed to be the safest way to avoid contracting HIV by the leading AIDS organizational bodies, notably the World Health Organization and the Centers For Disease Control.
In the Canada Youth and AIDS Study (1988) grade seven students were not asked about their knowledge of protection against AIDS. Grade seven students did seem to display knowledge about the transmission of the AIDS virus but it cannot be assumed that this knowledge indicates that students have any notion of how to prevent that transmission.

Transmission

These results from pre-adolescents coincide with the four studies of adolescents done in the United States (Price, 1985; Diclemente, 1986; Strunin, 1987; and the Connecticut study, 1988) where knowledge of AIDS transmission was lacking but students indicated a strong desire to know more about AIDS.

Value Issues

Some student value judgements are addressed in the Canada Youth and AIDS Study (1988). These judgements include homosexuality (comparisons previously addressed in this paper) and the degree of acceptance students felt towards people with AIDS being in their world and in society at large. With respect to the latter issue the Youth and AIDS Study (1988) reported that the closer the potential for personal contact students felt, the less tolerant students were. Age did not seem to influence young peoples' attitudes towards people with AIDS or HIV. Only at the grade seven level were male and female responses similar towards people with AIDS with one-quarter of them agreeing that they "could not be a friend of someone with AIDS."

Students in this study expressed many values in their questions and statements. They mentioned how people with AIDS should be treated, suggested testing should be paid for, wondered if they should be friends with PWA and what
they should do if an acquaintance got AIDS. Homosexuality did not seem any more important, as indicated by response numbers, than any other value issue students presented for consideration.

**Homosexuality**

In contrast to the Canada Youth and AIDS Study (1988) where grade seven students were reportedly quite fearful of homosexuality, this study reveals little fear or animosity towards homosexuality. Whether students at this age do not tend to think about homosexuality, or that they know little about it or its relationship to AIDS is not clear. However, AIDS does not seem to be associated with homosexuality for the majority of students at this age level.

**AIDS education: When to begin**

One of the primary concerns in the literature about AIDS and sex education is whether education about such issues is effective, and if so at what age is it appropriate to begin? Whether AIDS education programs will be effective remains to be seen. Nonetheless, AIDS education has been mandated in British Columbia beginning in grade seven. But might students be ready for AIDS education in grade six?

If one accepts that sex education should begin just before the onset of sexual activity when students start asking questions (Brick, 1987; Massey, 1987; McCormick, 1987) then the quantity of questions asked in this study could indicate that grade six students may be ready for sex education.

But does the present study meet another requisite in the literature for implementing sex education in the schools, as expressed by Black (1988), Futrell (1987) and the Presidents Domestic Policy (1987) where students are deemed developmentally ready for sex education as determined by their needs? If the more
than 1,000 responses that these grade six students expressed about AIDS excluding their pictorial representations are seen as any indication of student "need" then perhaps grade six students may be developmentally ready given their ability to formulate and express such a wide range and quantity of responses.

**Behavioural change and AIDS**

Grade six student responses not only indicated they may be ready for AIDS education they also appeared to have three of four critical health beliefs (outlined by Hauchbaum in Leishman, 1987) that are required to effect behavioural change:

1. A belief in susceptibility to getting the disease;
2. A belief in the severity of the outcome if one gets the disease;
3. A belief that one can have something and not know it;
4. A belief that recommendations given to alter behaviour will achieve the desired ends.

1. AIDS affects people, anyone is susceptible.

Unlike Price's study (1985) where 73% of students were not worried about contracting AIDS these students were more like students in Diclementes' study (1986) where 73% were worried about becoming infected with AIDS. These students revealed that they, as well as others they knew, were susceptible to contracting AIDS. This belief in vulnerability/susceptibility is one of the four conditions (above) necessary to effect behavioural change (Leishman, 1987).

2. AIDS ends life, it kills.

While death certainly seems to be a frightening prospect for people of any age, students' perceptions of the severity of the disease's outcome, is another one of Hauchbaums' four essential elements to effect appropriate, preventive behavioural change.
3. How do you know if you've got it?

Hochbaum's third critical health belief is that one can have something and not know it. Grade six student responses did reflect this health belief particularly in the question section of the survey. Whether one can interpret the students' lack of responses (in the other two written sections) about symptoms that might indicate HIV infection as a further reflection of this health belief is doubtful. However, it is interesting to note that of the pictures students drew of people with AIDS, none displayed any indication of illness other than being tired and weak in a hospital. This belief would certainly require further clarification in AIDS education classes to see if students do believe that you can get an illness and not know it, and if they do believe this, to what degree do they believe it with respect to AIDS. Exploration of this health belief is essential if educators expect children to believe estimates that one in every 100 people are HIV-infected in British Columbia (B.C. Family Life Education Program 1987) (2).

The Limitations of the study

The sensitive nature of this study's topic area did not facilitate the opportunity for the researcher to gain access to enough students to allow for random sampling.

However, there is no reason to assume that these six grade six rural or semi-rural classes are any different from similar classes of rural or semi-rural grade six students. One reason for this consideration is that all grade six classes within two

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2. The fourth belief, recommendations given to alter behaviour will achieve the desired ends, would have to be explored through further research into whether students believe this to be true (mentioned in the Research Suggestions) as there was no indication of this within the present study.
school districts were included in the study, and there is no reason to believe the students in these two districts are in any way special or different due to being located in these districts. Even the differences between districts did not materialize because one district was much closer to the urban center of Vancouver.

The lack of an urban comparative model does not pose a major threat to the study but it does limit its generalizability to students within a rural to semi-urban environment. However, in a similar study (Fountain, 1988) in an urban school district where grade 7 students' questions and concerns regarding AIDS were elicited, student responses were very similar although they were articulated in a more detailed manner.

The study's reliability in all student response categories, including the pictorial ones, were verified with 95% accuracy by a Masters student who is experienced in qualitative methodological procedures.

This study is limited in its ability to interpret what students meant or understood by their responses. A form of triangulation by follow-up interviews would have provided a much richer data base from which to extrapolate a deeper insight into student responses. The sensitive nature of this topic area and the age of the children who participated in the study did not allow interviews.

Further Research Suggestions

Controversial issues in education

While homosexuality and acceptance of people with AIDS are certainly two significant and potentially-controversial issues within AIDS education, it should not be misinterpreted that they are the only controversial issues that will arise in AIDS education classes. Grade six students in this study expressed many sensitive concerns and questions about what "should" or "ought to" happen with respect to issues in AIDS education. These sometimes moralistic, value laden issues are not easy for
teachers to deal with in the classroom. Further research is needed within AIDS education classes to provide teachers with programs such as those by Lawrence Stenhouse (1971) where methodologies using procedural neutrality can assist classroom examination of these issues.

**Locus of control and behaviour**

Do students feel capable of making decisions; do they feel in control of their own behaviour during this changing time in their lives just before or during adolescence?

**Belief in prevention strategies**

More research should be done to explore students' belief systems and perceptions concerning the effectiveness of disease prevention strategies.

**Emotions and values in education**

Given that student concerns surrounding emotions and values were expressed almost solely in the Concerns section, it would be interesting to conduct the study without this section to see if and where students would express any of these emotional, moral concerns. Does the expression of values and emotions depend upon them being validated by allotting a place for them?

**The meaning of Sexuality**

Students indicated that they knew AIDS was spread by "sex". What does sex mean to someone in grade six? Is it an emotional issue for them; is it already value laden, and if so how?
The meaning of homosexuality

What does homosexuality mean to grade six students? How and why do their conceptions of homosexuality, or a seeming lack of conceptions about homosexuality, change over the course of one academic year (as indicated by the comparative results in this study, grade six, and the Canada Youth and AIDS Study (1988), grade seven).

Perhaps the most interesting aspect of this research is that these rural grade six responses are almost identical in nature to the responses urban grade seven students gave after their first hour to hour-and-a-half AIDS education classes in a Vancouver Lower Mainland school district (Fountain 1988). It would be doubtful that the grade seven students in Fountains' study did not have somewhat similar concerns upon entering their AIDS education classes as did the grade six students in this study. The alternative explanation is that such similar concerns between students developed over the course of an hour-and-a-half presentation on AIDS education. This seems hardly unlikely given that grade seven students had approximately five minutes after the lesson to prepare their questions or concerns they wished to have addressed.

Therefore, if grade seven students had similar concerns and questions about AIDS upon entering their AIDS education classes, how is it that they ended up still being concerned about the same issues when the class was over? Did they not hear the information presented about AIDS -- where we think it comes from and how it is and is not transmitted? Or, could they not assimilate this information during the course of a relatively short exposure to some very complex concepts? Possibly a combination of these two explanations might eventually detail how students come into AIDS education classes and complete their initial AIDS education classes with the same concerns unaddressed. It would be interesting to know whether once these questions were answered a second time, if students' questions would be satisfactorily
answered according to their standards and then, in turn, according to standards determined by health educators.

With the above inquiries in mind perhaps this study will encourage educators to look at students from a constructivist viewpoint whereby they must not only examine and access student perceptions by looking at them, but must also enter the students world and look along them.

Theoretical and Practical Importance of the Study

This study is phenomenological in its attempt to create further research that will allow educators to see the world of health and health issues through the students' eyes. It reflects a perspective in education, notably generative learning, where student misconceptions, alternative conceptions and alternative frameworks can be explored by educators in the hope of discovering how students do or do not construct knowledge and meanings.

According to Garratt (1989), if one accepts that personal meanings are reality for that individual -- a personal reality which guides attitudes, behaviour and acquisition of new knowledge -- then ultimately one is looking at the social construction of knowledge. If our mandate as educators is to formulate the social construction of knowledge to teach the prevention of HIV infection and AIDS, then this type of naturalistic inquiry into the students' world of understanding is essential.

This study provides practical importance for educators, who are relatively new to health education at the grade seven level. It provides an idea of the kinds of responses teachers can anticipate from students in their formalized AIDS education classes. In this way educators can prepare themselves and their AIDS education programs by becoming aware and clarifying their own values on these sometimes
controversial issues; to prepare and clarify responses that will reflect the community values within their district.

If one accepts the constructivist world view that knowledge is constructed by the learner (who is seen as an active meaning maker), then the description of these students’ prior understandings of AIDS may help educators build a developmentally appropriate educational program. A program that will enable learners, with the help of their instructors, to bridge the gap between their present understandings of AIDS and the understandings of AIDS we wish them to attain; notably the motivation to and the information about how to protect themselves from HIV infection.
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APPENDIX A1

Introduction

This review of AIDS Education is "medical" consisting of a general description of what AIDS is, how it is and is not transmitted, the prevention of AIDS, and recent statistics concerning the extent of the disease in Canada and the United States.

Medical: The HIV virus

The acronym AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is thought to begin with a virus called HIV (Human Immunodeficiency Virus), which attacks and seriously damages the body's immune system. Without the protection of the immune system people cannot fight infections, some of which can be fatal. (Health & Welfare Canada, 1987).

Two key people were involved with the actual identification of this virus. They are Montagnier from the Pasteur Institute in France and Gallo from the United States National Cancer Institute. There is some controversy as to which researcher made the "true" discovery of HIV (Connor, 1987). Nevertheless, each helped to identify what was labelled in 1981, "unusual opportunistic infections" found in homosexual men and intravenous drug users in United States (Frumkin et al., 1987). In Canada the first case was reported in 1982 (Health and Welfare Canada, 1987).

Viruses, including HIV, have no cell structure. They cannot live and they propagate independently. Viruses depend on host cells for their survival. The first step is the binding of a virus particle to a component of the host cells membrane. With HIV, the virus particle is referred to as GP 120 (glycoprotein 120) and the receptor on the host cells membrane is called CD4 (Weber and Weiss, 1988).
Once viruses are attached to the specific receptacle they enter cells in one of two ways:

1. They can fuse with the membrane, displaying their viral proteins on the cell surface, or

2. Virus particles can be trapped inside vesicles, a process named endocytosis, forming enclosed pockets in the cell cytoplasm without revealing their viral proteins.

In endocytosis, viruses are protected from immune surveillance and they can pass undetected between cells in a person, or between one person to another (Anastasiou, 1988; Matthews, 1988).

Medical: The HIV retrovirus

Unlike other viruses HIV is a retrovirus. There are three groups of retroviruses. HIV belongs to the third group "lentiviruses" or slow viruses. These develop slowly over time causing successive deterioration of the host organism. (3)

Retroviruses differ from most other viral infections in that they have the rare capacity to copy and insert their own genes into human chromosomes (DNA), thus reversing the ordinary flow of genetic information from DNA to RNA. Retroviruses use their own enzyme -- reverse transcriptase -- to copy their genetic code into a DNA molecule. This is then incorporated into the host cell's DNA. As such, the virus becomes an integral part of the human cell structure, and is subject to control mechanisms by which cell replication is regulated. Hence, when these infected cells become activated in an immune response they replicate HIV, proliferating the virus instead of destroying it (Refield, 1988). Complications arise for scientists trying to control the replication of HIV because unlike other retroviruses, HIV has specific

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3. See McClure, 1988 for a further discussion of all retrovirus groupings.
genes whose whole function is to regulate the timing of its own viral reproduction (Gillibrand, 1986).

Within the cell the virus is safe and cannot be detected by the body's immune defenses (Wallis, 1986). It might hide in the mucus membranes for example, ensuring compete protection from immune surveillance (Gillibrand, 1986). The HIV virus may remain hidden in such a cell for years until some trigger stimulates it to replicate. This dormant virus seems to be triggered 35 per cent of the time into action three to six years after initial infection. Some reports indicate the infection has been triggered up to fifteen years after initial infection (Haseltine, 1988).

When the virus does replicate it destroys lymphocytes, which eventually render the immune system defenseless against opportunistic infections such as herpes, epstein-barr infections, forms of pneumonia and some rare malignant tumours like Kaposi's sarcoma (University of Toronto, 1988).

Unfortunately, HIV can affect many cells. Those cells bearing a CD4 receptor are most predominantly infected: T4 cells, monocytes (young macrophages), macrophages (scavenger cells), cells in the lymph nodes, skin cells, some organ cells, as well as five per cent of the body's B cells. Some other cells where the CD4 receptor isn’t directly detectable can also become infected: the brain gilial cells, some malignant brain tumour cells and some cells derived from cancers of the bowel. These cells contain low levels of messenger RNA, which encode the CD4 protein. As they do produce some CD4 this has led to the assumption that the expression of only a small amount of CD4 is sufficient for infection by HIV (Weber, 1988).

Once infection has occurred, HIV may replicate abundantly or remain dormant. It may reside in the blood stream, the nervous system, the intestine, in bone marrow cells, in T4 cells and in the fluid surrounding the brain and the spinal cord. HIV hides particularly well in the cells of the nervous system where it is
protected by the blood brain barrier, which many drugs cannot pierce (Anastasiou, 1988; Yarchoan & Mitsuya, 1988).

Medical: The body’s response

The body’s response to viral infection is twofold: a humoral response, where B cells generate specific antibody molecules; and a cell mediated response, where killer T$^8$ cells attack and destroy infected cells. Central to both responses are helper T$^4$ cells that activate and cause the proliferation of T and B cells. What is so unique about HIV is that it attacks the very cell, T$^4$, that coordinates the immune system response. For example, B cells can produce specific antibodies to fight HIV but will not do so unless directed by the T$^4$ cells. Whereas some cells, such as macrophages, may survive HIV infection, essential T$^4$ cells do not (Wallis, 1986).

Once a person is infected with HIV their immune system, at least initially, usually produces some antibodies to combat it. Often seroconversion (detectable antibodies to HIV), occurs six to twelve weeks after infection and may take up to eight months (Anastasiou, 1988). Others say seroconversion can take up to three years (Altman, 1988).

Medical: Testing

As of November 1985 defense antibodies, if they are present, are detectable through blood tests. This has reduced the chances of HIV infection through blood transfusions to 25 in 100,000 as reported by the Red Cross (Health News, 1989).

For emergency testing a five-minute AIDS test has been used in England (Joyce, 1989).
Medical: HIV Complications

One of the difficulties that HIV presents to the immune system concerns its ability to mutate rapidly. Antibodies are specific to the outer coating of a virus. HIV's outer coating mutates so rapidly that the immune system's antibodies cannot keep up with or anticipate such rapid rates of change. While HIV's inner core remains stable its outer proteins mutate twice as fast as any flu bug (Jaroff 1988).

Even when precise antibodies to HIV are produced they do not neutralize all of the virus. The reason for this remains unknown. Another oddity is that some patients with AIDS never develop any HIV antibodies (University of Toronto, 1988).

Although HIV kills T4 cells directly, few T4 cells replicate before they are killed. This could not be the sole cause for severe depletion of T4 cells in AIDS patients. T4 cells must be being killed by other methods. It is thought that other, more indirect mechanisms must be at work: autoimmune responses, antiviral activities of cytotoxic antibodies, toxins produced by other cells infected by HIV but most predominantly by syncytia (Weber, 1988).

Syncytia form because HIV infected cells manufacture GP 120 and carry it on their cell membrane. When a healthy cell, bearing the CD4 antigen, meets GP120 it binds to that infected cell whereupon the two cells join, probably by direct fusion. This process continues to the point where one infected cell may eventually bring together and infect as many as 50 other cells (Weber, 1988).

How a person actually goes from being initially infected by the virus, which is present in very small quantities in a variety of body fluids, to developing full-blown AIDS, is not yet known (Garvey, 1987). This and other significant questions, some of which were addressed previously, still remain unanswered:

1. What triggers the virus?
2. Why is there such a long incubation period?
3. Why do the antibodies to HIV not inactivate the virus?

Gallo and Montagnier (1988) iterate the imminent concern that scientists share in their endeavours to answer these critical questions.

Medical: HIV Stages -- What do we know?

The stages from HIV infection to AIDS are outlined in the Walter Reed, T4 count classification system -- five classification stages are outlined (Refield 1988). As well, there are other indicators to denote the extent of immune depletion: chronic lymphademenopathy, responses to skin tests, presence of other infections, cancers, and central nervous system disorders.

According to Refield (1988), viral proliferation increases over time as does its toxicity, slowly turning the balance away from the side of the immune system towards the side of the virus. Eventually T4 cells decline to where the immune system is non-functioning. In absence of a cure or solution to HIV infection most of those persons infected with HIV will eventually develop end stages of the disease and will die prematurely (Refield, 1988).

It is interesting to note that women have a longer incubation period than men and that if a person is older than 59 or younger than five-years-old they may develop AIDS more quickly (Newsweek, 1987).

Medical: Treatment

According to Yarchoan et al. (1988), for any therapeutic agent to work against an infection that is caused by a pathogen it must either kill the pathogen or stop it from multiplying. It must do this without significantly harming the infected host. As the survival of a virus depends upon intimate interaction with a host cell, it is difficult to find drug treatments that will be selective enough to destroy the virus but not severely damage the host. Also, all drugs have varying side effects and levels
of toxicity. Drug treatment effectiveness must be weighed against treatment complications and the seriousness of the disease if left untreated. With AIDS the complications, which can be quite severe, outweigh the fatal consequences of non-treatment.

Of the some 800 drugs that are being tested for the treatment of AIDS, zidovudine, formerly called AZT, appears to be the most effective for improving the survival period and quality of life for patients. In England for example, 4,800 patients have received 44 weeks of zidovudine therapy and three-quarters of them are still alive (Connor and Kingman, 1988).

Zidovudine protects T cells against HIV by interfering with the reverse transcriptases production of its viral DNA chain. Serious side effects can be severe bone marrow depletion. A more recent antiviral agent, Acyclovir, evidently may have similar results to Zidovudine without such detrimental consequences to bone marrow (Anastasiou, 1988).

Compound Q, a protein extract from the cucumber plant, is being tested in North America. When treated with compound Q, one patient with ARC (AIDS Related Complex) showed very promising results. His T4 cell count went back to normal, his high levels of Beta 2 microglobin, regarded as a marker for AIDS, were greatly reduced and his antigen tests came back negative.

Compound Q apparently kills infected macrophages and T cells without destroying the healthy ones. As macrophages travel throughout the entire body, including the brain, this would be a great advantage in the prevention of the dementia in many AIDS patients. However, drugs that are based on plant proteins can produce intense allergic reactions. Compound Q could also work too quickly and flood the body with dead infected cells, possibly damaging the kidneys (Golstein and Massa, 1989).
Many substances have inhibited HIV in the test tube but like compound Q they become extremely toxic once inside the human body. It remains to be seen what results testing of compound Q will bring.

Another promising treatment is soluble, or free floating, CD4 (Yarchoan et al., 1988). Soluble CD4 binds to HIV monopolizing its CD4 binding sites. In this way HIV cannot bind to the real CD4 receptacle on a helper T cell.

There are many other treatments being developed and tested in the global scientific community. For further reading on this subject see Yarchoan et al., 1988.

Medical: Prevention through vaccination.

Preventing HIV infection with a vaccine is a goal to be realized in the distant future. An effective vaccine would have to:

1. Prevent HIV from becoming entrenched in T cells and macrophages;
2. Halt the virus before it invades the central nervous system (whereupon pathogens become invulnerable to immune attack);
3. Recognize all of the innumerable HIV variants;
4. Offer protection to all recipients regardless of age, gender and extent of exposure (Matthews, 1988).

Besides the obvious difficulties in meeting these requirements, three central problems exist that hinder development of a vaccine against HIV:

1. The virus can hide and remain undetectable for long periods of time;
   It can change the composition of its coat to the point where there are even unique viral variations within one person;
   HIV infection is permanent, it installs its own genes into the genes of its host.
2. There is a lack of an appropriate animal model to investigate vaccine strategies. Chimpanzees are the only animals to date that can be
experimentally-infected with HIV isolated from patients with AIDS (Essex, 1988).

3. Obstacles are anticipated with clinical trials due to ethical concerns and possible shortages of volunteers. For example, volunteers would ethically have to be counselled to avoid risky behaviour. Therefore, a low incidence of AIDS might only be a reflection of their safer sex practices (Matthews, 1988). (Nonetheless two vaccines have been approved by the U.S. Food and Drug Administration for clinical testing, Wright, 1988).

Even if a vaccine could be developed to meet these requirements and could be clinically tested the question would then become: When would immunization be deemed a success? The latency period can last up to 10 years and some think more (Matthews, 1988). Too many unknowns remain about HIV's latency period for science to offer confirmed safety of a vaccine in the near future. The most optimistic date in the literature is 1990. Whatever the optimism, it must be kept in mind that, as yet, no vaccine has ever been made against a human retrovirus (Wright, 1988).

Medical: HIV variations

An overwhelming difficulty concerning the treatment and prevention of HIV infection is that there is not one strain of HIV but two: HIV1 and HIV2. Central Africa, Europe and North America are predominantly infected with HIV1. People infected with HIV2 are located primarily in Western Africa.

How these related viruses came to infect their hosts is still unknown. What is known is that:

1. HIV is highly variable from strain to strain (Gallo et al., 1988);
2. To date it appears that HIV2 patients have a lower risk of developing AIDS than those with the HIV1 strain (Essex, 1988);
3. Both strains of HIV are transmitted sexually (Essex, 1988);
4. Different tests are necessary for each strain of the virus. Tests for HIV1 in England have missed 70 per cent of HIV2 seropositivity (Connor, 1988).

According to Dr. Montagnier (Connor, 1988), the incubation period for HIV2 is 15 to 20 years, which further complicates vaccination testing;

5. The two viruses overlap with 40% of their genetic characteristics (Anastasiou, 1988).

There has been some discussion as to a possible third strain by Dr. Piot of Belgium but this is not yet official (Monmarey, 1988).

**Medical: Transmission**

There are basically three ways to become infected by HIV. High concentrations of the HIV virus can be found in blood, semen, and vaginal fluids. These fluids are transmitted by:

1. sexual intercourse (anal, vaginal and possibly oral sex)
2. receiving infected blood (sharing needles/syringes)
3. transmission from mother to child during pregnancy and possibly after birth through breast feeding (Anastasiou, 1988; Health & Welfare Canada, 1987).

It is difficult to determine the efficiency of transmission in terms of sexuality as people usually engage in multiple sex practices (Hayward, 1988).

Blood transfusions used to be a problem, but since the testing of the blood for seroconversion began in November 1985 there is only a small chance of transmission by this means. This is due to the blood possibly showing antibodies at a later date (can be up to three years). Donating blood has no risk factor for contraction of AIDS whatsoever (Surgeon General’s Report, 1986).

Although the virus has been detected in all body fluids, including tears and saliva (one in 83 saliva samples had the virus and one in seven tear samples, Strouse,
of 1987) there have been no cases of transmission by casual contact (Surgeon General's Report, 1986; Canada Disease Weekly, 1986; Black, 1986; New Facts of Life, 1987; Strouse, 1987; Centre for Disease Control, 1987; McCormick, 1987; National Academy of Sciences, 1987; Fulton et al., 1987; Black, 1988; Mann, 1988; University of Toronto, 1988).

Of 350 family members with AIDS patients in the home, HIV infection has only occurred when the family members were already at risk due to high risk behaviour. Of 1700 health care workers caring for AIDS patients only two persons, not known to be in high risk groups, have tested positive for HIV (Strouse, 1987).

According to Refield (1988) it is in the earliest stages of infection, when there are no antibodies, that people are the most infectious. In heterosexual couples where one person is infected with HIV, 10 to 70 per cent of the other partners become infected through intercourse. However, others show no signs of HIV infection and were not using any method of protection (Hayward, 1988).

Transmission is bidirectional, men to women and visa versa (Smilgris 1987). There appears to be no transmission through mosquitoes (Whiteside et al., 1987; Leishman, 1987) nor through pets (Surgeon General, 1986).

It is of interest to note that artificial insemination and transplants have rarely been identified with transmission (Health and Welfare Canada, 1987; Guinan, 1987).

Medical: High risk behaviour groupings

The breakdown of high risk behaviours from the Federal centre for AIDS in Canada is as follows:

- 81 per cent homosexual or bisexual men;
- .9 per cent heterosexual users of intravenous drugs from a non sterile needle;
-6.1 per cent heterosexual male or female partners of persons with AIDS or at risk for acquiring AIDS;
-3.0 per cent not yet or unable to be classified into any known behaviour risk grouping;
-5.1 per cent received a blood transfusion within five years preceding the onset of the illness.

In terms of children and infants:
-82 per cent born to parents with AIDS or at increased risk from acquiring AIDS;
-18 per cent transfusion related, hemophiliac related, unable or yet to be classified into any known behaviour risk grouping.

There are some similar percentages in United States although the homosexual / bisexual percentage rate is lower, at 61 per cent, and intravenous drug percentage rate is markedly higher, at 20 per cent.

AIDS is a disease of concern to everyone. Heterosexual contact in the United States went from 12 to 26 per cent between 1982-1986 (Guinan, 1987). The more partners one has, the greater the risk of infection. Fifty or more partners during a lifetime quadruples the chance of infection (Surgeon General, 1986).

The male/female ratio of infection is 19:1 in the United States (Gillibrand, 1986). Women account for less than seven per cent of all U.S. cases, most being between 20 and 29 years of age (Guinan, 1987).

One per cent of all AIDS patients are under the age of 20 (CDC, 1989). Four out of five patients in general are between 20 and 49 years of age (Bowen, 1987). Twenty-one per cent of all persons diagnosed with AIDS are 20 to 29-years-old (Kann et al., 1988; MMWR, 1989). Given such a lengthy incubation period (7-10 years) at what age were these young people initially infected?
Between 10,000 to 20,000 children, or one per cent of all persons infected with HIV under the age of 20, are expected to have symptomatic HIV infection by 1991 in United States alone (Kann et al., 1988). This will occur primarily by prenatal transmission. There is a 30 per cent chance that if the mother is infected with HIV, her child will also be infected with HIV (Lanet, 1989). In New York one to two per cent of all women giving birth will have HIV-infected children. In some areas of New York this ratio is up to five per cent (Fineberg, 1988).

What is most frightening about the AIDS statistics reported in these groupings is that 50 to 100 other people are estimated as being HIV positive for every actual AIDS case reported (Tanasychuk, 1989). Tanasychuk (1989) also claims that what people read in the papers about these AIDS statistics only reflects what occurred five to 10 years ago, not the present state of affairs. His immediate concern is primarily toward women and teens as he sees these groups as the new targets for HIV infection.

As a Canadian, Tanasychuk (1989) stresses the reality that AIDS is certainly not particular to the United States. He cites new increases in heterosexual transmission in 110 Canadian women, one of whom is a 14-year-old girl in Montreal. To gain further information on the extent to which AIDS is or is not becoming an epidemic in Canada, and in Canadian women in particular, one of every three babies born in Quebec is now being tested for HIV seropositivity (Adrian, 1989; Tanaschuk, 1989).

To understand where AIDS seems most prevalent or the cause for concern, it is imperative to remember that it is high risk activities / behaviour, not certain kinds or groups of people, that facilitate the transmission of HIV. It is easy for people to incorrectly associate HIV infection with a certain type of person, or to a particular lifestyle that differs from their own. This misconception, thinking that AIDS is
particular to groups rather than to specific behaviour, will leave people with a false sense of security about not contracting HIV.

Medical: Prevention

AIDS is preventable. Although there is no cure for AIDS as yet, the risk of HIV infection can be reduced through preventative behaviour. The behaviour most endorsed is that of safer sex (Bowen, 1987). Public health guidelines advocate eliminating sex with strangers, avoiding anal intercourse and using condoms (Beauchamp, 1986) and celibacy with one partner Guinan (1987). Almost every pamphlet or other educational source stresses safer sex behaviours and not sharing needles.

However, questions remain whether the dissemination of information regarding preventative measures is, or will be, adequate to necessitate behavioural change. Although this question will be discussed in the educational section it is interesting to note in San Francisco, where they have had perhaps the most extensive educational campaign on prevention, that 80 per cent of the gay men knew condoms helped prevent transmission but only six per cent actually used them (Leishman, 1987). In New York, where the public is constantly being informed of AIDS, a NBC Wall Street Journal Poll indicated that AIDS has had no effect on the way 92 per cent of those New Yorkers polled conduct their lives, especially on campuses where sex tends to be impulsive (Smilgris, 1987).

While prevention is the maximum way to reduce risks, it is still uncertain in the literature whether intensive educational efforts advocating prevention will actually affect behaviour change in a person's lifestyle necessary to avoid HIV infection.
Medical: International

The 39th World Health Assembly on May 16, 1986 endorsed a global strategy for prevention and control of HIV infection through the World Health Organization (Fakhry, 1987). It stressed that a long-term effort must be integrated into primary health care emphasizing sexual behavioural change. The reason behind this recommendation was that AIDS had already spread to 71 countries, according to Gillibrand (1986) and to 81 countries, according to U.S. Secretary of Health Otis Bowen (1987). More recently the World Health Organization reported that in 1988, 138 countries have at least one case of AIDS and 150 countries have AIDS committees established (Mann, 1988).

Globally there are three recognized patterns of AIDS:

1. Infection in the industrialized countries during the late 1970s. Homosexuals, bisexuals and IV drug users are the most highly infected. Heterosexual case numbers are small but increasing. The male to female ratio ranges from 10:1 to 15:1. Perinatal transmission is not common.

2. Infection in Central, Eastern and Southern Africa as well as the Caribbean during the late 1970s. Male to female ratio is 1:1. Homosexual and IV drug cases of infection are very small. HIV is predominantly heterosexually transmitted. Perinatal transmission is common.

3. Infection in Eastern Europe, North Africa and Asia during the mid 1980s. Initial transmission occurred through contact with people from pattern one or two. Indigenous homosexual, IV drug or heterosexually-transmitted cases have only been recently documented. Some blood products have also been infected with HIV.

To date, AIDS has appeared only after HIV infection (Gallo, 1988). The fatality rate of those who are diagnosed with AIDS in the underdeveloped countries
is 50 per cent within 18 months. In developed countries the rate is 80 per cent within 36 months (Mann, 1988).

Obviously much work is being done given the short time that AIDS has become a public concern. The degree of concern in those countries that are not affected by AIDS was not evident in the literature.
APPENDIX A2

Education: Program concerns

How programs should be taught, by whom and what should be emphasized is of great concern in the literature. Some of the more prominent points for health educators to consider include:

- The use of clear and explicit language and definitions; use of whatever vernacular required to get the message across (Surgeon General, 1986; Garland, 1987; Osborn, 1986; McCormick, 1987).
- Acknowledge the reality that children have sex and do drugs (McCormick, 1987).
- The use of personal pronouns in material (Hastings et al., 1987)
- The use of real life scenarios in educational materials (Hastings et al., 1987).
- Show how everyday people cope with AIDS (Hastings et al., 1987).
- Emphasize decision making, responsible behaviour as well as self-esteem, and discuss relationships (McCormick, 1987).
- Help enable students to deal with their own sexuality (Brick, 1987).
- Help students feel more in control of their own lives, accentuate preventability (Brick, 1987).
- Involve parents, the medical community, the community at large and government agencies (Massy, 1987; McCormick, 1987).
- Program length is inconsequential; what matters is integration into a sex education program and how the teacher reacts to student questions (McCormick, 1987).
- Who will teach AIDS education is very important (McCormick, 1987).

Yarber (1987) has an extensive list of suggestions:
-stress personal behaviours to avoid
-information must be specific
-focus should not be on high risk groups, but behaviour
-detailed presentation of safer sex for homosexuals would not be appropriate
-organizations and resources should be presented for access to further information
-practice talking about AIDS prevention with a partner
-practice in decision making and problem solving
-social/ethical issues should be examined
-classes should be co-educational but single sex classes would also be fine
-information classes should be repeated throughout the years, once is not enough
-ideally eight-10 class sessions on sexually-transmitted diseases including AIDS
-time must be allotted for student questions

His comments on teacher skills:
-must create a safe environment for discussion
-no censorship or rejection
-should lead a group well
-have values clarification activities
-should communicate with students with ease, sensitivity and tact
-should have an objective, unbiased manner

The statistics show that cases of AIDS among heterosexuals and adolescents are on the rise. Adolescent cases of AIDS are expected to increase tenfold by 1991.

Sex education in the schools is no longer only advice about reproductive choice, but has now become advice about a life-or-death matter.
Schools have an obligation to provide sex and health education, including facts about AIDS, in terms that teenagers can understand (Surgeon General, 1986 p. 29).

Teachers, administrators, parents and curriculum developers should be encouraged to reflect upon these suggestions for consideration and integration into student/ youth educational materials. Materials should use appropriate language and suitable communication media for students. The content should reflect student needs as expressed in the fore-mentioned research studies.
APPENDIX A3

Introduction

This review of AIDS Education examines "political" concerns of those in the educational system who will deal with the realities of AIDS in, or in some cases outside of, the classroom.

Politics: School board policies re: students with AIDS

There is a lot of controversy concerning whether students with AIDS should be allowed in the schools. In theory these differences are not so evident but in actual test cases there have been many different cases of opinion. The issue of whether students should remain in schools "cuts across socioeconomic, racial and geographic lines pitting the educational, medical and legal communities against one another" (Reed, 1986). Reed (1986) cites cases in the U.S. of students who have AIDS who are allowed in the schools (Longmeadow); to a case in New York (1985) where thousands protested against one student with AIDS being allowed in the school. There were many parents that protested, two have sued. In Maryland, a girl became infected through transfusion and she is still in school. Also in Maryland, two teachers were diagnosed with AIDS and were allowed to continue teaching. In the April 1986 Journal of School Health there was an interesting case of a boy with AIDS in Indiana who was refused permission to attend school and was granted separate but equal education. In the courts he was re-admitted to the school but a higher court then denied him admittance. Two school board officials ruled that persons with AIDS could be admitted into their schools, be they students, teachers or other school personnel (Price, 1985).
John McCarthy was the first superintendent in the U.S. to acknowledge that a student in his school had AIDS. His initial response was to withdraw the student but the student was then re-admitted (Reed, 1986).

The National Education Association came out with some guidelines for dealing with AIDS in the schools. President Mary Futrell stated that the NEA guidelines were designed to strike a balance between the right of a person with AIDS to an education or continued employment; and the rights of other students and school employees to be free from the risk of exposure to a fatal disease. (NEA News Bulletin, 1985). In summary:

- confidentiality should be stressed;
- a case-by-case review for acceptance into the classroom or not is recommended and should be subject to appropriate grievance/arbitration procedures;
- a medical evaluation should be possible if there is reasonable doubt as to the persons' illness. Note that sexual preference does not constitute reasonable doubt.

Also, if non-acceptability into the schools is decided, then alternate education by volunteers should be provided. If someone refuses to teach AIDS patients there should be no adverse actions taken against that educator.

The Centers for Disease Control in Atlanta, Georgia was the original maker of guidelines stressing case-by-case examination and confidentiality (Price, 1985). The CDC guidelines also stressed that persons infected with HIV should remain in schools. A team approach was recommended consisting of a physician, public health personnel, the child's parent /guardian and personnel associated within the proposed setting. The CDC recommendations are endorsed by the Surgeon General Koop in his report (1986). The Canadian Disease Weekly Report also emphasizes the same guidelines.
Regarding adolescents, Price (1985) suggests that in addition to NEA and CDC guidelines, schools do not do mandatory screening; that school counselors should be trained to deal with persons with AIDS as adolescents infected with HIV may consider suicide.

The American College Health Association also reiterated the CDC guidelines and added 16 reinforcing confidentiality and record keeping. The person with AIDS is also to be informed of every step in the reporting procedure.

These guidelines are based on the fact that there have been no reports of casual contraction of AIDS by children being together. "The risk of acquiring AIDS among children is low, there has been no instance whatsoever of child-to-child transmission" (Dr, Martin Smith, President of the Academy of Physicians, U.S. Reed, 1986).

Another report by Black (1986) suggests that while school-aged children with AIDS should remain in schools, infected toddlers/preschoolers should not. This is due to their behaviour, which may include non control of bodily fluids and some biting behaviour.

To date there are only guidelines. Case by case will unfold the differences between policy in theory and policy in practice. All school boards and administrators are encouraged to keep updated through the CDC to have the most current medical information on transmission (Reed, 1986).

And, while managers are thinking about the consequences of their decisions, they cannot forget the overwhelming tragedy of all this to a youngster, who -- at a vulnerable age anyway -- may be shunned and ostracized through no fault of his/her own. The real question for schools is: How can this child attend school and be protected? (Ian Mitroff in Reed, 1986).
Politics: Testing and screening

Certainly the fear of AIDS is great. It leads some people to extreme reactions from recommending anti-gay legislation by doctors in Texas (Strouse, 1987), to calls for universal screening (Wreford, 1987). The U.S. military tested one million people from October 1985 to March 1987. They did this because the military serves as its own blood bank during a war; 1.5 per thousand tested HIV positive.

In the literature it is generally held that no testing should be done involuntarily, active voluntary screening is the manner in which to proceed. It is felt that coercive measures will not solicit cooperation and in fact could prevent it (Institute of Medicine 1986).

The Centres for Disease Control (1986) suggested counselling for those being tested (New Scientist 3/8/1987). Pre-employment screening of personnel is unwarranted (Price, 1985). There should be a clinical reason for testing (New Scientist 6/08/1987). The U.S. Health Officials want pregnant couples applying for marriage licenses tested (Smilgris, 1987). A poll of 208 general practitioners resulted in 53 per cent wanting compulsory testing; 22 per cent didn't know and 22 per cent said no; 68 per cent stated that people who work with people who have AIDS have a right to know who is, and who is not, infected with HIV (Wreford, 1987).

With reference to contact tracing in the U.S. it is felt that it be done by voluntary notification or statutory notification by a public health agent. In Canada there are no uniform policies on contact tracing (Garvey, 1987).

The difficulty with policies on school admittance, testing and screening is the fear of contracting/spreading the disease. Macklin (1986) suggests consideration of six aspects in making a decision:

1) Range of transmissibility

2) Contagion
3) Treatability
4) Seriousness of the disease
5) Preventability
6) Time span of the disease

Certainly the issue in any policy making decision is the degree of contagiousness and the element of fatality once infected with the disease. Whether individual liberty will take priority over safeguarding the public health remains to be seen.
APPENDIX B

Students' Concerns About AIDS

Introduction: These are actual student responses, spelling is not corrected. There are six classes. Each classes responses are divided into male and female sections. Each student is represented by a number. The (*) indicates the question/statement that students would like to have addressed the most.

Class #1: Females

1. Will I ever get AIDS if so might I die?
   I just got my period and i'm scared if i'll ever get AIDS.
   *Can I develop AIDS or does it just pass through sexual invovlement?
   How, when where did AIDS develop?
   What does AIDS stand for?
   My Dad says AIDS is a terrible disease what does he mean by that?

2. How do you get AIDS?
   Does drugs give you AIDS?
   Does sex give you AIDS?
   * Why do people have AIDS?

3. When did they first discover AIDS?
   Is there any way for them to stop it?
   What if you love someone who has AIDS?
   What would you do if this happens?
   How can you tell if your only love has AIDS?
   I think AIDS sucks.
   What are symptoms?

Class #1: Males

1. What do gays and lesbians have to do with AIDS?
   * What is the chance that I can get AIDS?
   How do you prevent AIDS?
   Is sexual relationship with gay people the cause for AIDS?
   When will we have a cure?

2. * Can you get AIDS from a kiss?
   What does AIDS stand for?
   How did AIDS start and when did it start?

3. I think people should try and get a cure for AIDS because they just have that insulin that costs $1000 sometimes just to get one.

4. *I have heard that they may have found a cure is that true?

5. How much money is the government using to help repvent AIDS research etc?

6. I feel sad.
   I wish we could find a cure for this deadly disease.
I wish I could do something to help.

7. No response.

8. How come people get AIDS?  
   how did it start?  
   Why isn’t there a cure?  
   How many people a day die from AIDS?

   Having kids.  
   Getting AIDS.  
   Not so great.

10. I want to know how do you get AIDS?  
    Can you get AIDS from mosquitoes, kissing, saliva?  
    How can you get rid of it?  
    Not like exercise.

Class #2: Females

1. Does it really concern me?  
   I want to know more about it.  
   I would like to have true things told to me about it, not lies.  
   I want my questions to be answered.

2. What if 2 or more of my friends get AIDS?  
   I wish there were no such thing as AIDS.  
   What if (later on) one of my boyfriends get AIDS?

3. I think AIDS are cost by smoking is that right?

4. I would like to find out more about AIDS.  
   I’m scared of the disease.  
   I would like to be tested.  
   I don’t want to get AIDS cause I don’t want to die.  
   I’m too young to die.  
   My life is not the best but I don’t want to die.

5. Does it hurt if you know you have AIDS?  
   Could you feel the AIDS?

6. I don’t have any ideas or concerns about AIDS but I feel sorry for people that have AIDS because they wake up every morning to know that they might die.

7. AIDS is a life threatening disease you get it from blood transfusions. You should be checked for AIDS when you’re older.

8. I’m afraid I might get it or my family or friends might.  
   I don’t really like to think about it.  
   I don’t exactly know what AIDS are.

9. When I think about AIDS I think about people dying and families being hurt because of maybe someone in their family has AIDS.
I feel really upset when I think about what AIDS and I hope they find a cure for it

10. I'm concerned what AIDS may do to people.
   * I don't exactly understand what AIDS are but I know they are some kind of disease.
   Can you die from AIDS?

11. I know a lot about AIDS so I don't have much to say.
    I'm sad about AIDS because people die.
    But I'm mad also because of it.
    It started and even if a person does not do the stuff to get it they still can catch it.

12. I feel that AIDS is a sad sickness.
    And I feel that it is not nice for people to make fun of people who have AIDS.
    I think they should have discussions for the people who have AIDS so they have people that are going through the same thing.
    I think people should help the people that have AIDS.
    And don't be scared to get near to people that have AIDS.

    It can kill you, many people die.
    People get treated differently if they have AIDS.
    Young kids die and are born with AIDS.
    * If someone does get AIDS what are their chances of dying?

Class #2: Males

1. I don't like AIDS I wish AIDS didn't exist any more and every time I think about them my mind goes blank so I can't write anything down.

2. The concerns that I have about AIDS is that I don't want AIDS.
   AIDS is so bad that you die from it.
   I don't want my friends to get AIDS or the people I don't like it just leaves less people in the world.

3. AIDS is pretty freaky by the year 2000 who knows how many people have AIDS. practically nobody knows how many people have AIDS now and you might not even know if your wife has AIDS by the year 2000.
   I watched a documentary on AIDS by a christian writer and he said by the year 2000 more than half the worlds population would have AIDS.

4. I feel scared, unsure, ignorant, life threatening.
   Concerns: I will get it, my friends will get it, my kids will get it.
   Ideas: get it from not safe sex like not using a condom.
   Anyone can get it.
   Many people have it.

5. I think that it is like rain drops falling from the sky, when they hit the ground they explode.
   Its like paints they colour and when they mix they go bad.

6. I feel that AIDS is something really depressing.
   I feel sorry for the movie Ryan White story.
   He had reported at his window taking pictures of him.
His sister had a crowd of people with her just going to the school bus.

Class #3: Females

1. I'm worried about get AIDS.
I don't know how to stop from getting it.
I'm scared I'll get it and don't know it.

2. I feel scared because I don't want to get AIDS.
I feel that there should be something to stop AIDS from happening.

3. I feel really upset when people get AIDS.
Getting AIDS sounds scary to me.
I don't want to get AIDS.
People go to the hospital when they get AIDS, I hate hospitals.
I've seen someone on the news that had AIDS, he was covered in brown spots, that
scares me even more.

4. I feel upset when people get AIDS.
I don't know anyone that does, but I've seen shows and I can't stand to see people
or things dieing and I feel I want to help by giving donations to help get a cure or
start a group.

5. It's stupid and scary.
Lots of people have AIDS.
What I care.
Have to help people.

6. How do you know when you have AIDS.
The way I feel about AIDS is that there should be no thing like that.
The feelings I have how do you get them.
The things that concerns me is how they are treated.
What are AIDS like to have, are they not tracable.

7. I feel scared because I don't know if there is ever going to be a cure so I could
help someone if they get AIDS.

8. I don't want to get it.
I don't want to die.
I'm scared.
When will they find a cure?
I don't want AIDS to kill people.

9. I feel really scared that something that kills people doesn't have a way to be
stopped.
I wish that people would tell me more about AIDS because then maybe I would
understand and maybe I could do something about it.
I think that it's stupid that people have to pay to have tests to find out if they have
AIDS and I think the government should have a program so that we all have to take
at least one test.
Class #3: Males

1. Sad.

2. I feel like this I hope I do not love a girl with AIDS because my love would be hard to brake especially is like the girl I like now.

3. I hate thinking about AIDS
   I feel sad for the people who have AIDS.

4. No response.

5. Upset, mad, scared.
   My ideas are to try to make medical supplies for AIDS.
   My concerns are how did AIDS come to earth.

6. No response.

7. No response.

8. The thing I don’t like about it is there isn’t a cure.

9. Can you get AIDS from blood transfer?
   It would be scary if a person who had AIDS sat beside me but I know that you can’t catch it from him or her.
   It’s usually men who get AIDS.

10. No response.

11. I don’t want to get AIDS.
    I don’t like AIDS.
    I don’t want anyone to get them.

12. AIDS is freaky.
    It can kill you.
    How many people a year die from AIDS?

13. My feelings about AIDS are you have to be pretty stupid too get AIDS and if you get AIDS you’re a pervert.

14. I think AIDS are very sickening because they make you die.

15. How can you get AIDS?
    By screwing, kissing, drinking from the same glass?

16. I don’t like AIDS.
    I don’t want AIDS.
    I wish they had a cure for AIDS.
    Why don’t doctors and scientists work hard for a cure to stop AIDS?
    AIDS sucks.

17. When I think of AIDS I feel scared because it could happen to me and I’m afraid of dying.
    It concerns me a lot when I get older I wish I could help.
My parents tell me a lot about AIDS but I still have a lot of questions.
All I hear about AIDS is its bad and it can kill you.
If there a antidote for AIDS I pray god will give it to us.

Class #4: Females

1. My thoughts and feelings and concerns about AIDS are scary because I don’t know if the disease is going to spread to all people who have sex and when I feel i’m old enough to have sex I will get it too because everybody that has had AIDS will have had sexual intercourse with the next guy until it hits nation wide so everybody will have it that have had sex and even children will have AIDS because it got transmitted from mother to father or father to mother to baby.

2. If you kissed someone who had AIDS but you didn’t know they had it you would suffer because of them.
I think AIDS is weird because it is so different from any other virus.
If someone said that they had AIDS in front of me I would be surprised and kind of afraid.

3. Getting it, having people I know get it.
Ideas- a drug free world.
Feelings- being scared about a small possibility of getting it.

4. I feel that there is nothing wrong with a person who has AIDS because only through other life sentences you can get it.
Like drugs with intreviness.
I am concerned on how other people look at it.
Some people think that they don’t have a right to go to school with their children.
But how are they going to get an education?

5. Sad, mad, strange.

6. AIDS is a bad disease and I wish someone could come up with a cure for AIDS.

7. Scared, frightened, worried, sad, yikes.

8. I feel that AIDS is scary and I really hope that the doctors can find ways to cure it because so many people are dying each year.
I would feel worried.
I get a funny feelins in my chest when I hear that someone has AIDS.

9. We have enough deseces and colds and sickness in this world why get more.
ideas - have a course for the teenagers and grownups.

10. There is one feeling that I have and it is: when somebody knows that they have AIDS and they have sexual contact with them, then they give the other person AIDS why don’t they tell the person first, before they had transmitid it?
And another one is why isn’t there a symptom to cure AIDS like there is to cure colds or the flu?
If I found out that a friend had AIDS I would be shocked and I would do anything to help.
Class #4: Males

1. If I would get them.
   If any of my friends relatives would get them.
   I feel that they brought it upon themselves but for the people that didn't bring it
   upon themselves there should be a cure.
   My concern would be that if everybody got them and there was no cure.
   Another concern is if I'll get them and die.
   Getting it by drinking out of a bottle which my relative drank out of.

2. When AIDS comes up I feel confused.
   Sort of sad.

3. I don't want to get it.

4. Me getting it when I think nobody deserves AIDS no mudder if its because of
   drugs nobody deserves to die.

5. No response.

6. I feel AIDS should be more studied on and should be kept under control hold and
   study more people who have AIDS.

7. I feel different when I hear the word.
   I shiver and think about why is there such a thing called AIDS.
   I feel weird, scared when I see somebody with it!!

8. I wouldn't want to get AIDS.
   Because you would die young and not be normal. I would feel scared and lonely.

9. I feel AIDS is a bad disease and people with AIDS are still the same. I am
   concerned about everyone who has AIDS.

10. My first concern is how are you going to find a cure if the virus keeps on
    changing.
    My second concern about AIDS is why isn't there a law against sex without a
    condom and or if you want to have a child you have to have evidence of not having
    AIDS or a test proving negative recently of a maximum of a year.
    My third concern is you should be charged with fraud if you have sex with your
    partner without a condom and knowing you have AIDS.

11. I think that the government should make a small place in every community
    where kids with AIDS can go to school.
    I think they should cut off all use of needles except for hospital. It's scary thinking
    that someone you know might have AIDS.

12. Will AIDS get realy bad so that hundreds of thousands of people have the desis?
    will a way to prevent AIDS be found so that it can cure the disease?
    Can you get it from saliva?
    How else can it be transfured?

13. I feel that AIDS is a deadly disease and that it should be delt with lots of
    attention and care.
We have done a lot about it, but there are different sides to all the precautions and the ways that we should handle it. There should be more education about it to the homosexuals and drugies.

14. I would be scard if I new somebody that I knew had AIDS and they were sitting by me.

15. I think that AIDS should be taken a lot more seriously on the streets. I think that one reason that AIDS is common is because of our economical situations.

16. If a close friend of mine had AIDS I don’t think I would feel distant or scared of him because I know you can only get AIDS from certain things.

Class #5: Females

1. My feelings about AIDS are strange. If a person was in my class and they had AIDS I wouldn’t know what to do. I would be confused because I would want to make friends with the person but I would probably feel uncomfortable. My concerns about AIDS is i’m afraid I might get AIDS, but I don’t think I will but it is frightening.

2. When a person comes it to the room and has AIDS it doesn’t matter because you would have to have sex or share a nedel with it to get AIDS so it doesn’t matter.

3. Feelings: scared, lonely, hurt, angry, alone, indifferent, embarrassed, worried. Ideas: condoms, cure, no more sex (just kidding that would be torture). Concerns: death would take over.

4. I’m very scared about AIDS. I’m scared I’m going to get them and get very ill and die. What should I do? Is it true a person found a dirty needle on the ground and picked it up and it went in to, say a finger you could get very ill and get AIDS?

5. I don’t think people who have different from people who don’t have and I don’t think people should avoid them.

6. What do you do if you have AIDS from a boy? What happens if I get AIDS will I die?

7. I would not care if someone had AIDS in the class because you can only get it by sex or needles and blood.

8. I wish they could find a cure and I wish that the AIDS testing wouldn’t be expensive. If I had AIDS I would want to kill myself just when I found out because there would be a lot of horrible confusing stuff happening.

9. Now because of AIDS I am scared to grow up. I just don’t feel safe with the AIDS virus going around. So many people have died of AIDS and I fear that I might too.
10. I don't really feel scared I feel more sad.

Class #5: Males
1. No response.
2. No response.
3. A little bit sad.
4. Why don't all the famous doctors of the world have a meeting about finding a cure or treatment for AIDS?
5. One concern is if some classmate might get AIDS.
6. I feel sad for the person who had it but I would feel like they're just another person and I hope someone finds a cure for it.
7. I don't like this disease and I hope nobody I know gets it.
8. AIDS doesn't make me feel very pleasant. If I had a friend who had AIDS it would make me realize that it could be anybody including me.
9. I think if someone gets AIDS they shouldn't be left alone and whoever goes near them thinks they will get AIDS. They should live the same life as before.
10. If someone in your neighborhood has AIDS should you stay away from them.

Class #6: Females
1. I think when you have AIDS you can still play outside and stuff like that but inside your sick and somethings eating away at your body. I'm concerned on how you get AIDS and theirs ever going to be a cure. I feel sorry for kids who have AIDS because they won't have a chance live so long we can live.
2. I think is scary, frightening, bad, danger, not good, gloomey.
3. I hate AIDS. I wish there was no such thing as AIDS. I feel terrible about AIDS because its killing a lot of people.
4. Feelings: scared, worried, wish there wasn't AIDS. Ideas: I've only got ideas how to get AIDS, not sure. Concerns: I'm scared that I might get it or a friend or even some relatives.
5. I know how people gets AIDS at there a couple of them. But is there a lot of reasons, or just a few? If I ever need a blood transdusion i'd probably be worried or frightened. Ideas: people can make sure they don't let anyone who is gay or have AIDS donate blood.
Feeling: AIDS shouldn't be, is this world was proper there wouldn't be a thing to worry about when you needed blood.
And I feel nothing stops AIDS in the way of condoms and other things they have made to prevent AIDS maybe sometimes but not always because not so many people wouldn't have got it so far.
Concerns: really not many at all only why do people get it from blood transfusions.

Hard to talk about it.

7. I think that if people weren't so prejudiced it wouldn't be so bad to have AIDS.

8. AIDS is a killing disease people don't want to face the fact, well its hard to explain people know but they don't want to do anything about it.
AIDS is a problem you can't turn your back on.
A killing disease with cure.
I'd like to learn and know more about the disease called AIDS.

9. I feel sorry for the people that have AIDS.
I am mad at people who have AIDS and spread them.

10. I feel AIDS is something that everyone's concern that everyone should contribute to prevent and research.
There should be a fund at the schools to go towards AIDS.
I also think and I am glad they are educating students about this topic.
The more we learn about it now the more help on AIDS there will be in the future.
I don't like it when kids call people things concerning AIDS.
I know only a bit about AIDS but I understand it is nothing to tease or joke about.
It seems to be growing to be a real serious matter and I think the kids that call people things should understand what they're talking about.

11. No response.

12. I'm worried, scared and wish it can stop.

13. Well I don't know much about AIDS.
I think you get them by having sex the wrong way.
I'm afraid when I get older and make love to a man that I might get AIDS, and I don't want that but I do want kids.
I don't like to talk about sex and when I do it makes me feel uncomfortable.

14. I feel that AIDS is one of the worst diseases in the world but can't be helped, sometimes.
I don't really know what to say about AIDS but I wish we could help get rid of it and let everyone be free from it.

15. How you get AIDS I think you get AIDS by making love with someone who has AIDS or sharing a needle with someone who has AIDS.
I'm wondering if you get AIDS by sitting on the toilet with someone who has AIDS that sat on the toilet too?
Can you do anything so you cannot die from AIDS?
can you get AIDS from nothing and die
I feel you can still be friends with someone who has AIDS.
Class #6: Males

1. No response.

2. I am concerned about whether AIDS is becoming more widespread or more people are admitting to it.

3. I think people should be able to learn more about AIDS.

4. I don't know much about AIDS.

5. Sure death, suffering disease, scared.

6. I hope they find a cure for AIDS.
   Do some kind of event and collect money for research on AIDS like a marathon.

7. No response.

8. I think AIDS would turn your life around and affect your friends and other things like sports maybe and people wouldn't want you around no more and when you go into a restaurant people would look at you and probably would stare at you.

9. I think AIDS could be prevented.
   If people want to take a chance of getting AIDS its their decision and if that's the way they want to die.
   I feel AIDS is sick.

10. No response.

11. AIDS is scary I mean why do people get the disease.
    I already know you can get AIDS through sex but how else?
    Blood transfusion is also another way but my question is why don't they screen the blood.
    I've heard that AIDS originated in Africa and was brought to North America by a homosexual airline host.
    AIDS scares me because I don't know all the ways the disease is passed and if for instance the disease was past say through a common sickness anyone could get it.

12. That sex usually give you AIDS.
    That you die from them.
APPENDIX C

Questions About AIDS

Introduction: These are actual student responses, spelling is not corrected. There are six classes. Each class’s responses are divided into male and female sections. Each student is represented by a number. The (*) indicates the question/statement that students would like to have addressed the most.

Class #1: Females

1. On the news they say that AIDS can go to kids (10, 75 years) too and they die from it, why?
   * AIDS makes me feel uncomfortable cause its scary.
   Is there any way if I got AIDS that I could find who gave it to me?

2. How could I get AIDS?
   * What’s a condom and how does it work?

3. * What would you do if your best friend had AIDS?
   About how many people are born with it?
   How many teens get it in a month?
   What do you do if you have AIDS?
   Do you know anyone with AIDS?
   How long do you live with AIDS?

Class #1: Males

1. What caused AIDS?
   What should we do with gay people?
   How do you detect AIDS?
   How do you get AIDS?

2. No response.

3. Have scientists done much study on AIDS, if they have what did they find out?

4. Are there any way to get it besides sharing needles and sexual contact?
   What is the ratio of people who have AIDS to people that don’t?

5. * When a person has AIDS they just get sicker and sicker but I heard two years ago about this they can surgically put your system to help slow the process down. was there ever something like that?

6. * How many ways are there of getting AIDS?
   How can I prevent myself from getting AIDS?
   If you get AIDS do you always die?
   How can you help other people from getting AIDS?

7. * How do you get AIDS?
   How does AIDS kill the body?
   How come AIDS was never talked about before?
8. * How do people die from AIDS?
   How do people avoid AIDS?
   How does one die of AIDS?

9. * Who has them?
   Getting AIDS.
   Way to stop.

10. * Can you get AIDS from any other thing?
    How do you get AIDS, by making out?
    But what if there’s another way?
    How are you going to stop? Take a tynanol?
    And if someone has AIDS there feeling bad so they take drugs, I mean I wouldn’t.

Class #2: Females

1. How can you get AIDS?
   What does it do to you?
   How can it kill you?
   How long do you live after you get AIDS?
   What does AIDS stand for?
   What do all those weird words that AIDS stands for mean?
   Why should I worry?
   Why don’t you come in and educate us about cancer?
   Isn’t it just as deadly?
   Why is it always AIDS?

2. * How do you get AIDS?
   How could you deal with having AIDS?
   Why isn’t there a cure?
   Is there anything you can do to protect yourself?

3. * How can I prevent getting AIDS?
   Can we cure AIDS?
   How do you know you have AIDS?

4. * How exactly can you get AIDS?
   How come you can get AIDS now but you couldn’t get it a long time ago?
   Is it possible if you get AIDS have a baby and then your babys baby gets AIDS?
   Can you get AIDS through your ancestors?
   What does AIDS stand for?
   Can you still get AIDS if you use a condom?
   Is there any way of curing AIDS?
   Can you get AIDS from your husband or wife?

5. * How could you get help if you have AIDS?
   How does AIDS affect a person?
   How can you stop from getting AIDS?
   What does AIDS really mean?
   How can you tell if you have AIDS?
   What can you get AIDS from?

6. * Are there any cures for AIDS?
Do you always die of AIDS?
Do more boys have AIDS then girls?

7. * You only get it from someone who has AIDS?
Can you get AIDS from somebody else's body fluids?
If you can can you get it from someone's spit?

8. * What is AIDS pacificly?
How can you prevent getting AIDS?
How do you know if you have AIDS?
Can you die from AIDS?
What do you do if you get AIDS?
Is AIDS contagious?
What age do you usually get it if you do get it?
What does it affect?
Does it make you go crazy?

9. * If a family member has AIDS and you don't know can you get it from that
person by giving the person hugs and stuff like that, drinking out of the same glasses
etc?
What things can you get AIDS from?

10. What AIDS are?
Can you die from AIDS?

11. * Do you think there will be a cure for AIDS in the future? Why or why not?
Like I said in the last page I know a lot about AIDS but I do have a question.

12. * Why don't they get a cure for AIDS?

13. * Can I get it?
Why do people get treated differently?
Why do people die?

Class #2: Males

1. * I'd like to know how AIDS spread so that we know how to stop it in case the
accidental opportunity ever comes up.
And I really like to know what AIDS stands for.

2. * Are they still working on AIDS?

3. How is AIDS most likely spread, what is the most common form of spreading the
virus?

4. * Do you catch it from not using a rubber?
Do condoms protect you if so how?
What is AIDS exactly?
How do you catch it?
What are all the ways you transfer it?
why do people spread untrue rumours?
is it transferred by the penis going into the vagina without a condom?

5. * How does AIDS from?
Why does it kill you?
How long before you die with AIDS?
Will AIDS spread more and more as time goes by?
Can animals get AIDS? Why or why not?

6. * Is AIDS like lecimia?

Class #3: Females

1. I don't know how you get AIDS.
How do you stop from getting it?
Is it true is you have a cut in your mouth and you french with a boy you can get it?
If you fuck can you get it?
What are the chances of AIDS?
Can you stop from getting AIDS?
How can you get AIDS?
If you have a friend that likes somebody and they have AIDS and they go to bed but the person who has AIDS didn't tell the person can they get AIDS?
* If you have a friend with AIDS and you know you still hang around with them or so you stay away from them?
I've heard is you have a cut in your mouth or on your body and somebody touches it without knowing they can get it (this is not a question).
If two people with AIDS go to bed what can happen?
If you have a friend and you want them to stay over can they?
If you were born with AIDS can you ever get rid of it?
If you get the virus can you ever get rid of it?
What happens when you get AIDS?
If you drink from a persons glass that has AIDS can you get it?
If you trade clothes can you get it?
If a person with AIDS have an open wound and you touch it can you get AIDS?
What does AIDS stand for?
If you suntan if you have AIDS does it affect your body at all like can you get cramps, stomachache, headache, sharp pains or viruses get worse than it already is?
Can you live in the same house as a person with AIDS like your mom or dad or your sister?
What if animals get AIDS and you have one do you get it put it sleep or just keep it?
If a person in your class has AIDS, do you ignore them or talk to them?
If you have a friend with AIDS and your parents don't want you to hang around them but you really like them can you hang around with them behind your parents back or do you leave your best friend just because your parents want you to?
If you have a boyfriend and he has AIDS and you know but you don't care and you hold hands and stuff is that alright just as long as you don't go to bed with him and not get AIDS? or will you get AIDS?
If you have a boyfriend and he has AIDS and he is getting cured but he isn't can you still do stuff like hold hands french kiss, kiss, neck, feel will that do anything to the person without AIDS or to the person with the AIDS virus?
If you have a boyfriend and you both want to go to bed you have a condom and birth control pills can you go to bed or will that do anything?

2. * How do you get AIDS?
How does it affect your body?
What does AIDS stand for?
Is there a drug that can cure it?
What does it do?
Why do you die from it?
How did AIDS start?
How can it spread to other people?

3. * Can you die from AIDS?
How do you get AIDS?
Is there a cure?
Why do you get AIDS?
Is it something to be scared of?
How do you stop AIDS from happening?
Where do AIDS come from?
Do AIDS show on your body?

4. * How can you prevent getting AIDS?
How do people get AIDS?
Do they have a cure yet?
Is AIDS one of the most common diseases?
Is it something to be afraid of?
Is it true that children get AIDS more than adults?
What happens to you when you have AIDS?
Where do AIDS come from?
How can you tell if you have AIDS?
Where is the most common country or city to get AIDS?

5. * Why do people get AIDS?
What does AIDS stand for?
How did AIDS start?
How many Canadians have AIDS?
What is AIDS?

6. How can you tell you have AIDS?
* Do AIDS hurt you?
How are AIDS prevented?
What does AIDS stand for?
How can you get AIDS?
When you get AIDS how can you prevent them?
Are AIDS able to be seen?
When you get AIDS how do you tell everybody that you want to know?

7. Why can’t all doctors give people blood expanders instead of blood in Canada?
Is there any possible cure for it?
* Is there any other ways to get AIDS?

8. * How can you get AIDS?
Can you get AIDS from drinking out of the same glass as someone?
What if one of my friends has AIDS what do I do?
Can AIDS be prevented?
What are the chances of living?
Who invented AIDS?
How many people have AIDS?
Can you catch AIDS like you catch a cold?

9. * Do condoms really work?
What are the chances of me or one of my student friends getting AIDS?
Why don't people stop being prostitutes and things and maybe it would stop?
If we can do brain surgery or fly to mars why can't we cure AIDS?

Class #3: Males

1. How many people die per year?
   How many of them were drug addicts?
   Why don't more people use rubbers?
   * Why did the epidemic start?

2. How do you catch it?
   How do you know if a person has AIDS and they do not tell you?
   How do you know if you should be friends with a kid who has AIDS?
   How does a doctor tell if you have AIDS?
   What are some of the signs of AIDS?
   * Will you get AIDS always if you have sex with a AIDS victim?

3. * Is there a cure for AIDS?
   Do people who have AIDS got it for life?
   How could we learn more about AIDS?

4. * How fast does it kill you?
   What are it's origins?
   Why do people not allow kids with AIDS in school?
   Why do people transfer it when they know they've got it?
   Why take blood from AIDS people?

5. * What does AIDS stand for?
   How did AIDS occur?
   Does anybody know anything to help AIDS?

6. * How old do you have to be to get AIDS?
   What does AIDS stand for?
   Why do we get AIDS?
   How many ways can you get AIDS?
   Can you get AIDS if you are under 5 year old or younger?

7. What does AIDS stand for?
   How do you get AIDS?
   If you have AIDS how long does it take before you die?

8. How do you get it?
   Can people catch it from other people?
   Is there any way of stopping it once you have it?
   How often does it happen example 1 person every hour?
   Where do most people get AIDS? is it the united states?
   Where was the first case of AIDS found?
   Who was the person who got it?
   Where is it found in the body is there many places?
   How do most people get it?
   Do you get things like zits on your body?

9. * How exactly do you get AIDS?
Why is it usually men?
I saw a show called the story on Ryan Walter.

10. No response.

11. * Where did it come from?
   Why don’t they get a quer?
   Have they got a quer?
   Do they know how to stop it?

12. * Where did it come from?
   What does it stand for?
   Do they ahve a cure for it?
   How long does it take to kill you?
   How easy can you get it?

13. * Do the doctors kill you if you have AIDS?
   Is there a cure for AIDS?
   When did AIDS start?
   About how many people have AIDS?

14. * Will there ever be a cure for AIDS?
   Why do AIDS kill you?
   What does AIDS stand for?

15. * How can you get AIDS?
   How fast do you die when you have AIDS?
   Have you ever seen someone with AIDS?
   Is AIDS a major disease?

16. * How did AIDS start?
   How many people die from AIDS?
   How long will it take to find a cure for AIDS?

17. * Can you get AIDS at any age?
   Why would people want to take a chance and have gay sex?
   Does it hurt when you have it?

Class #4: Females

1. * If you use a condom will you still get the AIDS virus?
   Is it true that babies do not show any symptoms of the virus until about 1 year old
   then begins to slow down mentally and physically?
   Would I get AIDS if I kissed someone with AIDS?
   Do all homosexual people get AIDS?

2. * Are there any symptoms?
   How do we know that someone has AIDS
   How do doctors know if someone has AIDS?
   If you got AIDS can you still go to school and not have to stay in a hospital?

3. * If I was very ill with AIDS how long could I live?
   Where would I go to see if I had AIDS or not?
How many people in Canada have died from AIDS so far?
Can AIDS be cured?

4. Why are people so unfair and don’t give them a chance?

5. * How does it affect your life?
How did it get into this world?
What does it do?
What can you do about it?
What can happen to you after you get it?
How did it develop in peoples bodies?
Can it kill you?
Where is the most common place you can get it?
What does it feel like?
How can it be passed on to other people?
Can it affect your kids life if you are pregnant?
What difference can it make on your life?
Does it have a cure?
Can you catch it just using a washroom that someone who has AIDS did?
How does it feel to have AIDS?
What started the virus?
Is it scary to have AIDS?
If a relative had it would it affect you?
What’s the worst part about AIDS?
Can it hurt you?

6. How it started?
How can you get it?
How does it affect you?
How did it get spread so fast?
Why someone hasn’t come up with a cure yet?
How long will you live?
* When did it start?
How did it get in this country?

7. * How to treat someone with AIDS?
Do you have a cure for AIDS?
Why do people get AIDS?
Are you safe in a room with an AIDS victim?
Is it ok if you hug someone with the AIDS virus?

8. How many people die from AIDS each year?
How can you be sure that your mate is not going to give you AIDS?
When you’re pregnant can you tell if your baby is going to have AIDS?
If you don’t have a very serious case of AIDS can you still die from it?
If your mate wasn’t safe and he was wearing a condom would it be safe to have sex?
* If your doctor says your mate is safe could your baby get AIDS?
If you kiss someone who if you had sex with would of given you AIDS would that person give you AIDS?

9. Why would people want to kill themselves?
How was AIDS developed in this world?
* What caused AIDS to be a desease?
What can people do to stop AIDS?
10. Can you get AIDS from:
* Drinking out of the same cup when one of the two people have AIDS?
or when somebody has AIDS and they don't tell another person and they share the
same needle or something that has been injected into the person with AIDS?
Also do you think that a friendship could break up because of AIDS?

Class #4: Males

1. * What are AIDS made of?
Who had it first?
What does AIDS stand for?
Could you get it by going to bed with the same sex?
If you are gay does that mean you have AIDS?

2. AIDS in our community?
Where does AIDS come from?
What are the ways you get AIDS?
* Can AIDS be transmitted even with a condom on?
How can you prevent AIDS?
How do you suffer from it?
How many people die of AIDS in a year?

3. * How can a male get AIDS if they don't have it already?

4. If you use a condom do you have less chances of getting AIDS while your in bed?
If you drink out of the same cup of a person with AIDS and the cup is not washed do
you get AIDS?
* How do you get AIDS, name all ways.

5. * What are the symptoms of AIDS?

6. Other than using a condom how can AIDS be prevented?
How do you know if somebody has AIDS?
* Can AIDS be passed by kissing?
Then how can AIDS be passed other than having sex?

7. How does it come?
Why is there such a thing?
* How do you get it?
What does it stand for?
Can everybody get it?
How do you get rid of it?
Where did it come from?
At what age do you get it?
Can you die from it?
Can you get rid of it

8. Is it possible to get AIDS if you use a condom?

9. What is AIDS?
How can I get AIDS?
Is it possible to get AIDS if you sit on a toilet seat after a person that has AIDS on
it?
* How can I keep myself from getting AIDS?

10. What are they doing to stop AIDS?
* Why don't they have advertisements?
And why do they think it's bad to have a condom commercial at least on cable commercial?

11. Where did AIDS come from?
How is it passed by sex?
If you have sex with someone with AIDS will you for sure get the disease?
It is a virus?
Can kids by condoms?
How much does it cost to but condoms?
* Is there any medication for AIDS?

12. Where did it come from?
* How did it get over here?
Why can't they find a way to cure it?
Some kids have it how do little kids get it?

13. Does the drug azt help in stopping the spreading of AIDS?
* Do condoms work as good as they say?
Should we blame the homosexuals and drugies for starting some of the spread of AIDS?
If I kiss someone will I get it if they have it?

14. What does AIDS stand for?
What are all the ways AIDS can be transferred?
* If you have AIDS how can you tell?

15. * Can AIDS be transmitted by saliva?
How much of the population of the world has AIDS?
Is it true AIDS started off with homosexual people?

16. Can you get AIDS from someone else's saliva?

Class #5: Females

1. * Can you get AIDS from a person in your family or friends that have AIDS?
Will it ever go away?
If you kiss someone that has AIDS will you get AIDS?
When did AIDS start?
Why does it make people die?

2. You can't get AIDS by kissing a person can you?
* Is it true a man from Africa gave us AIDS?

3. What does AIDS stand for?
Who was the person who first injected AIDS?
Did AIDS get brought over by a man who was infected by a chimp in Africa?
* Can you get AIDS from deep kissing?
Can you get AIDS from tampons?
If you have AIDS can you contract it to your baby if you just got AIDS and your baby's due in a month?
* What are the symptoms of AIDS?
When a person contracts AIDS will they be normal for awhile and then start to get
tired a year or two later?
When people talk about safe sex would it be safer to use two condoms?
If you can contract AIDS from needles (drugs) can you get it from sharing other
drugs?

4. Can you get AIDS when you are just a baby?
How can you tell a person has AIDS?
* Is it a thing, well is it a thing you can get very simple or not?

5. Will everyone eventually get AIDS?
Is there a cure for AIDS?

6. Who would help you if you got AIDS?
If you got AIDS how long would you live?

7. * Is sex the only way you can get AIDS oh ya and from dirty needles?
How long until you die?
You can’t get it if you have birth control, foamy, condom?

8. Can you stop AIDS by using lots of condoms?
Is there a cure?
And when there is is it going to be so expensive that only very rich people can stop
it?

9. Why did AIDS strike North America so suddenly?
How did they find out about AIDS?
Why does AIDS kill you?
* And if AIDS is a disease why can’t the body’s immune system fight the virus?

10. * Do you have to die from AIDS?
Will there ever be a cure?

Class #5: Males

1. How come you get AIDS?

2. What are the chances of getting AIDS?
Will they have invented a cure for AIDS soon?
* In what ways could you avoid getting AIDS?

3. No response.

4. What does AIDS stand for?
* How can you prevent AIDS?
How can you treat it?
Can AIDS be fatal?
On a scale from 1-10 how strong is AIDS compared to the second newest decease?

5. Exactly how harmful is AIDS?
* What is AIDS in general?
How many and what are all the different ways AIDS can be transmitted. What are the odds of a person in grade 6 getting AIDS?

6. * Is AIDS really from a monkey? and after you get AIDS how long do you live at the least?

7. * How does it make people die? Is there any way doctors can stall it?


9. How long do you live if you get AIDS? Can you live the same as before or do you have to stay in the hospital all the time? What does it feel like is you get AIDS?


Class #6: Females

1. How do you get AIDS? Is there a cure for AIDS? * Can you have AIDS and not die?

2. * How do you get them? Can you die from them? Are they as bad as I think they are?

3. If you have AIDS could you take a test and find out if you have AIDS? * Have they got a cure for AIDS?

4. Can you get them even if you haven’t had sex with more than one person and how? * How do you really get AIDS?

5. * Why did AIDS start? Who started it? When did it start and where?

6. How did it start? * How do you find out if you’ve got it? Is there any known cure for it?

7. * At what age are you in danger of getting AIDS? Do females get AIDS?

8. Have they found a cure yet?
* How can you prevent from getting it?
Can you always get it from needles?

9. What do people with AIDS so after they've found out they have them?
* How do you know you have AIDS?
Do you have to take pills or medecine if you have AIDS?
Are there any side-effects?

10. How does a person get AIDS to start with?
When a person has AIDS can another person get it from he/she?
What is AIDS other than a sickness?
Who got AIDS first?
* How much does doctors etc know about it?
What countries have AIDS people?
Is Canada the USA the AIDS holders?
How much research is put into this?

11. You can't get AIDS by kissing can you?
I'm not sure but I'm pretty positive you can't?
* How many people have AIDS?

12. * How did it start?
About how many people have AIDS?

13. How do you really get them?
How can you tell if you get them?
When can you get them?
Do you get them by having sex?
Is it a disease?
Is there a cure for it?
* What is the real meaning of AIDS?
What is AIDS?

14. * I still don't really understand about AIDS.
Can we get rid of AIDS (I doubt it)?

15. Is AIDS a disease that anybody can get?
* Can you get AIDS from someone who had kissed you and had AIDS?
Can you die from AIDS or is there anything you do to prevent you to not have AIDS?

Class #6: Males

1. No response.

2. I would like to answer the preceding concern.

3. Can you be born with AIDS?
How many people have AIDS?
When did it start?
* What are the odds of getting AIDS?

4. * How do you get AIDS?
Can you stop it?
Is it harmful?
Can you die from it?
What are the age ranges?
What type of people will get it?

5. How long does it take for death to come from AIDS?
Does it go away from carriers eventually?
* What is the incubation period for AIDS?

6. How did AIDS become?
What is AIDS?
What does AIDS do?
Is there any cure for AIDS?
How long can a person with AIDS live?
What should you do not to get AIDS?
How many people in canada have AIDS?

7. What are some kind of ways you can get AIDS?
* How did this disease start?
Why do you get AIDS?
What sort of people could get AIDS?
How would you act if you got AIDS?
Is there any cure for it?

8. * How could you prevent getting AIDS?
Can you go out in the public if you have AIDS?
Do you have to eat certain foods when you have AIDS?
How do you get AIDS?

9. * What are all the ways you can get AIDS?
How can you prevent getting AIDS?
Why do people do what people do?

10. * How are the ways you can get AIDS?
When you get AIDS how long do you live?

11. * How do you get AIDS?
How exactly was AIDS originated?
Why don't the hospitals screen the blood for AIDS because now a 14 year old kid in the states is stuck with the virus?

12. What does AIDS stand for?
Why do so many people have AIDS?
* What is the main reason for AIDS?
APPENDIX D

Knowledge About AIDS

Introduction: These are actual student responses, spelling is not corrected. There are six classes. Each classes responses are divided into male and female sections. Each student is represented by a number. Indication of where students received information about AIDS follows each statement when this information was provided.

Class #1: Females

1. AIDS is passed through sexual involvement. (tv)
   Its a terrible disease. (dad, tv)
   You can die from AIDS. (tv)
   Even kids get AIDS. (tv)
   Hookers probably have AIDS, most of them. (me, question)

2. The pill. (I know)
   And what gays and lesbians are. (radio and tv)

3. If kissed.
   Sexual contact.
   Painful for loved ones.
   Slow, painful death.
   Disease.
   Deadly, scary, terrible fact.

Class #1: Males

1. That you can contract AIDS in sexual relationships with gays and lesbians. (news)
   That there is no known cure.
   Its killing people.
   There is an AIDS drug.
   That ugands has amny AIDS case and so does haiti.

2. You get AIDS by sex.

3. I know that if you get a very bad cold and you got AIDS your cells in your body can’t fight the cold and you can die from that cold.

4. AIDS is a virus that kills white blood cells and your immune system.
   It can be caught through sharing needles or sexual intercourse.

5. Its a sickening disease that once you get a cold then amonya etc then the person dies it can’t travel through the air it can’t go in the air it dies from air.

6. It is very deadly.
   It can be spread by sexual contact.

7. I heard that AIDS gets into the sperm and is given that way.
8. People die from it.
   It kills you slowly.
   You contract it by having sex.

   No stopping yet.
   Trying to stop.
   All kids get it. (tv)

10. Condoms can protect you. (tv)
    It's a virus.

Class #2: Females

1. No response.

2. I have heard that you get AIDS by making out with someone who has it or by being gay.

3. On tv I heard you could pass AIDS to my children.
   AIDS can kill you.
   AIDS is a virus.

4. You can get AIDS through sexual intercourse.
   You can get AIDS through blood transfusions.
   You can get AIDS by using something with another persons blood on it such as: razor, deoderant, needles (pamphlet).

5. I heard that AIDS can kill you.
   I also heard you can get AIDS from having sex.

6. I heard more boys have AIDS then girls.
   You die of AIDS.

7. I don't think you can get AIDS from being gay. everyone who has had AIDS has died so it is a life threatening disease.

8. I was told it was a sickness you can die from.
   I was told it was contagious.

9. There are things I know about AIDS I know that you can get it from sexual contact.
   I know you can get it from blood transfusion.
   I also know you can get it from being around someone for a long time (rumour).

10. You are not to sit on public toilets unless you put toilet paper on the seat.
    You can get sickness and then you can die.

11. When I talk about AIDS the way people get them is embarrassing so I will just list them.
    2. Having a boyfriend or a girlfriend who has aida and not knowing about it.
    3. Picking it up from blood transfusions.
12. On tv I heard that you can not get AIDS by touch or kissing.

13. It comes from having sex. (tv)
If your mom or dad has it you are born with it. (book)
Its in your blood. (tv)
Its a disease. (tv)
Its scary.

Class #2: Males

1. I know that there is no way to stop AIDS.

2. AIDS you can’t fix.
You get aid from sexual relation.

3. AIDS is not spread by casual contact.
AIDS stands for acquired immune deficiency syndrome.
AIDS is spread, but not always, by sex without a condom.
AIDS is a very widespread disease.
AIDS has no known cure.
AIDS is spread by dirty needles doing drugs.
AIDS is spread by vlood for hemopheliacs.

4. I have heard many rumours about AIDS.
I know basically nothing about the disease.
the rumours I heard are mostly about sex and unsafe sex.
I have see shows where people get AIDS from not wearing a condom.

5. AIDS is when two people have sex and each others sperm mixes.
One of the people that did have sex has sex with another person and the two sperms mixes with the one sperm that forms AIDS.
AIDS can’t be spread by kissing.

6. I do know you can’t get AIDS by touching somebody.
I know its in your blood stream.
I also know if you had AIDS you could go to school.

Class #3: Females

1. No response.

2. I have heard very bad rumours about it.
I’ve seen things on tv about AIDS and that it kills a lot of people.

3. Someone told me that you get AIDS by having sex with a lot of people.
I heard on tv that you get brown spots on your body from AIDS.

4. I learned that when people have sex they can give AIDS to other people.
I heard that if you get someone elses spit in one of your cuts you can get AIDS.
I heard (tv) you die from AIDS.

5. AIDS can only be transmitted by going to bed with someone who has AIDS.
There is no cure for AIDS.
6. I've heard that AIDS can hurt you and there is a way to get rid of them but it (tv) did not say.

7. You can only get AIDS by you are born with it on you share drug needles or you have sex with a person who have AIDS or you have a blood transfusion from the kingdom hall of jehovahs witnasis.

8. People die from AIDS. (tv)  
Lots of stars die from AIDS. (radio)  
You don't want to get AIDS.  
AIDS tears people apart.

9. I know AIDS is a disease that can kill people.  
You get AIDS by kissing, touching the blood or a tear then getting it inside you from a person with AIDS.  
There are 3 stages of AIDS and two of them can kill you.

Class #3: Males

1. Exchange of body fluids. (parents)  
Acquired immune deficiency syndrome. (tv)  
Weakens immune system  
People die from flu, common cold etc.

2. I know that you can get AIDS from having sex.  
I know that AIDS is deadly.  
I no you get AIDS from being gay.  
I know you can be born with AIDS.  
I no that you can not get AIDS from breathing the same air.

3. I've heard that you get AIDS by having sex with different people. (Mom)

4. It is transferred during sex.

5. I have heard that AIDS are very affective to your body.

6. You can get AIDS by having sex and taking drugs.  
I hope I never get AIDS.  
AIDS can kill you.

7. If you have AIDS you die early

8. I've heard that it doesn't have a cure

9. No response.

10. I know you can get AIDS by unsterilized needals.  
You can prevent by sticking the needle point in bleach and fill up needle then fell needle with water twice.  
You cannot get AIDS if you were a condom.

11. You can get it if you have sex and they have AIDS.
12. It can kill you.  
You can get it from sexual intercourse.  
Cats sometimes have it.  
Lots of people have it.  
5,000 people die a year or more. (tv)

13. All I know is that it’s a disease from having sex. (tv)

14. I already now that you can get AIDS by: sex, saliva.  
And I know AIDS can kill you. and I know that there is no real cure for it.

15. I know that it is a deadly disease.  
I’ve heard that AIDS is no big deal. (paper)  
I leant that AIDS can effect you life and many lives of others.

16. AIDS can be spread by blood.  
AIDS kills people.  
There’s no cure for AIDS.  
AIDS sucks.

17. I know you can get AIDS from gay sex, needles and from blood. (parents & tv)  
I know that lots of people get AIDS from drug needles.

Class #4: Females

1. I’ve heard that babies with parents with AIDS have a 50% chance of not getting the virus. (tv)

2. AIDS is a virus. (tv)  
Cannot be cured yet. (tv)  
Can get it from having sex with someone who has it already. (news, tv)  
Effects the way you recover from flu, cold etc (teacher)  
You can die very easily. (newpaper)

3. Children born with AIDS and parents don’t have it.  
You can prevent AIDS by not sharing needles.  
Don’t get spat on.  
Know but don’t want to discuss.

4. I know that it is a deadly dezeeze.  
And that it gets tranfered by sexual activities and inTrevines needles.

5. No response.

6. Hardly anything but I heard some stuff on the news.

7. None.

8. I have heard from my teacher that drugs can give you AIDS and that if someone has AIDS and they have a cut on their hand and you shake hands with them you can get AIDS and that’s about it.

9. It kills.  
You can take needles.
Lots of people have died from AIDS.
If you take needle don’t leave them somewhere where young kids can prick themselves.
If you already have been taking needles, don’t force other kids to take them.

10. I haven’t heard anything.

Class #4: Males

1. That gorillas and apes started with AIDS.

2. How many people die of it. (radio)
   What gross things grow on you from AIDS how you are affected by it. (magazines)

3. If you bum rump you get AIDS. (from a friend)

4. That a person with AIDS puts saliva on cut you get AIDS.

5. AIDS affects the emun system, it is hard to get AIDS there is no cure.

6. AIDS itself does not kill you.
   Inside your body.
   Defense system.
   AIDS kills your defense system you don’t die from AIDS usually another virus comes and can hurt you because you don’t have any defense system.

7. I heard on tv that you barely can’t get rid of it.
   I heard on tv it catches on quickly.
   I heard from a friend that you can’t get it in little cities.
   I heard on tv that to get rid of it you should use a condom.

8. Its transmitted by needles and sex.
   Its a deadly virus and it has no cure.

9. You can get AIDS if you don’t use a condom.

10. Its a virus.
   It only can be caused by sexual activities mainly having sex.
   You die from it.
   You can get it at all ages.

11. Sex, condoms, needles, drugs.

12. It comes from monkeys in africa.
   It can’t be transmitted by saliva.
   Most of the people that have it are drug users and homosexuals.

13. No cure.
   Spread by homosexuals and drug users anyone can get it.
   Lots of people have died around the world.

14. AIDS can be transfered by having sex with somebody who has the disease and by sharing intervenes needles.
   AIDS can kill.
15. I have already heard how the virus attacks your amun system. (tv)
A rummor said that AIDS could be transmitted by lots of saliva.
You can get it by sex, intervenus needles, blood transfusions.
You can prevent it by condoms when you get your a blood donation it would be
your blood but you would have put it aside in the past.
Education the people when they are young how not to get it.

16. I know that AIDS is transmitted by sex, blood transfusions or other body fluids.
I think AIDS originated in africa from the animals and they transmitted it to the
humans.
Prostitutes are liable to get AIDS easily becasue of what they do.

Class #5: Females

1. I heard from my mom if you do it with someone you could get AIDS.
I heard from one of my friends if you kiss a person you’ll get AIDS.

2. It’s deadly. (tv)
You get it from making sex. (friends)
You can get it and not be effected by it. (teacher/classmates)
Live for four years when infected. (class)
Also you can get AIDS by using a dirty nedel and there is a knew thing going on for
The bumbes bring old nedels in and you can get knew ones.
People think the way AIDS came to us is that it was from a man that got it by a ape
and gave it to us.

3. No response.

4. People can get very ill and die from them.
If you are not careful in what you do you can get AIDS.
A lot of people get AIDS.

5. You can get AIDS by kissing on the lips.
You can get AIDS by blood tranfusions.

6. I heard from a friend that on the news that young kids in school go inside a girls
washroom and try to have sex with them can that really happen or not? (a friend
said this to me and I forgot it wasn't on the news)

7. You can get it by having sex and dirty nedels.

8. That AIDS is caused by infected blood touching other blood.
You take expensive pills to live longer.
The reason you die when you get AIDS is because when you get a scab your red
blood cells can’t help you and every day more and moe die off.
Its a very bad disease.
If you share a drink and your saliva gets into it you can get AIDS.
And that you also can get AIDS by a needle.
If you use blood that has AIDS in it.
How many people are dieing?
Is AIDS going to kill so many people that there won’t be people left?
9. On the news this little boy picked up a dirty needle and accidentally pricked himself, now he's waiting to see if he has AIDS. I read in the newspaper that a girl accidently pricked herself 12 times and never got AIDS, but then another girl pricked herself only once and got the AIDS virus!

10. Most people die or all.

Class #5: Males

1. No response.

2. It began in Africa from the chimpanzees.

3. When AIDS enter you bloodstream it attacks the main white blood cell then attack the lower rank cells then after all the white blood cells are killed off, other diseases enter and you body has no protection and AIDS come from chimps or any relatives.

4. I have heard on tv that AIDS is a dangerous disease. From a friend I heard that AIDS is the newest disease.

5. AIDS is a sexually transmitted disease. AIDS is a life threatening painful disease. AIDS attacks the immune system.

6. AIDS makes people die and they haven't found a cure. And you get it from needles.

7. I know that AIDS is sexually transmitted and is in the blood and it only takes a year for that person to die.

8. Acquired immuno deficiency syndrome. There is a temporary treatment for AIDS but there is not cure. AIDS began in Africa.

9. I do not know much about it all I do no is that its a disease, there's no cure and it can kill you.

10. I heard that you can get AIDS from dirty needles.

Class #6: Females

1. You can die from AIDS. (mom)

2. They are very bad. (tv)

3. My mom told me that AIDS could kill you and that AIDS is a virus.

4. I heard from tv that it kills you. Also that you get is from having sex with more people than one. And I've seen shows about AIDS.

5. AIDS is cased by gays and lezbeans.
That if a man is gay or a woman and they have sex with the opposite sex you can get it.

6. No response.

7. It is a sexually transmitted disease. (tv)
They don't live for more than 4 years. (tv)
You feel awful if you have it. (book)

8. AIDS is a killing disease. (tv, commercial)
AIDS is a disease without a cure. (tv, commercial)
You can get it from needles. (parents)
Fats killing disease. (myself)
Nobody is helping. (myself?...not sure though)

9. You die when you have AIDS after a period of time.
You get AIDS when you have sex with someone with the AIDS virus.

10. Sex causes AIDS, blood transfusions do too.

11. The AIDS disease is a killer. A baby can be born with AIDS if the mom has the disease. (tv)

12. It's a very bad disease. (tv)

13. Don't know much about AIDS.


15. Needles. (tv)
Sex. (tv)
Long kissing. (my friends)
Holding hands which I don't think that's true. (tv)
There's no way you can stop AIDS. (friends)
Getting AIDS by sitting on the toilet with a person who had AIDS and sat on the toilet to. (relative)

Class #6: Males

1. No response.

2. What the AIDS virus is. (tv)
How you get it. (tv)

3. AIDS is a killer.
You can prevent it.
Many people have AIDS.
Using drugs can get you AIDS. (parents, soap operas, news, friends)

4. There are lots of people who have AIDS. (newspaper, news, radio)

5. You can be a carrier. (parents)
Lasts three hours in thick blood clot. (family, friends, doctor)
Kills you.
6. AIDS is kind of like a blood cancer. (dad)
   People that have sex with each other could get AIDS. (movie at home)

7. I've heard that it's very deadly and you can die from it. (tv)
   No known cause for it. (tv)
   People have lived a pretty full life even though they've got AIDS. (tv)

8. That the skin turns purple and blue.

9. You can get it from a blood transfusion. (newspaper, tv)

10. I heard you can get AIDS if someone coughs on you. (adult)

11. AIDS can be passed through sex, blood. (tv)
    AIDS can kill people. (tv)
    Some ways to protect yourself. (tv, parent, school)

12. That you usually die from AIDS. (book)
APPENDIX E - RESPONSE COUNTS

IDEAS, FEELINGS, CONCERNS
(Actual Student Response Count per Item)

Males: District One (33), District Two (38)
Females: District One (25), District Two (35)

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<td>its stupid, sucks, freaky</td>
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<td>someone I know gets it</td>
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<td>to get it</td>
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**AIDS**

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<td>its unfair, many victims</td>
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<td>because of economics</td>
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**Death**

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<td>leaves less people</td>
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<td>will death take over</td>
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<td>no one deserves to die</td>
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**Protection**

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**Responsibility**

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<td>people take their own chances</td>
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<td>bring AIDS on themselves</td>
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**Transmission**

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<td>born with AIDS</td>
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<td>period = AIDS</td>
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<td>don’t know how to get it</td>
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<td>through unsafe sex</td>
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<td>not through casual contact</td>
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**Needs**

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<td>want to know more</td>
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<tr>
<td>want true knowledge</td>
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**Future Solutions**

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**Value Statements:**

| Should Be Testing, Testing Should Be Free, Government Should Pay | 0 | 0 | 2 | 0 |
| Should Only Be Allowed To Have Children If AIDS Free | 0 | 1 | 0 | 0 |
| Should Stay Away From PWA | 0 | 1 | 0 | 0 |
| PWA Shouldn’t Be Treated In A Different Way | 0 | 4 | 4 | 6 |
| Should Tell If You Have It | 0 | 1 | 0 | 3 |
| Everyone Should Be Concerned | 0 | 0 | 0 | 2 |
| Should Be A Law For Sex | 0 | 1 | 0 | 1 |
| Without A Condom | 0 | 1 | 0 | 1 |
| Should Be A Law If One Doesn’t Tell If One Has It | 0 | 1 | 0 | 1 |
| Should Be A Special Place For Kids With AIDS(School) | 0 | 1 | 0 | 0 |
| Should Be Studied More | 1 | 2 | 0 | 3 |
| Should Cut Off All Needles | 0 | 1 | 0 | 0 |
| Should Be More Education, Teens, Grownups, Street Kids | 0 | 1 | 1 | 0 |
| Should Be Controls On PWA | 0 | 1 | 0 | 0 |
| Should Be A Drug Free World | 0 | 0 | 0 | 0 |
| Should Help With AIDS | 2 | 1 | 3 | 0 |
| PWA Shouldn’t Be Left Alone | 0 | 1 | 0 | 0 |
### QUESTIONS

(Actual Student Response Count per Item)

**Males: District One (33), District Two (38)**

**Females: District One (25), District Two (35)**

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### Transmission: specific

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<td>open wound?</td>
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<td>through pregnancy</td>
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### Why do People:

- want to kill themselves? 0 0 0 1
- take drugs, become addicts? 1 0 1 0
- knowingly transfer AIDS? 1 0 0 0
- not allow PWAs in school? 1 0 0 1
- take a chance with sex? 1 0 0 0
- not use rubbers? 1 0 0 0
- take PWAs blood? 1 1 0 0
- what should we do with gays? 1 0 0 0
- not talk about AIDS before? 1 0 0 0
- say untrue rumours? 1 0 0 0
- treat PWAs differently? 0 0 2 0
- not teach us about AIDS? 1 0 0 0
# APPENDIX E - RESPONSE COUNTS

## KNOWLEDGE

*(Actual Student Response Count per Item)*

### Males: District One (33), District Two (38)
### Females: District One (25), District Two (35)

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### What AIDS is/does

- it's a virus
- attacks immune system (*kills white blood cells*)
- AIDS itself doesn't kill you
- kills people
- kills slowly
- it's hard to get
- 3 stages, 2 can kill
- one can just carry it
- really affects you (*die quickly, feel awful*)

### Extent/Control of AIDS

- widespread
- no cure
- can't stop it
- can't get rid of it

### Origin

- gorilla, apes

### Transmission

- Sex
  - sexual intercourse
  - sex with someone who has AIDS
  - sex with gay people
  - sex with a lot of people
  - through sperm
  - bum rung
  - sex + no condom

- Needles
  - needles (sharing, drugs, unsterilized)

- Blood
  - blood (transfusions,
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<td>Exchange of body fluids</td>
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<td>Cuts</td>
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<td>Born with AIDS</td>
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<tr>
<td>-Things</td>
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<td>Saliva</td>
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<td>Cats sometimes</td>
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<td>Holding hands</td>
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<td>Pill</td>
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<td>-Lifestyle, People</td>
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<td>Hookers</td>
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<td>From being gay</td>
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<td>(Same air, touching, saliva)</td>
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<td>Kissing</td>
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<td>In little cities</td>
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<td>From being gay</td>
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<td>By air, it dies</td>
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<td>0</td>
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<tr>
<td>Symptoms</td>
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<td>(Brown spots, skin purple, blue things grow on you)</td>
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<td>Prevention</td>
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<td>Clean needles</td>
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<td>Wear condoms</td>
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<td>What is safe, what isn't</td>
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### Table I

**Section A: Pictorial Representation Categories and Gender**
(percentage followed by number of drawings sited)

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<td>Androgynous</td>
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<td>Cells</td>
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<td>Anger/Mad</td>
<td>Mad</td>
</tr>
<tr>
<td></td>
<td>Dumb/Weird</td>
<td>Weird</td>
</tr>
<tr>
<td>People in Mourning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reactions and AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accusing PWA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Befriending PWA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caretaker (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention/Control and AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No cure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(AIDS inflicted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Symbols and AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do Not circle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clouds raining</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstract Lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prison/Bars/Locks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tongues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurricane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monsters/Bugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time/Clock</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table II

Section A: Pictorial Representation Categories and Districts
(percentage followed by number of drawings sited)

<table>
<thead>
<tr>
<th>People and AIDS</th>
<th>District 1 (n = 58)</th>
<th>District 2 (n = 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>40% (23)</td>
<td>25% (18)</td>
</tr>
<tr>
<td>Females</td>
<td>17% (10)</td>
<td>16% (12)</td>
</tr>
<tr>
<td>Androgynous</td>
<td>10% (6)</td>
<td>7% (5)</td>
</tr>
<tr>
<td>Male and Female</td>
<td>12% (7)</td>
<td>8% (6)</td>
</tr>
<tr>
<td>People alone</td>
<td>24% (14)</td>
<td>8% (6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmission and AIDS</th>
<th>District 1 (n = 58)</th>
<th>District 2 (n = 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:Heterosexual</td>
<td>7% (4)</td>
<td>15% (11)</td>
</tr>
<tr>
<td>Sex:Homosexual</td>
<td>7% (4)</td>
<td>3% (2)</td>
</tr>
<tr>
<td>Sperm/Penis</td>
<td>2% (1)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Needles</td>
<td>7% (4)</td>
<td>21% (16)</td>
</tr>
<tr>
<td>Needles (Drugs)</td>
<td>5% (3)</td>
<td>7% (5)</td>
</tr>
<tr>
<td>Needles (Transfusion)</td>
<td>5% (3)</td>
<td>4% (3)</td>
</tr>
<tr>
<td>Blood</td>
<td>5% (3)</td>
<td>7% (5)</td>
</tr>
<tr>
<td>Cells</td>
<td>3% (2)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Virus</td>
<td>5% (3)</td>
<td>5% (4)</td>
</tr>
<tr>
<td>Mosquito</td>
<td>2% (1)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Monkey</td>
<td>2% (1)</td>
<td>3% (2)</td>
</tr>
<tr>
<td>Kissing</td>
<td>0% (0)</td>
<td>5% (4)</td>
</tr>
<tr>
<td>Sharing Food</td>
<td>2% (1)</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Nicotine</td>
<td>2% (1)</td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affect/Death and AIDS</th>
<th>District 1 (n = 58)</th>
<th>District 2 (n = 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak/Tired/Spots</td>
<td>2% (1)</td>
<td>3% (2)</td>
</tr>
<tr>
<td>Sick/ Can't Play</td>
<td>7% (4)</td>
<td>8% (6)</td>
</tr>
<tr>
<td>Hospital</td>
<td>15% (9)</td>
<td>12% (9)</td>
</tr>
<tr>
<td>Medical Symbol</td>
<td>2% (1)</td>
<td>3% (2)</td>
</tr>
<tr>
<td>Death</td>
<td>20% (11)</td>
<td>16% (12)</td>
</tr>
<tr>
<td>People imagining death</td>
<td>0% (0)</td>
<td>8% (6)</td>
</tr>
<tr>
<td>Tombstone</td>
<td>10% (6)</td>
<td>10% (7)</td>
</tr>
<tr>
<td>Graveyard</td>
<td>9% (5)</td>
<td>4% (3)</td>
</tr>
<tr>
<td>Cross</td>
<td>7% (4)</td>
<td>15% (11)</td>
</tr>
<tr>
<td>Angels/Heaven</td>
<td>0% (0)</td>
<td>3% (2)</td>
</tr>
<tr>
<td>Devil</td>
<td>2% (1)</td>
<td>3% (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotions and AIDS</th>
<th>District 1 (n = 58)</th>
<th>District 2 (n = 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tears/Crying</td>
<td>19% (11)</td>
<td>19% (14)</td>
</tr>
<tr>
<td>Sadness/Broken Hearts</td>
<td>31% (18)</td>
<td>19% (14)</td>
</tr>
<tr>
<td>Scared/Frightened</td>
<td>2% (1)</td>
<td>3% (1)</td>
</tr>
<tr>
<td>Happy/Love</td>
<td>12% (7)</td>
<td>4% (3)</td>
</tr>
<tr>
<td>Anger/Mad</td>
<td>2% (1)</td>
<td>7% (5)</td>
</tr>
<tr>
<td>Dumb/Weird</td>
<td>0% (0)</td>
<td>7% (5)</td>
</tr>
<tr>
<td>People in Mourning</td>
<td>2% (1)</td>
<td>5% (4)</td>
</tr>
</tbody>
</table>

**Reactions and AIDS**

| Uncertainty | 16% (9) | 4% (2) |
| Accusing PWA | 0% (0) | 3% (2) |
| Befriending PWA | 1% (1) | 0% (0) |
| Caretaker (female) | 0% (0) | 5% (4) |

**Prevention/Control and AIDS**

| Condoms | 3% (2) | 15% (11) |
| No cure | 3% (2) | 4% (3) |
| No protection | 2% (1) | 1% (1) |

**Other Symbols and AIDS**

| Do Not circle | 12% (7) | 8% (6) |
| Clouds raining | 3% (2) | 12% (9) |
| Abstract Lines | 10% (6) | 1% (1) |
| Prison/Bars/Locks | 3% (2) | 4% (3) |
| Sun | 10% (6) | 1% (1) |
| Tongues | 0% (0) | 3% (2) |
| Hurricane | 2% (1) | 0% (0) |
| Roads | 5% (3) | 0% (0) |
| Monsters/Bees | 5% (3) | 3% (2) |
| Television | 3% (2) | 3% (2) |
| Time/Clock | 0% (0) | 3% (2) |
### Table III

**Section B: Concern Categories and Gender**
(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotions</td>
<td>26% (31)</td>
<td>30% (53)</td>
</tr>
<tr>
<td>Values</td>
<td>17% (20)</td>
<td>15% (27)</td>
</tr>
<tr>
<td>Infection (others)</td>
<td>17% (20)</td>
<td>8% (14)</td>
</tr>
<tr>
<td>Death</td>
<td>11% (13)</td>
<td>10% (18)</td>
</tr>
<tr>
<td>Transmission</td>
<td>5% (6)</td>
<td>10% (17)</td>
</tr>
<tr>
<td>Infection (self)</td>
<td>6% (7)</td>
<td>8% (16)</td>
</tr>
<tr>
<td>Cure</td>
<td>9% (11)</td>
<td>7% (13)</td>
</tr>
<tr>
<td>AIDS (effect)</td>
<td>3% (4)</td>
<td>4% (7)</td>
</tr>
<tr>
<td>Needs</td>
<td>2% (2)</td>
<td>4% (7)</td>
</tr>
<tr>
<td>Solutions</td>
<td>2% (2)</td>
<td>2% (3)</td>
</tr>
<tr>
<td>Protection</td>
<td>1% (1)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Responsibility</td>
<td>2% (2)</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

### Table IV

**Section B: Concern Categories and Districts**
(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th>Category</th>
<th>District 1 (n = 118)</th>
<th>District 2 (n = 179)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotions</td>
<td>31% (37)</td>
<td>26% (47)</td>
</tr>
<tr>
<td>Values</td>
<td>11% (13)</td>
<td>19% (34)</td>
</tr>
<tr>
<td>Infection (others)</td>
<td>12% (14)</td>
<td>11% (20)</td>
</tr>
<tr>
<td>Death</td>
<td>15% (18)</td>
<td>7% (13)</td>
</tr>
<tr>
<td>Transmission</td>
<td>5% (6)</td>
<td>10% (17)</td>
</tr>
<tr>
<td>Infection (self)</td>
<td>6% (7)</td>
<td>10% (16)</td>
</tr>
<tr>
<td>Cure</td>
<td>8% (9)</td>
<td>8% (15)</td>
</tr>
<tr>
<td>AIDS (effect)</td>
<td>5% (6)</td>
<td>3% (5)</td>
</tr>
<tr>
<td>Needs</td>
<td>5% (6)</td>
<td>2% (3)</td>
</tr>
<tr>
<td>Solutions</td>
<td>1% (1)</td>
<td>2% (3)</td>
</tr>
<tr>
<td>Protection</td>
<td>1% (1)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Responsibility</td>
<td>0% (0)</td>
<td>2% (3)</td>
</tr>
</tbody>
</table>
Table V
Section C: Questions and Gender
(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th></th>
<th>Male (n = 226)</th>
<th>Female (n = 297)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission (general)</td>
<td>16% (37)</td>
<td>12% (36)</td>
</tr>
<tr>
<td>Origin</td>
<td>12% (26)</td>
<td>10% (30)</td>
</tr>
<tr>
<td>Death</td>
<td>10% (23)</td>
<td>9% (26)</td>
</tr>
<tr>
<td>Transmission (specific)</td>
<td>6% (13)</td>
<td>10% (31)</td>
</tr>
<tr>
<td>AIDS</td>
<td>9% (20)</td>
<td>7% (21)</td>
</tr>
<tr>
<td>Prevention</td>
<td>9% (21)</td>
<td>7% (20)</td>
</tr>
<tr>
<td>Cure</td>
<td>6% (13)</td>
<td>8% (23)</td>
</tr>
<tr>
<td>Who</td>
<td>9% (20)</td>
<td>6% (17)</td>
</tr>
<tr>
<td>Extent</td>
<td>7% (16)</td>
<td>4% (13)</td>
</tr>
<tr>
<td>Affect</td>
<td>3% (6)</td>
<td>7% (20)</td>
</tr>
<tr>
<td>Infection</td>
<td>2% (4)</td>
<td>7% (21)</td>
</tr>
<tr>
<td>Risk</td>
<td>3% (7)</td>
<td>6% (17)</td>
</tr>
<tr>
<td>Symptoms</td>
<td>2% (4)</td>
<td>5% (15)</td>
</tr>
<tr>
<td>Why</td>
<td>6% (13)</td>
<td>1% (3)</td>
</tr>
<tr>
<td>Length</td>
<td>1% (3)</td>
<td>1% (4)</td>
</tr>
</tbody>
</table>

Table VI
Section C: Questions and Districts
(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th></th>
<th>District 1 (n = 277)</th>
<th>District 2 (n = 246)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission (general)</td>
<td>16% (44)</td>
<td>12% (29)</td>
</tr>
<tr>
<td>Origin</td>
<td>7% (21)</td>
<td>14% (35)</td>
</tr>
<tr>
<td>Death</td>
<td>9% (26)</td>
<td>9% (23)</td>
</tr>
<tr>
<td>Transmission (specific)</td>
<td>7% (18)</td>
<td>10% (26)</td>
</tr>
<tr>
<td>AIDS</td>
<td>7% (24)</td>
<td>7% (17)</td>
</tr>
<tr>
<td>Prevention</td>
<td>7% (20)</td>
<td>9% (21)</td>
</tr>
<tr>
<td>Who</td>
<td>7% (20)</td>
<td>7% (17)</td>
</tr>
<tr>
<td>Cure</td>
<td>7% (19)</td>
<td>7% (17)</td>
</tr>
<tr>
<td>Extent</td>
<td>7% (19)</td>
<td>4% (10)</td>
</tr>
<tr>
<td>Affect</td>
<td>4% (12)</td>
<td>6% (14)</td>
</tr>
<tr>
<td>Infection</td>
<td>5% (15)</td>
<td>4% (10)</td>
</tr>
<tr>
<td>Risk</td>
<td>5% (13)</td>
<td>4% (11)</td>
</tr>
<tr>
<td>Symptoms</td>
<td>4% (10)</td>
<td>4% (9)</td>
</tr>
<tr>
<td>Why</td>
<td>5% (13)</td>
<td>1% (3)</td>
</tr>
<tr>
<td>Length</td>
<td>1% (3)</td>
<td>2% (4)</td>
</tr>
</tbody>
</table>
**Table VII**

*Section D: Knowledge and Gender*

(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 165)</td>
<td>(n = 122)</td>
</tr>
<tr>
<td>Transmission:Overall</td>
<td>41% (67)</td>
<td>39% (65)</td>
</tr>
<tr>
<td>-Sex</td>
<td>19% (32)</td>
<td>22% (27)</td>
</tr>
<tr>
<td>-Blood</td>
<td>8% (13)</td>
<td>12% (15)</td>
</tr>
<tr>
<td>-Needles</td>
<td>7% (12)</td>
<td>7% (9)</td>
</tr>
<tr>
<td>-Things</td>
<td>3% (5)</td>
<td>9% (11)</td>
</tr>
<tr>
<td>-Lifestyle</td>
<td>3% (5)</td>
<td>2% (3)</td>
</tr>
<tr>
<td>AIDS</td>
<td>26% (44)</td>
<td>28% (34)</td>
</tr>
<tr>
<td>Extent</td>
<td>11% (18)</td>
<td>3% (4)</td>
</tr>
<tr>
<td>Who</td>
<td>7% (12)</td>
<td>6% (7)</td>
</tr>
<tr>
<td>Non-Transmission</td>
<td>4% (7)</td>
<td>2% (3)</td>
</tr>
<tr>
<td>Origin</td>
<td>4% (6)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Prevention</td>
<td>4% (6)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Difficulties</td>
<td>1% (1)</td>
<td>4% (5)</td>
</tr>
<tr>
<td>Symptoms</td>
<td>1% (2)</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Treatment</td>
<td>1% (2)</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

**Table VIII**

*Section D: Knowledge and Districts*

(Percentage followed by number of responses given)

<table>
<thead>
<tr>
<th></th>
<th>District 1</th>
<th>District 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 145)</td>
<td>(n = 142)</td>
</tr>
<tr>
<td>Transmission:Overall</td>
<td>49% (71)</td>
<td>43% (61)</td>
</tr>
<tr>
<td>-Sex</td>
<td>24% (35)</td>
<td>17% (24)</td>
</tr>
<tr>
<td>-Blood</td>
<td>10% (15)</td>
<td>9% (13)</td>
</tr>
<tr>
<td>-Needles</td>
<td>6% (8)</td>
<td>9% (13)</td>
</tr>
<tr>
<td>-Things</td>
<td>6% (9)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>-Lifestyle</td>
<td>3% (4)</td>
<td>3% (4)</td>
</tr>
<tr>
<td>AIDS</td>
<td>25% (36)</td>
<td>30% (42)</td>
</tr>
<tr>
<td>Extent</td>
<td>7% (11)</td>
<td>8% (11)</td>
</tr>
<tr>
<td>Who</td>
<td>7% (10)</td>
<td>6% (9)</td>
</tr>
<tr>
<td>Non-Transmission</td>
<td>5% (8)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Origin</td>
<td>0% (0)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Prevention</td>
<td>2% (3)</td>
<td>3% (4)</td>
</tr>
<tr>
<td>Difficulties</td>
<td>3% (4)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Symptoms</td>
<td>1% (1)</td>
<td>1% (2)</td>
</tr>
<tr>
<td>Treatment</td>
<td>1% (2)</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>
A.I.D.S. Questionnaire - Directions for Teachers

Please read these very carefully. Correct use of the Questionnaire is critical in this survey.

Background

This is a research project of the University of British Columbia. The major aim of this project is concerned with identification and description of the views and questions students bring to the topic "A.I.D.S.". The A.I.D.S. Questionnaire has been developed to survey students thinking about A.I.D.S. so that educators and parents might directly target A.I.D.S. education information to the students levels and concerns. Findings from the administration of the survey will be shared with the participating schools and classes.

Conditions required for administering the survey

The survey needs to elicit the personal views and questions of every individual in your class. To achieve this it is required that children appreciate:

a). The survey is non-directive - all views and questions they have are relevant.

b). The survey is non-interactive - what is wanted are individual views and questions. Sharing thoughts with other students will bias the classes' responses.

c). The survey is non-threatening - children need to understand that the survey is not a test, that their individual responses will be pooled with those of their classmates, and that they should feel free to express any view or ask any question they think of.

Please organize seating arrangements and respond to students' questions relating to their involvement in the survey, in a way which preserves the above conditions.

THIS IS NOT AN A.I.D.S. LESSON! YOU ARE NOT REQUESTED TO ANSWER ANY OF THEIR CONCERNS OR QUESTIONS AT ALL.
Procedure to follow

(1) Once the students are comfortably seated use information provided in the previous section to briefly introduce the survey to your class. However, do not at this stage identify "A.I.D.S." as the special focus of the survey. The words 'a selected topic' should for the moment replace the word "A.I.D.S."

(2) Check that every student has a pen or pencil, and a set of coloured pencils.

(3) Hand out on copy of the Questionnaire to each student. Ask students not to open to the second page until they are instructed to do so.

(4) Read to the whole class:

"Remember this is not a test. Your answers to the questions on the top page will make up a code-name for you. Let us now complete this section together".

"The first question asks you to give the first two letters of your family name, for example if your surname is JONES you will write JO".

"The second question asks for your birthdate. If you were born on the 18th of June, 1975, fill in the box like this" (show on the blackboard).

"Finally answer question three; "male" or "female". Check one of the boxes".

(5) Next, direct your students by reading...

"Remember, we would like to know what you, personally, are thinking so please do not share ideas".

Then write on the blackboard in large letters "A.I.D.S." and say...

"Now turn to the first page of your questionnaire. I want each of you, on your own, to think about "A.I.D.S."...(pause briefly). We would like you to draw a picture to represent how you feel about A.I.D.S. please try to do a complete drawing of this in the space below...You will get 15 minutes to do this, you may use coloured-pencils if you wish".

After 5 minutes, give encouragement by saying, "You have 10 minutes more".

When the time is up ask the students to:
"Please give your picture a title...write this below (or above) your drawing".

(6) When (5) has been completed say...

"Now turn to the second page of your questionnaire. I want each of you, on your own, to keep thinking about A.I.D.S.... As you are thinking, please write down or describe all the ideas/feelings, and concerns that come to your mind..."
Give further encouragement by saying:

"It is important that you write down your own thoughts...don't worry about spelling, just do the best you can to describe your thoughts".

And, at an appropriate time a little later;

"When we have finished writing we will go on to the next part of the questionnaire together".

(7) When you judge the time to be right, say:

"Now turn to the third page. On this page write down any questions you have about A.I.D.S....things you are interested in or would like to find out about A.I.D.S."

"Make a list of these, again don't worry about spelling".

(8) When you judge the time is right have students turn to the fourth page and say:

"Please write down anything that you already know about A.I.D.S. and where you got that information from if you can remember. For example you might have heard something from a friend, or the television etc...".

(9) When you judge it is the time to complete the survey say:

"Finally before I collect your questionnaire, draw a circle around the question on your list on page 3 that you would most like to get an answer for".

After a pause to allow students to select their question to circle, collect all questionnaire forms, checking as you go that the circling has been completed.

If a student has not done this, please ask them to. If they have only one question they should circle it.

(10) It is important not to examine any questionnaire in front of the class. Once all questionnaires have been completed please explain to the class that you are not at liberty to answer their questions about A.I.D.S. Explain that next year (if this is appropriate in your district) they will be receiving A.I.D.S. Education classes and that all their questions will be addressed there. Explain that their participation today will help teachers explain A.I.D.S. better to them next year.

NOTE: We know that you will want to be aware of what the survey revealed. Please be assured that you will receive a copy of findings as soon as analysis is completed.
STUDENT ACTIVATED LEARNING

QUESTIONNAIRE

This questionnaire has been developed to obtain your personal views and questions about a selected topic. It is not a test. To keep you anonymous, please answer the following questions so that we can make up your code name.

Question 1. Write the first two letters of your family name in the box.

Question 2. Write your birthdate in the box. (Watch how your teacher does this).

Example: JUL 0677

would be correct for someone who was born on July 6th, 1977.

Your birthdate:

Question 3. Check whether you are male or female.

male
female

When you have completed the three questions please wait quietly for your teacher's next instruction.
Please draw a picture which shows your ideas, feelings and impressions about A.I.D.S.
Please write down any ideas, feelings, concerns which you might have about A.I.D.S.
Please list all of the questions you would like to have answered about A.I.D.S.
Please list as many things as you can that you already know or have heard about A.I.D.S.