

Parental Attitudes towards Children with Perinatal HIV/AIDS

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Abstract

Living with HIV/AIDS is a unique problem because people have to deal not only with the virus itself but also with reactions from peers within their environment (Macek & Matkovic, 2005). The participants in the current study were 16 parents (15 female and one male) at a Midwestern university child and family study center. The purpose of our study was to promote acceptance and inclusion towards people with HIV/AIDS. This nonrandom pilot study investigated parental attitudes about children having contact in a school setting with a child who has perinatal HIV/AIDS. Informed by literature and Ecological Theory, we hypothesized that this sample of parents of school-aged children would be overall more accepting towards persons with perinatal HIV/AIDS given their higher education levels accessing a university child and family study center where many parents are faculty at the university or professionals in the community. We statistically analyzed our survey data using frequencies, mean comparisons, and a reliability analysis. Our findings supported our hypothesis. Implications for practitioners include starting HIV/AIDS education early in the school environments, ensuring maximum safety during interaction between children both with and without HIV/AIDS, providing easily understood general education about perinatal HIV/AIDS, and avoiding discrimination against children or families who have family members with HIV/AIDS. We would recommend that future researchers investigate the attitudes

of teachers, children, and parents with varying education levels towards the virus to foster an inclusive environment for all children.

Keywords: Children, HIV, AIDS, Childcare

Living with HIV/AIDS is a unique problem because people have to deal not only with the virus itself but also with reactions from peers within their environment (Macek & Matkovic, 2005). The virus known as HIV, which stands for the Human Immunodeficiency Virus, causes AIDS; AIDS stands for Acquired Immune Deficiency Syndrome (Spears, 2006). Perinatal HIV/AIDS is a term used to describe the transmission of HIV from mother to child. This mother to child transmission can occur during pregnancy, labor and delivery, or breastfeeding (Centers for Disease Control and Prevention [CDC], 2007). Many of the studies conducted on HIV/AIDS afflicted children have shown that schools and parents alike have no choice but to accept the integration of children with HIV/AIDS in the same classroom. Studies have also shown that incorporation of HIV/AIDS related education in the classroom is beneficial to children who have peers with HIV/AIDS (Bhana, 2010).

While the need for research in the area of perinatal HIV/AIDS is abundant, little research has been conducted to focus on how parents and children alike may react to an encounter with a peer who has perinatal HIV/AIDS. Lack in research and education contribute to the absence of communication on the topic of HIV/AIDS. Communication about HIV/AIDS between parent and child can change the attitudes and negative stereotypes surrounding the virus. Proper communication increases awareness and an interest in the need for discussion about HIV/AIDS. We specifically chose to research the attitudes of parents towards children with perinatal HIV/AIDS because stigmas surrounding other means of transmission may cause conflicting perceptions by our participants. Research has also demonstrated that among teachers and parents, there was a correlation between educational level and attitudes associated with HIV/AIDS. Those with a lower educational level, such as having a high school degree, have shown less understanding of persons with HIV/AIDS than those who had a higher educational

degree (Macek & Matkovic, 2005). The current study was conducted at a Midwest university child and family study center and investigated parental attitudes toward perinatal HIV/AIDS.

Literature Review

A review of the literature was conducted to explore the relationship between parents' familiarity and their children's concept of HIV/AIDS through means of communication, education, and knowledge of the virus using the search engine Ebscohost. Many of the studies found that children's perception of people with HIV/AIDS were directly related to their parent's attitudes towards the virus.

Miller et al. (2011) researched the "Parents Matter Program!" This program taught parents how to talk to their pre-adolescent children on the topic of HIV prevention. The study revealed that parents play an exceptionally important role in communicating with their children about sexuality and HIV/AIDS. With this kind of communication between parents and their children, parents are able to understand the risks of sexual activity that are impacting today's youth. Parental attitudes towards HIV/AIDS can vary based on their own knowledge about the topic and their comfort level discussing it with their children.

In comparison, Barbosa (2008) investigated the stages parents or guardians have reached in discussing sex, sexuality, or HIV/AIDS prevention with their adolescent children. Family is an important vehicle to educate children on sexuality; however, parents reported that discussing sex or sexuality is a difficult task to do. A majority of these parents reported an interest in talking about sex/sexuality with their children. In contrast, the majority felt that their child would not be at risk of contracting HIV/AIDS; therefore, there was not a strong need to discuss the topic. Barbosa (2008) also found that education level was an important factor for the stages of communication; "low education level can be a difficult factor for dialog with children on sexuality, as well as for access to information on sex/sexuality and HIV/AIDS preventative measures," (p.1023). With an interest in discussion of HIV/AIDS between parents and their children, Bhana (2010) examined what children, ages seven and eight, already knew about HIV/AIDS. The knowledge these children had towards HIV/AIDS was associated with

their knowledge of sex and gender. Many of the children thought of sex as the only transmission route, which accelerates the social stigmas related to sex, gender, and class of persons with HIV/AIDS. The study found that integration of HIV/AIDS related education is beneficial for children. The children in the school were found to be curious and interested about the topic of HIV/AIDS. Many of the children believed not only blood but dirt and disease were transmitters of the virus.

After we reviewed the literature about communication between parents and their children regarding HIV/AIDS and sexuality, we were interested in what the literature said regarding how children's school choices were impacted by the attitudes of teachers, parents, and their peers. Spears (2006) determined that HIV/AIDS afflicted children's school choices were based on the educator's preparedness and education about the virus. The number of children with perinatal HIV/AIDS entering schools is predicted to increase. Because of this increase, it is becoming more important that both parents and educators are prepared to discuss the topic of HIV/AIDS. In this particular study, the following topics were recommended for parent/educator preparedness: overview of HIV/AIDS in school children, HIV/AIDS demographics and incidences, legal issues, medical and psychosocial issues, special education issues, biases and barriers, school policy, knowledge base, and training level, and implications for practice.

In comparison to the research that was conducted by Spears (2006), Macek and Matkovic (2005) examined the attitudes of teachers, students, and parents towards having HIV-positive students in the classroom. "The school is an integral part of direct involvement of a person's environment regardless of HIV status or any other special needs. Stigmas towards people with HIV/AIDS originate from the lack of knowledge of transmission of the virus. By using the school system as a starting base, it can assist with developing positive attitudes towards the integration of HIV-positive students into all classrooms." Macek and Matkovic (2005)

The current literature illustrated that there was miscommunication between parents and children in discussing issues regarding sexuality and that there were signs of negative attitudes towards persons with HIV/AIDS. The gap in the literature did not adequately address what those specific attitudes were and reasons why a person, and more specifically

a parent, would express negative attitudes towards those with HIV/AIDS, especially towards young children with perinatal HIV/AIDS.

Theoretical Framework

The theory used to explain this study was the Family Ecology Theory by Urie Bronfenbrenner (Paquette & Ryan 2001). This theory examined children's development through his or her experiences and environment. This theory is composed of four layers that describe each environment and how it impacts the child's development. The four layers of development include microsystem, mesosystem, exosystem, and macrosystem. The microsystem is the layer that is closest to the child and provides the most direct contact. The contacts include the school system, family, neighborhood, and childcare environments. The mesosystem provides the interaction between one or more aspects of the child's microsystem. The exosystem involves an environment in which the child does not directly function. The macrosystem is thought of as the outer layer of the child's development. This layer has influence throughout all of the other layers. Laws, cultural values, and customs may impact resources available for the child.

Family Ecology Theory acknowledges the interaction of a person's environments on their attitudes and behaviors. This helped us to predict that parents with access to resources such as educational materials, community centers, and interpersonal relationships with people who have HIV/AIDS would be more likely to have positive attitudes toward the virus.

Purpose Statement

The purpose of this study was threefold: 1) to examine the parental attitudes toward children who have perinatal HIV/AIDS, sampling parents of young children attending a child and family study center; 2) to develop a reliable survey instrument to measure attitudes of parents of young children that may encounter a peer with the HIV/AIDS virus; and, 3) to open doors for future researchers to learn more about parental attitudes towards children with perinatal HIV/AIDS and what factors may influence facilitating a more inclusive learning environment.

The question central to this study was, "what are the attitudes of parents of young children who may potentially encounter a peer

with perinatal HIV/AIDS?” We predicted that parental attitudes would be more positive since many parents accessing the child and family study center are faculty at the university or professionals in the community. This hypothesis is based upon evidence from both literature and theory. The literature demonstrated that the school system is an integral part of a person’s learning environment; however, communication on HIV/AIDS is lacking within the educational system. Literature has shown that the more education a person has, the more accepting their attitudes would be towards persons with HIV/AIDS.

Method

Participants

This study was conducted at a Midwestern university child and family study center. The participants in this study were all parents of children who were currently attending the child and family study center. There were 15 females and 1 male who filled out a self-administered questionnaire. The male participant was 34+ years old. The female participants consisted of one participant between the ages of 22-25, four between 30-33 years old, and eleven 34+ years old. One participant had a high school degree; nine had a college degree, and six chose “other” and filled in various post-baccalaureate degrees. As for knowing an individual with HIV/AIDS, five of the participants answered “yes”.

Research Design

We used a cross-sectional research design in order to capture attitudes of the parent participants at one point in time. Self-administered questionnaires were used for data collection. The rationale for using this method was that it was low cost and facilitated a rapid return for the time constraints of the class. This pilot study used a non-random, purposive sampling design, and was approved by the Institutional Review Board (IRB). The ethical protection of human subjects was provided through the completion of the IRB’s Human Subjects training.

Data Collection Instrument

The survey was designed to investigate attitudes of parents who had a young child that may have encountered a peer in a child

care setting with perinatal HIV/AIDS. The questionnaire included a brief description of the study, definition of any terms not commonly known, risks and benefits, time commitment, confidentiality, voluntary participation, our contact information and supervising professor's contact information, and instructions for completing the survey.

The survey consisted of four demographic questions regarding the participants' gender, age, educational level obtained, knowledge of anyone who currently has or formerly had HIV/AIDS, and ten closed-ended statements based on a 5-point Likert scale. The Likert scale was used to measure the intensity of the participants' attitudes ranging from one (strongly disagree) to five (strongly agree). There was space provided at the end of the survey for participants to add additional comments about the survey or any additional information they wanted to express. Statements and questions were informed by the literature on perception of HIV/AIDS and Family Ecology Theory.

The survey instrument had both face validity and content validity because the director reviewed our instrument. Face validity refers to the extent that there is a logical correlation between the survey statements and the research question as well as concepts reviewed within the literature. The survey demonstrated face validity since the statements and questions within the survey were all inspired by literature and related to the attitudes of parents concerning their children having a peer with perinatal HIV/AIDS in the same classroom. Content validity refers to the degree in which the instrument statements addressed the breadth of concepts within the literature reviewed. The survey statements addressed the comfort level of engagement of children who have HIV/AIDS in a school setting, comfort level of interaction with one's own child and another child who has HIV/AIDS, and level of comfort in educating or communicating about sexuality or HIV/AIDS. The survey was piloted to the director of the child and family study center to assess the clarity and relevance of the statements. The director only requested change of the terminology being used between "day care" and "child care".

Procedure

Our survey process began when we decided to use parents who had young children in a child and family study center as our sample. After

initial contact with the director of the child and family study center, we explained the purpose of our survey and asked for permission to survey the parents of that particular child and family study center. We received permission from the director to survey the parents through paper copy surveys. Eighty paper surveys were printed and distributed by hand to the mailboxes of each student on Monday, March 19th, 2012. Parents were asked to fill out the surveys and return them to a confidential box located in the lobby of the child and family study center. Data collection ended on Friday, March 23rd, 2012. To keep surveys and participants confidential, each survey was only given a number.

For each survey, the parent was encouraged to first read the implied consent emphasizing voluntary participation and confidentiality. Every survey included the researchers' contact information, supervisor information, and IRB approval stamp. Once the surveys were collected from the child and family study center, they were removed from the confidential box. Data collection was completed at this point; 16 completed surveys were returned to the confidential box located in a locked office of the child and family study center.

Data Analysis Plan

The data was first "cleaned" by checking for any missing data on the surveys. The surveys were then "coded" using three letter acronyms for each demographic variable: *gender* (GEN); *age* (AGE); *education* (EDU); *knowledge of persons with HIV/AIDS* (KNO). Each survey statement was also given a three letter acronym: *I feel comfortable talking about sexuality with my child* (COM); *I feel uncomfortable toward children with perinatal HIV/AIDS* (UNC); *I have had, or plan to have, some kind of communication with my child about HIV/AIDS* (PLA); *children with perinatal HIV/AIDS should be able to attend any and all schools* (PER); *parents should be informed of any student with HIV/AIDS* (INF); *students should be informed of any student with HIV/AIDS* (STU); *students with perinatal HIV/AIDS should be taught in a different classroom than students who do not have perinatal HIV/AIDS* (CLA); *if my child has a peer with perinatal HIV/AIDS, I would want their teacher to educate my child about the virus* (POS); *parents should be worried if their child*

is interacting with another student who has perinatal HIV/AIDS (WOR); I would feel uncomfortable with my child playing outside of the classroom with a peer who has perinatal HIV/AIDS (OUT).

The data was analyzed using the computer program Statistical Package for the Social Sciences (SPSS). Since groups were not compared, the data analysis included: frequencies, mean comparisons, and a Chronbach's Alpha reliability analysis.

Results

The computer program Statistical Package for the Social Sciences (SPSS) was used to analyze the data. The summary of analyses in this section included a frequency distribution and mean comparisons. Results indicated that there was no missing data. Based on the literature, we hypothesized that parents would have positive attitudes towards their children's peers with perinatal HIV/AIDS given their more advanced educational level accessing a university child and family study center. All but one of our participants had at least a Bachelor's degree college level education. Our findings supported our hypothesis. Evidence for this is found in the Frequency Distribution, Table 1.

Frequency distribution: For variables (UNC), (STU), (CLA) and (WOR), the majority of respondents disagreed or strongly disagreed that they felt uncomfortable toward children with perinatal HIV/AIDS; that students should be informed of any student with HIV/AIDS; that students with perinatal HIV/AIDS should be taught in a different classroom than students who do not have perinatal HIV/AIDS; and that parents should be worried if their child is interacting with another student who has perinatal HIV/AIDS. For variables (PLA), (PER) and (POS), the majority of respondents agreed or strongly agreed that they have had, or plan to have some kind of communication with their child about HIV/AIDS; that children with perinatal HIV/AIDS should be able to attend any and all schools; and that if their child had a peer with perinatal HIV/AIDS, they would want the teacher to educate their child about the virus. For variable (COM), the majority of respondents neither agreed nor disagreed that they felt comfortable talking

about sexuality with their child. For variable (INF), the respondents were divided between strongly disagreed or strongly agreed that parents should be informed of any student with HIV/AIDS. For variable (OUT), the respondents were divided between disagreed and strongly disagreed that they would feel uncomfortable with their child playing outside of the classroom with a peer who has perinatal HIV/AIDS. Mean comparisons revealed similar results.

Table 1
Frequency Distribution

Variable	SD	D	NA/ND	A	SA	Total
COM	6.3%	0.0%	37.5%	25.0%	31.3%	100.0%
UNC	43.8%	31.3%	12.5%	12.5%	0.0%	100.0%
PLA	6.3%	6.3%	12.5%	37.50%	37.5%	100.0%
PER	6.3%	0.0%	6.3%	18.8%	68.8%	100.0%
INF	25.0%	18.8%	18.8%	12.5%	25.0%	100.0%
STU	31.3%	18.8%	25.0%	18.8%	6.3%	100.0%
CLA	50.0%	25.0%	12.5%	12.5%	0.0%	100.0%
POS	6.3%	6.3%	37.5%	6.3%	43.8%	100.0%
WOR	31.3%	25.0%	12.5%	18.8%	12.5%	100.0%
OUT	25.0%	25.0%	25.0%	6.3%	18.8%	100.0%

Note. (COM)=I feel comfortable talking about sexuality with my child. (UNC)=I feel uncomfortable toward children with perinatal HIV/AIDS, (PLA)=I have had, or plan to have, some kind of communication with my child about the HIV/AIDS virus, (PER)=Children with perinatal HIV/AIDS should be able to attend any and all schools, (INF)=Parents should be informed of any student with an HIV/AIDS positive status, (STU)=Students should be informed of any student with an HIV/AIDS positive status, (CLA)=students with perinatal HIV/AIDS should be taught in a different classroom than students who do not have perinatal HIV/AIDS, (POS)=If my child has a perinatal HIV/AIDS positive peer, I would want their teacher to educate my child about the virus, (WOR)=Parents should be worried if their child is interacting with another student who has perinatal HIV/AIDS, (OUT)=I would feel uncomfortable with my child playing outside of the classroom with a peer who is perinatal HIV/AIDS positive.

A reliability analysis was run to indicate if the ten variables were a reliable index to measure the major concept: parental attitudes towards children with perinatal HIV/AIDS. Cronbach's Alpha is a measure

of reliability and in this analysis was 0.781. This value indicated that the survey questions were a reliable measure of major concept.

Discussion

Because perinatal HIV/AIDS in a child care setting is becoming more prevalent, it is important to recognize the biases and barriers that children face to be able to facilitate inclusion. The literature supported that advanced education facilitated more accepting attitudes of parents (Barbosa, 2008; Macek & Matkovic, 2005). We found support for our hypothesis that parents in a university child and family study center would have overall positive attitudes towards their children interacting with a peer who has perinatal HIV/AIDS given their higher education levels accessing a university child and family study center where many parents are faculty at the university or professionals in the community.

To measure attitudes, our study focused the survey statements on the main areas of: communication, information, and interaction level. In feeling comfortable talking about sexuality with their child, the majority of respondents (37.5%) felt neutral and neither agreed nor disagreed. However, when asked if they have had, or plan to have some kind of communication with their child about HIV/AIDS, the majority of respondents (75%) agreed and or strongly agreed. This suggests that even though parents wanted to eventually discuss the topic of HIV/AIDS with their children, they are still unsure about the topic of sexuality. Since a common way of transmission of HIV/AIDS is through sexual activity, this can pose a problem for parents who want to discuss HIV/AIDS but feel unsure about discussing sexuality. When parents educate their children about HIV/AIDS, the sexual aspect is adjusted developmentally to the child's age (Miller et al., 2011).

Parents were asked whether or not they wanted the teacher to educate their child about HIV/AIDS; many of the parents (43.8%) responded strongly agree. If there is going to be exposure to a virus, education is a sensible method to let young children know about the causes, risks, and precautions. Bhana 2010, used child participants and how they ascribe meaning to HIV/AIDS; several children talked about blood as a contagion. In their simple words, there is a fear out of touching someone else's blood and that it is enough to give someone

HIV/AIDS. Children do not always know the causes of transmission, but through their experience of listening to the media or seeing others, they have shown some type of awareness in contracting the virus.

In the area of interaction, the majority of respondents (75%) disagreed or strongly disagreed that students with perinatal HIV/AIDS should be taught in a different classroom than students who do not have perinatal HIV/AIDS. Parents also thought that children with perinatal HIV/AIDS should be able to attend any and all schools; the majority of respondents (87.6%) agreed or strongly agreed. There is a strong indication that students with or without perinatal HIV/AIDS should not be discriminated against and should have access to an education within the general population. This is also supported by Macek and Matkovic's study in which the participants showed positive attitudes towards the integration of children with HIV/AIDS into regular schools with the appropriate education (2005). With this educational support, it should be considered safe that students with perinatal HIV/AIDS can still be integrated in the same schools and classrooms with other students who do not have the virus. On a more direct level of interaction, the majority of respondents (50%) disagreed or strongly disagreed that they would feel worried if their child was interacting with another student who has perinatal HIV/AIDS. Lastly, the parents were asked if they felt uncomfortable toward children with perinatal HIV/AIDS in general; the majority of respondents (75.1%) disagreed or strongly disagreed. Through these questions in particular, parents seem to have a positive attitude toward their children interacting with peers who have perinatal HIV/AIDS in an educational setting.

The largest difference of opinion was whether or not parents felt they should be informed of a student in their children's classroom who may have HIV/AIDS. 25% of participants strongly agreed that they should be informed of students with HIV/AIDS and 25% of participants strongly disagreed that they should be informed of students with HIV/AIDS. This posed an interesting split in opinion on the confidentiality aspect of HIV/AIDS status.

We believe that these positive attitudes would only grow stronger through more education opportunities for parents, teachers, and children. We also believe parents who demonstrate positive attitudes towards children who have perinatal HIV/AIDS around their own

children will help progress an understanding and acceptance of people who have the virus for future generations. The Family Ecology Theory's macrosystem focuses on the laws, cultural values, customs, and resources available to the child. These customs are passed down from generation to generation, and these direct attitudes of parents towards perinatal HIV/AIDS will directly impact the cultural values that are instilled in each child (Paquette & Ryan, 2001).

Limitations

The primary limitation of this pilot study was a small sample size, 16 parents out of 80—a 20% response rate. Another limitation included having a non-random sample which means we cannot generalize our findings beyond the sample. We were only able to conduct our research at one university child and family study center in the Midwest which does not account for regional differences. At this child and family study center, all but one of our respondents had at least a college education. Because of the similar education levels of our respondents, we were unable to make any correlations between education level and attitudes towards perinatal HIV. Another limitation of our study included participants who personally knew someone with HIV/AIDS. Only 5 of our 16 participants indicated knowing someone with HIV/AIDS.

Implications for Practitioners

After reviewing our findings, we understand that there are some parents who would like their children to be educated by teachers about HIV/AIDS if they have a peer who has perinatal HIV/AIDS. Educators should be prepared and trained in the safe practices when dealing with students who may have HIV/AIDS. Educators should encourage communication between parent and child about HIV/AIDS to enforce a positive image of peers with perinatal HIV/AIDS. Because we want knowledge and education about HIV/AIDS to be taken seriously by children, education given to them should be taught in a way that is relatable and easily understood. Education about HIV/AIDS may be presented to children through age appropriate books, stories, plays, and pictures. Also, some respondents to our survey specified a concern that children and families who had a child with HIV/AIDS should not

be singled out or discriminated against. A general concern about the overall safety of students was noted, but parents felt that with basic education about the virus, this concern could become minimized.

Implications for future researchers

It is recommended that future research would include a random, large, national sample in order to be able to generalize the findings nationwide. While our sample was small, we hope to help open doors for future researchers to learn more about the attitudes towards children with perinatal HIV/AIDS. We would recommend learning not only about parental attitudes, but also learning about the attitudes of teachers and children towards the virus. Future researchers may also look into investigating more about why these attitudes are formed and how they relate to stereotypes and negativity surrounding HIV/AIDS. Future researchers could look into positive and age appropriate ways parents feel their children can be educated about the virus. With education and communication about perinatal HIV/AIDS, the concern of transmission in the classroom can be lessened. Future researchers may also look into surveying diverse types of child and family study centers with parents who have many different education levels. The literature suggested that education level had an impact on attitudes towards HIV/AIDS (Barbosa, 2008).

Conclusion

Our findings revealed that most parents had a positive attitude towards perinatal HIV/AIDS. Parents felt that children who had perinatal HIV/AIDS should not be discriminated against and should be able to attend any and all schools. Also, many of our participants felt that HIV/AIDS status should be kept confidential. In general, little concern was shown by parents who had children who may interact with peers who had perinatal HIV/AIDS. With HIV/AIDS related education being introduced in the school system, and with communication about the virus between parents, educators, and children, we hope to help eradicate the myths and stereotypes that surround persons with HIV/AIDS, promoting greater inclusion.

“My father was diagnosed with HIV when I was young. He raised five healthy children, but because of the lack of education

in our small town, we were all relentlessly teased. Children were afraid of us. I think even our teachers were unsure how to handle us. While I think education is incredibly important for children to learn about how HIV/AIDS is transmitted, I also cannot stress enough the need for those children and their family members who have HIV/AIDS to not be singled out or discriminated against. Kids really are so smart. A little education on the topic could really go a long way.” - Respondent

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