

Parental Attitudes towards Children with Perinatal HIV/AIDS

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Research Question:

What are the attitudes of parents who have a young child in a childcare setting who may encounter a peer with perinatal HIV/AIDS?

Research Problem:

- In society, there are negative attitudes towards people with HIV/AIDS because many people lack education about the ways this disease can be transferred.
- In 2010, an estimated 3.4 million children under 15 were living with HIV, while 390,000 were newly infected mainly through mother to child transmission of HIV. (Provide pediatric treatment, 2010)

Hypothesis:

- Based on the literature, we hypothesized that parents would have negative attitudes towards their children's peers with HIV/AIDS.
- One reason for this may be the lack of exposure to people with HIV/AIDS and lack of education about perinatal HIV/AIDS. Since the school is a direct resource for the child, the risk for transmission may be high.

Theoretical Framework:

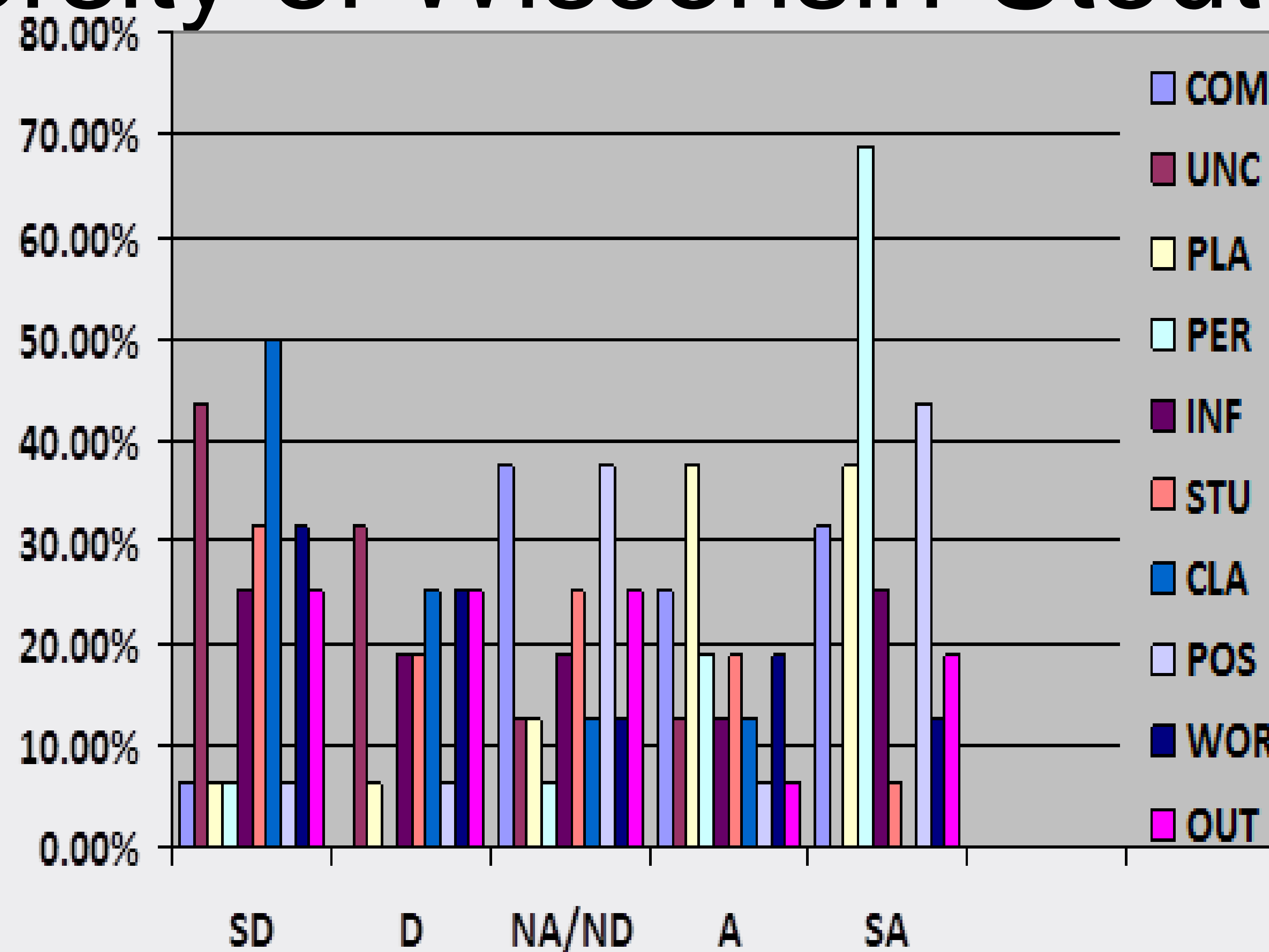
- Family Ecology Theory (Paquette & Ryan, 2001)
- This theory examines children's development through his or her experiences and environments. This theory is composed of four layers that describe each environment and how it impacts the child's development.

As applied to our study:

- Using the Family Ecology Theory would help predict that parents with access to resources such as educational materials, community centers, and interpersonal relationships with people who have HIV/AIDS are more likely to have positive attitudes toward the virus.

Literature Review:

- Miller, K. S., Lin, C. Y., Poulsen, M. N., Fasula, A., Wyckoff, S. C., Forehand, R., & Armistead, L. (2011) researched the program known as the "Parents Matter Program!" This program helps teach parents of children in Southern Africa how to talk to their pre-adolescent children on the topic of HIV prevention.
- Bhana, D. (2010) examined what young children knew about HIV/AIDS. Many of the children not only thought that blood but dirt and disease were transmitters of the virus.
- Barbosa, S., Pinheiro da Costa, P., & Cunha Vieira, N., (2008) examined the stages parents or guardians have reached in discussing sex, sexuality, and/or HIV/AIDS prevention with their adolescent children. It was also illustrated that education level was an important factor for the stages of communication.
- Spears, E. H. (2006) reflected on the idea of HIV/AIDS afflicted children and their school consideration based on the preparedness and education the school had about the disease.
- Macek, M. and Matkovic, V. (2005) examined the attitudes of teachers, students, and parents towards having HIV-positive students in the classroom. Among teachers and parents, there was a correlation between educational level and attitudes.



Methods:

Participants:

- 16 male and female parents who have a child in a childcare setting.

Research Design:

- Non-random pilot study
- Cross sectional
- Purposive sampling method

Procedure:

- Administered surveys to parents who had a child in a childcare setting.

Data Analysis Plan:

- Statistical Package for the Social Sciences (SPSS).
- Cross-tabulations, mean-comparisons, and a reliability analysis: Cronbach's Alpha

Results:

Based on the literature, we hypothesized that parents would have negative attitudes towards their children's peers with HIV/AIDS. Results showed that parents had a more positive attitude towards children with perinatal HIV/AIDS. Our findings did not support our hypothesis: 68.8% of participants in our study strongly agreed that children who are perinatal HIV/AIDS positive should be able to attend any and all schools; 75% of participants 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, and, 75.1% of participants either strongly agreed or agreed that they felt comfortable with children who had perinatal HIV/AIDS. Our reliability analysis was 0.781.

Conclusion:

"We want the world to focus on children whose lives have been devastated by AIDS. The millions of children who are missing their parents; their childhood, their future but most importantly, they are missing YOU. Everyone can make a real difference. Your voice is needed in a global movement that can change their world." -Pierce Brosnan

Variables:

Demographic Variables:

- (GEN) Gender
- (AGE) Age
- (EDU) Education Level
- (KNO) Knowledge of persons with HIV/AIDS

Independent Variables:

- (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.

Implications:

Practitioners: After reviewing our findings, we understand that many parents would like their children to be educated by teachers about the HIV/AIDS virus if they have a peer who is perinatal HIV/AIDS positive. Many parents felt perinatal HIV/AIDS positive children should not be discriminated against and should be allowed to attend any and all schools. Education professionals should take much precaution to ensure maximum safety when allowing children to physically interact who are perinatal HIV/AIDS positive and negative.

Future Research: While our study 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 about the attitudes of teachers and children. Future researchers may also look into learning more about why these attitudes are formed and how they relate to stereotypes and negativity surrounding HIV/AIDS.