

# *Improving Academic English Skills through HIV/AIDS Awareness*

## *Student's Guide*

For the Ethiopian Health Center Team



**Ethiopia Public Health  
Training Initiative**

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*This text is dedicated to*

*The victims of HIV/AIDS*

*And*

*The stigma and discrimination related to it.*

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# INTRODUCTION

Welcome to *Improve your Academic English Skills through HIV/AIDS Awareness*.

This course is designed for students who have completed the preparatory courses and who wish to further enrich their English language skills.

Language learning is often most effective when it is made relevant to the daily lives of students. For this reason, this course focuses on improving English skills by reading, critically thinking, listening, writing and speaking about issues surrounding HIV/AIDS.

The course consists of four modules. Each one contains several activities to improve your independent learning and study skills.

**Module 1: Essential HIV/AIDS Issues** focuses on general information about HIV/AIDS, such as its history and prevalence, modes of transmission and risk factors, and manifestations of the disease. This module will help you improve your reading, listening, vocabulary and grammar learning skills.

**Module 2: Global Perspectives on HIV/AIDS** focuses on AIDS-related discrimination and stigmatization. Dialogue and critical thinking on these issues will help you improve your academic English skills.

**Module 3: Exploring the Relationship between HIV/AIDS and Culture** focuses on the impact of culture on the transmission and prevention of HIV/AIDS. This module will help you improve your independent learning, study skills, and learning strategies so that you can self-manage and self-assess your learning.

**Module 4: HIV/AIDS Prevention** focuses on the methods to stop the spread of HIV/AIDS. Through this general theme, you will practice critical listening, reading, verbal discussion and writing.

# MODULE ONE

## ESSENTIAL HIV/AIDS ISSUES

The objectives of this module are to help you:

- Improve your reading comprehension skills;
- Listen actively and take notes effectively;
- Improve your opinion sharing skills;
- Work out the meanings of words from context;
- Use grammar in real contexts and
- Write short descriptions

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# UNIT ONE

## HIV/AIDS: HISTORY AND PREVALENCE

### Objectives

At the end of this unit, you will be able to:

- Identify main ideas from a reading text;
- Identify details from passages;
- Find out referents from the text;
- Identify the organization of ideas;
- Listen for the main ideas and take notes;
- Guess word meanings from context and
- Express your agreement and disagreement.

### Skills in focus:

- Agreeing/disagreeing
- Recognizing organization of texts
- Extracting the main ideas and
- Guessing word meanings from context



## Section 1: Brainstorming

### TIPS

If you are going to read / listen a text containing ideas and information about a subject, it is useful to think over what you already know about the topic before you begin to read / hear. Then you will read / hear with a clear purpose. If you do these things, you should find that you understand and remember the text more easily.

**Individually, write your answers to the following questions. Then discuss your answers in groups.**

1. What does HIV/AIDS stand for?
2. How serious is the spread of HIV/AIDS in Ethiopia?
3. Do you know the risk factors contributing to the spread of HIV in Ethiopia?

## Section 2: Reading

### Task 1. Reading for main ideas

### TIPS

When you read a text, the first thing you should ask is, "What is this about?" Once you know the topic, the next question you should ask yourself is, "What does the author want me to know about the topic?" When you can answer this question, you will know what the main idea of the material is that you are reading. The main idea is the key piece of information the author wants you to understand. With a little practice, it is not difficult to identify the topic of the passage (what is the passage about).

When you read for the main ideas (i.e., the overall meaning) of a text or a paragraph, you do not need to read every word. Instead, you can skim or look through the text quickly to find key words and sentences that give you some hints as to what the text is about.

**Skim the following text and answer the questions that follow.**

1. Human immune deficiency virus, HIV is a virus that attacks the body immune system. It is the virus that causes AIDS (acquired immune deficiency syndrome). There are two types of HIV: HIV-1 and HIV-2. HIV-1 has 8 subtypes: A, B, C, D, E, F, G, and H. Sub type "C" is the

dominant type of HIV present in Ethiopia, South Africa and India. It accounts for over half the infections in the world.

2. AIDS is a disease that destroys the body's immune system, leaving a person susceptible to life threatening illnesses. AIDS is the result of a long process that begins with infection.
3. AIDS was first recognized in the United States in the summer of 1981, when the U.S. Centers for Disease Control and Prevention (CDC) reported the unexplained occurrence of *Pneumocystis carinii* pneumonia in five previously healthy homosexual men in Los Angeles and of Kaposi's sarcoma (KS) in 26 previously healthy homosexual men in New York and Los Angeles. Within months, the disease was seen in male and female injection drug users (IDUs) and soon thereafter in recipients of blood transfusions and in hemophiliacs. As the epidemiologic pattern of the disease unfolded, it became clear that a microbe transmissible by sexual (homosexual and heterosexual) contact and blood or blood products was the most likely etiologic agent of the epidemic.
4. In 1983, HIV was isolated from a patient with lymphadenopathy, and by 1984 it was demonstrated clearly to be the causative agent of AIDS. In 1985, a sensitive enzyme-linked immunosorbent assay (ELISA) was developed, which led to an application of the scope of HIV infection among cohorts of individuals in the United States who admitted to practicing high-risk behavior, as well as among selected populations that had been screened, such as blood donors, military recruits and active duty military personnel, Jop Corps applicants, and patients in selected sentinel hospitals. In addition, sero-prevalence studies revealed the enormity of the global pandemic, particularly in developing countries.
5. The staggering worldwide spread of HIV pandemic has been matched by explosion of information in the areas of HIV virology, the pathogenesis (both immunologic and virologic) and treatment of the disease, treatment and prophylaxis of the opportunistic diseases associated with HIV infection, and vaccine development. The information flow related to HIV disease is enormous, and it has become almost impossible for the health care generalist to stay abreast of the available literature.
6. In Ethiopia, it is widely believed that the HIV epidemic began 18 years ago. The first evidence of HIV infection in Ethiopia was discovered in serological samples collected in 1984, followed by the first reported cases of AIDS in 1986.
- 7 The national response to the epidemic was prompt and began with the establishment of a task force on HIV/AIDS in 1985. In 1987, the Department of AIDS Control was established in the Ministry of Health and a national program to prevent and control HIV/AIDS was launched.

These activities were followed by a number of sero-survey across the country, to map the extent of the problem. Soon after these initial activities, major social and political changes occurred, including: the devolution of political power to the regional states, the creation of a federal system of government, economic liberalization, and the growth of the private and non-governmental sectors. These changes offered the regional states, non-governmental organizations (NGOs) and civil society a potentially conducive environment to tackle the spreading HIV epidemic.

8. In Ethiopia, because poverty, lack of formal education, and natural and man-made disasters are widespread problems, it is almost inevitable that the HIV/AIDS epidemic continues to grow relentlessly and expand despite efforts to curb its spread. Indicators suggest that a large segment of society is affected by the epidemic.
9. In response to this widespread problem, in August 1998 the government formulated a national policy on HIV/AIDS, and in April 2000 it established the National AIDS Prevention and Control Council. Moreover, the Ministry of Health and regional health bureaus, collaborating with all stakeholders, have drafted a multi-sectoral strategic five-year plan.

Adapted from HIV/BSS. *HIV/AIDS Behavioral Surveillance Survey*. Ethiopia 2002, Round One.

**Without looking back at the passage you have just read, decide whether the following statements are true or false. Correct the false statements.**

- \_\_\_1. HIV is a virus that attacks the human immunity system.
- \_\_\_2. A cure for HIV has not yet been found because information about HIV is limited.
- \_\_\_3. AIDS results rapidly on anyone who has the virus.
- \_\_\_4. It has proven easy to control HIV/AIDS in Ethiopia.

### **Task 2. Reading for detail**

**Now reread the above passage, this time paying attention to details used by the author to support or further explain the main ideas. Then answer the following questions.**

1. What group of people was first identified as having HIV/ AIDS in the United States?
2. What widespread problems in Ethiopia have contributed to the growth of the nation's HIV/ AIDS epidemic?
3. Which subtype of the HIV virus is responsible for over half the infections in the world?
4. What groups of people were screened for HIV/ AIDS in the United States in the late1980s?

### Task 3. Reading for reference

#### TIPS

References are words that substitute for nouns and are used by writers to avoid repetition. They can be pronouns (he/she/it, etc.) or nouns

Based on the reading passage, indicate what in the text the following word(s) refer(s) back or forward to.

1. it in *it accounts* (Paragraph 1)
2. the disease (paragraph 3)
3. who (Paragraph 4)
4. which (Paragraph 4)
5. these changes (Paragraph 7)
6. these activities (Paragraph 7)
7. the epidemic (Paragraph 8)

### Section 3: Vocabulary

In the text, find synonyms (i.e., a word or phrase with a similar meaning) for the following words or phrases.

1. started (Paragraph 7)
2. reaction (Paragraph 7)
3. related to (Paragraph 5)
4. unavoidable (Paragraph 8)
5. suitable (Paragraph 7)
6. people having sex with persons of the same sex (Paragraph 3)
7. to be aware of (Paragraph 5)
8. identified (Paragraph 3)
9. seriousness (Paragraph 4)
10. exposed (Paragraph 2)

## Section 4: Listening

### Task 1. Listening for the main ideas

#### TIPS

When you listen to a talk or lecture, it is rarely necessary to understand every word that is said. Understanding the overall meaning is much more important. Avoid concentrating on individual words and think about the general meaning.

Listen to a text about the geographic profile of HIV/AIDS in Africa and Asia. Then answer the following questions.



#### THE GEOGRAPHIC PROFILE OF HIV/AIDS

From: Adapted from: Ann smith and Enda McDonagh. (2003). *The Reality of HIV/AIDS*. Maynooth, Caford, pp. 19-21.

Decide whether the following statements are true or false based on the listening text.

1. The statistical information about the profile of the HIV epidemic gives accurate information about the type and situation of all people affected by the disease.
2. Worldwide, HIV is an infection mainly transmitted homosexually.
3. The largest number of HIV-infected people lives in Sub-Saharan Africa.
4. HIV prevalence rates in African countries show no signs of improvement.
5. AIDS appeared in Africa and Asia at exactly the same period of time.
6. The governments of India, Indonesia and China are taking aggressive measures to fight the spread of HIV/AIDS.

## Task 2. Listening for detail

Once more, listen to the text, this time paying attention to details. Take some notes if you want to. Then fill in the blanks below.

1. Life expectancy in the thirty-five worst affected countries in Africa is estimated at \_\_\_\_\_.
2. Worldwide and particularly in countries of the South, HIV is an infection that is mainly transmitted \_\_\_\_\_.
3. Almost \_\_\_\_\_ percent of those with HIV is living in Sub-Saharan Africa.
4. In 2002 AIDS claimed the lives of an estimated \_\_\_\_\_ African people.
5. HIV prevalence among adults (15-49) exceeds 30% in the African nations of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
6. HIV prevalence for pregnant women in South Africa fell from \_\_\_\_\_ in 1998 to \_\_\_\_\_ in 2001.
7. In Ethiopia, infection levels among women attending ante-natal clinics in Addis Ababa dropped from \_\_\_\_\_ in 1995 to \_\_\_\_\_ in 2001.
8. An estimated \_\_\_\_\_ Asians were living with HIV by the end of 2002.
9. There are an estimated \_\_\_\_\_ new HIV infections in India every day and there is a fear that unless measures are taken, \_\_\_\_\_ residents may have HIV by 2005.

## Task 3. Reacting to the talk

1. What have you learned about the seriousness of AIDS in Africa, and in particular in Ethiopia?
2. What actions would you propose to tackle the problem?

Listen to one another's reactions in group and report to the class what you have discussed.

## Section 5: Writing

The following sentences are jumbled. Rearrange them in a logical order. The rearranged sentences should form a complete and coherent paragraph that deals with some strange beliefs about HIV/AIDS.

- a. Some people believe HIV/AIDS can easily be prevented through certain eating and drinking habits.
- b. There are some very strange beliefs about HIV/AIDS
- c. They say HIV/AIDS cannot be caught by people who eat hot peppers.
- d. Others believe HIV/AIDS does not exist at all.
- e. For example, some people claim that the acronym AIDS stands for American Ideas to Deter people from Sex.
- f. Moreover, they say that if a person drinks *arakie*, he/she will be even better protected against the disease.
- g. They argue that it is a creation of Western propaganda to blame Africa.

## Section 6: Grammar

In English, there are several expressions that allow you to tell someone that you agree or disagree with what they are saying. Below are some expressions for agreeing and disagreeing. Which ones do you use for agreeing? Which ones do you use for disagreeing? Which expressions for disagreeing are more polite than others?

1. Yes, definitely/absolutely.
2. I'm afraid I disagree with you.
3. Yes, but...
4. Do you think so?
5. I agree.
6. Certainly
7. You're absolutely right
8. That's wrong!
9. I don't know if I agree with that.
10. I think so, too.
11. You can't be serious!

## Section 7: Speaking

Working in pairs, have a debate about the beliefs raised in Section 5. Each person should take a different position - one should agree with the beliefs and one should disagree. Use the expressions listed in Section 6 to defend your position.

## Section 8: Reflecting

Think back to the tasks you have covered in this unit, indicate areas you feel comfortable and those you still feel need improvement.

Skills	Areas you feel comfortable with	Areas you want to improve in the future
Identifying main ideas		
Identifying details		
Finding out referents		
Identifying organization of texts		
Guessing word meanings		
Expressing agreement and disagreement		



## UNIT TWO

### MODES OF HIV: TRANSMISSION AND RISK FACTORS

#### Objectives:

At the end of this unit, you will be able to:

- Listen and take notes;
- Change information in a chart into a paragraph;
- Read for main ideas;
- Draw implications and conclusions from reading text and tabulated data;
- Express your ideas orally, and
- Work out word meanings from contexts.

#### Skills in focus:

- Drawing implications and conclusions
- Taking notes
- Describing charts

Working out word meanings from context

#### Section 1: Brainstorming

**Can HIV be transmitted in any of the following ways? List any other ways. Discuss your answers in groups.**

- A. By kissing an infected person
- B. Through breastfeeding
- C. By shaking hands with an infected person
- D. By making love to an infected person
- E. By helping an infected person who has cut himself or herself
- F. By sharing meal with an infected person
- G. Through mosquito bites

## Section 2: Reading

### Task 1. Predicting

#### TIPS

Predicting (thinking, talking or writing) what you are going to read helps you to read well. It also gives you a purpose for reading: to find out if the writer will include the things which you have predicted. You don't have to predict correctly; if your predictions are wrong, predicting still helps you to read.

In the first column of the following table body substances and fluids are mentioned. Fill out the second and the third columns by writing 'yes' or 'no', following the examples to make the distinction between fluids shown to contain tiny amounts of virus and those that contain sufficient virus to spread the infection.

Body substance/fluid	Known to contain virus or antibodies	Known to spread HIV
Blood	Yes	Yes, high risk
Breast milk		
Faeces		
Saliva		
Semen		
Urine		
Vaginal/cervical fluid		
Vomit		
Breath		
Cough & sneezes		
Hair		
Nails		
Skin		
Sweat		
Tears		

Now, read the following passage and check whether your answers are right or wrong.

## Modes of HIV Transmission

1. HIV is a sexually transmitted infection (STI). It is also passed on through direct blood-blood contact (such as through contaminated needles or blood transfusion) and from mother to baby. Although the most efficient way for HIV to spread from one person to another is through infected blood transfusions or organ transplants, over 70% of all HIV infections worldwide are spread through sexual intercourse between men and women. In sub-Saharan Africa this percentage is even higher, with the second most important route being transmission from an HIV-positive mother to her baby. A far smaller number of people are infected through sex between men and an unknown but relatively small number in Africa through injecting drug use. Other factors likely to contribute to HIV transmission in Africa include the sharing and use of non-sterile needles or cutting implements by traditional healers and in poorly resourced health settings, unscreened blood and inadequate hygiene precautions when caring for AIDS patients are also likely to contribute to HIV transmission on the continent.
2. HIV lives and reproduces in certain cells in human blood. To cause infection, the virus must pass from one person's bloodstream into another's either directly or through other body fluids (such as semen or vaginal fluids). Because it has a lipid (fatty) outer membrane, the virus dies rapidly if it becomes dry. If body fluids contain little amount of virus, then other people are unlikely to be infected through contact with those fluids.
3. HIV is found in significant amounts in blood, semen and vaginal fluids, and in small amounts in saliva, urine, vomit and other fluids that may contain traces of blood. Breast milk can contain sufficient virus to transmit infection to a baby, although the majority of babies are not infected through breastfeeding. About one-quarter of babies are infected from HIV-positive mothers during pregnancy and childbirth, and a further one-tenth or so are infected through long-term breastfeeding. Other body secretions such as tears have been shown to contain HIV but in such small amounts that they cannot spread the infection to other people.
4. Table 1 makes the distinction between fluids shown to contain tiny amounts of virus and those that contain sufficient virus to spread the infection. Only blood, semen and vaginal fluids contain enough virus to pose a measurable health risk to others (and breast milk to babies). Speculating on tiny theoretical risk of infection from contact with other body secretions creates needless fear of social contact with people with people infected with HIV and increases their risk of discrimination and rejection.

**Table 1: Body Substances and Fluids and the Risk of Spreading HIV**

Body substance/fluid	Known to contain virus or antibodies	Known to spread HIV
Blood	Yes	Yes, high risk
Semen	Yes	
Vaginal/cervical fluid	Yes	
Breast milk	Yes	Medium risk
Saliva	Yes	Low risk, but infection can occur through the presence of traces of blood
Urine	Yes	
Faeces	Yes	
Vomit	Yes	
Internal fluids: Cerebrospinal (around brain/spinal cord); Synovial (around joints); Amniotic (surrounding the fetus); Pleural (around the lungs)	Yes	Small risk to health staff
Tears	Yes	No risk identified
Sweat	Possible	
Skin	No	
Hair	No	
Nails	No	
Breath	No	
Cough and sneezes	No	

Taken from: *AIDS Africa: Continent in Crisis* by: Helen Jackson. 2002. Harare: SAFAIDS, pp.81-83.

## Task 2. Reading for main idea

Answer the following questions individually based on the above reading passage and then compare your answers with your partner(s).

1. What are the most common routes of HIV-AIDS transmission in Sub-Saharan Africa?
2. How does HIV cause infection according to the second paragraph?

3. Why is it so important to make the distinction between body fluids shown to contain tiny amounts of virus and those that contain sufficient virus to spread the infection?

### **Task 3. Drawing implications and conclusions**

**Answer the following questions based on conclusions that you can draw from the passage and table.**

1. From the table and the text, why is it so important that people use condoms during sex?
2. Why does the writer say that it is pointless to speculate on tiny theoretical risks in other body secretions in paragraph 4?
3. What conclusions can you draw about how HIV infection is caused?

### **Task 4. Working out word meanings from context**

#### **TIPS**

A word does not have one uniform meaning. It derives its meaning from context. A context is the real situation within which the meaning and use of a word is framed, and which sheds lights on its meaning.

- You can often guess the meaning of an unfamiliar word from its context.
- You may not know its exact meaning, but that may not be necessary for your understanding of the text. You can guess its rough or general meaning.
- Look at the context of the word--the words before and after it --and find clues.

**Now work out the meanings of the following words from their context.**

1. inadequate (*Paragraph 1*)
2. precautions (*Paragraph 1*)
3. lipid (*Paragraph 2*)
4. tiny (*Paragraph 4*)
5. pose (*Paragraph 4*)
6. needless (*Paragraph 4*)
7. discrimination (*Paragraph 4*)

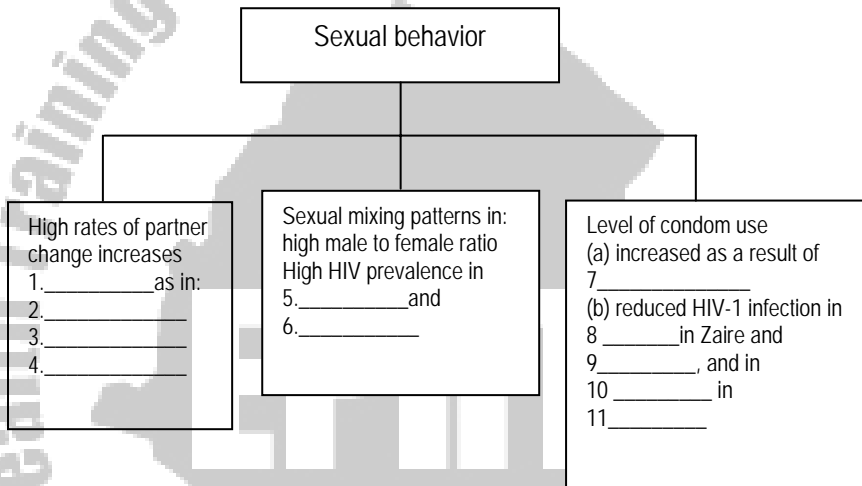
### Section 3: Listening



#### SEXUAL BEHAVIOR AND HIV

From: Alfredo Nicolosi 1994. *HIV epidemic: models and methods*. PP 80-1

Listen to a short talk about sexual behavior in Africa and complete the following chart.



## Section 4: Writing

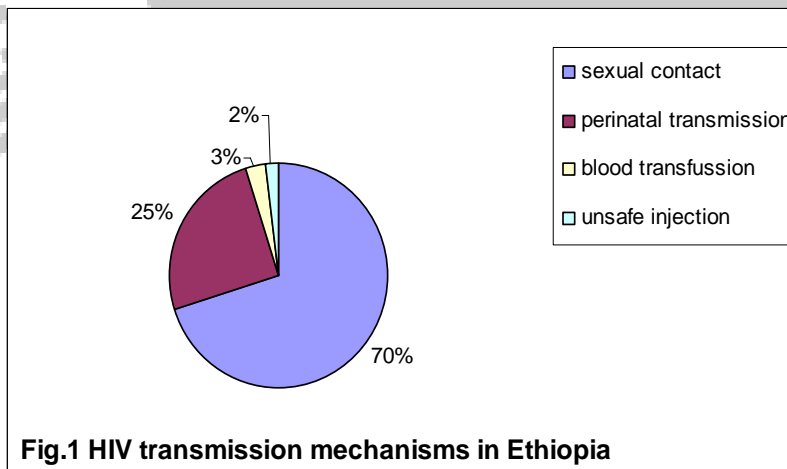
### Task. 1 Interpreting a pie chart

#### TIPS

This section helps you to learn how to describe and interpret a pie chart effectively. A pie chart is a graph in the shape of a circle or 'pie'. The circle is generally divided into several parts and each part is given a label and a percentage figure. The total of all the parts will usually add up to 100%. Writers often use tables or charts along with the written text in order to clarify an abstract idea or to present evidence from research. Therefore, understanding them helps you to comprehend the text very well. You will also find it useful to use tables and charts in your own academic writing, and it will be important for you to be able to write clearly about them in order to show that you can interpret them.

#### A. Answer the following questions on the basis of the pie-chart.

1. What do you understand from the chart?
2. Which one is the most dominant mode of HIV transmission? Why do you think this is so?
3. What do the percentages indicate?



**B. Write a descriptive paragraph using the data in the above chart. Use the answers to the questions under A above as a basis to develop the paragraph.**

**TIPS**

You may use the following expressions to begin some of your sentences.

The pie chart illustrates/ describes/ shows/depicts...

As can be seen from the pie chart...

It can be inferred from the pie-chart that...

The pie-chart implies that...

One can draw a conclusion from the pie-chart...

On the basis of the pie-chart, I can say that...

In my view/opinion the reasons are...

### Section 5: Reflecting

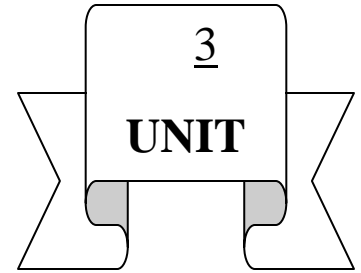
**By referring back to the activities and tasks you have covered in this unit, indicate areas in which you feel comfortable and areas you wish to improve.**

Skills	Areas you feel comfortable	Areas you wish to improve
Listening and making notes		
Drawing conclusions		
Reading for main ideas		
Working out word meanings from context		
Describing and interpreting charts		



# UNIT THREE

## MANIFESTATIONS OF HIV/AIDS



### Objectives

When you finish this unit, you will be able to:

- Guess word meanings from context;
- Transfer information from a text to a table;
- Use simple present tense to describe facts; and
- Write a short descriptive paragraph.

### Skills in focus:

- Transferring Information
- Using simple present tense to write descriptions
- Guessing word meanings

### Section 1: Brainstorming

Discuss the following questions in pairs/ groups.

1. What are the symptoms or manifestations of AIDS?
2. If a person has these symptoms, does that necessarily mean that the person has AIDS? Explain.
3. Is a person infected with HIV rapidly develop AIDS? Why do you think that?

### Section 2: Reading

#### TIPS

When you read a passage or listen to a lecture, there are many ways to take notes. One way is to set out your notes in a simple table. Often, this makes it much easier for you to see the main points clearly.

Fill the descriptions column in the following tables with short notes from the reading passages.

Phases of HIV Clinical manifestations	Descriptions
1. Acute HIV syndrome	
2. Asymptomatic period	
3. Symptomatic	
4. Early symptomatic disease	
5. Late symptomatic disease	
Diagnostic criteria	Descriptions
1. Based on lab test	
2. Based on case definition	

### Clinical Manifestations of HIV Infection

1. The clinical consequences of HIV infection encompass a spectrum ranging from an acute HIV syndrome associated with primary infection to a prolonged asymptomatic state to advanced disease.
2. Following infection with HIV and before development of acute HIV syndrome, there is a latent period of between 8-12 weeks during which an HIV test will come out negative, even though there may be a high viral load in the infected person's circulation. During this period, the possibility for transmission is significant. Generally the clinical manifestation of the disease can be divided into three phases. These are called acute HIV syndrome, asymptomatic and symptomatic periods.
3. Acute HIV syndrome occurs as a result of the sero conversion that follows antibody production. In one – third of individuals, signs and symptoms include fever, malaise, headache, and rash, painful lymph node enlargement, diarrhea and mouth ulcers lasting for about 2 weeks.
4. The next phase is the asymptomatic period. During this period, there are no any clinical signs and symptoms, but there is laboratory evidence for the presence of the virus. This phase lasts for variable amount of time. Some individuals experience a quite rapid progression (of about 1- 2 years) to symptomatic disease (AIDS or HIV- related disease), whereas others remain asymptomatic and completely well for many years (10 – 11 years). The rate of

progression depends on the type of virus and also on the host-progression is fast in children under 5 years old, adults over 40 years old, and in those with concurrent infections.

5. The third phase is the symptomatic period. It is a period when HIV infected individuals develop HIV – related diseases and AIDS. It can occur at any time during the course of HIV infection. This period is further divided into early and late symptomatic diseases.
6. During the early stage of the disease, infection progresses and immunity declines, so that patients become more susceptible to infections. These include tuberculosis, pneumonia, recurrent fungal infections of the skin and oropharynx. Patients may develop constitutional symptoms (unexplained fever and weight loss) and chronic diarrhea.
7. Any infection that can occur during the early symptomatic disease stage can also occur in the late symptomatic phase. In addition, certain specific HIV – related diseases occur predominantly with severe immunosuppression. Some of the examples include cryptococcal meningitis, toxoplasmosis and cervical cancer.
8. It is important to remember that a person with some, but not all, of these symptoms will probably have a different, less harmful illness. The symptoms do not necessarily mean that someone has AIDS. Hence, a diagnosis is made based on certain diagnostic criteria. A diagnosis of AIDS is made in anyone with HIV infection and a CD<sub>4</sub><sup>+</sup> T-cell count less than 200 / $\mu$ l. However, due to limited laboratory diagnostic facilities, WHO recommends case definitions for AIDS. The case definition is fulfilled in the presence of at least two major signs and at least one minor sign. Major signs include weight loss greater than 10% of body weight over six weeks, chronic diarrhea and prolonged fever for more than one month. The minor signs include persistent cough for more than one month, generalized pruritic dermatitis, herpes zoster, oropharyngeal candidiasis, chronic progressive or disseminated herpes simplex infection, and generalized lymph node enlargement.

### Section 3: vocabulary

The words under Column A are taken from the reading passage. Match each with its correct definition given under Column B. If you don't know what the word means, try guessing from its context (i.e., the way it is used in the text).

#### Column A

1. consequences (*paragraph.1*)
2. manifested (*paragraph 3*)
3. progression (*paragraph 4*)
4. declines (*paragraph 6*)
5. susceptible (*paragraph 6*)
6. recurrent (*paragraph. 6*)
7. criteria (*paragraph 8*)
8. persistent (*paragraph 8*)
9. latent (*paragraph.2*)

#### Column B

- a. signs or symptoms
- b. development
- c. results
- d. weakens
- e. happens or returns again
- f. hidden
- g .long-lasting
- h. easily influenced or harmed by something
- i. a standard on which a decision is made

### Section 4: Grammar

Read the following text and fill in the blanks with the appropriate simple present form of the verbs in parentheses. Then compare your answer with a partner.

#### TIPS

The simple present tense is used mainly:

- To express general truths /facts e.g., The sun rises in the east. Water boils at 100 degree centigrade
- To express habitual actions e.g. My brother sees a doctor every month.
- To refer to fixed events in the future e.g. The lesson finishes at 11:00 A.M.

The simple present tense is formed by:

- Subject +The main verb/ base form except for the third person subjects e.g. I/We/You/They call everyday.

- Third person singular adds-s/ -es  
e.g. a. He/She/It calls everyday.  
b. Lemma goes to church on Sundays.  
c. My sister studies hard all her lessons.

- Verb to BE forms

I am		mortal.
We are		
You are		
They are		
He is		
She is		
It is		

Trunesh \_\_\_\_\_ (be) a poor lady who is only 25 years old. She \_\_\_\_\_ (live) in a small town called Babile. Tirunesh was a prostitute in one of the hotels in the town. She has a five year old son who is suffering from AIDS. Trunesh and her son \_\_\_\_\_ (be) weak and \_\_\_\_\_ (do) not seem as if they will live much longer since they are in the late stage of the disease. Their symptoms \_\_\_\_\_ (include) loss of weight, loss of appetite and diarrhea. Trunesh and her son \_\_\_\_\_ (be) just examples of thousands of people who \_\_\_\_\_ (be) victims of this terrible disease.

## Section 5: writing

Using the above paragraph about Tirunesh as a model, write a description about Ibsa, using the following medical records.

**Name:** Ibsa Mohammed  
**Age:** 30  
**Place of residence:** Jijiga  
**Occupation:** a Farmer  
**No. Of children:** Two

**Symptoms:** Loss of weight, cough, spitting blood, etc.

**Diagnosis:** Tuberculosis (TB)

## Section 6: Reflection

By referring back to the activities and tasks you have covered in this unit, indicate areas you feel comfortable with and areas you want to improve in the future.

Activities/tasks	Areas you feel comfortable with	Areas you want to improve in the future
Guessing word meaning from context		
Using simple present tense to describe facts		
Transferring information		
Writing short descriptions		

# MODULE TWO

## GLOBAL PERSPECTIVES ON HIV/AIDS

The objectives of the module are to:

- Help you learn grammar in contextualized and more meaningful way;
- Develop the skills of reading for implied meaning;
- Understand the structure of spoken texts;
- Apply vocabulary guessing techniques, and
- Develop the skills of reacting to views.

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- Section 4. Writing

Section 5. Grammar

Section 6. Vocabulary

Section 7. Reflection





# UNIT ONE

## THE ECONOMIC IMPACT OF HIV/AIDS

### Objective

At the end of this unit, you will be able to:

- Read for the main ideas;
- Infer from a text;
- Join choppy sentences together;
- Listen for the main ideas;
- Listen to recognize coherence, and
- Express your views.

### Skills in focus:

- Reading for the main ideas
- Reading for inferring implied meaning
- Listening for the main ideas
- Listening for the order of ideas
- Debating

## Section 1: Brainstorming

Discuss the following questions with your partner (s).

1. What do you think are the economic impacts of HIV/AIDS?
2. What social effects of HIV/AIDS have you noticed in your community?
3. What do you know about “stigma and discrimination”?

## Section 2: Reading

Read the text entitled “Do you know this?” which focuses on the major economic impacts of AIDS. As you read, think about your own previous knowledge about the impact of the disease. Think also what the main point of each paragraph is.

### Task 1. Reading for main idea

Answer the following question based on the passage that follows.

1. According to the first paragraph, what are the two major reasons that make it difficult to clearly identify the economic impact of HIV/AIDS?
2. According to the second paragraph, what is the general effect of HIV/AIDS on the annual per capita growth of Sub-Saharan African countries?
3. What is the writer’s main focus in paragraph three?
4. What general impact does AIDS have on the productivity of firms?
5. Why does the International Labor Organization identify HIV/AIDS as the single most important obstacle to social and economic progress in Africa?
6. What is the writer’s main concern in paragraphs 6 and 7?

### DO YOU KNOW THIS?

1. It is difficult to identify the precise economic effects of HIV. Factors such as poor economic management, high inflation, corruption and deteriorating infrastructure, together with conflicts and population displacements, are common in many of the countries worst affected by HIV. At the same time, there is often a lack of accurate data both on AIDS itself and on how AIDS related illnesses affect different economic activities. In many countries, money spent on the military spending is far greater than that allotted to health or education. While it is essential to take these complex factors into account, it must also be acknowledged that the epidemic can only exacerbate the already precarious economic situation faced by many countries.
2. HIV/AIDS has a profound impact on growth income and poverty. As a direct result of HIV/AIDS, it is estimated that the annual per capita growth in half the countries of Sub-

Saharan Africa is falling by 0.5 to 1.2 percent. By the year 2010, per capita consumption may drop by 8 percent or more. In the case of a typical Sub-Saharan country with an HIV prevalence rate of 20%, it is estimated that the rate of growth of GDP will fall by about 2.6 percent each year. At the end of a twenty- year period GDP would be 67 percent less than would otherwise have been the case

3. The problem is not limited to Africa. In November 1999, a panel of economists, health professionals and other officials meeting at United Nations (UN) headquarters in New York reported that AIDS is "slowly strangling" the international economy by forcing "business costs to rise and markets to shrink" through the training of new employees and the reduction of customer purchasing power. They observed that in this scenario, the potential worldwide impact of AIDS could equal 1.4 percent of world GDP annually, roughly equivalent to the entire economy of Australia or India. The repercussions on European and North American investors looking for profits in the developing world are also likely to be severe. Dr. Peter Picot, executive director of UNAIDS, has posed the question, "What happens in schools, health services and churches even, if there is no one left to do the serving, educating and caring, and few left to be served?"
4. Firms suffer reduced productivity because of absenteeism due to HIV-related illness, early retirement, compensation leave and high labor turn-over. Firms also face increased costs because of outlays on life insurance, medical and death benefits, training and recruitment, and extra administrative work. A study published in 1998 showed that for selected African countries, the most significant factors accounting for rising labor costs were HIV-related absenteeism and increased burial costs. More recent data from a study conducted in a number of African countries confirms these findings.
5. The International Labor Organization (ILO) reported in November 1999 that HIV/AIDS had become the single most important obstacle to social and economic progress in Africa. In Rwanda, Zambia, Tanzania and Uganda, 80 percent of people with HIV are between the ages 20 and 49, the most productive segment of the labor force's formal sector. The ILO expects that AIDS will result in more absenteeism, a rise in the number female-headed households, an increased number of child laborers and orphans, and a bankrupting of social security systems. The table below shoes the gravity of the anticipated impact of HIV/AIDS on the labor force of southern African countries.

Table: Southern Africa: Labour force losses due to HIV/AIDS

	By 2005	By 2020
Botswana	-17.2%	-30.8%
Lesotho	-4.8%	-10.6%
Malawi	-10.7%	-16.0%
Mozambique	-9.0%	-24.9%
Namibia	12.8%	-35.1%
South Africa	-10.8%	-24.9%
Tanzania	-9.1%	-14.6%
Zimbabwe	-19.7%	-29.4%

Source: UN Africa recovery, from ILO and UN population Division Data

6. The effects of HIV/AIDS are perhaps most telling at the micro level, with families at the front line of the epidemic. The income of a family decreases dramatically when a breadwinner becomes ill with AIDS, and this in turn affects the family's saving and spending power. When AIDS affects households, patterns of agricultural production change. A large proportion of people in developing countries depend on agriculture for their living. Although accounting for perhaps just 20% of a country's wealth, agriculture may sustain up to 80% of the population. The effect of HIV/AIDS is devastating for farming families. When the male head of a household becomes ill, the family members caring for him spend increasingly less time tending the crops. Another factor affecting productivity in rural areas is "absenteeism" to attend funerals. UNAIDS reports that in Namibia mourning may result in a 25 % loss of production during critical production periods (e.g., sowing & weeding times). Families affected by HIV lose money from unsold cash crops, are forced to buy food they would normally grow themselves and also may have to sell farm equipment to survive.
7. In 1997 the Food and Agriculture Organization of the United Nations reported that care for male AIDS patients in the mid west of Côte d'Ivoire cost around 300 dollars per year, which was equal to a quarter and a half of the annual income of most small-scale farmers. A study in Thailand found that for one third of the rural families affected by AIDS their agricultural output was halved, threatening food security. In Kenya, households are estimated to lose 49-78% of their income when one person dies of AIDS, excluding funeral costs.
8. Care-takers are almost always women, who may also be infected themselves and are subsequently left without anyone to care for them and without any resources or income. Children, especially female children, are often pulled out of school either to care for ailing parents or untended siblings, or because there is no money for school fees. And in societies where the only security system for the elderly is the support provided by adult offspring, elderly people now need to fend for themselves as their offspring die and are frequently tasked with caring for a large number of orphaned grandchildren.

Adapted from Ann Smith & Enda McDonagh (2003). *The Reality of HIV/AIDS*. Caford. Maynooth, pp. 28-32.

## Task 2: Reading for inferences

Reread the text and then attempt to answer the following questions, which ask you to infer information from the text.

### TIPS

When you make inferences, you are drawing logical conclusions from facts and/or evidence presented to you. Some times this means working out the underlying or unstated view or idea in a text. For example, if you read a text which states that HIV/AIDS kills 5 percent of the productive work force in a certain country, you can infer that HIV/AIDS is having a negative impact on the economic and social development of that country. When you draw inferences, you use both the information in the text (textual information), plus your own background knowledge and experience (generally called non-textual information).

1. Based on the table, what can you infer about the future labor force in Africa?
2. Based on what the writer states in paragraph one, what can you infer about the relative importance of military power versus health & education in many African countries?
3. In paragraph 5, why does the writer think AIDS will result in increased numbers of child laborers?
4. What do you think the effect of HIV/AIDS is on the education of children, especially females?

## Section 3: writing

Combine each group of sentences into one logical sentence. Here is an example:

1. Training in abortion procedures for all doctors should include the terms of the law.
2. It should also include the interpretation of the law.
3. Again, it should contain arguments of abortion.

4. It should include information on the links between contraceptive use and the need for abortion.

Training in abortion procedures for all doctors should include the terms of the law, its interpretation, arguments of abortion, and information on the links between contraceptive use and the need for abortion.

- A) 1. Reproductive and sexual health is about personal behaviour in health and sex.
  2. It is also about the ability to negotiate safe sex.
  3. It includes contraceptive and condom use whenever required.
- B) 1. Absenteeism and premature death of workers have a direct effect on the productivity of an enterprise
  2. They also disrupt foreign investment patterns.
  3. They affect the macroeconomic stability of a country.
  4. They threaten the education and the health of orphans.

## Section 4: Listening



### POVERTY AND HIV/AIDS

From: Ann Smith & Enda McDonagh. 2003. *The Reality of HIV/AIDS*. Caford: Maynooth, pp. 26-28.

You are going to listen to a text titled "Poverty and HIV/AIDS." Then complete the following two tasks.

#### Task 1. Listening for main idea

1. In many countries of the world, poverty and HIV/AIDS are two inseparable problems.
2. Poverty creates situations that make people more vulnerable to HIV infection.
3. The poor take risks, such as engaging in prostitution, because they do not care about their lives.
4. Poverty aggravates the spread of HIV and vice versa.

## **Task 2: Listening for the order of ideas**

**Listen to the text once again and arrange the following ideas in order of their occurrence in the text.**

1. The complexity of factors that contribute to poverty
2. The general relationship between poverty and AIDS
3. How the desire to meet immediate survival needs leads to risk taking
4. How poverty and HIV/AIDS together erode families' economic resources
5. The reciprocal relationship between HIV/AIDS and poverty
6. The vulnerability of economically weak groups to HIV infection

## **Section 5: Speaking**

### **Task 1. Reflecting**

**In your group, discuss these questions.**

1. Which section of the society do you think is the most vulnerable to HIV/AIDS?
2. To what extent are youth vulnerable to HIV/AIDS?
3. What factors contribute to vulnerability of youth to HIV infection?
4. What measures do you think could be taken to protect youth from infection?

### **Task 2. Debating**

**Form two opposing groups to debate on one of the following issues.**

1. There are many arguments about the relative vulnerability of men and women to HIV, and about whether men or women suffer more socially from being infected.
2. Based on the knowledge you have gained from the reading and listening activities presented in this unit, debate the issue of whether the health sector or the agricultural sector is more affected by the spread of HIV/AIDS.

## **TIPS**

When you debate, you use language to defend your position. You use argument to persuade others about the importance or truth of what you say or believe. The person/people with whom you are arguing will use counter arguments to oppose you. The aim is to find stronger arguments than your opponent (s). At this stage, you are going to debate controversial issues related to HIV/AIDS. In order to debate effectively:

- clearly identify your position.
- gather enough points or evidence-- either from a text or from you own experience--to support your stand.
- organize your evidence according to their degree of strength and reliability. Try and think about what your opponent's counter evidence might be, and be prepared to argue against it.
- make meaningful use of your body movements.
- critically listen to the questions/or counter-points posed against your points.



## Section 6: Reflection

Think back on the unit and indicate how well you have done. Use the following scale to assess your progress:

4=Very good 3= Good 2= Fair 1= Not good

Skills	How well have you developed the skill of	Rate yourself
Reading for the main idea	finding out the main ideas from a reading text?	
Reading for inference	inferring writer's assumptions in a reading passage?	
Listening for the main idea	identifying the main idea of a listening text?	
Listening for reordering	Rearranging jumbled ideas into proper order?	
Debating	debating	
Writing sentences	combining together choppy sentences into full, meaningful sentences?	

Write down areas you need to improve in the future:

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## UNIT TWO

### “LIVE AND LET LIVE”

#### Objectives

At the end of this unit, you will be able to:

- Identify the main ideas of a listening text;
- Recognize the details of a listening text;
- Extract details from a reading text;
- Work out the meanings of unfamiliar words from context;
- Construct sentences with cause-effect relationships;
- Express your opinions orally; and
- Write summary.

#### Skills in focus:

- Recognizing main ideas from texts
- Extracting details from texts
- Working out unfamiliar words from context
- Summarizing

## Section 1: Brainstorming

Individually answer the following question and then discuss your answers in groups.

What does the saying “**Live and let live**” mean to you?

## Section 2: Listening



### LIVE AND LET LIVE

From: *HIV and AIDS-related Discrimination, Stigmatization and Denial (the case of India and Uganda)*. UNAIDS, Geneva, Switzerland, August, 2001.

### Task 1. Listening for main ideas

**Based on the listening text, are the following sentences true or false?**

1. In developing countries, families and communities are generally supportive of HIV-infected persons.
2. Women experience less discrimination than men.
3. Only infected people are discriminated against in developing countries.
4. Families often conceal members' HIV-positive status because they fear their community's response.
5. According to the text, in India, an infected person is kept isolated from other community members to reduce transmission of HIV/AIDS.

## Task 2. Listening for details

Listen to the text again and answer the following questions:

1. In most developing countries, what are the supportive settings for illness management and treatment?
2. Who are the major victims of non-supportive responses?
3. In India, forms of discrimination against women with HIV include:
  - a). \_\_\_\_\_
  - b). \_\_\_\_\_
  - c). \_\_\_\_\_
  - d). \_\_\_\_\_
4. Family responses to infected relatives are heavily influenced by \_\_\_\_\_.
5. Families that include an individual with HIV may have fear of \_\_\_\_\_ and \_\_\_\_\_ within the community.
6. Families may conceal an HIV diagnosis, which in turn may cause \_\_\_\_\_ and \_\_\_\_\_ within the family.
7. In India, stigmatization and discrimination may arise when an individual identified as HIV-positive is seen as \_\_\_\_\_ or when the physical appearance of the infected person produces \_\_\_\_\_.
8. In Uganda, AIDS was seen to cause insecurity in employment and \_\_\_\_\_.
9. In Uganda, those who did find work were likely to encounter discrimination because of their \_\_\_\_\_.

## Section 3: Reading

### HIV/AIDS-Related Stigmatization, Discrimination and Denial

1. Laws, rules, policies and procedures may result in the stigmatization of people with HIV/AIDS. A significant number of countries have enacted legislation with a view to controlling the actions of HIV/AIDS infected individuals and at-risk groups. These laws include compulsory screening and testing of certain groups and individuals, the prohibition of people living with HIV/AIDS from certain occupations and types of employment, the compulsory treatment of infected persons, limitations on international travel and migration, and finally the restriction of certain behaviors such as injection, drug use and prostitution.
2. International experience now shows that such measures serve only to increase and reinforce the stigmatization of people living with HIV/AIDS and those at greatest risk of contracting the

virus. In many countries, discriminatory practices such as the compulsory screening of certain populations or “at-risk groups” cause both the stigmatization of such groups and a misplaced sense of security among those who do not see themselves as belonging to these segments of the population. Some studies have recently shown that there are wide gaps between more liberal national policies and the application of these policies and principles in practice. Even where supportive legislation exists, its application may be partial, uneven or ignored.

3. Restrictive and coercive measures frequently enacted to “protect” society from infection discriminate against, or exclude, those who are already infected. Laws that insist on the compulsory notification of HIV/AIDS cases and the restriction of an infected person’s right to anonymity and confidentiality, as well as the right to movement have been justified on the grounds that the disease constitutes a public health emergency. With other infectious diseases such responses may be justified, but in the case of an already highly stigmatized condition such as HIV/AIDS they result in punitive measures that further discriminate against people living with the disease and may drive those infected, and those most vulnerable, to becoming infected further underground.
4. Perhaps in consequence, numerous countries have now enacted legislation to protect the rights and freedoms of people living with HIV/AIDS and to safeguard them from discrimination. Much of this legislation has sought to ensure the right to employment, education, privacy and confidentiality, as well as the right to information access, treatment and support. However, the failure of governments to protect people living with HIV/AIDS from discrimination, through legislation or through the active enforcement of such legislation, is a violation of their human rights. The apathy of some governments in providing effective systems of prevention, treatment and care may also arise from more deep-seated stigmatization at a societal level.
5. Governments and national authorities contribute to HIV/AIDS-related stigmatization in other ways. They may, for example, cover up and conceal cases or fail to maintain reliable transparency. Ignoring the existence of HIV/AIDS, neglecting to respond to the needs of those living with HIV infection, and failing to acknowledge burgeoning epidemics in the belief that HIV/AIDS “can never happen to us” are some of the most widely reported examples of national denial. This denial fuels stigmatization by making those individuals acknowledged to have HIV/AIDS appear abnormal and exceptional. They do little to enable people to develop a more realistic appreciation of individual vulnerability, and in fact contribute to a vulnerability to the epidemic.

6. Stigma and stigmatization, both real and perceived, may also arise from a variety of community-level responses to HIV/AIDS. The harassment and scapegoating of individuals suspected of being infected or of belonging to a particular “at-risk group” has been widely reported. It is often stimulated by the need to blame and punish and can, in extreme circumstances, extend to acts of violence and murder. Attacks on men who are presumed gay have increased in many parts of the world and have been associated with the growing HIV/AIDS epidemic. Sex workers and street children in Brazil have likewise been singled out for violence and abuse. HIV/AIDS-related murders have been reported in countries as diverse as Brazil, Colombia, Ethiopia, India, South Africa and Thailand. In December 1998, a woman named Gugu Dhlamini was stoned and beaten to death by neighbors in a township near Durban, South Africa, after speaking out openly on World AIDS Day about her HIV status. Adapted from: *Comparative Analysis: Research Studies from India and Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial* (June, 2000). Prepared for UNAIDS, pp. 11-13.

### **Task 1. Reading for the main ideas**

**Read the above passage and answer the following questions**

1. What does the writer want to emphasize in the first paragraph?
2. What does the writer want to emphasize in the third paragraph?
3. What is the writer’s main point regarding government’s national authorities’ contribution to HIV-related discrimination in the fifth paragraph?
4. In the sixth paragraph, what does the writer state about the community-based stigma and discrimination?

### **Task 2. Reading for detail**

**Reread the passage and answer the following questions, which ask you to identify the supporting details.**

1. List five types law (legislation) passed by some countries to control the actions of HIV/AIDS-infected individuals.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

2. List two major drawbacks or weaknesses of the policy of compulsory screening of certain populations or “at-risk groups”.

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How have laws that insist on compulsory notification of HIV/AIDS cases been justified?
4. What types of legislation have been passed to protect the right and freedoms of people living with HIV/AIDS?
5. Describe the different ways governments and national authorities contribute to HIV/AIDS-related stigmatization.
6. Read the sixth paragraph and find out the variety of community-level responses to people with HIV/AIDS.

## Section 4: Vocabulary

### Task 1. Guessing word meanings from context

#### TIPS

Guessing from context is one of the most effective strategies for tackling difficult or unfamiliar vocabulary encountered when reading. In order to guess effectively, you have to use clues to the meaning of the difficult words. There are many types of context clues. Look at the following examples:

1. **Synonyms:** These are words that have similar meanings.

*Example 1:* AIDS has a devastating **impact** on the economic sector of a country. Its influence on the educational and health sectors has also been found to be great.

The word ‘impact’ is synonymous with the word ‘influence’. If you know the word ‘influence’, you can easily arrive at least at the rough meaning of the word ‘impact’.

*Example 2:* The African countries have many **formidable** problems. One of those is the prevalence of HIV/AIDS. What makes HIV/AIDS a terrible problem is that it destroys the economic and social bases of the countries.

The word 'formidable' is synonymous with the word 'terrible' in this context. If you know the word 'terrible', you can easily arrive at the rough meaning of the word 'formidable.'

*Example 3:* The cultural and social expectations that heighten women's risk of HIV also increase men's **vulnerability** to infection.

In this text, the word 'vulnerability' is synonymous with the word 'risk.'

**2. Antonyms:** These are words that have opposite or contrasting meanings.

*Example:* The victims of HIV/AIDS need social and psychological acceptance. Instead, the common place **denial** of their humanity affects not only the victims, but it also complicates attempts to prevent the disease.

In this text, the word 'denial' is antonymous to the word 'acceptance.'



**3. Collocation:** This is a structural situation in which words go together. A word may collocate with another content word, as in **strong discrimination**, or with words that serve grammatical functions, as in **discrimination against** or **isolation from**, etc.

*Example:* In Africa, there is a **high incidence** of HIV infection among farmers as well as pastoralists.

The collocational relationship between the word 'high' and the word 'incidence' may help you guess the latter to mean "occurrence" or "prevalence rate."

**4. Definition:** This is a statement of the meaning of a word or expression, usually pointing out what it is and what it is not.

*Example:* In the HIV/AIDS context, **advocacy** is a type of initiative that is concerned with addressing the roots and effects of injustices against HIV-infected people, with an attempt to mitigate the impacts of such injustices and the vulnerability of the victims. Based on the definition, one may guess 'advocacy' is a kind of supportive or encouraging, initiative program.

**5. Hyponymy:** This is a kind of meaning relationship where one dominant meaning holds within itself other sub-meanings.

*Example:* It is sad that HIV-infected groups become subject to many **prejudices**, such as discrimination, marginalization, proscriptive and judgmental attitudes in religious and other social gatherings.

All of the words or expressions separated from the word 'prejudices' by the connective 'such as' are examples of prejudice. If you know what each of these words means, you may easily know that 'prejudices' means 'biases.'

**6. Restatement of the target word:** This is a situation where writers restate the word they assume is difficult through hyphenation and other systems.

*Example:* **Stigmatization**--the social and cultural disgrace of the HIV-infected persons--is more devastating than the virus itself. The meaning of the word 'stigmatization' is restated within the two dashes.

**7. Repetition of the target word:** Writers sometimes clarify the meaning of a word they assume is difficult by repeating it several times.

*Example:* Risk-reduction strategies seek to provide individuals and communities with skills and strategies in their personal behavior or professional practices, in order to minimize the **risk** to them and others of HIV infection or re-infection. Such strategies are concerned with adopting measures that afford immediate protection (partial or complete) rather than, perhaps, focusing solely on permanent removal of infection risks.

As you see, the writer repeated the word 'risk'. By reading back and forth, you may guess the word to mean 'danger' or 'hazardous exposure.'

**8 Word composition:** It is possible to work out the meaning of a difficult word by separating its parts.

*Example:* In order to reduce the impact of AIDS, governments and NGOs should take **counter-discriminatory** measures against rules and practices that sometimes reinforce injustices against infected persons.

This word can be analyzed into **counter** (against) + **discriminate** (show prejudice against) + **-ory** (adjective marker). The rough meaning of the word, therefore, is an action or view that opposes discrimination and mitigates its impact.

**9. Word Grammar:** The grammatical structures of difficult words can provide some hints about their meaning.

*Example:* Hanna was born in a village 150 miles away from the capital city. She was not familiar with methods of protecting herself against sexually transmitted diseases, including HIV. Her **unfamiliarity** with the diseases and their modes of transmission exposed her to HIV/AIDS three years ago. The word can be analyzed into **un-** (negative marker) + **familiar** (known to) + **-ity** (nominative). The rough meaning of the word 'unfamiliarity' in this context is 'lack of knowledge about.'

**10. Structural relationship:** When texts are composed, sentences enter into structural relationships, such as cause-effect relationships. In the following sentence, you may easily guess the meaning of the expression **attributed to** by looking at the cause-effect relationship.

*Example:* The increased demand for health care in Africa is **attributed to** the increase in HIV-related sickness. As you can see, the ideas in this sentence are in a cause-effect relationship. The effect is '*the increased demand for health care in Africa.*' The cause is '*increase in HIV-related sicknesses.*' 'Attributed to,' therefore, means **caused by** in this context.

**11. Wider context:** All of the clues stated through 1-10 are called immediate clues owing to the fact that they are more or less closer to the target word or the word to be guessed. It is also possible to figure out the meaning of a difficult word from wider or broader context. For example, if you arrive at the rough meaning of a word based on the overall theme or message of the reading text (say, a paragraph), that context is called *wider context*.

*Example:* HIV exists in a world that struggles enormously to deal openly and honestly with human sexuality in all its diversity. Paradoxically, HIV has drawn attention to the **complexity** of human sexuality in a very public way and to a degree unthinkable before its appearance. It has revealed the hidden reality that sexual behaviour is governed by many diverse factors. Sexual orientation, power, societal norms, economic status and governmental policies all exert influence.

As you see, the above paragraph is about the complicated relationship between vulnerability to HIV/AIDS, human sexuality and other socio-economic factors. The writer used the term 'complexity' to reveal the complicated relationships between the factors. It is important to point out that, when you guess the meaning of a word, you can rely on more than one clue. For example, in addition to the wider context, the word 'diversity' is another clue to the meaning of the word 'complexity.'

**Use your knowledge of clues and work out the meaning of the words written in bold in the following text.**

### **INDIVIDUAL EXPERIENCE**

1. People's experience of HIV/AIDS- related stigmatization and discrimination is affected by commonly held **beliefs**, forms of social stigmatization, and factors such as the extent to which individuals are able to **access** supportive networks of peers, family and kin. It may also be influenced by the stage of the epidemic and whether individuals feel they can be open about their sero-status, age, gender, sexuality and social status among a host of other **variables**.
2. Overall, the negative **depiction** of people living with HIV/AIDS-caused by the language and metaphors used to talk about the disease has reconfirmed fear, avoidance and isolation of affected individuals and, in some cases, friends and families. In a highly stigmatizing environment, people may **withdraw** from society as a means of self-preservation. This

isolation can extend to **exclusion** from social and `sexual relationships and, in extreme circumstances, has led to premature deaths through suicide or euthanasia. More often than not, however, stigmatization causes a kind of **social death** in which individuals no longer feel part of civil society, and are no longer able to access the services and support they need.

3. Who to tell, how and when, can be a potential source of fear and anxiety among many people living with HIV/AIDS and may prevent individuals from accessing treatment and care. Even though laws have been **enacted** to protect the rights and confidentiality of people living with HIV/AIDS, few people are prepared to litigate for fear that their identity will become widely known. Those who are identified as belonging to the marginalized and or minority groups may also worry about the **reactions** of others, regardless of their serostatus. Fear of telling family members about their homosexuality has recently been cited by some Mexican men as equal to the fear of revealing their serostatus.
4. The impact of AIDS on women is particularly acute. In many developing countries, women are already economically, culturally and socially **disadvantaged** and lack equal access to treatment, financial support and education. Being outside the structure of power and decision-making, they may be denied the opportunity to participate equally within the community and may be subject to **punitive** laws, norms and practices exercising control over their bodies and sexual relationships. In a number of societies, women are **erroneously** perceived as the main transmitters of sexually transmitted infections (STIs), which may be referred to as “women’s disease.” Together with traditional beliefs about sex, blood and other types of disease transmission, these perceptions provide a **fertile** basis for the future stigmatization of women within the context of HIV/AIDS.
5. There is clear evidence from UNAIDS-supported studies of household and community responses to HIV/AIDS in developing countries that seropositive women are likely to be treated very differently from men. Whereas men are likely to be “**excused**” for the behavior that resulted in their infection, women are not. In India, for example, the husbands who infected them may abandon women living with HIV/AIDS. **Rejection** by the wider family members has also been reported as common. In some African countries, women whose husbands have died from AIDS-related infections have been blamed for the death. Remaining relatives may also **evict** the surviving spouse from her home. Fearful of such situations, some women may prefer to remain ignorant of their serostatus or may keep it a secret.
6. Perhaps in consequence, individual denial of risk and vulnerability is not an uncommon response to the epidemic. Such denial may **manifest** itself in self-distancing from the

problem and, in extreme cases, can result in people misperceiving their vulnerability. Denial can also **discourage** voluntary testing among many people, particularly among members of special vulnerable groups. This, in turn, may increase the potential risk of HIV transmission within the community. Such action **undermines** prevention.

Adapted from: *Comparative Analysis: Research Studies from India and Uganda*. UNAIDS, Geneva, Switzerland, June 2000, pp. 13-14.

No	Words	Meaning	Clues to the meaning
1	belief		
2	access		
3	variables		
4	depiction		
5	withdraw		
6	exclusion		
7	social death		
8	enacted		
9	reactions		
10	disadvantaged		
11	punitive		
12	erroneously		
13	fertile		
14	excused		
15	rejection		
16	evict		
17	manifest		
18	discourage		
19	undermines		

Have you used more than one clue to work out the meaning of the words? Discuss with your instructor how you found out the clues.

## Section 5: Grammar

In this section, you will practice combining two separate but related ideas together into one sentence. When one idea is the reason for the other (what we call a cause and effect relationship), there are several ways to link them. One way is to use a conjunction, such as the words **because, since, for, and as**.

**Example:** Thomas is less likely to live longer. Thomas is suffering from AIDS.

These are two separate statements, but statement 1 is the result of statement 2. Here is how you would combine them using the conjunctions listed above.

1. Thomas is less likely to live longer **as** he is suffering from AIDS. Or

**As** he is suffering from AIDS, Thomas is less likely to live longer.

Thomas is not likely to live very long **because** he is suffering from AIDS. Or

**Because** he is suffering from AIDS, Thomas is not likely to live very long. Thomas is not likely to live very long **since** he is suffering from AIDS. Or

**Since** he is suffering from AIDS, Thomas is not likely to live very long. Thomas is not likely to live very long, **for** he is suffering from AIDS.

You can also indicate cause and effect relationships using several common phrases. Some examples follow (where X is the cause and Y is the effect).

Y due to the fact (or owing to the fact) that X OR Due to the fact (or owing to the fact ) of X, Y	Thomas is not likely to live very long due to the fact that (or owing to the fact) that he is suffering from AIDS. Due to the fact that (or owing to the fact that) that Thomas is suffering from AIDS, he is not likely to live very long.
X leads to Y	Lack of HIV awareness leads to increased risk of infection.
X brings about Y	Lack of HIV awareness brings about increased risk of infection.
As a result of X, Y	As a result of sleeping with prostitute, Thomas became infected with AIDS.
X results in Y	Lack of HIV awareness results in increased risk of infection.
Because of X, Y	Because of Thomas's risky behaviour, he became infected with HIV.
The result/consequence of X is Y	The result/consequence of HIV infection is sometimes AIDS.
As a result/consequence of X, Y	As a consequence of/result of sleeping with a prostitute, Thomas became infected with HIV.



The following table lists ideas that can be related through cause and effect. Write a complete sentence for each pair that links them together, using some of the phrases and/or conjunctions listed above.

Causes	Effects
AIDS epidemic	Socio-economic destruction in African countries.
The death of parents due to AIDS	Psychological disturbance and socio-economic insecurity of children
Caring for parents with AIDS	Children's forced to drop out from schools
Strong stigmatization	Some HIV-infected persons die prematurely
Fear of shame	The families hide the HIV-positive status of members.
Absenteeism due to AIDS –related illness	The productivity of a firms is weakened

## Section 6: Writing

Based on what you have read and listened to in this unit, write a paragraph about your feelings toward stigmatization.

### TIPS

1. First start with what *stigmatization* and *discrimination* mean.
2. Mention the diverse socioeconomic, psychological, educational, etc. effects of discrimination.
3. Point out your own personal feelings and opinions about how it should be stopped.
4. Write down the points you have identified in a paragraph.
5. Review the paragraph to edit language and correct organizational defects.
6. Show your paragraph to your partner before you submit it to your instructor.

## Section 7: Speaking

### Task 1: Role play

Form groups of between 5-8 students. Each student should choose one of the listed social or professional roles below. Acting as your chosen role, pretend that you are speaking to an

audience and must orient them to the root causes and effects of HIV-related stigmatization, discrimination and denial (DSD). At this stage, you are required to take different social and professional roles, and orient your audience about the root causes of discrimination, stigmatization and denial (DSD) of HIV-infected persons. Go into a group of 5-8 students and express your views representing the following groups.

- A. Teacher
- B. Health professional
- C. Women's rights activist
- D. Religious leader
- E. Community elder
- F. Social worker
- G. Child rights activist
- H. Labour unionist

### **Task 2. Debating**

Some people say that "HIV-infected persons isolate themselves." Others argue that "The community isolates the HIV-infected persons." Which view is right? Does what is called "HIV victim self-isolation" exist? If it does, in what ways? Debate this issue.

### **Section 8: Reflection**

Look back at this completed unit and indicate how well you have done. Use the following scale to assess your progress:

- 4= Very good
- 3= Good
- 2= Fair
- 1= Not good

Skills	How well have you improved the skills of :	Rate yourself
Reading for the main idea	identifying the main ideas of the reading passage?	
Reading for detail	recognizing the details of a reading passage?	
Speaking	sharing your views with others?	
Structure	showing cause-effect relationships?	
Vocabulary	guessing the meaning of words from context?	

Write down areas you need to improve in the future:

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# UNIT THREE

## THE IMPACT OF HIV/AIDS

### ON HEALTH AND EDUCATION SECTORS

#### Objectives

At the end of this unit, you will be able to:

- Read for inference;
- Listen for the main ideas of a text;
- Reorder ideas according to their order of occurrence;
- Develop a meaningful paragraph from individual sentences;
- Summarize a reading text;
- Work out the meaning of vocabulary from context;
- Write a letter, and
- Express about the future.

#### Skills in focus:

- Reading for inference
- Listening for details
- Talking about the future
- Expressing your feelings in a letter

#### Section 1: Brainstorming

Discuss the following questions in groups and report your findings to the class.

1. What do you think are the effects of HIV/AIDS on education?
2. Does HIV/AIDS affect the health sector? If so, in what ways?
3. Which sector, education or health, do you think is more affected by HIV/AIDS? Why?

#### Section 2: Reading

##### Task 1: Reading for main idea

Answer the following questions on the basis of the text that follows.

1. What is the main idea of the first paragraph?
2. According to the second paragraph, what impact has HIV/AIDS had on hospitalization?

3. What does the writer want to emphasize about tuberculosis (TB) in the third paragraph?
4. What does the writer want to point out in the fourth paragraph?
5. How does HIV/AIDS affect the proper functioning of schools and other learning institutes?
6. According to the sixth paragraph, how does AIDS affect family expenditure on education?  
What about on government's educational investment in its citizens?

### **The Drastic Impact of HIV/AIDS on Health and Educational Sectors**

1. The increased **demand** for health care for people with HIV-related illnesses is stretching the public health system of many developing countries beyond their limits. In the mid-1990s it was estimated that care for people with HIV **absorbed** 66% of the public health budget in Rwanda and over 25% in Zimbabwe. In 1997 public health spending for AIDS exceeded 2% of the gross domestic product (GDP) in 7 out of 16 African countries sampled. This is particularly **alarming** when we consider that the total health spending in these countries accounts for 3 – 5 % of GDP.
2. In recent years, HIV – positive patients have occupied over 50% of beds in the Provincial Hospital in Chiang Mai, Thailand, 39% at Kenyatta National Hospital in Nairobi, Kenya and 70% in the prince Regent Hospital in Bujumbura, Burundi. This means that patients needing hospitalization for other conditions are often being neglected. For example, hospitals in Kenya have reported increased mortality among HIV-negative patients, who are being admitted at later stages of their illnesses.
3. The growing demand on health care systems is underscored by the exploding tuberculosis (TB) epidemic in those countries most affected by HIV. TB has become the **leading** cause of death among people with HIV infection, accounting for about a third of AIDS-related deaths worldwide. In Africa, up to 40% of people with HIV have active TB. The larger numbers of people developing active TB results in an increased risk that the tubercle bacillus will pass to others in the community. The World Bank estimates that 25% of HIV – negative people dying of TB would not have been infected with the bacillus in the absence of the HIV epidemic. HIV-related sickness and death because of the virus (mostly from non-occupationally acquired infection) is growing rapidly among health care workers. A Zambian study showed that in one hospital, deaths among health care workers increased 13-fold over a ten-year period from 1980 to 1990, largely because of HIV. Absenteeism due to sickness and decreased productivity results in higher levels of **spending** on staff health and death benefits, recruitment and training, all of which add to health sector expenditures.

4. HIV affects education in numerous ways, from decreased enrollments and teacher numbers to reduced quality of service. AIDS has reduced the numbers of school-going children. In Kenya the number of primary school age children enrolled in school is 13 percent lower than it would be without HIV/AIDS. For Zambia, this figure is 20%. Because AIDS affects the socioeconomic health of families, fewer people can afford to keep their children in school. Children who are orphaned when their HIV-infected parents die are least likely to attend school. Those who do attend are affected by the emotional suffering caused by the illness and **bereavement**. Additional family chores also affect orphaned children's ability to participate and benefit from education.
5. In many parts of sub-Saharan Africa teachers, college lecturers, school inspectors and educational managers **constitute** the largest occupational group. They also often have a disproportionately high **incidence** of HIV infection. An estimated 860,000 children in sub-Saharan Africa (two-thirds of them in eight countries of the region) lost their teachers to AIDS in 1999. In the first 10 months of 1998 Zambia lost 1300 teachers, the equivalent of about two thirds of all new teachers trained annually. In Côte d'Ivoire five teachers per day are lost to AIDS. HIV/AIDS also indirectly affects teacher attrition and productivity. Increased rates of teacher attrition result when other sectors of government and industry seek educated **personnel** to replace those lost to AIDS. Productivity is lowered due to AIDS-related illnesses and absenteeism. Rural teaching positions have become even more **unpopular** with teachers in many countries. In 1996 a national survey in Zambia found that the long distances from a source of health care (which are mostly located in towns or cities) was an extra **disincentive** to teachers to teach in rural areas.
6. In some cases, students may also be subject to disproportionately high infection rates. At one South African university, it has been estimated that two-thirds of students will be HIV positive by the time they graduate. Thus, families' **expenditures** on their schooling will have been in vain, and they will lose not just a loved one, but also a possible source of future income. It also means that economies lose potentially skilled workers and that governments' educational **investment** is, therefore, wasted.

Adapted from Ann Smith and Enda McDonagh. (2003). *The Reality of HIV/AIDS.*, Caford, Maynooth, pp. 32-35.

## Task 2. Reading for inference

Answer the following questions based on the information from the reading passage.

1. The text states that in the mid 1990s, 66% of Rwanda's public health budget was spent on caring for people with HIV/AIDS. What does this mean for other health priorities in Rwanda?
2. According to paragraph 6, what conclusion can you draw about the quality of education in rural Zambia?
3. How do you think HIV affects health care workers in terms of the way they treat their patients?
4. The text states that two-thirds of students at one South African university will be HIV-positive by the time they graduate. What do you think this implies about the sexual habits of South African youth?

## Section 3: Speaking

In groups of 5-8 students, write a speech on the drastic effect of HIV/AIDS on one of these sectors of society: economic, social, educational, or health. Your group should work together to collect evidence and organize main points. Choose one person to represent you. This person will present the speech to the class.

## Section 4: Writing

### Task 1: Summarizing

Reread the passage and summarize in one paragraph the major impacts of HIV/AIDS on economic and educational sectors of a country. Use tips for summary writing covered in Unit 2 of this module.

### Task 2. Writing a letter of opinion

Write a letter to one of your friends in your home village that explains your feelings and attitudes towards stigmatization. In this task, tell your friend what stigmatization is, how it is exhibited, why people stigmatize the HIV/AIDS victims, and how stigmatization complicates the prevention of the spread of the virus. Also, state to your friend what you feel about stigmatization and try to convince him/her about the devastating consequences of stigmatization. Use the following tips.

## TIPS

Letter writing is an interesting activity and hobby. A good letter requires careful planning and organization of ideas. Before you write, however, you need to gather enough and relevant ideas. You can generate useful ideas in pairs or groups. Your letter should have three sections: an introduction, a main body and a conclusion.

## Section 5: Grammar

### Task1. Talking about the future

When we want to talk about the future, we use the future tense, which allows us to talk about future plans, happenings or occurrences. The following table summarizes some of the ways to express the future.

- A. Will + infinitive. e. g.( a) I **will visit** my uncle next month; ( b) I **will call** you; ( c) I **will never** have sex without condom.
- B. Be going to + infinitive. e.g. (a). We **are going to** lose money young men and women due to AIDS; (b) I **am going to** teach my little brothers about AIDS.
- C. The simple present tense is sometimes used to talk about the future. We use this form to talk about a fixed (scheduled) time. e.g. (a) The show **begins** at 5:15; (b) The plane **takes off** at 7:05.
- D. Will + be + present participle. This form, sometimes, called future continuous, is used to talk about things that will be in progress at certain time such as plans you might have. e. g. I will be talking with the hospital's medical director about the protection of care givers.
- E. The present continuous tense is also used to show future action, especially when we are talking about future events that have already been planned or decided. e.g. (a) I **am having** HIV test next Friday; (b) An HIV-infected person is coming to our university to share his experience with the students.



Look at the following sentences and match them with the forms of the future tense given above.

1. He is going to be the chairperson of our university's HIV/AIDS Prevention Unit.
2. The conference starts at 2 p.m. on the 15<sup>th</sup> of June next in Jijiga.
3. I'm going to Tulubolo next year.
4. The patient will be sharing his previous sexual experience with us.
5. Unless serious measures are not taken in Africa, 255 million people will be exposed to HIV/AIDS by 2010.

### Task 2. Talking about the future

Use the above grammar to talk about the future, taking into consideration the issue of HIV/AIDS.

## Section 6: Vocabulary

### Task 1: Guessing word meanings from context

The following words are taken from the reading passage titled "The Drastic Impact of HIV/AIDS on Health and Educational Sectors." Work out their meanings using the clues in the passage.

No.	Words	Meaning	Context clues
1	demand		
2	absorbed		
3	alarming		
4	leading		
5	spending		
6	expenditures		
7	bereavement		
8	constitute		
9	incidence		
10	personnel		
11	unpopular		
12	disincentive		
13	absenteeism		
14	investment		

Compare your answers with that of your partners. Discuss which context clues you used.

## Task 2. Choosing the right word

The following words have been used so far in this module. Use them to fill in blank spaces of the text shown below.

*denial*            *discrimination*            *rape*    *rejected*  
*disadvantage*    *examination*            *raped*    *vulnerable*

The HIV-related (1) \_\_\_\_\_ faced by Rwandan refugees seeking a new life in the USA after the genocide in their country provides a stark example of the (2) \_\_\_\_\_ of human rights and human dignity.

In the late 1990s the United States agreed to welcome a number of refugees from Rwanda. Part of the preparation for their application process was a medical (3) \_\_\_\_\_, including an HIV test. Those found to be HIV-positive were (4) \_\_\_\_\_. If the person had other family members also applying, all were refused on the basis of the argument that families need to stay together. Yet one can assume that the original asylum offer from the USA (and other countries with similar policies) was made to these people because of the (5) \_\_\_\_\_ and the trauma they experienced in the genocide of 1994.

The trauma of mainly Rwandan women was intensified by the discovery that, when they were (6) \_\_\_\_\_, they had also been infected with HIV. To some extent, those living with the virus could be seen as being more (7) \_\_\_\_\_ than those not infected and most in need of humanitarian assistance, yet they are the very people refused help.

Increasingly in recent conflicts such as Rwanda and the former Yugoslavia, evidence suggests that (8) \_\_\_\_\_ is being systematically used as a weapon of war. This injustice is compounded when the international community not only remains silent but also legislates to further expose those who have been subjected to such prejudice. This kind of injustice, which sets a precedent for others to follow, must be challenged by all those concerned with human rights.

Adapted from Ann Smith and Enda McDonagh. 2003. *The Reality of HIV/AIDS*. Maynooth, Caford, p. 75.

## Section 7: Reflection

Look back at what you did in each section of this Unit and indicate how well you did, using the following scale.

4=Very good 3= Good 2= Fair 1=Not good

Skills	How well have you improved the skills of	Grade yourself
Reading for the main idea	identifying the main ideas of the writer?	
Reading for inference	Inferring writer's assumptions in the reading passage?	
Listening for the main idea	recognizing the main ideas of a listening text?	
Listening for reordering	reordering ideas?	
Speaking	sharing your views with others?	
Writing summary	summarizing?	
Writing letter	organizing an opinion letter?	
Using grammar	expressing the future?	
Guessing from context	working out the meaning of vocabulary items from context?	
Choosing the right words	Using vocabulary?	

Write down areas you need to improve on in the future:

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# **MODULE THREE**

## **EXPLORING THE RELATIONSHIP BETWEEN CULTURE AND HIV/AIDS**

At the end of this module, you will be able to:

- Develop your study skills;
- Improve your independent learning skills;
- Develop your vocabulary learning strategies;
- Provide opportunities for you to express yourself and negotiate meaning; and
- Develop your self-management and self-assessment skills.

### **Contents**

#### **UNIT 1: Sex, Sexuality and Cultural Issues**

Section 1. **Brainstorming**

Section 2. **Speaking**

Section 3. **Reading**

Section 4. **Writing**

Section 5. **Listening**

Section 6. **Grammar and vocabulary**

Section 7. **Reflections**

#### **UNIT 2: Culture: For or against AIDS?**

Section 1. **Brainstorming**

Section 2. **Reading**

Section 3. **Vocabulary and punctuation**

Section 4. **Reading**

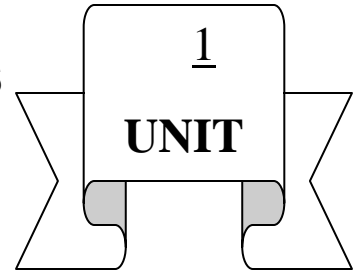
Section 5. **Listening**

Section 6. **Grammar and vocabulary**

Section 7. **Reflections**

# UNIT ONE

## SEX, SEXUALITY AND CULTURE ISSUES



### Objectives:

At the end of this unit, you will be able to: Discuss issues confidently and openly

- Skim a text;
- Match reading technique with your objective;
- Recognize arguments;
- Listen and take notes;
- Express your opinions, viewpoints, and feelings;
- Recognize transition signals; and
- Use correct verbs to report quotations.

### Skills in focus:

- Presenting viewpoints/opinions
- Skimming
- Analyzing quotations in academic writing
- Speaking from notes

## Section 1: Brainstorming

### Task 1. Remembering your experiences

Answer the following questions individually and then discuss your answers in group.

1. What do you understand by the following terms?
  - sex
  - sexuality
  - culture
2. Have you ever been embarrassed to talk or express your sexual feelings? Who do you feel shy to talk with about sex and sexuality:
  - people older than you?
  - the opposite sex?
  - same sex?
  - a family member ?
  - a person outside your family ?
  - an Ethiopian?
  - a foreigner?
3. Do you know of any customs, beliefs, or practices that contribute to the spread of the HIV/AIDS? Explain how and why?
4. Do you know of any customs, beliefs, or practices that contribute to the prevention of HIV/AIDS? Explain how and why?

### Task 2. Understanding cultures

Read the following text on culture. Then discuss with your peers the questions that follow.

Some cultures are “what if” cultures; they search for new possibilities and explanations. Some, however, are “what” cultures; they value analytical thinking, judging and reconciling ideas of why and how. Certain cultures are “that” cultures; they want to conserve past knowledge, with little or no change. Some cultures allow the forbidden. Some cultures are masculine.

- A. In which of the above culture(s) are you living?
- B. How do you think each type of culture impacts the spread/prevention of HIV/AIDS?

## Section 2: Speaking

### Task 1. Agreeing or disagreeing

**Sit in pairs and decide whether you agree or disagree with the following statements.**

**Justify why you agree or disagree to your partner.**

1. More than half of us feel embarrassed about discussing sexual matters with our parents or elders.
2. One in three young women is unable to talk to her father/mother about sex and sexuality.
3. In general, young people prefer to discuss sexual matters with their friends.
4. One in ten young women says she can only talk about sex and sexuality with other young women.
5. Younger people in general talk about sex more openly to anyone than they do to older ones.
6. Young people prefer to discuss sexuality with an older brother, sister, or cousin.



## Task 2. Debating

In groups of four, take a position on one of the following controversial issues. Then find another group holding a position opposite to your groups. Argue, with evidence for your group's position and try to change the minds of the other group.

- Premarital sex should never be practiced.
- Sexual relationships cannot exist without love.
- Virginity is honor. One should never get married to a man or a woman who is not a virgin.
- Physical attraction is more important in choosing a sexual partner than just love.
- It is okay to have casual sex as long as you take preventive measures.
- AIDS is a punishment for humans' disorderly sexual behavior.

## Task 3. Personalizing

### TIPS

Sharing your opinion on issues helps you to apply the language you are learning in a meaningful way.

**A) Below are the feelings of some young students as regards marriage and partner choices. Pay attention to the way they have expressed their feelings. Pick out phrases that express stronger or weaker commitment to the speaker's position/ opinion.**

**Student 1:** "I know that in some cultures it was the norm not to choose your own partner. I think it is still so in some countries. I guess may be that is the way it should be. If my parents want to choose my partner, I guess I wouldn't mind."

**Student 2:** "It's my life, my body, my choice. I would refuse."

**Student 3:** "I believe it's about time our parents left us alone to choose our partners."

**Student 4:** "One should get married to a person whom one likes but with the consent of parents."

**Student 5:** "I don't mind if my parents choose as long as they don't spoil my life by choosing a bad partner for me."

**B) In pairs, share how you feel about each of the following:**

1. Should parents choose marriage partners for their sons and daughters?
2. Contraception--is it only the woman's responsibility?
3. What is your opinion about distributing condoms to high school students in schools?



You can use some of the following expressions in the tips box.

### **TIPS**

Expressions for stronger commitment to your position/ feelings:

**I strongly reject/condemn/deny...**

**I believe/feel...(that)...should/would never/mustn't be...**

Expressions for weaker commitment to your position/hedging (not taking a definite position):

**I don't mind if...**

**I don't rule out if...**

**I don't care (much) if...**

**C) Pretend that you have to decide how much of half a billion dollars (\$ 500,000) should go to which Ministry tackling the Ethiopia's serious AIDS problem. Answer these questions and present your views to the class, explaining your choice.**

1. When deciding how much money should be spent, which ministry do you think should be given priority: Ministry of Health, Ministry of Education, Ministry of Agriculture, or Ministry of Capacity Building?
2. Which Ministry should receive the smallest share (or no money at all)?

## **Section 3: Reading**

### **Task 1. Anticipating**

#### **TIPS**

Anticipating what a text is about before you read can help you be more purposeful in your reading.

**Before you read the article by William R. Finger titled, "Some Cultures Tolerate Risky Male Behaviors," write down your responses to the following questions. Then, share your answers with your peers.**

1. What does “risky male behaviors” mean? Can you think of examples of such behaviors?
2. In your culture, do parents promote manhood and womanhood in the same manner?

## **Task 2. Skimming**

**Skim the article below. Then, write down your responses to the questions that follow. Discuss your answers in groups.**

### **Some Cultures Tolerate Risky Male Behaviors**

1. Boys generally engage in more risky sexual behavior than girls. Many cultures are more tolerant of male adolescent sexual activity and may even encourage it. Also, adolescent boys tend to use alcohol and drugs more often than girls, which can lead to sexual risk-taking.
2. The concept of manhood in many societies may discourage young men from showing affection or other emotions while encouraging them to seek control, success and power. Such pressures may prompt boys to act aggressively, which can lead to injuries, accidents and homicides.
3. In Mexico, for example, mortality rates for males and females are about equal until age 14, when male mortality begins to increase. Mortality is twice as high for males as for females among people 15 to 24 years old. The leading causes of death for young Mexican men are accidents and homicide.
4. Many men feel stress as a result of not being able to live up to the expected norms of manhood. “There are clear patterns of sex differences in substance use and suicide rates, with boys in developing countries generally reporting higher rates of substance abuse and boys committing suicide at much higher rates than young women,” concludes a World Health Organization (WHO) review of research on adolescent boys.
5. These pressures on males affect women negatively, encouraging some men to have sex only for physical gratification, to have multiple partners and to treat women with little respect or even violence. Boys generally begin sexual relationships at an earlier age and have more partners and are more sexually active before marriage than girls. Also, boys commonly witness irresponsible or abusive behavior toward women and girls, often within their own families, which can encourage them to act irresponsibly. As men grow older, these unhealthy behaviors may become more difficult to change.

## What Boys Need

6. Encouraging young men to avoid risky sexual behaviors can result in better reproductive health for everyone. In a larger context, helping young men to develop self-esteem and a sense of purpose in life can lead to better treatment of women and less risky behavior. But how can health programs help achieve these goals?
7. “Many views on adolescent boys have emerged out of a deficit perspective, looking at boys negatively and trying to get them to take more responsibility,” says Paul Bloem, who directs a WHO project for adolescent males. “Instead of a negative, deficit-oriented view, we [at WHO] are trying to understand boys the way they are and see what they need for HIV prevention and for their health and development. By having healthy adolescent boys, you influence the health of girls as well”.
8. The best way to reach boys is to go where they are in the community. For example, the Gente Joven program of the Mexican Family Planning Association (Mexfam) initially opened three centers for adolescents. But the program soon began using peer educators, youth councils, media and other techniques in order to reach boys in street gangs, in sports clubs, at work and in school. More than 1,500 peer promoters distribute information to other young men and women.
9. “Young men have a lot to contribute and we should spend more time listening to them,” says Errol Alexis of the Margaret Sanger Center International, “If they come with an idea and identify a way to achieve something, they are more likely to give their support. “ Based on his work in training peer educators in Namibia, Zambia and the Caribbean, Alexis believes boys are often willing to support women’s rights to contraception. The peer educators worked through soccer clubs, military and police forces, and church groups.
10. In a low- income area of Rio de Janeiro, a yearlong effort by Institute PROMUNDO identified beneficial behaviors toward women, such as seeking relationships based on equality rather than sexual conquest. While none of the 25 young men in the study (ages 15 – 21) displayed all positive behaviours all the time, several demonstrated some of the behaviors. Mentor program and peer groups were used to nurture beneficial behaviors.
11. In the central India city of Jabalpur, CARE International is working with boys as part of an effort to improve the health care of adolescent girls in urban slums. Early in the project, CARE realized the need to reach boys as well “They constituted an important influential category in decision making,”says Dr. Y.P Gupta of CARE, who supervises the Jabalpur project. Boys often need information, counseling and reproductive health services as much as girls. Getting boys involved, however, was more difficult than reaching girls,Gupta says. Very few boys participated initially but they eventually some were recruited through schools

and youth groups. A Youth health Convention for boys has promoted better reproductive health through posters, slogans, essays, quiz programs and street plays. More than 2,700 boys from slums and another 2,600 boys in schools have participated.

12. One important need of adolescent boys is basic knowledge about reproductive health issues. In the slums of Lucknow, a city in north India where premarital sex is traditionally taboo, a survey of unmarried boys ages 15 to 21 found that 8 percent were sexually active, but most had little knowledge of sexually transmitted diseases (STDs). Another study found that sexually active rural and urban boys in the Indian state of Gujarat knew little about STDs or how to use condoms correctly.

### **Using Media**

13. Communication messages may be more effective if adapted to address separate male and female concerns, one study concludes. In rural India, the Child in Need Institute has developed a kit that tells the story of Shankar, a 13 - year-old boy. It uses flip charts and activities to educate adolescent boys about puberty, self-esteem, responsibility, contraception, safer sex, hygiene, STDs and childbirth. Kits with different topics are used with different age groups, but all of them focus on the theme of men being responsible for their sexual behavior.
14. Advertisements in Zambia, developed with a 35–person youth advisory group, include different messages for girls emphasizing abstinence and helping girls negotiate condom use. According to Elizabeth Serlemitsos, coordinator of the project or boys, the emphasis is on the message that safer behavior – abstinence or using condoms – makes you cooler or more desirable.”
15. In one advertisement, a boy sees a pretty girl and says “With her I could even go live,” referring to sex without a condom. His friends try to talk him out of it. Later, he gets an STD, and the message says. “Guess who didn’t use a condom? The nationwide project, called Helping. Each other Act Responsibly Together (HEART) uses poster and broadcast advertising to encourage unmarried youth to abstain from sex or to use a condom.
16. Integrating reproductive health with other services may offer a way to reach adolescent boys. In a survey of health programs directed toward working with boys, managers reported vocational education as the primary need for boys, followed by counseling, places for boys to discuss their reproductive health concerns, and reproductive and sexual health services. The report recommended more research on “ways to expand integrated health and health promotion for adolescent boys that include the full range of their expressed needs.”
17. A study of 23U.S. programs that involved young men in preventing teenage pregnancy; summarized practical advice and philosophies of parishioners. The study urged being

knowledgeable about the community and finding out what the participants know and are interested in learning. Using male staff was essential; offering employment training or recreation helped pave the way for providing reproductive counseling; and a playful, entertaining and non threatening approach worked best. “Preaching responsibility can turn males off”, the report says. Instead, these programs try to change males’ attitudes towards themselves, their relationships with women, and their futures.”

18. “Men are individuals with their own sexual and reproductive health needs,” says Freya Sonenstein of the U.S. based Urban Institute, which recently reviewed programs working with young men in the United States. “If we can empower men in this area, it will lead to greater gender equality.” The review concluded that a comprehensive reproductive health strategy for young men should convey necessary information, foster skills development provide access to clinical health care as appropriate, and promote self-esteem.”

(From: William R. Finger. 2000. *Network*, volume 20, number 3, pp 21-23)

1. What instances of risky male behaviors has the author raised in this article?
2. According to the writer, how can such risky male behaviors be discouraged?

### Task 3. Matching Reading Techniques with your purpose

#### TIPS

Choosing a reading technique appropriate to your reading goals can save time.

While skimming the above article, what kinds of contexts (outer/inner) helped you to quickly grasp the article's main idea? **Tick (✓) the techniques that helped you skim the above article efficiently, quickly, and with good understanding. Compare your choices to those of your partners.**

- using a dictionary for new words
- guessing the meanings of new words
- highlighting repeated or rephrased words
- looking for italicized words
- circling capitalized words
- highlighting numbers, dates, times, quantities, etc
- looking for punctuation clues such as quotation marks, question marks, dashes, parentheses, etc.
- reading the headings first
- reading the first and last sentences of each paragraph
- reading the first and last sentences of each section
- looking for signal words such as "now," "to summarize," etc.
- (others)

## Section 4: Writing

In the previous section, you skimmed through a scientific/technical article. In this section you will

- call attention to a position that you wish to agree or disagree with
- highlight a particularly striking phrase or a passage by quoting the original

Expand the breadth or the depth of your writing writers frequently use both quotations and paraphrasing in work. As part of a summary of an article, a chapter, or book, a writer might include paraphrases of various key points with some quotations that are particularly striking or interesting. Examine how the writer used quotations. This will help you use quotations in a similar manner, both in oral presentations and in academic writings.



## TIPS

Quotations add to your written and oral presentations and provide support and credibility to your work. Your academic writing, however, should not include too many quotations. They are meant to add depth to your arguments. There are two ways to include other people's ideas into your own writing:

- (2) quotations: Quotations must be identical to the original,
- (3) Paraphrasing: Paraphrasing involves putting another writer's thoughts into your own words.

Both quotations and paraphrasing must be attributed to the original author. There are several reasons to use quotations and paraphrasing in your writing.

They can:

- provide support for your claims or add credibility to your writing
- refer to work that leads up to the work you are now doing
- give examples of several points of view on a subject

### Task 1. Understanding the purposes of quotations

Refer back to the text in Section 3, and then answer the following questions.

1. Identify all the quotations in the passage.
2. Why did the writer quote?

### Task 2. Analyzing how quotations are used

Referring to Finger's article and to the quotations you identified in the last task, answer the following questions in pairs.

1. **Punctuation:** What type of punctuation has Finger used to show that he took the exact idea as it was originally written, with no change?
2. **Language form:** What common phrases does he use either before or after direct quotations in order to tell us who said them? Could these phrases be used before the direct quotation?



3. **Paraphrasing (rewording):** Find some examples of where Finger has paraphrased and reworded the quotation of another writer or speaker. In this case, you are not reading the actual words of the original writer/speaker, as these are not direct/ live quotations.
4. **Organizational Focus:** Using keywords or phrases that summarize what someone else says is a good way to link the quotation to the rest of the story. Can you find such key words or phrases?

### Task 3. Analyzing academic writing

#### A. Bring in copies of professional reports or journal articles in your own field of study that have quotations (direct or paraphrase), then identify:

1. The language forms used to introduce quotations (these might come before or after the quotation).
2. The language forms used to link quotations to the rest of the paragraph.
3. How the writer introduces whom he/she quotes.

#### B. Choose two direct quotations from your article and practice paraphrasing it. When paraphrasing, writers often use some of the following verb/verb phrases.

claims  
contends  
say  
discards  
tell

found to his/her surprise

says

speculates

s/her attention to

find out

developed this theory to suggest

found

## Section 5: Listening

### Task 1. Preparing for listening

Share your opinions on your own culture, as well as cultures you want to know more about or admire. You might use the following phrases.

I admire the culture of because I would like to know more about the relationship between culture and Something that influenced me a lot from my culture is One big thing that influenced my culture, but came from the West is

## Task 2: Listening for argument

Listen to the following lecture on Health and Culture. As you listen, take short notes on the following points:

- What culture means;



### HEALTH AND CULTURE

From: UNAIDS, 1999, *Communication Framework for HIV/AIDS*, Penn State, pp. 34-38.

- Wrong perceptions concerning culture and health; and
- Points to be considered as regarding HIV/ AIDS, health and culture.

## Task 3: Speaking from notes

Study the notes you took on “health and culture” and make a speech to your classmates, you can refer to your notes, but DON’T just read them word for word.

### TIPS

One of the various reasons for gaining knowledge is to be able to pass it on to other people. Making a speech is one way to do this. You can do this by listening and taking notes from what you listen. Sometimes you may use the notes to make a speech to other people about the new information.

## Section 6: Grammar

### Task 1. Listening for signal words

Listen again to the above lecture—Health and Culture—and fill in the following table with signal words, using examples from the lecture, and from the newspaper, magazine, or journal article you used in Section 4 of this unit.

#### TIPS

*Signal words*, sometimes called *transitions* or *connectors*, are used to show links between ideas.

Additional Points	Contrast	Examples	Emphasis	Paraphrases	Summary
in addition	however	for example	in fact	that is	to summarize

### Task 2. Reporting

Report—either orally or in writing—briefly what you read in the articles you brought to class (Section 4 Task 3 above). You may use some of these expressions:

X understood that HIV/AIDS ...

Y thought that...

X showed that...

Y intended that...

X attempted to show that...

## Section 7: Reflection

How confident are you now about the following skills? Use this scale to assess your progress.

0=No confidence

1=Low confidence

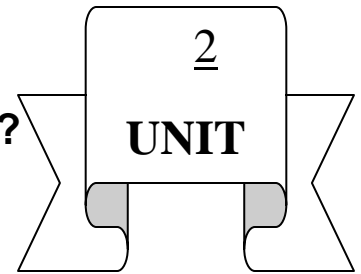
2=Moderate confidence

3=High confidence

- \_\_\_\_\_ a. speaking about social taboos
- \_\_\_\_\_ b. expressing commitment to an opinion or hedging
- \_\_\_\_\_ c. skimming short articles
- \_\_\_\_\_ d. using quotations
- \_\_\_\_\_ e. note taking from listening
- \_\_\_\_\_ f. using reporting verbs while quoting
- \_\_\_\_\_ g. debating confidently on issues
- \_\_\_\_\_ h. identifying and using sub-skills in skimming when necessary
- \_\_\_\_\_ i. using signal words in appropriate context
- \_\_\_\_\_ j. self-assessing your progress

## UNIT TWO

### CULTURE: FOR OR AGAINST HIV/AIDS?



### Objectives

At the end of this unit, you should be able to:

- Reading critically;
- Use descriptive words;
- Use punctuations appropriately;
- Use active/passive constructions appropriately;
- Take notes;
- Listen and identify discourse markers;
- Identify and use some discourse markers; and
- Recognize metaphors and connotations.
- Scan a reading text;

### Skills in focus:

- Scanning
- Listening and note taking for discussion
- Using discourse markers
- Using passive- active constructions
- Self-assessing

### Section 1: Brainstorming

Discuss the following with your peers.

1. What aspects of Ethiopian cultures contribute to the spread of HIV/AIDS?
2. Which aspects help control the spread of HIV/AIDS?

## Section 2: Reading

### Task 1. Pre-reading

Before you read the article by Michael Holgate, discuss the following questions with your peers.

1. Are artists (musicians, writers, etc.) doing enough to raise community awareness about HIV/AIDS in Ethiopia? Give examples.
2. If you were an artist, what would you do to raise the “unheard voices” of parents, the communities, AIDS patients, and orphans concerning the disease and its impacts?
3. What are the impacts of cultural taboos on open discussions about HIV/AIDS, sex, and sexuality?

### Task 2. Scanning

#### TIPS

‘Scanning’ is a reading strategy that helps you look through a text quickly to find a specific piece of information. For example, if you are looking for names (persons, places, things) or dates in a paragraph, you can scan the paragraph to pick out the information.

Read questions 1-4 below. Then scan the following article by Michael Holgate, titled “The ‘Ashe’ Experience in Jamaica” to find the answers as quickly as you can (you have 5-7 minutes ONLY).

1. What does the word “Ashe” mean? What does it refer to in this article?
2. According to the text, what cultural taboos in Jamaica “place a muzzle upon the mouths of parents and teachers”?
3. The writer says, “A good way to learn something is to teach it.” With what evidence does he support this statement?
4. According to the writer, performing a character or role leads to self-analysis. Self-analysis, in turn, leads to action. Support these relationships between performance, self-analysis, and action with a story from the text.

## The “Ashe” Experience in Jamaica

KINGSTONE Jamaica:- Think back to that time when you seemed to have so much on your mind about becoming an adult and how unprepared you were to deal with so many issues, especially those involving sex.

That time is fraught with challenges; uncertainties, unfounded fears, internal conflicts and being confronted with a new you, in a new body, with new feelings – and often with little help. This is adolescence.

Worse, instead of getting constructive help through reliable information and supportive comments from others, you may receive just the opposite – incorrect information and discouraging comments that only promote unfounded fears. This only deepens your confusion.

Now, try to imagine yourself in a dark room with so many pent-up emotions, frustrations and ignorance. Someone comes in and turns on the light, and fears dissipate with correct information. That is the Ashe experience.

Ashe is a performing arts company whose mission is peer education and personal development. “Ashe” is an African world that means many things, but fundamentally refers to one’s inner strength and self-respect.

As an Ashe performer since my teenage years I know that we operate on two levels. As actors, performing is vital to our own personal growth; just as we hope our performances and interactive workshops help participants with their personal development. I have been privileged to understand my own sexual development so

much better by performing theater through Ashe, and I believe our performances inform and inspire the many people who come to watch – other youth, parents and adults who work with youth among them.

I am a product of this personal development experience, which uses a model built upon three ideas described in the letters “EIC”.

- “E” stands for “excite the youth,” which Ashe does very well, as one of the most prominent and popular performing arts companies in Jamaica.
- “I” stands for “involve the youth, “ This idea refers to the training Ashe conducts in singing, dancing and acting, as well as its performances and workshops.
- “C” stands for the “commitment” youth make.

As young people explore sexuality and develop into young adults, it is not enough for teachers, parents and others to let them fend for themselves, especially in a world with AIDS and other sexually transmitted diseases (STDs) running freely like mad dogs.

Cultural taboos against open discussion, repressive beliefs and any number of personal insecurities can place a muzzle upon the mouths of parents and teachers, even when they would like to help young adults protect themselves from disease or unplanned pregnancy. Risky sexual behavior is so much more likely within the dark room of ignorance where so many

young people find themselves as they begin their passage into sexual maturity.

When the light is turned on through the Ashe experience, there is freedom to share ideas, information and truths about the sexual world. Ashe helped me accepted me accept my sexuality and accept myself as a sexual being. It made me aware of the importance of protection against STDs before I became of protection against STDs before I became sexually active with another person. Ashe empowered me as an individual, helping me understand that the love and appreciation of myself are necessary parts of my decision to protect myself.

### **BUILDING SELF ESTEEM**

Building self – esteem is an important part of the Ashe experience. Self-esteem can become a binding thread in the fabric of everyday life, interwoven into so many activities and attitudes. In the performing arts, your body and mind shape the patterns that become the fabric of your craft, but it is self – esteem that must run throughout this pattern to make it strong. Personal development is needed in order to excel because the craft of performing is YOU.

A good way to learn something is to teach it. That is how I gained my own self-esteem. I learned the language of self – esteem on stage. I learned what it takes to express self – esteem in my own life. At Ashe, the love and appreciation of self is integrated into how we function in a unit. It is like a child learning to speak, learning language in order to understand other people better. If I had not learned the language of self-esteem, I would not have become the performer I wanted to be.

Sex education through the performing bits easily communicates with the core of a person's being. I played the role of Uncontrollable Urge" in our musical called vibes in a World of Sexuality. Even in playing a negative character or role, important feelings and information can sink down deep into your core. What sinks down is "Look at the havoc I am wreaking as Uncontrollable Urge – is this really how uncontrollable urges affect my peers, my friends ... me?

This kind of performance leads to self-analysis, which in turn leads to action. At this stage of my life, I can say I have avoided certain consequences associated with unsafe sexual practices. But what of all the many young people told about the dangers of the sexual world? Why do some still take risks and suffer the consequences? Well, that is just it – they have been" told",

There is a stark difference between being told something is so and knowing it. Young adults are preached to about any number of things. We learn to deal with this early – we simply tune out. But I never have the option of tuning out from something I must perform. In order to present it to the best of my ability, I must pay attention.

An important aspect of the Ashe approach is discussion sessions with the audiences, usually our peers, after we perform. This allows performers and audience members to communicate one-on-one about reproductive health. It offers an opportunity to think about all the things we are learning, because we can hear how these issues affect other lives.

It also allows us to break many barriers, to be more comfortable with our own sexuality. For



example, the whole issue of masturbation can be an embarrassing thing to talk about, perhaps because there is only one person to take responsibility.

In Ashe discussions, we change the word associated with this activity to make it easier to discuss. All teenagers want to drive a car and get their license, so “masturbation” can be described as “driving.” And so young adults can more freely discuss driving and their concerns about driving; yet known that we are really talking about masturbation.

As a performer and facilitator during discussion sessions and workshops, I am keenly aware that my own levels of comfort and self- respect are important. Any insecurity participant’s sense from me as a facilitator will only make them less willing to hare their experiences and concerns,

(From: Michael Holgate\_ *Network*, Vol.20, no. 3, 2000, pp 28-29)

and will limit their ability to benefit from the experience.

The most beautiful thing about the Ashe experience is that it is so transferable those of us who perform build a level of comfort and understanding, and we share this with our peers. Young adults who attend our performances and workshops build upon there own self – respect and expand their knowledge about a range of reproductive health matters.

## Section 3: Vocabulary and Punctuation

### Task 1. Recognizing metaphors and connotations

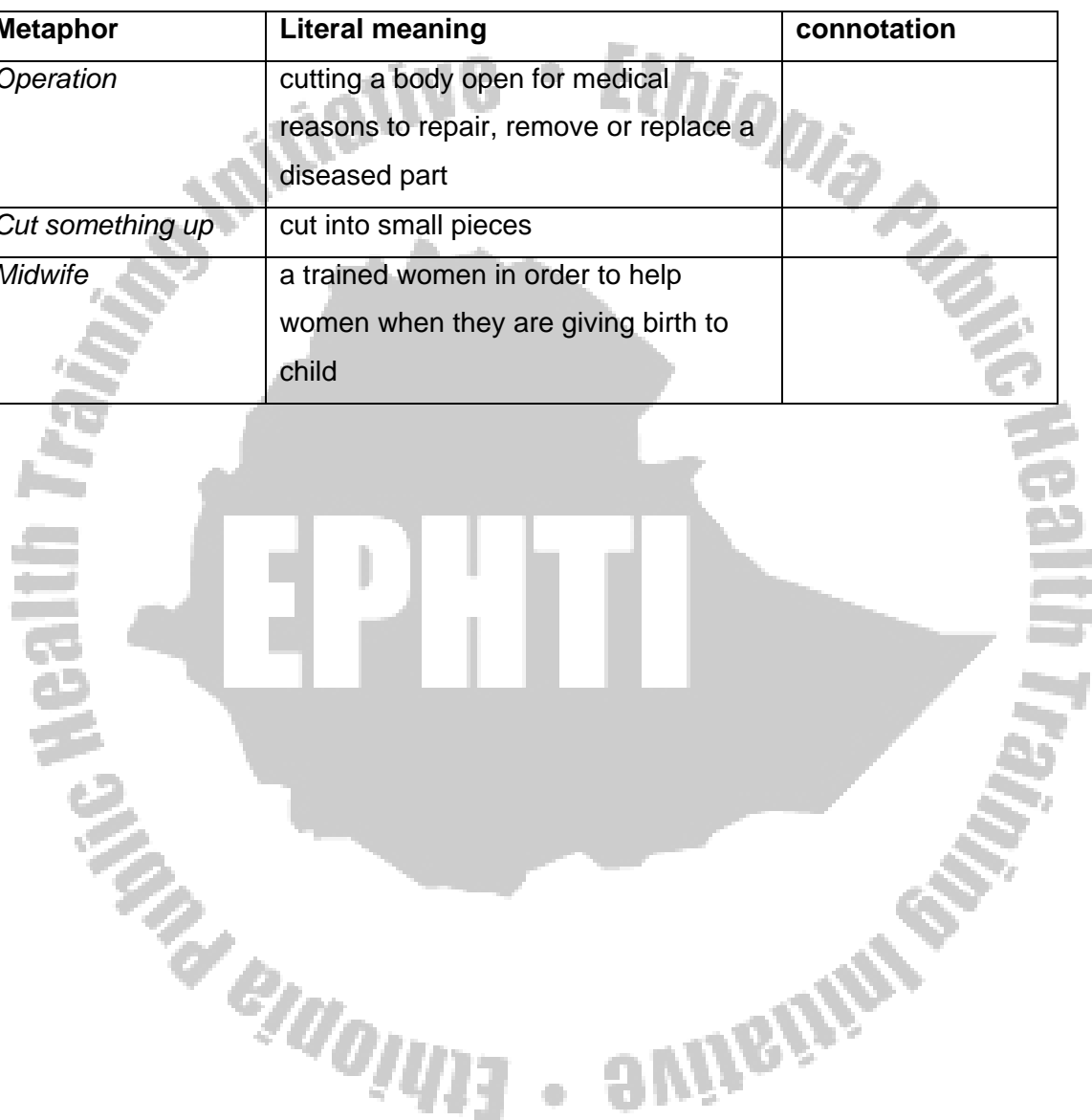
#### **TIPS**

*Metaphor* is a word or a phrase, which describes a person, object, or action in a literary way by referring to something that is considered to possess similar characteristics to the person, object, and action you are trying to describe. *Literal* meaning is the original basic meaning of a word or a phrase.

*Connotation* is the additional meanings that a word or phrase has beyond its central meaning.

Look how the writer uses metaphor to make her argument lively. The literal meaning is given for each vocabulary. Write the connotative meaning for that the author/speaker has implied.

<b>Metaphor</b>	<b>Literal meaning</b>	<b>connotation</b>
<i>Operation</i>	cutting a body open for medical reasons to repair, remove or replace a diseased part	
<i>Cut something up</i>	cut into small pieces	
<i>Midwife</i>	a trained women in order to help women when they are giving birth to child	



## Kenya: Female Circumcision

Mwaura Muigana

The operation was very painful. The midwife cut me up without a shred of mercy. I lay down 'tied' for two weeks, which was very hurting. At the age of 12, my grandmother examined me and heartlessly declared that I was not 'closed' enough and the procedure was done again."

This is the experience of 25-years-old Loise Wakahia. She explained further, "I contracted an infection from the wound inflicted by the traditional midwife circumciser. Doctors have told me I will never conceive because of the damage done. This cruel and inhuman operation has ruined my chances of marriage and motherhood."

Doctors say the practice can also be associated with the spread of HIV, the virus that causes AIDS\*, through contaminated instruments as well as through cuts and abrasions in scar tissue during intercourse and childbirth. The long-term effects of female circumcision are infertility, painful intercourse, obstructed labour, the hemorrhage during childbirth, lack of orgasm or sexual gratification and depression.

The majority of women advocate for the total eradication of this practice. Female circumcision

is outdated, primitive, and dangerous. It has no beneficial effect and is the mutilation of the physical integrity of a woman.

Female circumcision was banned by the government in 1982 but up to now, the practice goes on unabated in many communities. Measures to eliminate a deeply rooted practice must be carried out in a manner respectful of cultural values. The challenge to the government and concerned organizations—is to work with communities to design and introduce ceremonies of ushering young girls into womanhood that will retain the positive aspects of female circumcision—the passing down of social values from one generation to the next—while eradicating the physical and psychological trauma associated with the practice.

\**Human Immunodeficiency Virus (HIV) causes the Acquired Immune Deficiency Syndrome (AIDS)*

(From: Population Reference Bureau. *Conveying Concerns: Women Right on Reproductive Health*, pp 11)

## Task 2. Understanding punctuation

Reread the above article about female circumcision in Kenya and discuss the following points.

1. Why did the writer put the words *tied* and *closed* in single quotation marks? (*Paragraph one*)
2. Why did the writer put an asterisks (\*) after and above 'AIDS' in the third paragraph?
3. What is the role of the two dashes in the last paragraph?
4. Why did the writer hyphenate *25-year-old* in the second paragraph?
5. Pay attention to the way the double quotation mark/ inverted commas are used; both commas and periods are placed inside quotation marks.

## Section 4: Reading

### TIPS

To read critically, you first need to identify the speaker's/ writer's viewpoint. Then, identify how he/she supports his/her position. You can also relate it to and analyze it from socio-historical perspectives. Note that, to support their views or ideas, writers/speakers might use:

- Facts and figures;
- Firsthand experience;
- Logical reasoning;
- Appeals to emotion; and
- Comparison and contrast.

Read the following poem critically and discuss the questions that follow.

### Pain of Trust

Is there no place to hide?  
I wished to be washed out with a tide  
The shadow around is frightening me  
I need to get away to be free  
I know of a place I can go  
My family doesn't have to know  
It is not far from my home  
It allows me to build up coverage alone  
The pain, the anger, the frustration and all  
these emotions could be my down fall  
I know of a way to get rid of it  
And I'm pretty sure it won't hurt a bit  
I wonder if I'll go to heaven or hell  
If I stay back any longer I'll never be able to tell  
Before I could leave  
I must write what no one believed  
"Goodbye,  
I'm sorry I had to leave this way  
But the man you all trusted  
Used me again and again  
Bringing me shame and pain,  
But mother it hurt more  
To see that you didn't believe me before  
Now you will know and be wiser  
The abuser was your brother!"

Charlotte AURELIEN, age: 20

Youth Advocacy Movement- St. Lucia

(From: The IPPF newsletter by and for young people X-Press, Volume 5, Number 1 May 2003. page 6.  
What happened to the "safe places?")

1. What do you think this poem is about? What clues make you think this?
2. Why is this poem important for the youth?
3. Why do you think the poet chose the title “Pain of Trust”?
4. How do you feel after reading this poem?
5. What is the message of the poem to Ethiopian parents?

## Section 5: Listening

### Task 1. Pre-listening

Before you listen to a talk about how culture can be harmful, see if you know the meanings of the following words/phrases:

- sexual coercion
- partner violence
- widow
- rites of passage
- polygyny
- wife inheritance
- bridal dowry
- initiation

### Task 2. Listening and taking notes

Now, you are going to listen to a text entitled “How Culture Can Hurt,” which will describe different cultural practices and traditions that can be harmful, especially to young women. Some of these practices/traditions are already mentioned in the table below. Fill in the remaining practices, instances, facts/, figures, etc. as you listen. After you have completed the table, compare your notes with that of your partner’s.



## HOW CULTURE CAN HURT

From: *Population report*, Vol. XXIX, no. 3, Fall 2001, pp 12

Women's status	Marriage practices	Rites of passage	Sexual practices
1.subordinated	1.	1.	1.
2.	2. early child bearing	2. post initiation sexual experimentation	2.
3.	3.	3	
4.	4. wife inheritance		
5. gender-based violence	5.		

### Task 3. Listening for discourse markers

Again, listen to the talk about “How Culture Can Hurt” and jot down discourse markers.

#### TIPS

Speakers use such kinds of discourse markers;

- anaphoric references=markers referring to something already mentioned
- back channels= markers that draw listeners' attention
- emphasize = markers that act as reinforcers
- fillers = lexically empty items with uncertain discourse functions, except to fill a conversational gap
- frames= markers that mark a boundary and discourse
- monitors = markers that help the speaker put things right.
- questions=markers that are used to ask for information, confirmation and clarification.
- starters =markers that help one to get started
- meta-comments = markers that are used to signal a comment on current talk
- shifts = markers indicate moving from one topic to a related topic or from one aspect of the current topic to another

## Section 6: Grammar and vocabulary

### TIPS

Adjectives are descriptive words. They are used to describe people, things, events, etc.

### Task 1. Using descriptive words

In the following exercise, several people have been described using adjectives. Give examples of the types of attitudes or behaviours that these adjectives might imply, especially as they relate to spreading/avoiding HIV/AIDS.

Example: Ms/ Mr. X is *promiscuous*. She/he has more than one sexual partner.

A. Ms./ Mr. Y is *meticulous*. She/he \_\_\_\_\_

\_\_\_\_\_

B. T is *conscientious*. He \_\_\_\_\_

\_\_\_\_\_

C. Hanna is *faithful*. She \_\_\_\_\_

\_\_\_\_\_

D. Mr. F is *dishonest*. He \_\_\_\_\_

\_\_\_\_\_



2. Think of other adjectives that might imply sexual behaviours important to controlling/spreading AIDS. You may use a dictionary or thesaurus. Categorize these words in the chart below. One example is given below.

Imply sexual behaviour that controls HIV	Imply sexual behaviour that spreads HIV
1. trustworthy	1. promiscuous

**Task 2. Using *passive* and *active* construction**

1. One way to avoid allocating blame is to use the passive. When we have the benefit of hindsight, we use past conditionals. Practice these examples and add your own.

**Examples:**

**A. Culture/be/closed**

- a. Our culture shouldn't have been left so 'closed.'
- b. If our culture hadn't been left so 'closed,' this wouldn't have happened.

**B. Condoms/be/used**

- a. Condoms should have been used.
- b. If \_\_\_\_\_  
\_\_\_\_\_

**C. Blood/check/correctly**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**D. Needles/not share/with anyone**

- a. \_\_\_\_\_
- b. If \_\_\_\_\_

**2. To allocate blame use the active.**

**Examples:**

- a. She should have waited for someone to ask about his sexual history.
- b. If she had waited for someone to ask about his sexual history, it wouldn't have happened.
- c. Had she waited for someone to ask about his sexual history, it wouldn't have happened.

**A. He/use/condom**

- a. He should have used condom.
- b. If \_\_\_\_\_

**B. The government /not leave /orphans forgotten**

- a. \_\_\_\_\_
- b. If \_\_\_\_\_

**C. We/not stigmatize/AIDS patients**

- a. \_\_\_\_\_
- b. If \_\_\_\_\_

**D. Hospitals/screen out/blood/before transfusion**

- a. \_\_\_\_\_
- b. If \_\_\_\_\_

## Section 7: Reflection

Below is a list of tasks you have practiced in this unit. Check (✓) those you feel confident about.

- a. scanning a text
- b. understanding the use of punctuation
- d. understanding metaphors and connotations
- e. reading critically a poem
- f. listening and taking structured notes
- g. using active and passive constructions



# MODULE FOUR

## HIV/AIDS PREVENTION

At the end of this module, you will be able to:

- Develop critical listening skills;
- Relate textual information to diagrams;
- Apply inference reading;
- Present oral explanations;
- Prepare written reports;
- Analyze English structure for reporting functions;
- Develop word learning and using strategies; and
- Develop discussion skills.

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Section 7: Reflection

#### Unit 2: Overcoming AIDS Challenges

Section 1: Brainstorming

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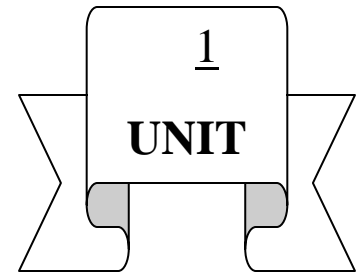
Section 5: Writing

Section 6: Speaking

Section 7: Reflection

# UNIT ONE

## HIV/AIDS: MYTHS AND REALITIES



### Objectives:

At the end of this unit, you will be able to:

- Share opinions;
- Acquire purposeful and analytic listening skills;
- Negotiate meanings in pairs and groups;
- Use English structure to give oral and written reports;
- Apply inference and analytical reading;
- Practice a vocabulary learning strategy; and

Evaluate your own learning practices.

### Skills in focus:

- Listening for details
- Identifying implied meanings
- Writing short reports
- Giving oral reports
- Finding word partners

### Section 1: Brainstorming

Respond to the following questions or statements individually. Then share your opinions with your peers.

1. What are your opinions concerning AIDS prevention methods in Ethiopia?
2. HIV is spreading more slowly in the most developed countries than it is in less developed ones. What is your opinion about the relationship between economic growth and HIV/AIDS?
3. The search for a cure to AIDS has not yet been successful. Many people argue there is no hope, while others say a cure will be found soon. Which position do you take? Why?

## Section 2: Listening

### Task 1. Listening for specific information

Listen to Part 1 of the text that explains practices considered to be helpful in overcoming the dangers of AIDS. While listening, complete the flow chart.



Title of listening text: "AIDS prevention campaigns"

From: Emerging issues and challenges, *HIV/AIDS*; pp. 19-20

4.

Prevention  
campaigns work  
with: 6

**Task 2. Listening for details**

A) Listen to **Part 2** of the text which discusses prevention strategies. Match the strategies under **Column A** with their correct descriptions under **Column B**.

**Column A**

- \_\_\_\_ 1. Personal empowerment
- \_\_\_\_ 2. Peer education
- \_\_\_\_ 3. Social marketing
- \_\_\_\_ 4. Counseling and HIV testing

**Column B**

- A. The use of advertising and distribution networks to promote condom use
- B. Reducing vulnerability to HIV by expanding people's choices and control over their own lives
- C. Spreading messages about HIV by recruiting educators of the same background and social standing as both audience and educator
- D. Providing medicinal advisory service and knowing one's sero-status.

B) Listen to Part 2 again. While listening, complete the table below with information and in mentioned in the text. Then compare your answers with your partner's.

Preventive strategies	Country/ies where it is applied	Specific actions taken
Peer education		
Personal empowerment		
Social marketing		

## Section 3: Reading

### Task 1. Predicting text contents

Look at the titles of the passage and that of the book below. Can you guess what the subject is? Consider why the write has chosen such a seemingly obvious title. Does HIV Cause AIDS?

(Taken from *AIDS Africa: Continent in Crisis* by Helen Jackson, 2002, Harare: SAFAIDS, pp. 5-6)

1. A separate question unfortunately receiving continued attention is whether HIV, the virus, is actually the cause of AIDS, the condition of sever loss of immunity that allows deadly infections to develop. Those who doubt this loosely led by American Metrologist Peter Duesberg variously argue that:
  - ⇒ HIV does not exist
  - ⇒ HIV does exist, but it is harmless and not lead to AIDS
  - ⇒ HIV is harmless on its own, but it can lead to AIDS when other health stressors are also present, such as malnutrition , poverty, illegal recreational drugs, tuberculosis (TB) or other infections (such as micoplasma).
2. These are misleading arguments ignoring all the extensive evidence that HIV does indeed lead to AIDS. HIV has been observed directly under electron microscopes – it certainly exists. It also leads to the development of antibodies in the blood that can be measured, and it can be detected directly through sophisticated HIV antigen tests.
3. That HIV leads to AIDS is shown by the fact that everyone who develops AIDS has HIV antibodies unless their immune system becomes so weak that it can no longer produce them. This is more common in young children shortly before death.
4. Does HIV only cause immune deficiency in people with other risk factors? Not everyone who develops AIDS is malnourished, has used recreational drugs, or has micoplasma infection or TB, so HIV infection, not one of these other factors, is the critical cause. People can develop weak immunity for other reasons than HIFV infection: for instance, if they are malnourished, if they have certain cancers, or if they are given drugs to suppress immunity (such as in transplant patients to prevent organ rejection). But in the 1980s and 1990s, these conditions did not occur on an unprecedented scale worldwide.
5. Poverty and malnutrition are increasing, particularly in Southern Africa worsening HIIV infection and speeding the progression to AIEDS. They are not, however, in themselves the



root cause of the epidemic of immune deficiency. Tragically, millions of people are desperately poor and undernourished, but they only develop AIDS if they have HIV. HIV occurs in well-fed, affluent people, not just the poor, and can lead to under nutrition in both. This occurs indirectly as HIV increases poverty, and damages the body's capacity to absorb nutrients from food. In Uganda the wasting caused by AIDS led to it being called "slim diseases."

6. The progression to AIDS can be anticipated and measured by increased virus in the blood, viral load and by reduced CD4 cells, the main immune cells that are killed by the virus. As the viral load rises, the number of CD4 cells drops, and the ratio of CD4 cells to CD8 cells (also involved in the immune response) declines. Immunity becomes weaker and people develop signs and symptoms of infections and diseases that a healthy person could normally fight successfully. This happens whether people are well fed and have a high standard of living or are poor.
7. In 1999/2000, president Thabo Mbeki of South Africa gave the so called "dissident" view considerable support, blocking the use of drugs to prevent HIV transmission from mothers to their babies and, without intending to, undermining other prevention efforts. Undoubtedly this has led to many more HIV infections in babies in South Africa that could have been avoided, and to increased sexual transmission. People desperately want to believe that their sexual behaviour cannot lead to a deadly infection or that if they are already infected that having HIV does not matter.
8. Denial hampers HIV prevention efforts and gives false hope to those who already have HIV. By the end of 2000, president Mbeki withdrew from the debate, a welcome decision, although he has remained equivocal about antiretroviral, and time-wasting controversy has blocked implementation of plans to provide antiretroviral drugs to antenatal women. In November 2001, the government pledged a massive increase in funding for HIV/AIDS, however, and prevention and counter efforts are expanding. Mbeki was also correct to emphasize that poverty and malnutrition hasten the progression to AIDS, and that tackling them is also crucial to addressing the AIDS epidemic. For too long, a narrow medical approach dominated the response to AIDS and a comprehensive broad-based development approach is only gradually being established as development partners in different sectors understand the situation better.

## Task 2. Making inferences

Infer the tone of the text after you have read the tips. Also distinguish facts from opinions.

1. Identify more expressions from paragraphs 7 and 8.

### TIPS

**Text tone:** Every argumentative text has a tone that reveals the feeling of the writer whether that is bitterness, optimism, anger, dismay, skepticism, etc. Tone is in part created by vocabulary selected by the writer. For example, in paragraph 2, words such as “misleading” and “ignoring” point to the writer’s anger at those people who challenge HIV as a cause for AIDS. The writer is critical of the opposite idea throughout the text.

### TIPS

**Distinguishing facts from opinions:** Facts are indisputable information, dates, concepts, events, names, phenomena, etc. For example, the UN has five Security Council members with veto power. In argumentative texts like the one above, writers draw a lot of such information from various sources. They make frequent references to statistical figures, names, and places, for such things are hardly refutable. On the other hand, opinions are statement of feelings or point of view of that might not be shared by other writers. Issues that might have varying interpretations are opinions. During writing, certain opinionated points slip into the discussion that could increase the refutability of an argument. To cite a few examples of facts and opinions from the above text:

<b>Facts</b>	<b>Opinions</b>
“HIV has been observed directly under electron microscopes.” (paragraph2)	“These are misleading arguments ignoring all the extensive evidence that HIV does indeed lead to AIDS.” (paragraph 2)
“In November 2001, the government pledged a massive increase in funding for HIV/AIDS.”(paragraph 8)	“People desperately want to believe that their sexual behavior cannot lead to a deadly infection ”(paragraph 8)

Identify more instances from the text and compare yours with those of your partners. Then present your answers for class discussion.

## Section 4: Speaking

### Task1. Interviewing

Conduct interviews on the issues mentioned below. With four different students in your class find out what opinions they have. Read the tips before you begin the interviews

**.Issues:**

- The relationships between HIV and AIDS
- The effects of the debates about the causes of AIDS
- Students' attitudes concerning, abstinence, fidelity and condom use.
- Students' preferences about preventive practices

#### **TIPS**

- Decide whether you need structured interviews (in which you use a set of preplanned questions) or unstructured interviews (in which you ask questions not prepared in advance; this kind of interview is more like a conversation, where you think of questions as you talk).
- Depending on the type of interview you wish to conduct, decide in detail points to which you want the interviewee to discuss.
- Organize yourself by making careful interview preparation such as having pen and paper at hand, and asking questions in a sequence.
- Familiarize yourself in advance with requirements of the interview ritual, such as greeting, thanking, turn-taking, being polite, and appearing genuine.

Record selectively all the major points you think useful; listen actively to your interviewee and interact freely.

## Task 2. Reporting

Based on your interview, prepare a short (5minutes) oral report to be presented to the class. Focus on the responses that were common among your interviewees.

## Section 5: Writing

### TIPS

- Think about what major points you want to make.
- Write out your report in such a way that it is convenient for oral presentation.  
Rehearse your presentation without memorizing every word or phrase. Have
- A comfortable mastery of the points you wish to raise.  
Prepare yourself psychologically to overcome stage fright and audience challenge.

## Task 1. Understanding the structure of written reports

### TIPS

One way of reporting what someone has said is to repeat his/her words:

Thabo Mbeki said, "We don't have to waste time debating on the cause of AIDS." A sentence like this is called a **quote structure**.

Instead of reporting Mbeki's word, the writer could have said *Mbeki said that they didn't have to waste time debating on the causes of AIDS*. This is called a **reported structure**.

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Quote structures and report structures both consist of two clauses. The main clause is called a **reporting clause**. The other clause that indicates what someone said or thought in a quote is called the **quote**. In a report structure, the other clause is called the **reported clause**.

In ordinary conversation, we use report structure much more often than quote structure. This is because we usually do not know, or cannot remember, the exact words someone has said. Quote structures are mainly used in writing.

**The following sentences report what various scientists have said or thought about the prevention of HIV/AIDS. Identify each as 'quote structure' or 'report structure'. Also identify the clauses in each sentence as 'reporting clause' or 'reported clause' for all sentences in report structure, and as 'reporting clause' or 'quote clause' for all sentences in quote structure.**

1. Ndugga and Chavasu inquired, "Is there hope for the youth in this era of HIV/AIDS?"
2. Makinwa, a team leader of an AIDS prevention project, stated, "No terrorist attack, no war, has ever threatened the lives of more than 40 million people worldwide."
3. Hellen Jackson, in her book titled *AIDS Africa: Continent in Crisis*, argues that the smallest behavior change for sexually active people to prevent HIV is to use condoms.
4. Kebaabetsewe and Nor suppose that cultural taboos discourage partners from discussing sex and high-risk behaviors openly with one another.
5. An Ethiopian medical doctor advised, "Not everyone has HIV/AIDS, but anyone who doesn't take precautions can easily get infected."

## **Task 2. Analyzing reporting verbs**

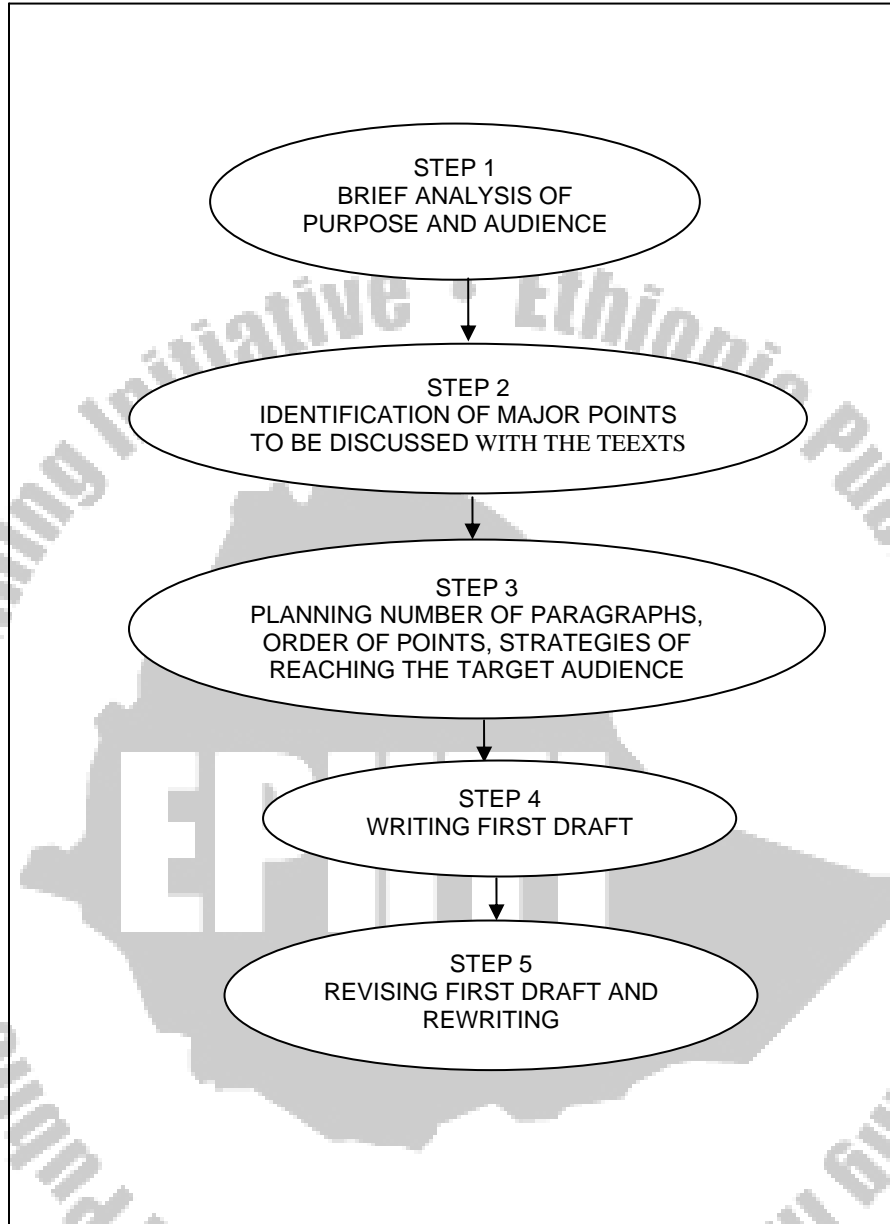
In a group of five, categorize the reporting verbs listed above in to five. Each category of verbs must include both familiar and unfamiliar ones. List each category of the verbs on a separate piece of paper. Roll each piece of paper and randomly take one roll. Complete the following task individually and discuss your answers.

Reporting verb	Purpose of the verb in an utterance	Conjugation
ask	To pose questions	ask-asked-asked
complain	To show grievance	Complain-complained-complained

### Task 3. Reporting findings

Prepare a written report of the findings of your interviews. Use the information you got from Task 1 and 2, as well as the following tips. Then hand in the report to your instructor.





## **TIPS**

### **1. Commonly used reporting expressions**

- Most of the students explained/ indicated/ replied.
- Two respondents reacted by saying...
- All of the interviewees were of the opinion that ...
- None of the students indicated that ...

### **2. Tense to be used:**

- Simple past tense

### **3. Possible text structure**

- **OPENING PARAGRAPH:** State purpose, main idea to be raised
- **DEVELOPING PARAGRAPHS.** One or more paragraphs, each dealing with one sub-issue; using introductory statements for each paragraph is preferred.
- **CLOSING PARAGRAPH:** Draw two or three conclusions on the basis of the information you obtained from the interviews.



## Section 6: Vocabulary

### TIPS

Some pairs or groups of words co-occur, or collocate, with very high frequency. Such pairs are called partner words. Typically, they are made up of verb-noun and adjective-noun pairs.

Look at the following examples taken from the texts you read in this unit:

- misleading arguments (adjective-noun)
- to lose immunity (verb-noun)
- to develop AIDS (verb-noun)
- harmful/harmless drugs (adjective-noun)
- to absorb nutrients (verb-noun)

Word partnerships can be made up of more than two words, and from most grammatical categories (verb, noun, adjective, and adverb). Look at these examples:

- illegal recreational drugs
- to cause immune deficiency
- worsening HIV infection

A). Complete the following table with five adjectives and five verbs that form strong word partnerships with the noun “disease.” For example, the verb “cure” collocates with the noun “disease” and forms cure disease. The adjective “preventable” also partners frequently with “disease,” creating “preventable disease.”

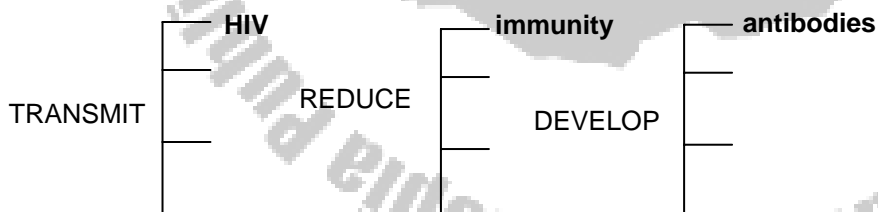
VERB	ADJECTIVE	KEY WORD
cure	preventable	disease
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

B). Fill in the Column 2 with an adjective that is opposite in meaning ( an antonym) to the word in the Column 1, but still makes a correct word partnership with the word in Column 3.

Column 1	Column 2	Column 3
safe	unsafe	sex
hard	_____	drug
teenage	_____	pregnancy
contaminated	_____	blood
weak	_____	immunity

C). Choose from the following list words that make strong partnerships with each of the verbs that follow.

- |               |              |
|---------------|--------------|
| appetite      | disease      |
| symptoms      | malnutrition |
| vulnerability | drugs        |
| HIV           | tuberculosis |
| AIDS          | virus        |
| immunity      | poverty      |
| antibodies    | behaviors    |



### Section 7: Reflection

Refer back to this unit’s objectives and contents. Fill in the following chart with skills and grammar points you feel you have mastered and those you feel you have not. Share your feeling with your partner(s) and reflect on strategies to be adopted in the future to strengthen those skills. You may want to consult with your instructor and/or other students for help.

Skills and linguistic forms  
you mastered

Skills and linguistic forms you  
were unable to master



# UNIT TWO

## OVERCOMING HIV/AIDS CHALLENGES

### Objectives:

At the end of this unit, you will be able to:

- Comprehend textual and non-textual information through analytic readings;
- Read critically;
- Analyze quantitative data as evidence to support propositions;
- Present oral suggestions;
- Predicting;
- Use dictionaries effectively;
- Produce written suggestions and advice; and
- Reflect on one's own learning.

### Skills in focus:

- Predicting
- Recognizing text organization
- Evidencing
- Using dictionaries effectively
- Making suggestions

### Section 1: Brainstorming

#### Task 1. Activating your previous knowledge

Complete the following task to prepare for a series of activities.

1. Write what you know about the following terms.

Voluntary counseling

An HIV test

2. Many people are reluctant to have HIV test. What do you think their reasons are?

## Task 2. Agreeing and disagreeing

Do you agree or disagree with the following statements? Support your position with justifications.

1. Governments must introduce mandatory premarital HIV testing laws.
2. Instead of wasting resources by spending millions of birr to buy testing equipment, Ethiopia must invest in other development activities like road construction and agriculture.
3. One cannot have a normal life once he or she has proved HIV-positive.

## Section 2: Reading

### Task 1. Reading critically

After studying the tips below, read the following text and make reasonable guesses about its purpose, its intended primary target audience and the date it was written. Identify evidence from the text to support your answer.

#### TIPS

**Purpose of text:** Texts vary considerably in their purposes. Their purposes can be to teach, to raise awareness, to change behaviour, to indoctrinate, to persuade, etc. For example, academic texts focus on imparting field-specific knowledge and skills. Periodical articles, such as those taken from magazines and newspapers mainly intend to share information and news

**Audience of texts:** All texts are targeted at a certain readership group. For instance, academic texts are mainly meant to be read by students and instructors.

**Date of text production:** Although a date of text production is usually indicated in the actual material, readers can guess roughly the time when the text was written from references made throughout discussion. For example, if references are made to Kofi Anana as Secretary General of the UN, readers can guess the text was written sometime in late 1990s.

## **PART ONE: Voluntary Counseling and Testing**

1. Many medical conditions require laboratory tests on samples of blood, urine, saliva or tissue to identify infections or other health problems. Tests may be carried out on healthy individuals to detect hidden problems or on people who are already ill. Other reasons for testing are to screen a population to determine the extent of a specific organism or infection and to safeguard blood supplies for transfusion.
2. In the case of HIV infection all of these apply. Repeat sentinel screening for HIV, that is, the repeated testing of certain population groups for HIV is a good way to measure how the epidemic is progressing, for example among pregnant women. In some countries, sex workers, hospital patients, people with tuberculosis or with sexually transmitted infections, army and police personnel, prison populations, drug injectors, homosexual (gay) men and other groups are also screened.
3. Blood donors are normally screened for HIV, but they may or may not be given their test results. The laws on testing vary from country to country, but whatever they are, they may be difficult to enforce. For example, even if pre-employment testing is illegal, preventing this is difficult if it is legal for companies to undertake medical examinations that include blood tests.
4. Although HIV is found in various body fluids, HIV tests are generally done on blood because the virus is most concentrated in blood. HIV causes the blood to produce HIV antibodies. The most widely used tests for HIV detect these antibodies, not the virus itself. These tests should really be called HIV- antibody tests, not "AIDS tests," as they only reveal underlying HIV infection and not the progression to AIDS.
5. The standard testing procedure is simple and relatively painless. Until recently, most tests involved drawing blood from a vein in the arm and sending the sample in a numbered bottle to a laboratory. Results came back in anything from one to several weeks depending on transport and laboratory facilities. The most common of these tests are ELISA tests (enzyme linked immunosorbent assay). Normally two tests are done on the same blood sample, and if they give different results, a third, confirmatory or tie-breaker test is performed. In the past, the standard confirmatory test in wide use was the Western blot, but cheaper confirmatory tests are now available. ElisAs are now considered sufficiently sensitive and specific for a third, different ELISA to be used as a confirmatory test.
6. During the first few weeks after initial infection, HIV tests may not be accurate because it takes up to 12 weeks for antibodies to be produced in detectable quantities (the window

phase). People should wait three months after the last risk of exposure to HIV before having an HIV test.

7. Occasionally, false positive or false negative results arise, but these are rare. The commonest reason for them is clerical or coding error, followed by error by poorly trained personnel. Solomon Mutetwa, a prominent physician in Harare who specializes in treating AIDS patients, reports only three occasions in his entire practice when an initial HIV test result was reversed on a subsequent test. He attributes these instances to poor quality laboratory equipment, not clerical error. "From a doctor's point of view, there are very few instances when an HIV test has to be questioned", (Masunda, 2001). A false positive result means someone appears to have HIV when in fact he or she does not; a false negative result means someone appears to have no exposure to HIV when in fact the virus is present.
8. A weakly positive or indeterminate result can cause complications. In this case, the test should be done again on a new blood sample. If it remains indeterminate, the person should return within 12 weeks to rule out sero-conversion. Osewe (2002) notes that "In rare cases clients may remain indeterminate for a long time indicating that they may have another infection producing antibodies similar to HIV, but that are not HIV." In reality, some people have been informed they are HIV positive based on an indeterminate finding, only to find out later, when they sought a further test, that they are negative after all.
9. Although ELISA tests are still done in many settings, increasingly rapid tests that give results in 10 – 20 minutes are being used instead. Other tests, sometimes called simple rather than rapid tests, although they are more or less similar, give results in a slightly longer time. Rapid and simple tests often involve only a needle prick in the tip of a finger, squeezing a drop of blood on to the test kit, and adding a drop of chemical agent (or buffer). Reading the result is simple: such as the appearance of one band of color to indicate negative, and two widely separate bands to indicate positive, or the appearance/ non-appearance of a spot of color. Some tests do not use whole blood but either serum or plasma, separated by centrifuging (or spinning) the whole blood sample. Over 100 different tests are available worldwide (Health-link Worldwide, 1999) and more are being developed. Some use urine or saliva rather than blood, although these are rarely available in Africa at the time of writing and need further field evaluation. The Kenya Medical Research Institute (KEMRI) has produced its own rapid testing kit reported as highly sensitive and specific for HIV-1, although it has not yet been proven regarding HIV-2. At under US\$1.00 per test it is cheaper

than imported ones and, if further research endorses it, including for HIV-2. It could lead to local production and export within the region.

10. Rapid tests provide quick results for relatives required to give blood in emergency situations, making emergency transfusion far safer. Rapid and simple tests also work out cheaper than ELISA tests for individual testing. Despite higher unit costs, they allow savings on laboratory facilities and staff, and they can be done individually or in small numbers without losing the economies of scale that ELISAs require to be cost effective. ELISAs currently remain cheaper for most sero-surveillance purposes and routine screening of donated blood when the laboratory equipment and staff are already in place and high volumes of tests are performed.

(Taken from *AIDS Africa: Continent in Crisis* by Helen Jackson, Harare: SAFAIDS, [date is not indicated because students are asked a question in relation to it]. pp180-183)





## TIPS

Report structures can be used to report almost any kind of thought.

You indicate that you are quoting or reporting what some one has said or thought by using a reporting verb. Every reporting clause contains a reporting verb.

You use 'say' when you are simply reporting what someone said and do not want to add any more information about what you are reporting. Some reporting verbs, such as 'answer', 'complain', and 'explain' tell you what purpose an utterance was intended to serve. For example, "answer" tells you that a statement was intended as an answer.

Following is a list of reporting verbs which can be used to report what people say and think

acknowledge	beg	begin	call
claim	command	comment	complain
instruct	add	admit	advise
agree	announce	answer	argue
ask	assert	accept	agree
assume	believe	consider	decide
determine	inform	estimate	insist
concede		confirm	contend
continue	forget	hold	hope
imagine	imply	intend	judge
know	maintain	mention	note
notify	object	order	persuade
prefer	reason	recall	reckon
reflect	refuse	regret	remark
remember	remind	repeat	reply
report	request	resolve	respond
reveal	sate	say	scream
shout propose	stipulate	storm	suggest
suppose invite	teach	tell	threaten
understand	urge	want	warn
wonder	guess	mean	note
plan	predict	proclaim	promise
propose	reassure	recall	Inform ins is instruct

## Task 2. Analyzing text organization

Analyze the organization of the above text by completing the chart below, which asks you to identify the function of each paragraph. The first has been done for you.

Paragraph	Function
Paragraph 1	To introduce the concept of medical testing
Paragraph 2	
Paragraph 3	
Paragraph 4	
Paragraph 5 - 10	

## Task 3. Comparing and contrasting textual information

1. Compare and contrast ELISA tests and Rapid tests on the basis of discussions in the text.

Types of test	Advantage	Disadvantage
ELISA tests		
Rapid tests		

2. Write a paragraph comparing and contrasting ELISA and Rapid tests based on the information you filled out in the above table.

### **PART TWO: Voluntary Counseling and Testing**

(Taken from *AIDS Africa: Continent in Crisis* by Helen Jackson, pp. 187-190, 2002, Harare;SAFAIDS)

1. Many countries in sub-Saharan Africa and elsewhere are developing VCT services where HIV testing may be done free or for a small fee, after pre-test counseling. Wide differences in the extent of VCT services are apparent both within and between countries. Typically, urban sites precede rural ones. Uganda is one of the countries with the most well-developed and expensive VCT services and has considerable experience to share regarding VCT programming.
2. VCT may be set up within a hospital, clinic or other setting, or as independent services in communities. Increasingly they are linked with antenatal services to help parents prevent HIV transmission to the baby. Some AIDS service organizations offer VCT as part of a wider range of support, and support groups may link with VCT centers. Anonymity and confidentiality can be maintained by using numbers not names on the forms and samples. The health worker keeps the counterfoil matching the number and the name of the patient. Sometimes clients are encouraged to use a unique name that they can remember, such as their mother or father's first name, rather than their own, as an additional safeguard.
3. Access to information on one's HIV status is a human right as well as a public health measure: people have the right to know their HIV status so they can protect themselves and others from infection, improve their health care and plan for the future. VCT services provide a supportive venue for learning this essential health information.
4. A global review of VCT services by UNAIDS (2001:65) considered that the main aims are, by and large, being achieved, although the quality of VCT inevitably varies and many impact studies are only descriptive.

	Self reported condom use		
	Before VCT	After VCT	
HIV +	10 %	89 %	With steady partner
	10%	100 %	With casual partner
HIV - male	16 %	38 %	With steady partner
	34 %	93 %	With casual partner
HIV - female	15 %	34 %	With steady partner
	14 %	94 %	With casual partner
Policy Project (2000:49)			

Table 1 gives encouraging results of increased condom use after VCT in Uganda in the early 1990s, suggesting highly responsible behavior changes with casual partners, less so with steady partners. This could be indicative of the difficulty of introducing condoms into steady relationships or it could mean that maintained monogamous relationships with a partner they either knew or hopped was HIV negative. Eleven percent of the people with positive results continued to put their steady partner at risk – and the figure might be higher but be underreported.

5. In this review of VCT outcomes, the majority of studies reveal benefits following VCT. However, many of the studies are descriptive, without control groups and have end points that rely on reported behavioral data (such as number of sexual partners or condom use) that are not supported with more objective outcomes... (T) here are, however, clear preliminary indicators that VCT is important in helping people reduce risky behavior, although societal and cultural pressures may sometimes override these. VCT is also shown to be important in enabling PLHA to access appropriate services, make decisions about future and family planning and benefit from inventions to prevent HIV – associated infections and MTCT ... There is, however, very little information on where behavior changes for both those who test seropositive and exonerative can be maintained in the long term.
6. Preventing HIV transmission is a critical reason for people to learn their HIV status. If negative, people may be motivated to stay negative, and they are counseled with this aim. If positive, people are counseled to avoid acquiring further virus or contracting other sexually transmitted infections (STIs), as exposure to both new HIV viral strains and STIs can hasten their progression to AIDS. They are also counseled to avoid spreading the infection to others.
7. Donors, policy makers and programmers need to justify new interventions not only on the basis of identified needs but also on criteria of whether the outcome justifies the expense: is

this a good way to spend money, or would another intervention achieve the same goal at less cost or more efficiently? Increasing evidence shows that VCT is a cost-effective strategy in HIV prevention (UNAIDS, 2001), but different modules of VCT in different settings vary widely in terms of cost especially with regard to how much infrastructure is already in place and what needs to be developed (UNAIDS, 2000c).

#### Task 4. Identifying evidence

In the above text, the writer supports her arguments with quantitative data. For example, look at the following:

**Proposition:** VCT is beneficial in preventing the further spread of AIDS.

**Reason:** People can protect themselves and others from infection, improve their health care and plan for the future.

**Evidence:** A survey conducted in early 1990s in Uganda revealed that condom use increased significantly after VCT (e.g. a 10 % condom use rate increased to 89 % after HIV-positive results among steady partners).

1. Identify more evidence from Table 1 that supports **the proposition** stated above.
2. Why do writers use tabulated figures like Table 1?
3. The writer argues that “Table 1 gives encouraging results of increased condom use after VCT in Uganda in the early 1990s.” What evidence is here to corroborate this statement?

#### Task 5. Acknowledging sources

In groups of four, discuss the following questions.

1. What do *(UNAIDS, 2001)* and *(UNAIDS, 2000)* (paragraph 7) refer to? Discuss what each element stands for and why one differs from the other in usage?
2. In Table 1, what does *Policy Project (2000:49)* refer to? Discuss what *Policy Project* stands for, as well as the numbers in the brackets.

## Section 3: Listening

### Task 1. Predicting main ideas

In a few minutes, you will listen to an explanation about condoms. List the major points you think will be raised in the explanation.



Title of listening text: "Consistent condom use"

From: *AIDS Africa: Continent in crisis* by Helen Jackson, Harare: SAFAIDS, 2000, pp 106 -

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### Task 2. Identifying main ideas

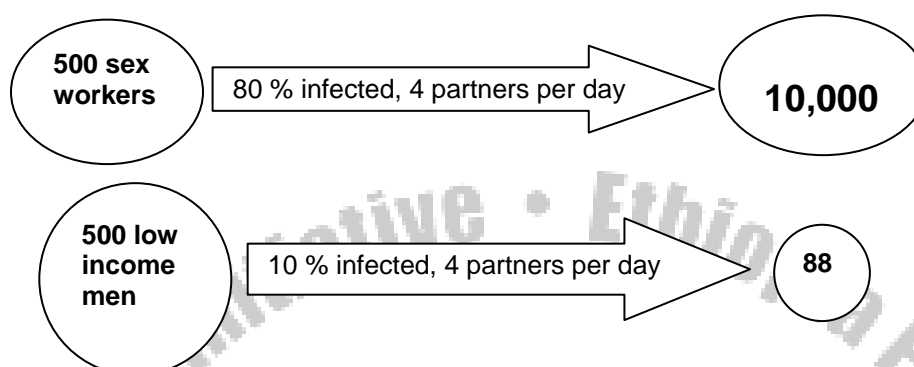
Now listen to the text. Note down all the major points you feel are important about condoms.

1. Compare your guesses about the main ideas in Task 1 with what you actually heard in the text.
2. In pairs, discuss:
  - a. Any facts, knowledge or information you had not heard before.
  - b. Any points you do not agree with.

### Task 3. Relating oral explanations to a diagram

Listen to *Part 2* of the text about condoms, and take notes. Then, identify which part of the discussion relates to the following diagram. In a single paragraph, describe the diagram in relation to the text.

Figure 1. Infections averted per year by raising condom use to 85 % in two populations in Nairobi.



#### Task 4. Discussing myths and realities

There are a lot of rumors about condoms. Below are some of the things people say and think concerning condoms. Distinguish them as either “myths” or “realities.”

1. AIDS is an invention of imperialist countries to accumulate more capital through condom sales.
2. Condoms are deliberately fabricated to transmit HIV to healthy people.
3. Female condoms are not as protective as male condoms.
4. Condoms reduce peoples’ sexual power of partners.
5. Females are more resistant to condom use because it inhibits them in reaching orgasm.
6. Had it not been for the government subsidies, a single condom might have been sold at four times its present cost.
7. If used appropriately, condoms can prevent the transmission of HIV.

#### Task 5. Listening for confirmation

Listen to Part 2 of the explanation about condom.

1. Confirm the myths and realities you distinguished under Task 4.
2. Compare and contrast female and male condoms.

3. Complete the table below. Use the information to create posters that can be displayed on campus so that students can see and know something about the do's and don'ts concerning condom use.

**Do's and Don'ts concerning condom use**

Do's	Don'ts
<ul style="list-style-type: none"> <li>• Use condoms even if your partner does not get satisfied.</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Don't share condoms.</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

4. One way of increasing condoms' acceptability, according to the speaker, is by associating them with positive images such as love, sensuality, fun, sexiness, performance, excitement, safety, trust, care, or responsibility. Have you ever seen or heard any advertisement, music, movie, play, etc., that tries to associate condoms with these attributes? If you haven't, can you create some yourself? Complete the following table by writing both your own as well as other advertisements, music, movie, etc. you have seen or heard.

Association of condoms with	What you have seen or heard	Your own creation or invention
Love		
Sensuality		
Fun		
Sexiness		
Performance		
Excitement		
Safety		
Trust		
Care		
Responsibility		



## Section 4: Vocabulary

There are different ways of increasing your word power. One method is to use various types of dictionaries effectively.

### Task 1. Recognizing different types of dictionaries

Which types of the following dictionaries are you familiar with?

bilingual dictionary  
monolingual dictionary  
pocket dictionary  
abridged dictionary  
unabridged dictionary  
desk dictionary  
subject-specific dictionary  
thesaurus

### Task 2. Recognizing functions of dictionaries

Which of the above dictionaries provide you with the following information?

definition of words  
varieties  
syllable divisions  
pronunciations  
inflections  
examples  
idioms  
collocations  
synonyms  
antonyms  
usage notes  
derivations  
part of speech

### Task 3. Using dictionaries effectively

Suppose you want to learn to use the following words. What would be the best and fastest way to learn? Discuss the methods with your partners and complete the dictionary task that follows.

viral	abuse	de-stigmatize
trauma	immune	voluntary
hysteria	withdrawal	confidential
council	heterosexual	differential
diagnosis	empower	cope
self-blame	donate	self-esteem
sexuality	avoidance	chronic
orphanhood	risk-taking	promiscuous
addiction	opportunistic	prevalence

1. The words dictionary contains are called entries. All entries are arranged in alphabetical order. Put the above entries in the correct alphabetical order, like they would appear in a dictionary.

2. Complete the table below for each entry:

Entries	Word class	Syllable boundary	Pronunciation	Derivatives
abuse	verb/noun	a-buse (verb)	a'bjuz (verb)	abusive/abusively/ abusiveness

## Section 5: Writing

### Task 1. Comparing techniques for making suggestions

Following are samples of AIDS preventive suggestions. Make a critical comparison of the techniques and the language used.

#### Sample 1

Prevention approaches need to be tailored to the needs of particular groups. When working with young people, for example, it is important to:

- take into account the diversity of young people and their needs;
- encourage youth participation in project design and implementation;
- work in a climate that recognizes and respects the realities young people face;
- focus on young men's sexual health, as well as sexual health issues relating to young women

#### Sample 2

##### **An enabling environment**

It is hard for people to sustain a positive self-image and hope if they feel degraded and rejected socially, or if they feel isolated or discriminated against because of their infection and disease. Promoting a supportive environment at all levels is critical.

At a simple day-to-day level, this means actively challenging stigma and discrimination, and supporting the rights of people with HIV or AIDS to participate fully in all areas of life as long as they can. It also means talking respectfully and sympathetically about people with HIV or AIDS, regardless of whether anyone present has been open about their own infection. There may well be somebody there who knows they have HIV who will be encouraged by supportive discussions.

It also means reducing poverty and social conflict. It is meaningless to talk of positive living and good self-care if people cannot afford the basic necessities of life, or if daily survival is uncertain. Poverty reduction is crucial to helping people cope with AIDS and also, to helping prevent HIV transmission in the first place.

### Sample 3

I would suggest using female condoms for female prostitutes whose livelihood is prostitution.

It is certainly helpful to encourage youth clubs.

If I were a female, I would not become a prostitute.

It is essential that governments introduce sex education.

Many experts strongly advise against premarital sex.

One would be safer if he or she used condoms during sexual intercourse.

**For a comparison, you might first identify dominant structures or patterns for making suggestions. This will help you learn useful techniques for future use. Also observe where and when to use each technique.**

#### **TIPS**

There are several ways in which you can make suggestions and give advice.

**Imperative mood:** An imperative clause has the base form of a verb without a subject.

For instance:

**Practice safe sex.**

**Be faithful to your partner.**

**Avoid bad sexual behaviour .**

**Modals:** Words such as 'could, 'ought to,' and 'must' are also useful to make suggestions.

For example:

**You must practice safe sex.**

**We ought to be faithful to our partners.**

**Indication of importance:** You can say that something is important or necessary by using a sentence beginning with the impersonal pronoun 'it' , followed by 'is', an adjective such as 'important' or 'necessary,' and a 'that' clause. Look at these examples:

**It is important that you know precisely what precautions to take during blood transfusion.**

**It is essential that the youth be taught about drug abuse.**

**It is vital that university students stop promiscuity.**

**Had better:** You can use 'had better' to say that something is the right or correct thing to do. For example:

**You had better form small anti-AIDS clubs.**

**If clause:** A conditional clause can be used to offer advice as in the following example  
If I were you, I would abstain from premarital sexual intercourse.

## Task 2: Suggesting

Make HIV/AIDS preventive suggestions that might be displayed on classroom walls and boards. The suggestions should be made to promiscuous youth who are unable to change their behavior, who practice unsafe sex, and who watch pornographic movies.

## Section 6: Speaking

### Task 1. Preparing group suggestions

Read the following situations. Each situation needs thorough analysis, reflection, and solutions. In groups, after careful discussion, come up with realistic solutions and prepare a presentation in which you offer advice and suggestions.

1. Many university students think that campus life offers a lot of opportunities to find a love partner. Making use of such opportunities is essential. But sometimes these opportunities lead students to early sex practices. Early sexual activity will increase the likelihood of acquiring HIV.

2. Prostitution is a major problem in Ethiopia. Thousands of young females are prostitutes in an environment where practicing safe sex is quite difficult. They are highly exposed to HIV transmission.
3. Most Ethiopian families are still not openly discussing sex, sexuality and AIDS. Parents shy away from such issues, leaving their children uninformed about AIDS. The family is not making enough contributions to raising AIDS awareness.
4. Schools are becoming places where students obtain substances like khat, alcohol, cocaine, hashish, etc. Young children are becoming addicted to two or more substances, and the problem is spreading quickly all over Ethiopia. Addiction facilitates the spread of AIDS.

## Section 7: Reflecting

In this unit, you were engaged in various tasks of language learning. Indicate your level of success by checking one of the measurement phrases mentioned below.

No.	To what extent you successfully completed:	To a great extent	Partially	Entirely unable
1	Recognizing the purpose of texts			
2	Recognizing the audience of texts			
3	Inferring date of text production			
4	Activating background knowledge about testing and counseling			
5	Analyzing organization of texts			
6	Comparing and contrasting textual issues			
7	Identifying writer evidence			
8	Interpreting writer conclusions			
9	Recognizing styles of referencing			
10	Identifying main ideas after listening to an explanation			
11	Relating a diagram to orally presented discussions			
12	Identifying functions of dictionaries			
13	Analyzing words through dictionary information			
14	Offering advice and suggestions			

