

Improving Academic English Skills through HIV/AIDS Awareness

Instructor's Guide

For the Ethiopian Health Center Team



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INTRODUCTION

The Aim

The primary goal of the course is to help students improve their academic English skills through critical AIDS issues. It intends to develop students' confidence and abilities in academic practices besides improving their language skills and abilities. It involves the students in reading texts critically, writing academic essays, taking notes from lectures and so on. Further, it gives opportunities for students to use English in meaningful communication with their peers by sharing ideas. In this way, we hope that they will be more successful in their studies as well as in learning English in an enjoyable manner.

The Overall Structure of the Course

The overall structure of this course is thematic and task-based. On the basis of critical AIDS issues, students develop a range of language skills and academic practices, which they learn by carrying out a range of varied reading, listening, speaking and writing activities.

The course contains four modules. Each module contains a number of academic study tasks, i.e. tasks that are clearly related to what students need to do in their further studies as well as in their day-to-day activities. It incorporates language skills and abilities helpful for the students' academic successes; listening to lectures, reading real texts, debating, writing essays, guessing word meanings from the context, language awareness issues and reflection.

By, and large, though it is the easiest option, there is no particular merit in following the sequence of units in the course when there is no possibility of finishing it. It is of more benefit to the students to work through a complete body of material in a principled way, even though other whole areas are omitted.

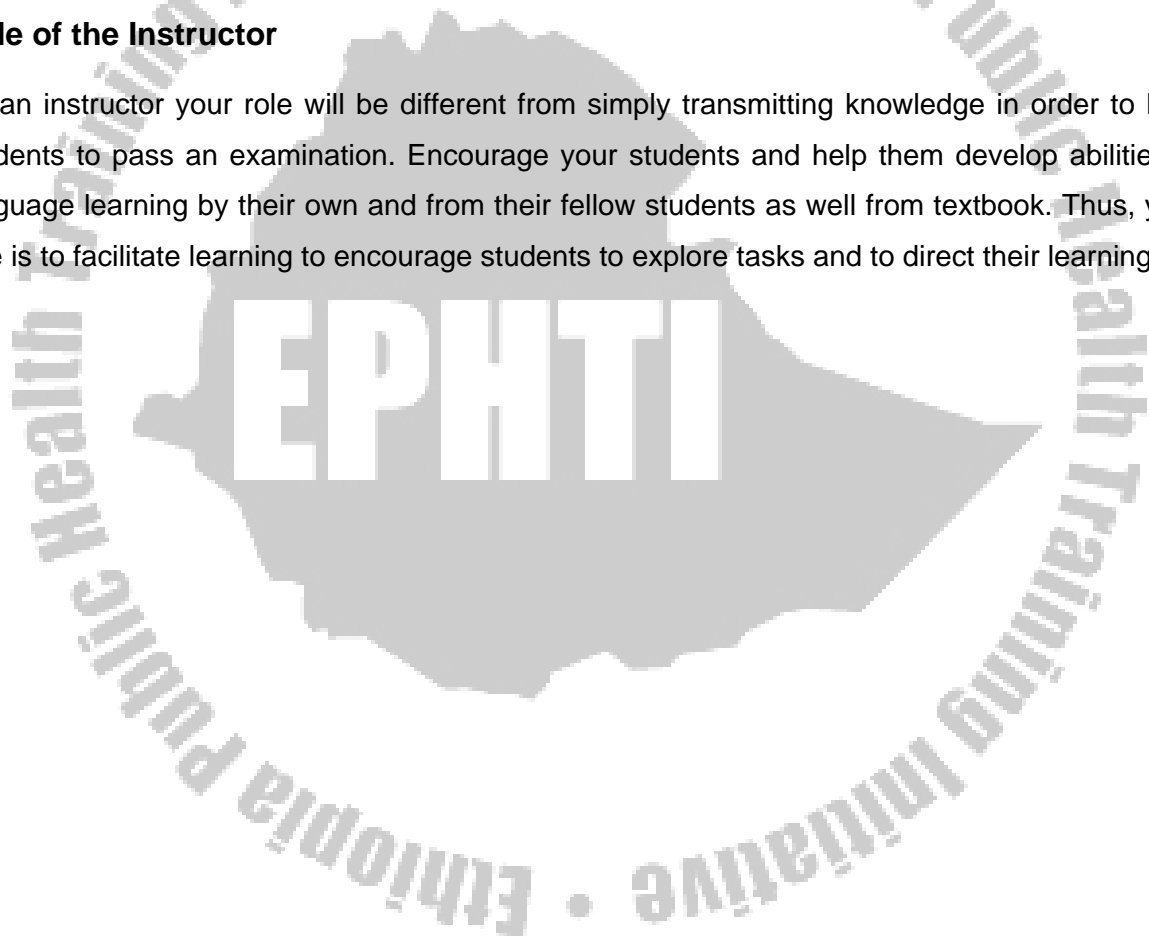
Role of students and Instructors

Role of Students

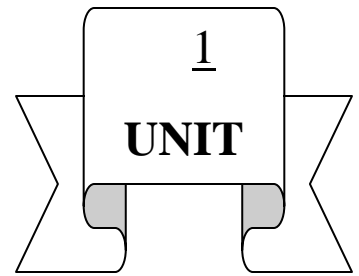
The course introduces students to a new way of learning language. In studying this course, students are encouraged to develop their individual abilities to study effectively and to see themselves as the center of the learning process. We also believe that students work and learn most effectively when they spend part of their time cooperating with each other. For this reason, students spend most of their time working in pairs and groups. Students should be encouraged to value such a learning situation and use it as a source of development of their own ideas and therefore of their own learning.

Role of the Instructor

As an instructor your role will be different from simply transmitting knowledge in order to help students to pass an examination. Encourage your students and help them develop abilities in language learning by their own and from their fellow students as well from textbook. Thus, your role is to facilitate learning to encourage students to explore tasks and to direct their learning.



MODULE ONE
ESSENTIAL HIV/AIDS ISSUES



UNIT ONE

HIV/AIDS: HISTORY AND PREVALENCE

In this unit, students will be introduced to various language learning activities used to help them:

- 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 agreement and disagreement.



Section 1: Brainstorming

Aim: To activate the learners' previous knowledge and experience.

Procedure: Ask students to work individually and then compare their answers with their partners. Draw out a variety of responses.

1. AIDS – Acquired Immunodeficiency Syndrome
HIV – Human Immunodeficiency Virus
2. Draw out a variety of responses to this question
3. Ask students to share their ideas, but leave definite answers to be discovered as students work through the unit.

Possible modes of transmission include:

- Sexual contact
- Mother to baby
- Shared hypodermic needles
- Contaminated blood

Section 2: Reading

Objectives: To help the learners

- Skim or look over a text quickly to get the main ideas
- Understand references in a text

Task 1. Reading for main ideas

Before students read the text, remind them that they are reading for the overall meaning. They do not, therefore, need to focus on every word and detail. They can skim (read quickly), focusing on the main points that the author wants to make.

1. True
2. False
3. False
4. False

Task 2. Reading for details

Before students read the text again, remind them that the task involves reading for detail. Encourage them to work quickly, but carefully.

1. Homosexual men
2. Poverty, lack of formal education, and natural and manmade disaster
3. C
4. Blood donors, military recruits, active duty military personnel, etc.

Task 3. Reading for reference

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. Explain this to students.

1. HIV
2. AIDS
3. Individuals in the USA
4. ELISA
5. Social and political changes
6. The establishment of the Department of AIDS Control in the MOH plus a National Program to Prevent and Control HIV/AIDS
7. HIV/AIDS.

Section 3: Vocabulary

Objective: To help the students understand synonyms.

Procedure: Tell the students that synonyms are words having similar meanings. Encourage them to find the synonym of each word or phrase in the reading passage.

1. launched
2. response
3. associated with
4. inevitable
5. conducive

6. homosexual
7. abreast
8. recognized
9. enormity
10. susceptible

Section 4: Listening

Objective: To help students extract the main ideas from a lecture/talk.

Procedures:

1. Encourage students to focus on the main ideas, not details. Tell them to avoid concentrating on individual words or facts. What does the speaker want them to know.
2. Make sure that students read and understand the questions before they listen.
3. Read the listening text

Listening text for the unit

GEOGRAPHIC TRENDS OF THE DISEASE

In this text, I'm going to discuss the geographic profile of HIV/AIDS.

First of all, let's see the overall background of the geographical profile of the HIV epidemic. The geographic profile of the HIV epidemic is diverse. Available statistical data helps to show the shape of the epidemic in a given geographic region, but only in very general terms. It is important to bear in mind the limitations of any picture formed on the basis of statistics. Such pictures provide a true and accurate description for the majority of people affected by HIV within a given context but they also tend to mask the reality for minorities affected by the disease. For example, in many counties of the North, HIV is spoken of as mainly affecting homosexual men. This is true, but heterosexual women and men are also infected through sexual intercourse, receiving infected blood or blood products or illicit injection of drugs.

Now let me say a few things about the transmission of the virus. Worldwide, and particularly in countries of the South, HIV is mainly an infection that is transmitted by heterosexuals. Again, this statistics, while true, hides another truth-that infection is also occurring through injection drug use and / or homosexual sex. In developing countries where cultural taboos evoke

vociferous denials of even the existence of homosexuality, the truth that HIV can be transmitted through homosexual sex becomes further obscured. Despite these limitations, available statistical data provide an important tool to understand the shape of the epidemic in different parts of the world.

Having said this, let's look at HIV-prevalence in Africa. Almost 70% of all those with HIV are living in sub-Saharan Africa, a region that is home to just 10% of the world's population. At least 30 million Africans now live with HIV, and in 2002 AIDS claimed the lives of an estimated 2.4 million African people. Ten million young people (ages 15 to 24) and almost 3 million children under 15 were living with the virus. Life expectancy in the 35 worst affected countries in Africa is estimated at 48.3 years – 6.5 years less than it would be in the absence of AIDS. Nearly 90% of children born with HIV or infected through breast-feeding are living in sub-Saharan Africa. The countries of southern Africa are most severely affected by the disease; HIV prevalence among adults exceeds 30% in Zimbabwe, Botswana, Namibia, Lesotho and Swaziland. In East and Central Africa around 10-15% of adults are estimated to be HIV-infected. When we move onto the situation in Ethiopia Over 6.6% of the Ethiopian adult population is thought to be HIV positive. That is to say approximately 3 million people are infected with the virus. As is the case elsewhere in Africa, transmission is almost exclusively through heterosexual contact. Surprisingly, a large proportion of new HIV infection is occurring in young people under 25 years old.

Now let me say few words about HIV prevention in Africa. Although HIV/AIDS has devastated Africa over the last few years, there are some hopeful signs. HIV prevalence among adults continues to fall in Uganda, a country that has undertaken major prevention programs. Moreover, there is evidence that prevalence among young people, particularly women, is dropping in other parts of the continent. HIV prevalence for South African pregnant women fell from 21% in 1998 to 15.4% in 2001, and in Ethiopia infection levels among women attending ante-natal clinical in Addis Ababa dropped from 24.2% in 1995 to 15.1% in 2001. The report also notes the encouraging trend of continued declines in Uganda and Zambia.

At this point we shall have a look at the degree of prevalence of HIV/AIDS in Asia. The epidemic seems to have reached Asia more recently than Africa. Yet parts of Asia have shown rapid rises in infection levels, and researchers predict that the region of South and South East Asia is set to become the next epicenter of the epidemic. An estimated 7.2 million Asians were living with HIV

by the end of 2002 – a 10% increase since 2001. A further 490,000 people were estimated to have died in 2002, and about 2.1 million young people (15-24) were living with HIV.

Let's look at the effect of the disease in some countries of Asia. The virus is spreading rapidly among the vast populations of India, Indonesia and China – a fact that is masked by the seemingly low prevalence rates. India's adult prevalence rate of less than 1% gives little indication of the serious situation existing in that country. Almost 4 million people in India were estimated to be living with HIV at the end of 2001—the second highest number in the world after South Africa. There are an estimated 3,000 new HIV infections in India every day, and the World Bank has warned that unless aggressive measures are taken, 40 million residents may have HIV by 2005.

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

Task 1. Listening for the main idea

The answers are:

1. False
2. False
3. True
4. False
5. False
6. False

Task 2. Listening for detail

Reread the listening text for the students. Tell them to try taking notes if they want.

The answers are:

1. 48.3 years
2. heterosexual intercourse
3. 70
4. 2.4 million
5. Zimbabwe, Botswana, Namibia, Lesotho, and Swaziland.

6. 21%/ 15.4%
7. 24.2 % /15.4%
8. 7.2 million
9. 30,000
10. 40 million

Task 3. Reacting to the talk

Encourage students to express their feelings. Students can work in pairs or as a group and then report their ideas to the class.

Section 5: Writing

This activity is designed to help students understand coherence. Explain to students that their job is to work out how the sentences relate to each other and to reorganize them so that they create a logical development of ideas. This is what we mean by coherence. Encourage them to work individually and compare their answers with their partner(s).

Answers: b, a, c, f, d, g, e

Section 6: Grammar

Aim: To help the students identify some common ways of expressing agreement and disagreement.

Procedures: Tell the students to organize the expressions in two columns as follows.

<u>Agreement</u>	<u>Disagreement</u>
<ul style="list-style-type: none"> • Yes, definitely absolutely • I agree • Certainly • You're absolutely right • I think so, too 	<ul style="list-style-type: none"> • I'm afraid I disagree with you (polite) • Yes, but (polite) • Do you think so? (polite) • That is wrong! (impolite) • I don't know if I agree with that • You can't be serious

Then talk about which expressions for disagreeing are more polite than others

Section 7: Speaking

This task enables learners to practice agreeing and disagreeing with each other by taking a position.

Procedures:

1. Write each statement from section 6 on the blackboard
2. Demonstrate what to do with one of the students. Then ask the students to exchange ideas by agreeing or disagreeing on each statement in pairs.
3. For feedback, you can ask some students to present their argument to each statement to the class.

Section 8: Reflection

The aim of this section is to get the students to evaluate their language learning so far and to plan for improvement in the future.

Procedures:

1. Ask students to work individually and share their responses with their partners.
2. Ask some students to report their responses to the class. Do not judge any of the answers.

UNIT TWO

MODES OF HIV TRANSMISSION AND RISK FACTORS

Introduction to the unit

In this unit students will study a number of listening and reading texts, in which HIV transmission modes and risk factors are described. The objectives are to enable them 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.

Section 1: Brainstorming

This activity helps students prepare for the following reading and listening texts by getting them to exchange and discuss their prior knowledge about HIV transmission factors. Get students to answer the questions individually and then discuss their answers in groups. Get feedback from the whole class. Accept a variety of answers but leave definite answers to be discovered as students work through the unit.

Answers

- a. Low risk
- b. Yes
- c. Not unless both have cuts on their hands
- d. Yes, if unprotected
- e. Yes, if unprotected
- f. No
- g. No

Section 2: Reading

The aim of this activity is to help the students draw conclusions from what they read.

Task 1. Predicting

This task helps students predict the information in the text based on their experience and prior knowledge and encourage them to read the passage to confirm their expectations.

Thus encourage the students to the table with their predictions and then read the passage to find out if their answers are consistent with what the passage or the table shows.

Task 2. Reading for main ideas

Ask students to read and understand the following questions before reading the passages. They should then skim the text quickly to answer them.

Answer

1.
 - Sexual intercourse between men and women
 - Mother to baby
2. 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)
3. to identify the kinds of body substances and fluids that contain enough virus to pose a measurable health risk to others .

Task 3. Drawing implications and conclusions

- Ask the students to read the text again, this time carefully, underlining words and phrases they think are important. Then instruct them to answer the question
- Ask them to work individually and then discuss their answers in groups.

Possible answers

1. Because semen is one of the bodily fluid with high amounts of virus in it.
2. Because doing so may lead to fear of any discrimination against HIV positive people.
3. The virus must pass from one person's blood stream into another either directly or through other body fluids (such as semen and vaginal fluids).

Task 4. Working out word meaning from context

Tell your students that one skill of reading is to work out word meanings from context. Help them guess the meanings of the new words based on the contextual clues in the text.

Suggested Answers

1. not good enough
2. protections/safety
3. fatty
4. extremely small
5. to cause a problem/a difficulty
6. unnecessary
7. bias/unfairness/prejudice

Section 3: Listening

Listening and taking notes

The purpose of this task is to get students to practice listening carefully and taking.

Ask the students to look at the flow chart before they listen to the talk. Tell them they will listen to the talk once only.

Sexual Behavior and HIV

Taken from:

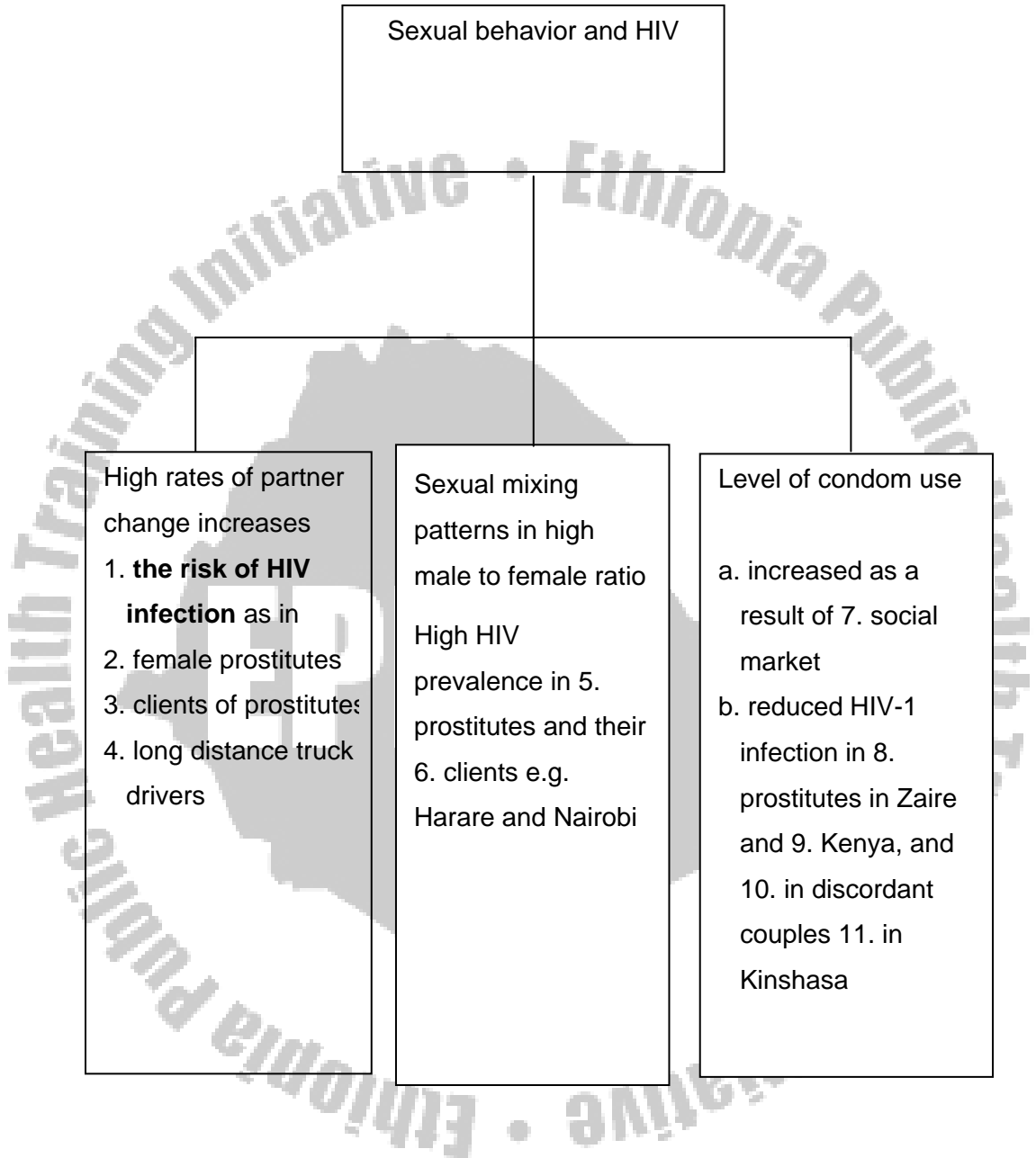
- Alfredo Nicolosi 1994. HIV epidemic: Models and Methods. PP 80-1.
- HIV/BSS. HIV/AIDS Behavioral Surveillance Survey. Ethiopia 2002, Round One.

Today I'd like to talk about factors influencing the spread of HIV-1 infection in Africa in relation to sexual behavior. My talk focuses on three issues. First, I'll discuss rates of partner change and its effect. Next, I'll discuss sexual mixing patterns or male-female ratio, and finally, I'll talk about the level of condom use in Africa. In the first place, as you all know HIV infection is a sexually transmitted disease, and sexual behavior is without doubt the most important determinant in its spread. This is because the heterogeneity of sexual behavior among and within populations can be enormous and probably plays an important role in the heterogeneity of the AIDS epidemic in Africa, as well as in Europe.

The first and the most important factor in the spread of HIV-1 infection in Africa is high rates of partner change, which increase the risk of HIV infection. Rapid spread of HIV – 1 has been documented in female prostitutes, clients of prostitutes, and long distance truck drivers in Africa, just as it has in homosexual men in some major cities in North America and Western Europe. Another important factor is the ratio of men to women in a given population, which largely defines how rapidly HIV-1 spreads, particularly in the early stages of the epidemic. Thus, in cities with a high male – to – female ratio such as Harare or Nairobi, the rate of casual and commercial sex is increased resulting in high HIV–1 prevalence rates in prostitutes and their clients and in fairly rapid spread in the general population. In contrast populations with roughly equal numbers of men and women may see a slower spread of HIV. However... as the prevalence of infection increases in the general population an increasing number of people, particularly women, become infected without practicing high-risk sexual behavior themselves. This is illustrated by data from Kenya, Rwanda, and Zaire showing that an increasing proportion of women with HIV-1 infection have a regular partner or husband as their only sexual contact. In contrast to the West... in several African countries women have higher HIV-1 infection rates than men. It is not clear whether this is due to a more efficient transmission from men to women, earlier onset of sexual activity in women, a higher degree of exposure of women to infected men, or longer survival rates among infected women.

To finalize my talk...let me talk about the level of condom use in Africa. Condoms are becoming increasingly popular in Africa... mainly as a result of social market programs. The reduction in HIV–1 incidence following condom use has been well documented in prostitutes in Zaire and Kenya... and in discordant couples in Kinshasa. It is probable that massive condom use will further slow down the spread of HIV. Unfortunately, governments of several countries are still not supportive of aggressive promotion of condom use.

Encourage the students to compare their answer with a partner/group Suggested
Answers



Section 4: Writing

Task. 1. Interpreting a pie-chart

A. The pie-chart shows:

1. The dominant HIV transmission mechanisms in Ethiopia
2. Sexual contact. Accept all possible explanations
3. Accept all possible explanations

B. Describing a pie chart

The task helps students practice writing a descriptive paragraph based on the data in the pie chart. Ask students to write about what they understand from the chart, and why they think sexual contact is the most important factor in the spread of HIV in Ethiopia. Then ask them to exchange their draft paragraph with their partner. Encourage them to comment on each other's work, paying particular attention to the organization and content of their paragraphs.

Section 5: Reflection

Encourage the students to review their progress in this unit as language learners. Draw their attention to language learning strategies used in the unit.

UNIT THREE

MANIFESTATIONS OF HIV/AIDS

Introduction to the unit

The unit enables the students to:

- practice controlled writing tasks
- learn how to transfer information from a text to a table
- learn to describe medical facts

Section 1: Brainstorming

Task 1. Getting Ready

Ask the students to answer the questions together, either in pairs or groups. Then, get them to report their ideas to the whole class. Draw out a variety of responses but leave definite answers to be discovered as students work through the unit.

Section 2: Reading

Ask students to look at the tables before reading the text. They should then read the text carefully and take notes in the tables provided.

Possible Answer

	Phases	Description
1.	Acute HIV syndrome	- occurs as a result of sero conversion following antibody production against the virus - fever, headache
2.	Asymptomatic period	- no clinical signs and symptoms - laboratory Evidence exists
3.	Symptomatic period	HIV-related diseases and AIDS develop
4.	Early symptomatic period	- infection progresses and immunity declines - patients become more susceptible to infections
5.	Late symptomatic disease	Severe immunosuppression
	Diagnostic criteria	Description
1.	Based on lab. test	HIV infection and CD ₄ ⁺ T- cell < 200 ml
2.	Based on care definition	Two major sign + one minor sign = weight loss, chronic diarrhea, prolonged fever, etc.

Section 3: Vocabulary

Task 1. Guessing word meanings from the context

Help the students match the words with their meanings based on the reading text.

Answers

1. C 2. A 3. B 4. D
5. I 6. E 7. J 8. F 9. G

Section 4: Grammar

Task 1. Using simple present tense to describe medical records/facts

The aim of this task is to help learners use the communicative text to make discoveries about how the language is used to describe facts.

Encourage the students to work individually and then compare answers with a partner.

Possible Answers

- | | | | |
|------------|----------|--------|-----------|
| 1. is | 2. lives | 3. are | 4. do not |
| 5. include | 6. are | 7. are | |

Section 5: Writing

Task 1. Parallel Writing

Help the students write short, descriptive paragraph using Section 4 as a model.

Section 6: Reflection

Help students review their progress. Draw their attention to the learning strategies and skills emphasized in this unit.

MODULE TWO

GLOBAL PERSPECTIVES ON HIV/AIDS

UNIT ONE

THE ECONOMIC IMPACTS OF HIV/AIDS

Section 1: Brainstorming

Ask students to discuss the questions given in this task. Encourage them to come up with a variety of answers.

Section 2: Reading

In this section students read a text titled “Do you know this?” As they read, the students should compare the information in the text with their own previous knowledge about the impact of HIV/AIDS and with their answers from section 1 above.

Task 1. Reading for main ideas

1. Remind students that they are reading for the main ideas, not for detail. They should focus on what the main point of each paragraph is.
2. Ask them to read the questions before reading the passage.
3. Students can do the task individually. Then ask them to compare their answers with pairs.

Possible answers

1. It is difficult to clearly identify the exact economic impacts of HIV/AIDS due to:
 - a) Other economic problems in countries affected by AIDS.
 - b) Lack of accurate data on how AIDS related illness actually affects different economic activities
2. The disease has caused a sharp fall in the annual per capita growth in half of sub-Saharan Africa.
3. The impact of HIV/AIDS on the international economy.
4. Firm suffer reduced productivity because of AIDS.

5. The disease is killing the most productive segments of the labor force.
6. The effect of HIV/AIDS on families, agriculture, women, children, and the elderly.

Task 2. Reading for Inferences

Explain to the students what inferences are and how inferential is different from reading for main ideas. Tell them that when they infer, they need to use the information in the text (textual information), plus their own background knowledge and experience (called non-textual information). Make sure they understand that the answers to the questions may not actually be in the text itself.

Answers:

1. The future labor force in Africa will be greatly decreased. [This can be inferred from looking at the data in the chart].
2. Military power is considered more important than health or education in many African countries. [This can be inferred from the statement that more money is spent on the military].
3. If the adult labor is depleted due to HIV-related illness and death, children will be forced into labor to make up the difference.
4. Children, especially girls, will not receive as good an education.

Section 3: Writing

Introduce the purpose of the section.

Tell the students that by joining a series of short, choppy sentences they can sometimes create better-sounding and more efficient sentences. Focus on what the students should eliminate when they combine the sentences.

Answers

- A. Reproductive and sexual health is about personal behavior in health and sex, the ability to negotiate safe sex, and includes contraceptive and condom use when required.

- B. Absenteeism and premature death of workers have a direct effect on the productivity of an enterprise, disrupt foreign investment patterns, affect the microeconomic stability of a country, and threaten the educational and health status of orphans.

Section 4: Listening

In this section, students listen to a text titled “Poverty and HIV/AIDS”.

Task 1 Listening for the main idea

Tell students that when they listen for the main idea they listen to get the gist or the most central meaning of the listening text. Ask students to take note if necessary. Students can do this individually and compare their answers.

Answers:

1. True
2. True
3. False
4. True

Task 2 Listening for the order of ideas

The purpose of this task to help students listen for the order of points as they occurred in the listening text. Since they are listening just for reordering students may not need to take notes. Get them to do this first individually, and then to compare their answer in pair.

Answers:

1. 5 2. 3 3. 1 4. 6 5. 2 6. 4

Section 5: Speaking

Task 1. Reflecting

Encourage students to reflect on their personal feelings, opinions or views based on the questions in this task. Students should also relate their opinions to what they see happening in their communities.

Task 2. Debating

Ask the students to organize themselves into groups. Each group should choose one topic to debate among themselves. You can use the task to evaluate the students' speaking skills.

Section 6: Reflection

Student self-evaluation about their progress in the process of language learning is highly useful. It gives them the opportunity to look critically into their own weakness and strengths. They may also have the chance to get their instructor's advice about how to improve their problems. So encourage them to look back carefully at what they did in each activity of the unit. To achieve serious self-evaluation students need to go through each activity separately. They can discuss in pairs or groups.

POVERTY AND HIV/AIDS

In this talk, I'm going to discuss the complex relationship between poverty and HIV/AIDS. Poverty goes hand in hand with HIV/AIDS in some countries. Conservative estimates indicate that the number of people living in poverty has already increased by five percent as a result of the epidemic, thus jeopardizing efforts to reach the UN Millennium Summit's goal of halving the numbers living in extreme poverty by 2015. While poverty does not cause HIV/AIDS, it facilitates transmission, makes adequate treatment impossible to afford, accelerates death from AIDS-related illness and multiplies the social impact of the epidemic.

Now let me move on to talk about how poverty increases vulnerability. Poverty creates situations which make people more vulnerable to HIV-infection. Poor people have a lower nutritional and general health status. This leads to weaker immune systems, which in turn reduces their ability to overcome exposure to HIV and makes those already infected more

susceptible to other HIV-related infections. Poor people are less able to access general health services and are less likely to receive prompt treatment for other sexually transmitted infections. Lack of educational opportunities reduces the earning capacity of poor people and means that they are less likely to benefit from, and harder to reach through sexual health, and HIV awareness raising initiatives.

Having said this, let's take a look at the great vulnerability of the poor to HIV infection. Those living in poverty are less able to avoid risky situations. Throughout the world women and young girls (and increasingly young boys) are forced to exchange their only marketable commodity-sex- for food, money, school fees or other essentials for themselves or their families. Meeting short-term survival needs through prostitution often takes priority over protecting longer-term health needs.

Now let me say a few words about the reciprocal relationship between HIV and poverty. While poverty increases vulnerability to HIV, the reverse is also true; HIV aggravates poverty. It does so by thrusting household's back on ever more limited resources as it removes ailing wage earners and their (usually female) care takers from employment; it reduces families' ability to engage in small-holding or agricultural work; it means that families' meager savings or capital (e.g. livestock) are put into medicines, health care and funerals or that they are forced into high interest borrowing to meet such expenses. HIV also aggravates poverty through the reduction of employment opportunities. Industries' experience a downturn; there is a decline in economic growth due to the loss of skilled labor and increasingly, the resources which do exist are used for consumption rather than investment.

In relation to this, I'd like to point out how a vicious circle becomes established, with poverty fueling the spread of HIV, which in turn fuels poverty. HIV causes gradual erosion of resources within families, communities, industries, schools and the health services. Even within churches, the infection affects laity, religious people and clergy. Similar to its on humans, the virus disables a society's immune system, the very system that might afford protection. At a socio-economic level, HIV disables the human and material resources that should be at the forefront of HIV care and prevention initiatives. This is especially and disproportionately so among those who are already living in poverty.

Let me finish by stating the complexity of the factors that lead to poverty. The factors contributing to poverty are diverse, multidimensional and inextricably linked with vulnerability to HIV. International initiatives to address HIV need to focus on strengthening the capacity of civil societies and governments in those countries most affected by the epidemic to tackle economic

inequalities. Poverty and HIV have a disabling effect on communities and countries. Poor people are generally excluded from the very decision making processes, which impact on their situation. Seeking the right of participation at international or national levels in order to tackle poverty and/or HIV is doubly challenging for those disabled by exclusion. It is now widely agreed that exclusion itself is a dimension of poverty and that participation is essential for tackling poverty and achieving pro-poor outcomes. Clearly, national HIV/AIDS strategies- if they are to be successful- require not only unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices.

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



UNIT TWO

“LIVE AND LET LIVE”

Section 1: Brainstorming

Ask students to discuss the phrase “Live and let live” in groups for five minutes. Note that there is no right or wrong answer.

Section 2: Listening

In this section, students listen to a text about stigmatization and discrimination. Before they listen, ask students to discuss the true/false statements in task 1 with their partner(s). The discussion is a warm up activity for more meaningful listening.

Task 1. Listening for the main idea

Here, students should focus on the most critical points in the listening text. Emphasize that they should not try to catch details at this time.

Answers:

1. True
2. False
3. True

Task 2. Listening for details

Ask students to listen to the text again. This time they should listen for details, taking notes if necessary. They should compare the task individually and then compare their answers in pairs or groups.

Answers:

1. Families and communities are generally supportive settings for illness management and treatment.

2. Women and those whose life styles and sexual behaviors elicit popular disapproval
 - a. being refused shelter
 - b. being denied a share of household property
 - c. being denied access to treatment and care
 - d. being blamed for a husband's HIV diagnosis.
3. community perception of the disease
4. isolation and ostracism within the community.
5. stress and depression Since most people in India hide their-positive status, the epidemic is not socially visible
6. a source of infection to others/repulsion or fear
7. discrimination in the work place
8. HIV status

Section 3: Reading

Task 1. Reading for the main idea

When they read for the main idea, students attempt to arrive at the central concern of each paragraph. Ask students to skim the text and try to identify the main idea in each paragraph.

Answer:

1. The writer wants to emphasize that many countries have enacted laws, rules, policies and procedures that may result in the stigmatization of people with HIV/AIDS.
2. Many measures enacted to “protect” society from infection discriminate against, or exclude, those who are already infected.
3. The writer points out that governments and national authorities contribute to HIV/AIDS-related stigmatization not only by enacting discriminatory laws, but also by concealing and denying the existing of AIDS.
4. Stigmatization also occurs at the community level and can include harassment and scapegoating

Task. 2. Reading for details

Answers:

1. a). Legislation for the compulsory screening and testing of groups and individuals
b). The prohibition of people living with HIV/AIDS from certain occupations and types of employment
c). The compulsory treatment of infected persons
d). Limitations on international travel and migration,
e). The restriction of certain behaviors such as injection, drug use and prostitution
2. The compulsory screening of certain populations or “risk at-groups” leads to (a) the stigmatization of such groups and (b) a misplaced sense of security among those who do not see themselves as belonging to these segments of the population.
3. They have been justified on the grounds that the disease constitutes a public health emergency.
4. It includes legislation that protects the rights to employment, education, privacy and confidentiality, as well as the rights to information access, treatment and support.
5. A government’s denial makes those individuals acknowledged to have HIV/AIDS appear abnormal or exceptional.
6. The community-level responses to people with HIV/AIDS include:
 - The harassing and scapegoat of individuals suspected of being infected or of belonging to a particular group has been widely reported,
 - Acts of violence and murder, and singling out for violence and abuse.

Section 4: Vocabulary

Task 1. Guessing word meanings from context

Before students read about guessing from context get students to reflect on their previous experience tackling difficult vocabulary items. Did they go to a dictionary or ask others to help them? Have they ever attempted to work out the meaning from context? Let them evaluate to what extent they were successful with strategies they were using. After this, explain to them the

meaning of guessing from context. Emphasize that it is a natural way of learning the meaning of words. Get them to assess the role of the context clues.

Get the students to fill in the table containing the bolded words in their exercise book. Students should do this first individually and then compare their answers. Make students discuss the most important clues to the meanings of the words.



No	words	Meaning	Clues to the meaning
1.	Belief	assumptions, ideas stereotypes	Collocates with “community held”
2.	Access	attain, get, have, etc	Collocates with “supportive networks
3.	Variables	factors	Examples of factors like sero status, age, gender, etc.
4.	Depiction	representation, portrayal, understanding	Collocates with “negative....”
5.	Withdraw	exist separately, get detached	Related words like “isolation” and “self-preservation”
6.	Exclusion	complete withdrawal	Collocates with “from” and “social and sexual relationships”
7.	Social death	social detachment	Definition
8.	Enacted	enforced /or reinforced	Collocates with “law” - laws, rules and conventions are enacted
9.	Reactions	responses	Wider context
10.	Disadvantaged	victimized, ill-treated	Word grammar dis-advantage-ed
11.	Punitive	severely punished	Collocates with the word “law”
12.	Erroneously	wrongly, unfairly	Collocates with the word “perceived” and the wider context
13.	Fertile	fundamental, strong, potential	Collocates with the word “basis” and cause-effect relationship
14.	Excused	pardoned	Word grammar
15.	Rejection	exclusion, discarding	Wider context
16.	Evict	send out, drive out	Collocates with “from” and “house”
17.	Manifest	shown, disclose	Collocates with the word “denial”
18.	Discourage	prevent or reduce willingness	Word grammar
19.	Undermine	decline, reduce, weakens	Cause-effect relationship

Section 5: Grammar

In this section, students will practice writing cause and effect sentences. Go through the grammar lesson, which offers many examples.

Possible answers (students will come up with other variations):

The result of AIDS epidemic has been socioeconomic destruction in African countries.

The death of parents due to AIDS leads to psychological disturbance and socioeconomic insecurity of children.

Children often have to drop out of school because they have to care

Due to fear of shame, families sometimes hide the HIV-positive status of members.

Absenteeism due to AIDS-related illness results in the weakening of a firm's productivity.

Section 6: Writing

Tell students that the main goal of this exercise is for them to think about and summarize the main points they have learned about HIV-related discrimination in this unit. Before they begin, ask them to exchange ideas about how to summarize large amounts of information. After they have finished writing their paragraphs, ask them to exchange and evaluate each other's work.

Section 7: Speaking

Task 1. Role playing

This exercise allows students to practice speaking, and also to practice tailoring their arguments to certain audiences. Ask the students to form groups of between 5 and 8 people. Each student should choose one of the social or professional roles listed and then pretend that they must speak to an audience about the root causes and effects of HIV-related stigmatization and discrimination.

Give students a few minutes to prepare. Ask them to pay special attention to their role in terms of the information they focus on. For example, a health professional might talk about the health effects of discrimination. A child rights activist will speak about its effect on children. A women's rights activist will focus on AIDS-related stigmatization and women, while a labor unionist might discuss discrimination in the workforce. Use this task to assess students' speaking skills.

Task 2. Debating

Ask students to form groups and debate the views provided. Each half of the group should defend a different position, coming up with arguments and counter-arguments from their own experience, as well as from what they have learned in this unit. Encourage self-expression.

Section 8: Reflection

Ask students to look back at what they did in each activity of this unit and indicate how well they did. Encourage them to tell you what type of learning activities they need to improve and what help they could use from you.

Listening text

“Live and let live”

In this talk, I’m going to discuss discrimination against HIV-infected people.

In most developing countries, families and communities are generally supportive settings for illness management and treatment. However, data gathered from some households shows that even within families, there are some negative responses to HIV-infected members. Negative responses are particularly evident in the case of HIV-positive women and those whose lifestyles and sexual behavior elicit popular disapproval.

Now let’s look at how women suffer discrimination. An Indian study found that of those HIV-infected people who share their status with their families, more men than women received their families’ care and support. Forms of discrimination against women with HIV included being refused shelter; being denied a share of household property; being denied access to treatment and care; and being blamed for a husband’s HIV diagnosis, especially when the diagnosis is made soon after marriage. Factors influencing whether women received family support included the quality of past familial relationships, age, economic and educational status, and the apparent or suspected source of infection.

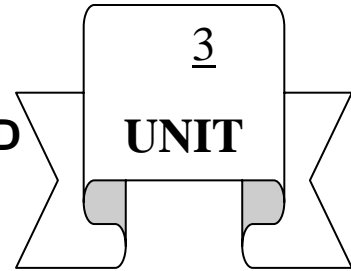
Let me now move on to the factors influencing family responses to HIV-infected members. Family responses to infected relatives are heavily influenced by community perceptions of the disease. Families that include an individual with HIV may fear isolation and ostracism within the community. Consequently, they may try to conceal an HIV diagnosis, which in turn may cause considerable stress and depression within the family. Because most people living with HIV/AIDS in India maintain such secrecy, the epidemic is not socially visible, and it would appear that

there have been relatively few actual instances of community - based discrimination. However, stigmatization and discrimination may arise when an individual identified as HIV-positive is seen as a possible source of infection to others, or when the physical appearance of someone produces repulsion or fear. By contrast, a person who is known to have HIV, but whose behavior and appearance is “non-threatening,” is sometimes tolerated and may even be offered support in the community. Nevertheless, misconceptions about how HIV is transmitted continue to fuel discrimination.

Finally, it is important to point out another dimension of HIV-related discrimination, stigmatization, and denial (DSD) which can be seen in Uganda, one of the hardest-hit countries in Africa. In Uganda, it has been reported that some organizations terminated the contracts of people with AIDS when they become ill. Those who were HIV positive and unemployed found it difficult to find work; those who did find work were likely to encounter discrimination because of their HIV status. Considering that almost every household in Uganda has been affected by HIV/AIDS in some way, it is surprising that 53.5% of respondents in one study said that people with HIV/AIDS should not be able to work alongside those who were uninfected. Adapted from: *HIV and AIDS-related Discrimination, Stigmatization and Denial (the case of India and Uganda)*. UNAIDS, Geneva, Switzerland, August, 2001, pp.

UNIT THREE

THE IMPACTS OF HIV/AIDS ON HEALTH AND EDUCATION SECTORS



Section 1: Brainstorming

Encourage students to think about the brain-storming questions given. Accept a variety of answer, but allow students to discover definite answers themselves as they work through the unit.

Section 2: Reading

Task 1. Reading for the main idea

This text will address the questions asked in section 1: Brainstorming. As they read, students should relate the material to their previous speculations. Ask students to focus on the main idea of each paragraph, then answer the following questions.

Answers:

1. The HIV epidemic is stretching the public health systems of developing countries beyond their limits.
2. Because of the increased in HIV-related diseases, patients needing hospitalization for other, less severe conditions are being neglected.
3. The writer wants to emphasize that the increased number of people contracting TB is related to HIV epidemic.
4. The writer wants to point out the drastic effects of HIV/AIDS on education.
5. The HIV epidemic has resulted in the deaths of many teachers, as well as increased attrition and lowered productivity.
6. when students die of HIV/AIDS, families and governments remain lose their return on educational expenditures.

Task 2. Reading for inference

Possible answers:

Note that other, inference-based answers are possible.

- 1 Countries may spend on health at the expense of other development priorities like educational and economic advancements. For example, Rwanda has spent money on HIV/AIDS at the expense of other health priorities.
2. Patients with other illnesses may not get proper treatment.
3. Health care workers may fear their HIV/AIDS patients.
4. When a teacher dies, it is difficult to replace him/her. Students, therefore, fall in their studies. A teacher's death also affects students' emotionally.
5. One could infer that South African youth are very sexually active, or that they do not use proper protection during intercourse.

Section 3. Speaking

Making public speech

In the real world, not everyone gets the chance to make a public speech. People who do make public speeches are often representing the views of many people. It is possible to simulate this real-world situation in the language classroom.

Ask students to form groups of five to eight people. Each group should choose a leader to direct the exercise. This person will represent the group and will speak on their behalf. Together, the group will choose a topic upon which to write a speech. Tell students the aim is to persuade an audience. The group will work together to organize main points and collect supporting evidence, but only one person will present the speech to the class. Emphasize to the students that a good public speech is rarely the work of only one person. Politicians, for example, have teams of speech writers working with them. This may increase group cooperation. As the instructor, you should monitor the groups and see how they are doing. After the speeches have been made, encourage the class to comment on the quality of the speeches. Were they persuasive? Which speech was most persuasive and why?

Section 4. Writing

Task 1. Summarizing

Ask the students to write one paragraph summarizing the major effects of HIV/AIDS on the health and educational sectors of a country. Students should look back at the tips for summary writing they were provided in Unit Two of this module. Ask the students to read their paragraphs out loud.

Task 2. Writing a Letter of opinion

Section 5. Grammar

Task 1. This task provides students with information on the various ways to express future action in English.

1. = B
2. = C
3. = E
4. = D
5. = A

Task 2. Tell students to talk about the future taking in to consideration issues of HIV/AIDS.

No	Words	Meanings	Context clues
1.	Demand	Need	Collocates with ' for health'
2.	Absorbed	Taken	Word grammar
3.	Alarming	Frightening, shocking	Wider context
4.	Leading	Main, principal, or major	Word grammar and cause-effect relationship
5.	Spending	Expense, expenditures	Word grammar wider context
6.	Expenditures	Expenses	Wider context and collocates with "health sector"
7.	Bereavement	Suffering the loss of a loved one	Wider context
8.	Constitute	Form	Collocates with "educational managers"
9.	Incidence	Prevalence rate	Collocates well within 'high of HIV infection'
10	Personnel	Workers	Collocates with 'educated'
11	unpopular	Not popular	Word grammar and wider context
12	disincentive	Discouraging	Word grammar and wider context
15	investment	Putting money project	Word grammar

Section 6. Vocabulary

Task 1. Guessing word meanings from context

Ask the students to reread the text about the drastic impact of HIV/AIDS on the health and education sectors. Let them work out the meanings of the words written in bold from context clues in the paragraph.

Possible answers are:

Task 2. Choosing the right word

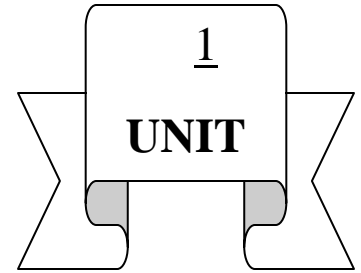
Answers:

1. Discrimination
2. Denial
3. Examination
4. Rejected
5. Disadvantages
6. Raped
7. Vulnerable
8. Rape

Section 7. Reflection

Ask the students to go back over what they did in this unit. Encourage them to rate their performance and write what they would like to do in the future to improve their language skills.

MODULE THREE
EXPLORING THE RELATIONSHIP
BETWEEN CULTURE AND HIV/AIDS



UNIT ONE
SEX, SEXUALITY AND CULTURAL ISSUES

Section 1: Brain storming

This activity is designed to activate the students' prior knowledge about this unit's topic.

Task 1. Remembering your experiences

1. Ask the students to first try to define each term individually. Then, ask them to compare their definitions in groups, before you elicit as many definitions as possible from as many students as possible for a class discussion. A one-sentence definition is very limited. Provide them with expressions such as:
Culture is _____.
It consists of _____.
Some examples are _____.
2. The main purpose of this task is to build confidence and assertiveness in discussing some social 'taboos'. Give them sufficient time to discuss in pairs.
3. This task encourages students to critically evaluate their own culture vis-à-vis the HIV/AIDS epidemic.

Task 2. Understanding cultures

This task may be challenging to the students. Help them with questions for discussion, such as:

- What if churches were to teach young people about the use of condoms?
- What if women were to take more initiative in their sex lives?
- What if parents were to discuss sex openly and with their daughters and sons?

Relate “what-culture” with analyzing the nature, meaning, and origin of social taboos. Help them to analytically see so that they demystify them. For example, circumcision of female originated from no cultural or religious causes.

Relate “that-cultures” to some of the harmful practices that the Ethiopian society wants to preserve for no good reason; for instance, some marriage practices such as polygamy, have no place in a modern society.

Section 2: Speaking

Task 1. Agreeing or Disagreeing

The main aim of this task is to help students explore, think about and organize their thoughts, as well as encouraging them to discuss their thoughts with confidence. Give them sufficient time to discuss.

Task 2. Debating

The purpose of this task is similar to that of Task 1 above, i.e. to encourage students to use English purposefully. Help them relate these controversial arguments to Ethiopian culture.

Task 3. Personalizing

A. Expressions for strong commitment to one’s opinion/position are:

- I know
- I think
- I am sure that
- I have no doubt that.
- One should

B. Expressions for lesser commitment or hedging are:

- I wouldn’t mind
- Maybe
- I don’t mind
- I guess

It's possible that

Ask the students to think of other such expressions.

Personalizing issues helps the students to think in and use English meaningfully. Help them by providing the above expressions. If they are provided with a similar writing task, they may be able to expand their opinion further.

- C. This task will help students form concepts. If there is time ask them to present their viewpoints in groups, possibly as a debate. You can ask each group to be members of a Ministry so that each 'Ministry' competes to win the money with a convincing argument.

Section 3. Reading

Task 1. Anticipating

Anticipating what topics a text might address before reading helps students to read with greater purpose. Explain anticipating to them, before they do the task.

Task 2. Skimming

There are two purposes for this reading:

1. To help students practice the skill of skimming
2. To help them understand the main points of the articles using both (*inner-text context*) and (*outer- text context*).

Make clear to the students the distinctions between inner-text context and outer-text context after the task is over.

Task 3. Matching Reading Techniques with your purpose

This task helps students become aware of the micro -skills of skimming. Explain to them how each these skill might be helpful. You may want to ask them to read the text again, this time using some of these techniques.

Section 4. Writing

Task 1. Understanding the purposes of quotations

Here are some reasons quotations are used:

- Quotations are sometimes used to make a situation sound more authentic, realistic, or interesting.
- Quotations are sometimes used to support a statement by suggesting that someone well known agrees with you.
- Quotations are used to give credit to someone who has influenced your ideas.
- Short quotations are used to add variety. If the full article /text were used, the reader might lose track of the main idea of the story.

Task 2. Analyzing how quotations are used. (If this task is beyond the current level of your students, you can skip).

1. **Punctuation:** writers use double quotation marks or inverted commas for this purpose.
2. **Language form:** common phrases used to introduce quotation are.

Example 1 “_”, concludes the World Health Organization.

Example 2. “_”, says Errol Alexis.

Often, such phrases come before the direct quotation, especially in formal academic writings.

Example 1: Errol Alexis says, “_”.

Example 2: WHO concludes, “_”.

Example 3 According to Y.P. Gupta, “_”.

3. **Paraphrasing quotations:** For examples, Finger paraphrases /rewords Errol Alexis in paragraph 9. Finger “Based on his work in training peer educators in Namibia, Zambia and the Caribbean, Alexis believe boys are often willing to support women’s rights to contraception.”
4. **Organization:** Finger uses these key words or phrases;
 - *The risky male behaviour....* (Paragraph 5, line 1) to refer to the behaviors quoted in paragraph 4, namely ‘substance use’ and ‘suicide’
 - *Reaching* (paragraph 11) to refer to training
 - *Programs working with young men* (the last paragraph) to refer to training

You might find this (organization) difficult for your students. If so, skip this as it might appear in the following Units

Task 3. Analyzing academic writing

If no journal articles are available, you can use scientific/academic books in English.

Section 5. Listening

Task 1. Preparing for listening

This task helps students prepare themselves for the listening text.

Task 2. Listening for argument

Elicit as much information as possible as far as it is relevant.

Health and Culture

Before I begin talking about the relationship between health and culture, I would like to say something about culture itself.

To begin with, culture, in its most stringent meaning, is the collective consciousness of people. It is shaped by a sense of shared history, language, and psychology. Truly, there is no right or wrong culture, despite differences in communication codes and meanings. Certain elements of culture tend to remain over time while others change. Nonetheless, culture is too often seen as a static set of never – changing values and norms. Armed with a list of negative health beliefs and practices, the unenlightened health practitioner inestimably blames those beliefs and identifies them as cultural barriers. Beliefs are also a product of culture, but not the reverse. Beliefs are often used as a proxy for cultures so that beliefs and knowledge about illness become the focus of culturally appropriate messages and interventions. In fact, the term belief is often contrasted with knowledge.

Now, let me say a few words on the Western perception about the relationship between health and culture. In the first place, the dominant value systems of Western cultures, to varying degrees, tend to view the self as a product of the individual. On the other hand, many other cultures view the self as a product of the family, community, and other environmental influences

over which we neither have, nor want control. Many communities around the world hold the view that culture is an exotic collection of beliefs and practices and mistakenly believe that it exists only in Africa, Asia, Latin America, and the Caribbean. An example of this occurs when health educators and campaign planners ignore local health knowledge and instead seek information about local idioms of expression to better communicate health messages. In other words, there is little attempt to convey messages through viable channels or local belief and practice. Instead, these channels are used to disguise imported knowledge by presenting it in the local idiom.

Culture has, unfortunately, become widely equated with negative individual health beliefs and practices. Surprisingly, culture is seen as a barrier to “real” knowledge, and cultural barriers are commonly cited as a reason for the failure of ill-conceived health communications programs.

On the whole, this kind of misapprehension has led some health communicators implementing programs in non-Western regions to under value the importance of oral communication as a genre. Nevertheless, traditional oral communication continues to maintain its potency and currency, and it frequently plays a key role in health promotion.

To sum up, culture is the central feature of any society. All people belong to a culture, and some might even share more than one culture. It is crucial for health communicators working on HIV/AIDS prevention; to examine thoroughly not only negative behaviors, but also contextual and individual values. These include, for instance, positive elements (to be promoted) and existential elements (unique to the culture but not posing a threat to health and well – being).

(From: UNAIDS. 1999. *Communications Frame Work for HIV/AIDS*. Geneva Penn State)

Task 3. Speaking from notes

This task helps the students integrate the skills of listening, note taking and speaking. Make sure they do not simply standup and read from their notes. Tell them that effective speech-making involves making eye-contact with the audience. Allow them to expand up on the subject of “health and culture” to include experiences from their life.

Section 6. Grammar

Task 1. Listening for signal words

Elicit as many reporting verbs or phrases as possible from the students. Make sure students notice how, in the newspaper, magazine, journal, etc. article, reported speech and direct speech are integrated into the text. Make sure also that these are different genre and hence for instance, in news paper there might be violation of traditional “rules” of direct speech, e.g. with no inverted commas.

Task 2. Reporting

In this task, make it clear to the students that (**signal words**) in one category cannot be used interchangeably with one of the other in another category. Give instances of when exchanging them leads to miscommunication or distortion of meaning. Explain how signal words can help them read more efficiently.

Section 7. Reflections

This activity helps to diagnose your students’ problems. You can then devise remedial measures, such as asking them to revise a past exercise, or designing a new one that addresses the skills in this unit.

UNIT TWO

CULTURE: FOR OR AGAINST HIV/AIDS?

Section 1. Brainstorming

The main purpose of this task is to prepare students for the other activities and tasks in this unit. Encourage them to critically think about, write down and/or discuss their views with the whole class.

Section 2. Reading

Task 1. Pre-reading

This task is suited for adaptation to other kinds of activities, such as role- Playing, drama, music, etc.

Task 2. Scanning

Time is important when scanning. So, encourage the students to scan quickly, but with sufficient understanding. Before they begin, give them some scanning techniques—in particular, looking for key words used in the questions, such as “Ashe” or “masturbation.”

1. Literally, *Ashe* means one’s inner strengths and self-respect. Figuratively, however, it is the name of a performing arts company in Jamaica, whose mission is peer education and personal development.
2. There are strong social beliefs and customs (taboos) forbidding open discussion of sex, sexuality, and related issues.
3. The writer, Holgate, says that his experience of performing on stage not only increased his own self-esteem but also taught him the “language” of self-esteem. Besides, he learned what it took to demonstrate his self-esteem in his life. He metaphorically compares his learning experience to how a child learns his/her language and people in his /her surroundings.
4. The writer tells that, after a series of performances in which he played a negative character, his feelings and information penetrated into his core; i.e., he self-analyzed. This helped him to avoid certain consequences associated with unsafe sexual practices.

Section 3. Vocabulary and Punctuations

Task 1. Recognizing metaphors and connotations

Make clear to the students that sometimes we read because we want to increase our awareness about the language how vocabulary operates differently in various contexts, for example

Metaphor	Connotation
Operation	Circumcision
Cut up	Circumcise
Midwife	A notorious local woman who circumcises

Task 2. Understanding punctuation

1. Single quotation marks are often put around words that are being used in a special way for example, when we give them special meaning. Here, marks are used to show that the words (*tie* and *close*) are not being used in their literal.
2. Asterisks are used to tell the reader that an extra, additional explanation of the word is given somewhere at the end of the text or bottom of the same page. Here the writer explains the acronym AIDS at the end of the text.
3. Dashes are used to indicate a pause. Thus, the first dash indicates that the writer is pausing to define the positive aspects of the tradition of female circumcision and the second indicates another pauses to return to the main text.
4. When we want to make a compound noun or adjective from two or more independent words, we combine them with a hyphen/ hyphens. The writer combined *25*, *year*, and *old* and formed a adjective to describe Loise Wakahia.
5. Inverted commas are used to show that an utterance or statement is taken from another person directly as it is not the placement of commas and periods.

Section 4. Reading

The purpose of this task is to encourage the students to read critically and to relate themes to their own lives. The answers to these questions are open-ended. Elicit as many opinions as possible, especially about the message of the poem to Ethiopian parents.

Section 5. Listening

Task 1. Pre-listening

This task prepares students for listening to the text by getting them to think about some of the issues that will be addressed.

How Culture Can Hurt

A listening Text for Unit 3

you might wonder how one's culture can be harmful. Well, around the world a variety of cultural practices and traditions are hurting people. They are especially hurting young people, for they are increasing young people's risk for HIV/AIDS. In other words, these practices and traditions, for the most part, affect young people more than adults. They affect young women even more than young men.

Okay! Let me first talk about women's status, as it reveals a typical manifestation of how culture can hurt. In many societies women ... you know... are expected and taught to subordinate their own interests to those of their partners. With such expectations, young women often feel powerless to protect themselves against HIV infection and unintended pregnancies. Surprisingly often, adolescent girls endure sexual coercion and abuse. Let me give you some examples. In Kenya, 40% of sexually active female secondary school students have been forced or tricked into sex. Likewise, 40% of female adolescent Cameroonians have reported that their first intercourse was forced. May I tell you why women sometimes give into having sex without their consent? Well They fear that, if they refuse, they will be raped anyway.

Let's move onto another widespread aspect of women's status around the world I mean wife abuse. In some countries more than 40% of women have been assaulted by their partners. Such gender-based violence, as you may know, is closely linked to HIV/AIDS. In Rwanda, for example, HIV-positive women with HIV-positive partners are more likely to report sexual coercion in their relationships than women without HIV. Furthermore, in Tanzania, the rate of partner-violence is ten times higher among young HIV-positive women than HIV-negative

women. What's more, many women, you see, do not even dare to bring up the topic of condoms for protection against HIV infection for fear they will be physically attacked.

Well! Now, let me move on to the second point another way in which culture can hurt. I am talking about marriage practices. In many cultures, the premium placed on having children often leads to childhood marriage and early childbearing. Girls as young as age ten are given to older men in marriage in order to cement friendships and economic ties between families. When these girls are married to older men, they can be vulnerable to HIV infection because their husbands usually have already had a number of sexual partners. In addition to such hurtful marriage practices, social, political, and religious barriers, often hide young wives from the world, while their husbands frequently have other sexual partners.

The marriage practice that seriously hurts women is polygamy. Let me tell you what this is. Polygamy is the practice of having multiple wives. This occurs in many countries, including Ethiopia. In such countries, in particular in Africa, when a husband seeks a new, often younger wife, he may have sexual contact with a number of women in the process and thus risk bringing HIV home. What surprises me more is the practice in some cultures of wife inheritance. This is a tradition in which a wife is given to her brother-in-law upon her husband's death. Thus, either partner can be at risk of HIV infection if the other is infected. Younger widows are especially at risk because they are, as you can imagine, most likely to seek and be sought by other sex partners.

What else? em Let me tell you at about another marriage practice that hurts the rights of women. This is bridal dowry. In some societies payment of a bridal dowry is necessary when a man and a woman marry. In parts of Africa, including some Ethiopian nations and nationalities, the man passes the dowry to the women's family. Do you know the reason behind this? Once the marriage is sealed with the dowry, the woman is considered "paid" for and often cannot leave her husband should marital problems ensue. Even if her husband's behavior places her at risk of HIV infection, the woman may not be able to protect herself.

Having said all that about marriage practices, let me move on to how one tradition is hurting both males and females.

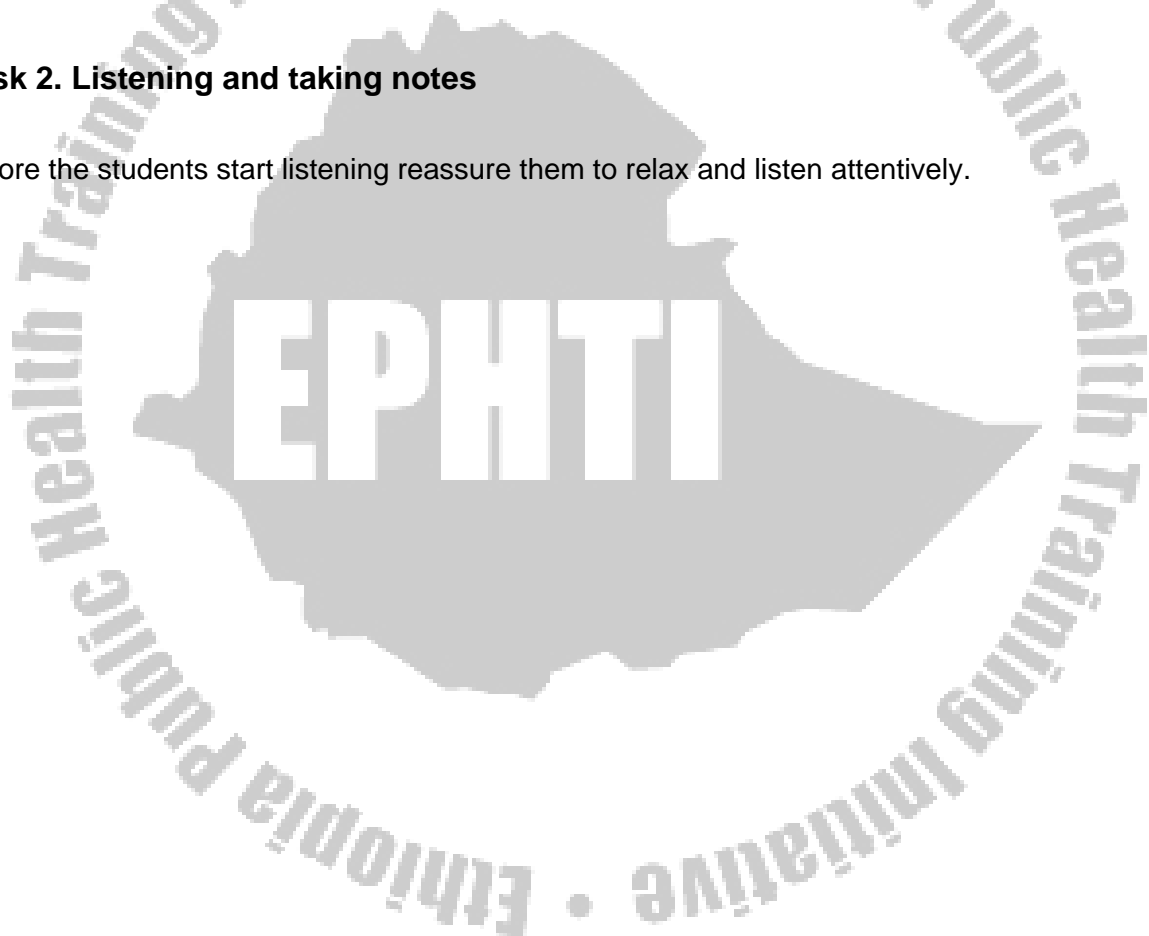
Cultural rites of passages from childhood into adulthood, although traditionally serving to unite communities, can increase risks for HIV. For example, traditional male or female circumcisions are sometimes carried out using unsterilized equipment. Researchers think that male circumcision reduces risk for HIV transmission by removing parts of the foreskin that are

particularly vulnerable to HIV. In some communities, however, circumcision ceremonies often are accompanied by post-initiation, which increases risks for HIV. For example, among the Maasai of East Africa the relationship among male peers is so close that after circumcision the initiates share wives and girlfriends.

Finally, there are a couple more practices I want to discuss. These sexual practices hurt women in the name of culture in some parts of Africa. I am talking about sexual practices such as dry sex-the insertion of foreign objects into the female's private parts – which can cause cuts and scratches that create openings for HIV to pass through. Other practices, such as virginity testing of women, may place such a high premium on chastity before marriage that unmarried women practice unsafe sex.

Task 2. Listening and taking notes

Before the students start listening reassure them to relax and listen attentively.



Repeat the listening text: How culture hurts?

Roughly the table is as follows, but other ways are also acceptable.

Women's status	Marriage practices	Rites of passage	Sexual practice
1. Subordinated	1. Childhood marriage	1. Male/female circumcision	1. Dry sex
2. Powerless	2. Early childbearing	2. Post-initiation sexual experimentation	2. Virginity testing
3. Endure sexual coercion	3. Polygamy	3. Initiates share wives/girl friends	
4. Wife abuse	4. Wife inheritance		
5. Gender-based violence	5. Payment of bridal dowry		

Task 3. Listening for discourse markers

Few (one or two) examples are given below:

- Example 1. Anaphoric references: such, etc
- Example 2. Backchannels: you know, etc
- Example 3. Emphasizes: especially, for the most part,
- Example 4. Fillers: mm/em, etc
- Example 5. Framers: let me first, etc ...
- Example 6. Monitors: in other words, etc ...
- Example 7. Questions: may I ? etc...
- Example 8. Starter: well, okay, etc...
- Example 9. Meta-comments: if you know what I mean, etc
- Example 10. shifts: let me move onto, etc

Section 6. Grammar and vocabulary

Task 1. Using descriptive words

Accept all possible Answers:

- A. is always careful to use a condom when having sex.
- B. gets tested for HIV regularly.
- C. has sex with only her husband.
- D. has several sex partners that his wife knows nothing about.

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

Possible answers

1. A.
 - a. Condoms should have been used.
 - b. If condoms have been used, Jon would no have caught HIV.
- B.
 - a. the blood should have been checked correctly.
 - b. if the blood had been checked correctly, infected blood would not have been used in transfusions.
- C.
 - a. Needles should not have been shared.
 - b. if needles had not been shared, many people would be alive now.

Section 7. Reflection

Ask students to assess their learning so far.

MODULE FOUR

HIV/AIDS PREVENTION

UNIT ONE

HIV/AIDS: MYTHS AND REALITIES

Section 1: Brainstorming

This section is intended to prepare students for all activities ahead. It is intended to activate students' background knowledge about AIDS prevention.

Ask students to respond (either in writing or quietly thinking) to all the three questions. There is no single right answer.

Then ask the students to share their opinions with their classmates. Students should work in groups (four or five members in each group). Allow students to debate about the issues as freely as possible. Let each group report their agreements and disagreements to the class (offer 20 minutes of group discussion)

Section 2: Listening

The listening text (tape) that students will listen to in this section has two parts. The theme is AIDS prevention strategies.

Task 1. Listening for specific information

A) Allow students to look at the flow chart 4. After 5 minutes, students listen to Part 1 of the text to complete the flow chart. Try to make the text as lecture like as possible.

Listening text 1 (taken from *Emerging Issues and Challenges HIV/AIDS*; pp 19-20)

Part one

Today, you will listen to a discussion about AIDS prevention campaigns

To start with em .in the 16 years since the beginning of the AIDS pandemic, a great deal has been learned about what does and doesn't work in fighting AIDS. To make the most of this wealth of knowledge and to share widely the lessons of experience, UNAIDS the United Nation's agency for preventing AIDS has documented and disseminated "best practices". The information is clear, concise and addressed to a wide range of potential users, from other UN agencies and national AIDS programs to nongovernmental organizations, community groups and the media.

There's now a lot of evidence that prevention campaigns, if well-designed and efficiently managed can arrest or reverse HIV trends by encouraging people to change or avoid risky behavior and lifestyles and by creating supportive environments for them to do so. The best prevention campaigns work simultaneously on many levels, such as increasing knowledge about em. HIV, like providing relevant services, or ensuring access to supplies such as cheap condoms and clean injecting equipment, and helping people to acquire the skills they need to protect themselves. These campaigns work with, rather than for, their target populations, and focus not just on individual behavior, but also on the social and economic factors that increase a person's vulnerability to HIV. These efforts must be sustained over the long term to be successful.

Truly I wish to emphasize those programs to prevent the spread of HIV work best as a package, with the various activities reinforcing each other. While it's not possible to attribute success in reversing HIV trends to any single activity, some strategies have proved especially effective.

Part two

In part one, you were introduced to UNAIDS' attempt to document "best practices" with regard to HIV prevention strategies. In this second part you will listen to a discussion of four strategies. These are peer education, personal employment, counseling & HIV testing and social marketing.

Let me start with Peer Education a strategy that makes use of people of the same background and social standing as their target audiences to spread messages about HIV and promote condoms at the grassroots level. Peer educators speak the same language, share the same values and know better than any outsider how to communicate with their audiences. The approach is proving very effective, for example, in the gold mining town of Carleton Ville in

South Africa. This is one of the country's "AIDS hotspots", with HIV prevalence rates of 20 % among the 88,000 mineworkers, 36% among women in the town's general population, and over 70% among the 500 or so sex workers.

Let me mention another example... in Zambia in 1994, nongovernmental organizations in the capital, Lusaka, got together with representatives of the Ministry of Health, the district council and young people in an informal working group. One of the priorities identified was the need to involve more young people directly in the provision of services. Following this, 52 young people were trained over a period of two weeks to provide counseling on pregnancy, sexually transmitted illnesses, substance abuse, financial matters and communication with sex partners. Following training, they worked as peer counselors within primary health care clinics, providing services themselves and acting as a link between young people and the medical staff for those who needed medical care. With the introduction of peer counselors to attend to some of their needs and support them in their dealings with the health system, the attendance of young people at the clinics increased significantly. What is more, the program has created strong links and enhanced mutual respect between adults and young people in the community.

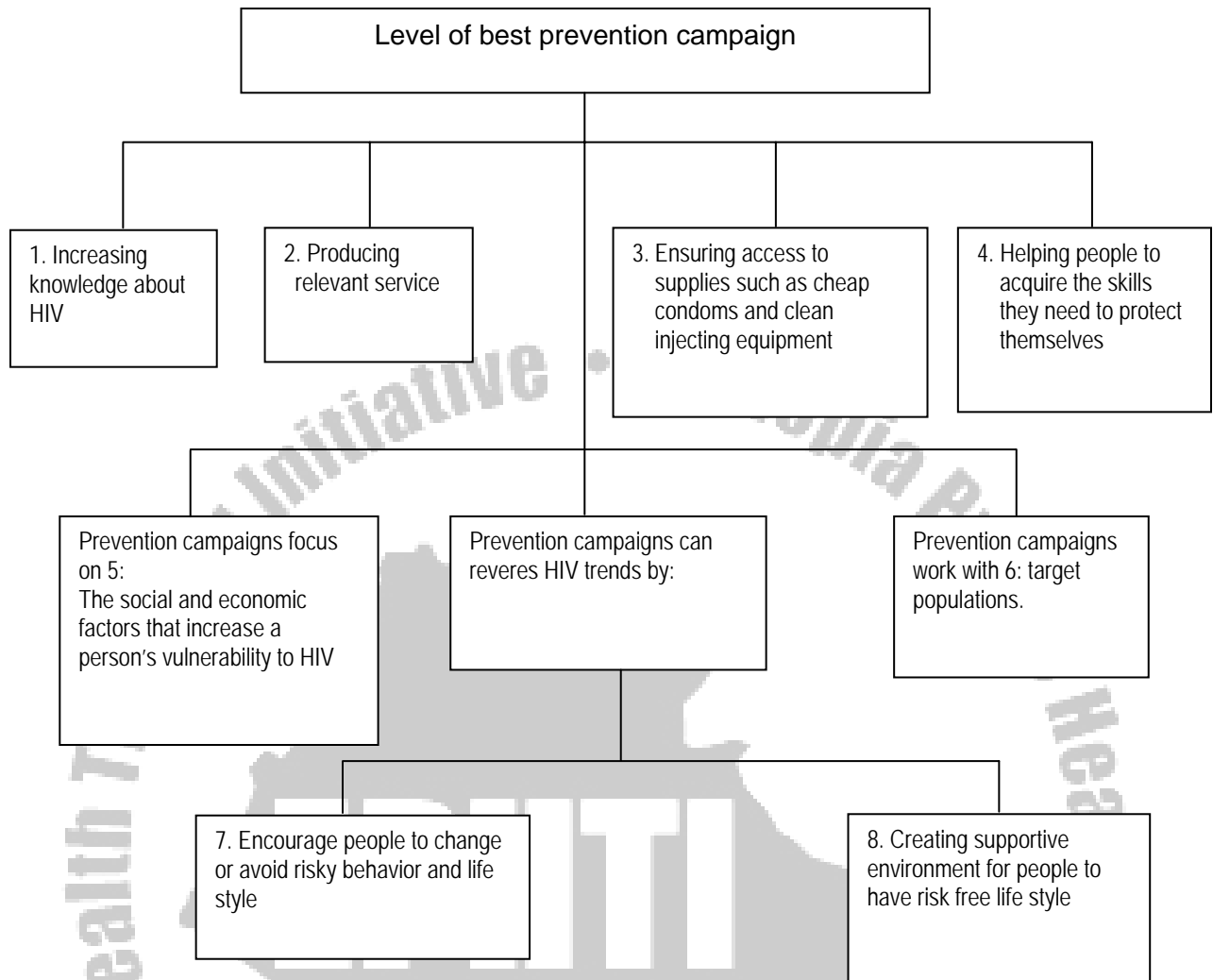
Well... now to the next strategy a strategy that has been identified in UNAIDS's "best practices" is Personal Empowerment. Personal Empowerment focuses on reducing vulnerability to HIV by expanding people's choices and control over their own lives. In Brazil's impoverished northeast, for example, girls considered by their communities to be at risk of violence and sexual abuse at home, and prostitution, are being invited to join support groups that teach them skills to improve their prospects and choices for earning a living, as well as skills to defend themselves against violence and unwanted sex. Of 850 girls helped by one such program, there are no reports so far of anyone being drafted into street gangs or prostitution, where the risk of contracting HIV is high: (infection rates of around 17% are reported among poor sex workers in some of Brazil's cities).

Another country where the strategy of person empowerment proved successful is Tanzania. In 1994 - 6 the office of the United Nations High Commissioner for Refugees (UNHCR) gave women in a camp for refugees from Rwanda and Burundi the support and training they needed to set up crisis intervention teams to combat widespread sexual harassment and rape. The program increased women's self-confidence and esteem, and made daily life in the camp much safer.

A third strategy...that has been useful is Counseling and HIV Testing, which is a strategy that makes use of voluntary counseling prior to and after HIV testing. There is a growing body of

evidence that shows that people who have received counseling and know their sero status are more likely to adopt safe behaviors, either to protect themselves from infection if they are uninfected, or, if they are HIV – positive, to protect their partners from infection. Preliminary results from a study in nine developing countries into the effects of voluntary counseling and testing (VCT) on subsequent behavior found that most groups reported a reduction of 40-46% in unprotected casual sex among those who received VCT.

I will now go into the final strategy *Social Marketing*, recognizing that commercial products like beer, cigarettes and matches are available even in the most inaccessible settlements, social marketing is a concept, developed several decades ago that uses the private sector and its advertising and distribution networks in the cause of public health. It has been used effectively to promote family planning, STI treatment, and other public health goals. And you see...since the advent of AIDS its teams of committed salesmen have moved condoms into some of the remotest corners of the world and made them widely available at subsidized prices. At the time AIDS struck Ethiopia, for instance, condoms were available almost exclusively from family planning clinics, which served married couples only. They were one of the least popular choices for contraception, and in 1987 only about 20,000 were distributed nationwide. In 1991, just a year after a social marketing program was introduced, condoms were available widely in kiosks and village stores, and sales were up to 6 million.



Task 2. Listening for details

A). Ask students to listen to **part 2** of a listening text and match strategies under **column A** with the descriptions under **column B**. Do not forget pauses and appropriate information.

 B 1. C 2. A 3. D 4.

B) Allow students to listen to the text for a second time.

Preventive strategies	Country/countries where it is applied	Specific actions taken
Peer education	South Africa Zambia	Peer educators were recruited for a campaign to treat and control high level of STIs and to promote the use of condoms. Young people are involved in providing counseling on pregnancies, STIs, substance abuse, financial matters, and communication with sex partners.
Personal empowerment	Brazil Zambia	High-risk girls were invited to join support groups that teach them skills to improve their prospects and choices for making a living as well as skills to defend themselves against violence and unwanted sex. Training women in a refuge camp to combat sexual harassment and rape.
Social marketing	Ethiopia	Condoms were made available in kiosks and village stores.

Section 3: Reading

Task 1. Predicting text contents

Lead a discussion on both the title of Helen Jackson's book AIDS Africa and on the article excerpted from it, "Does HIV cause AIDS. Encourage students to provide a wide range of responses to these titles.

Task 2. Making inferences

Discuss text tone, facts, and opinions with the students. Confirm students' understanding of these concepts through class discussions. Ask them to identify expressions that reveal the author's critical feeling. Also ask them to identify facts and opinions from the passage.

Possible answers:

Text tone *denial, false hope, time-wasting, desperately, etc*

Facts vs. opinions: There are several statements that reveal the writer's opinions. For example, paragraph 7, sentence 2, which states with certainty the consequence of Mbeki's action. It is hardly possible to find hard evidence to prove the link between Mbeki's action and rate of HIV infections. Sentence 3 is also more of opinion than fact.

Section 4: Speaking

Task 1 Interviewing

Students conduct interviews with four of their classmates. Describe the procedure students follow to conduct the interviews.

- Step 1 Make sure students understand the purpose of the interview (to gather opinions of students about causes and prevention of AIDS)
- Step 2 Go over interview tips with them
- Step 3 Allow students to conduct the interviews

Task 2. Reporting

Limit each oral presentation to five minutes. You may give feedback on students' oral reports (e.g. organization of findings, language of reporting, projection of voice, etc.)

Section 5: Writing

Students, drawing their interview notes, prepare written reports.

First, discuss with students the different ways of reporting another person's words, believes, thoughts, etc. Ask them to think back to session 4, task 2, which they gave oral presentations based on their interviews. How did they describe their interviewees' responses to their questions?

Task 1. Understanding the structure of written reports

Individual work: Discuss answers in class

Quote structure	Reporting clause	Quote clause
1	Ndugga & charasu inquired	Is there a hope
2	Makinwa, a team leader	No terrorist attack ...
5	An Ethiopian ...	Not everyone
Report structure	Reporting clause	Reported clause
3	Hellen Jackson, in her	That the smallest
4	Kebaabetse we and	That cultural

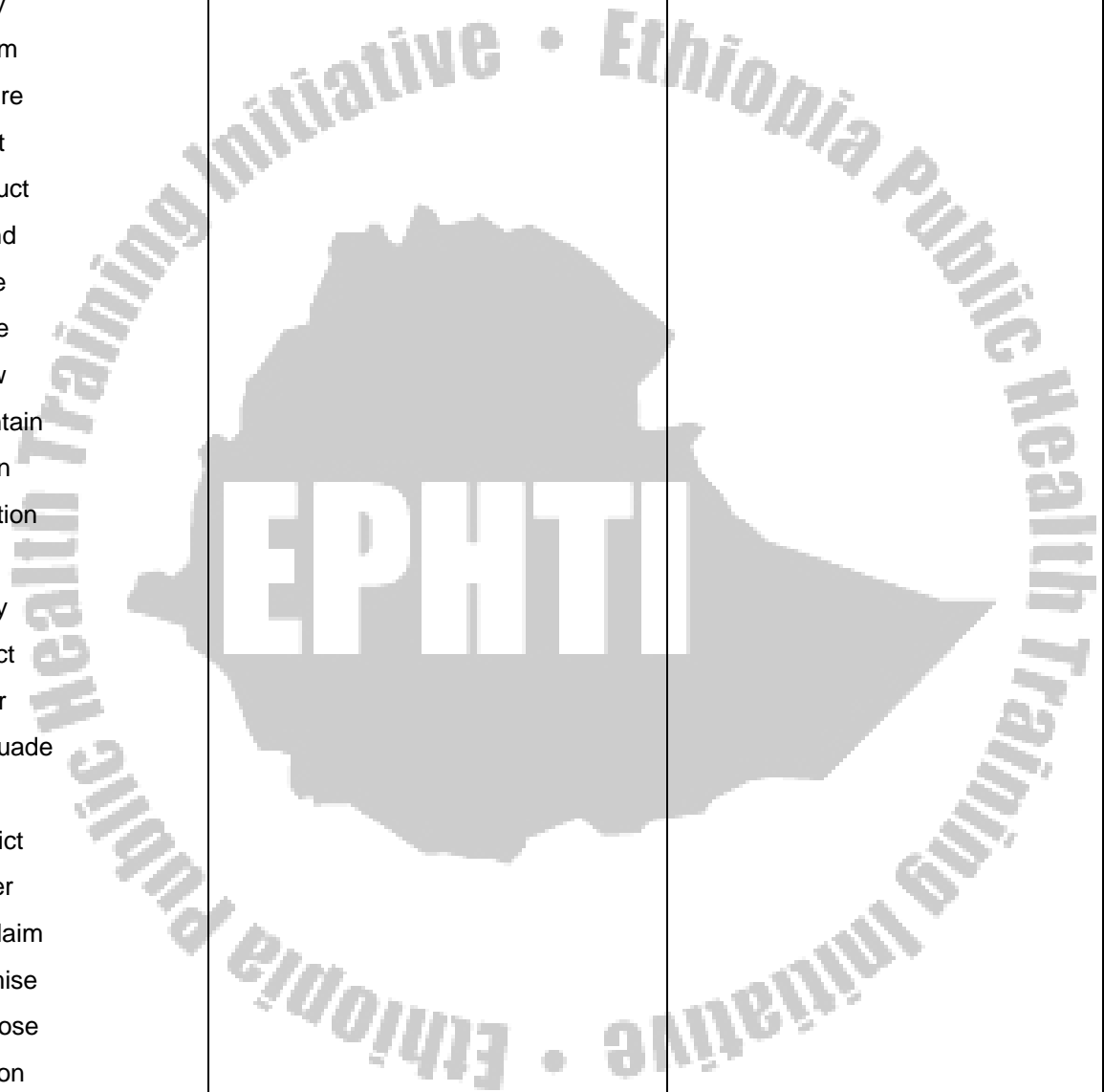
Task 2. Analyzing reporting verbs

Analysis of reporting verbs should be completed as an assignment. Organize students in groups. Facilitate the division of reporting verbs among each group members according to the procedure suggested in the text book.

The first twelve verbs are analyzed to give you sufficient clues. Help students to complete the task in the same way.

Reporting verb	Purpose of the verb in an utterance	Conjugation
acknowledge	To show gratefulness or to admit the existence/truth of something	acknowledge-acknowledged-acknowledged
add	To indicate additional information is being given	add-added-added
admit	To show acceptance of responsibility	admit-admitted-admitted
advise	To show an offer of helpful suggestion To indicate accordance in ideas To indicate publicizing of information	advise-advised-advised
agree	To indicate response or reaction	agree-agreed-agreed
announce	Statement intended to convince To show posed question	announce-announced-announced
answer	To make sure about something	answer-answered-answered
argue	To show belief concerning an issue	argue-argued-argued
ask	To express feelings of pain, dissatisfaction, resentment	ask-asked-asked
assert		assert-asserted-asserted
believe		believe-believed-believed
complain		complain-complained-complained
concede		
confirm		
consider		
contend		
continue		
convince		
cry		
decide		
declare		
demand		
deny		
describe		
determine		
discuss		
dispute		
estimate		
expect suppose		

explain
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imagine
imply
inform
inquire
insist
instruct
intend
invite
judge
know
maintain
mean
mention
note
notify
object
order
persuade
plan
predict
prefer
proclaim
promise
propose
reason
reassure
recall
reckon
reflect
refuse
regret



remark
remember
remind
repeat
reply
report
request
resolve
respond
reveal
say
scream
shout
state
stipulate
storm
suggest
suppose
teach
tell
threaten
understand
urge
warn
wonder



Task 3. Reporting findings

Encourage students to develop their report logically and coherently. Focus on the process of writing as well as the product. Explain to them the diagram that shows the steps they should follow to produce the written report. You might allow students to complete steps 1, 2, and 3 during this session. Step 4 may be given to students as homework.

The first draft should be revised and rewritten during class. Ask students to exchange their drafts for peer corrections. Please give them a check list for revision. Collect their improved reports for grading and feedback.

Section 6. Vocabulary

In class discuss word partnerships and the importance of them in increasing one's vocabulary.

Task 1. Finding word partners

- A). Encourage students to complete the table individually. Discuss the answers after students' first attempt.

Suggested answers

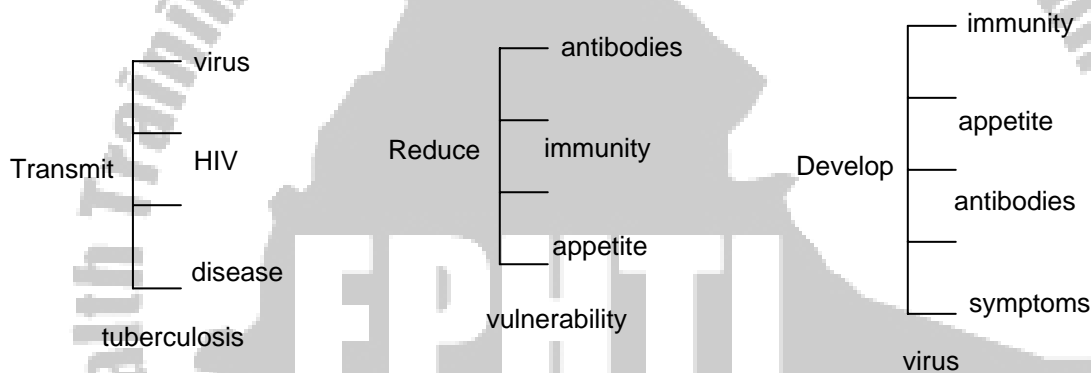
VERB	ADJECTIVE	KEY WORD
cure	preventable	
heal	treatable	
spread	contagious	disease
eradicate	human	
transmit	infectious	

- B) Encourage students to complete this task individually. Give students more examples if they do not understand the exercise. Promote confidence and a sense of independence in students as they practice vocabulary-learning strategies.

Suggested answers

Column 1	Column 2	Column 3
safe	unsafe	sex
hard	soft	drug
early	ate	pregnancy
contaminated	pure	blood
weak	strong	immunity

C). Let students complete this task as an assignment. There are several possible correct answers. Some examples follow



Allow students to compare their answers for Task 3.

Section 7. Reflection

This activity is for personal and group reflection. Explain the aims of the activity and its importance. You might raise the following points.

- Reflection is a process of self evaluation.
- Reflection is an inward looking strategy.
- Reflection helps to develop one's learning practices.
- Reflection is a process of criticizing oneself.
- Reflection requires being honest and frank with oneself.
- Reflection requires thorough evaluation of past and present practices, etc

Refer students back to unit objectives and core skill areas. Once they have completed the table, ask the students to discuss their answers with their partners. Move around the class and ask each group about their strengths and weaknesses during the last 9 sessions.



UNIT TWO

OVERCOMING HIV/AIDS CHALLENGES

Introduce the unit: Present unit objectives, high-light skills in focus; suggest learning and study strategies applicable to all students, but don't forget to emphasize the need to discover and make use of suitable strategies. Take only 15 minutes.

Section 1: Brainstorming

The objectives of this task are to activate what students already know about voluntary counseling and HIV testing.

Task 1. Activating your previous knowledge

Ask students to write answers to the questions 1 and 2. Explain what students are expected to do. Indicate that this is not a test of knowledge, but a way of getting them to think about certain issues. Tell them to write what they know frankly, with out fear of answering incorrectly. Take about 10 minutes.

Allow some students to read their answers aloud. Agree with students, on correct answers for definition of terms while leaving. It okay to tell students the correct definition of the terms "HIV-test" and "voluntary counseling," but leave the issues of the importance of HIV testing, and the reason people are sometimes reluctant to get tested, open for further discussion.

Task 2. Agreeing and disagreeing

Put students in groups of threes (take about 3 minutes). Encourage them to debate the three points/arguments. If time does not allow students to debate, ask them to react to each argument in writing as an assignment.

Section 2. Reading

Introduce what students are expected to achieve from the tasks under this activity:

- a. Understand that all texts have a purpose and intended audience

- b. Recognizing the way a piece of writing is organized
- c. Comparing and contrasting textual information.

Task 1. Reading critically

Before asking students to read the passage let them study the discussions about purpose of text, audience of text, and date of text production. Invite some students to explain the concepts about them. Confirm that all students have grasped the points to a reasonable degree. Then ask them to identify the purpose of the writer, the audience intended, and the period of time during which the text was written based on text clues.

Possible answers:

Purpose of text: Educational purposes (academic)

Evidence: Field specific terms and explanations are used; referencing style is that of academic discourse community; discussion focuses on knowledge rather than persuasions, etc.

Audience of text: Readers who to enrich their knowledge

Evidence: The technicalities do not imply other type of readers; the text is not suitable for non-academic readership.

Date of text production: The passage is part of a document that was written in early 2000s.

Evidence: Frequent reference to documents written as recently as 2002 (e.g. paragraph 8, “Masunda, 2001”, paragraph 9, “Osewe, 2002”)

Emphasize that there are no hard and fast rules to identify text purpose, audience, and date. These critical reading skills, which involve searching for textual clues, are developed the more students read.

Task 2. Analyzing text organization

Present this task’s purpose. Explain that one way of organizing ideas during writing is to divide the text into paragraphs. Each paragraph has a purpose to fulfill. Explain that as each text varies in size and purpose, so does each paragraph. Ask students to complete the diagram by reading the passage critically you might complete the first cell as and example.

Paragraph

Function

Paragraph 1

Introduces the concept of medical testing through general discussion of reason for testing

Paragraph 2

Explanation of reasons for HIV testing

Paragraph 3

Discussion of legality of (or otherwise) HIV test enforcement

Paragraph 4

Explains why blood is used to test HIV

Paragraph 5-10

Description of HIV testing procedures, their advantages and disadvantages

Task 3. Comparing and contrasting textual information

Ask students to complete this task individually. Urge them to avoid copying whole sentences as their answers.

1. Possible answers

Categories of comparisons & contrast	Advantages	Disadvantages
ELISA Test	<ul style="list-style-type: none">• Cheaper for most sero-surveillance purpose• High volume of tests are performed	<ul style="list-style-type: none">• Results take time• Requires two tests on same blood sample• False positive & negative results occasionally
Rapid test	<ul style="list-style-type: none">• Simple to administer• Samples are not necessarily incubated• Results within minutes• Results are easy to read for many people• Tests are highly accurate• Test kits are small & light	<ul style="list-style-type: none">• Higher unit cost

2. Ask students to write a paragraph based on their answers above. Encourage them also to include information from the passage about the procedures of testing required by the two methods. Discourage direct copying from the passage. Facilitate this by supplying contrast and comparison markers (e.g. whereas, while, on the other hand, however, nevertheless, even though, despite, etc.). Explain the importance of logical relationships between ideas and clear structure of the paragraph.

Task 4. Identifying evidence

1. Encourage students to identify more evidence from the table.
2. Answers will vary. Possible correct responses:
 - After VCT, HIV+ people increased condom use with casual partners in greater numbers than with steady partners.

- Before VCT, HIV negative women used condoms less often than men, with casual partners in particular.

Task 5. Acknowledging sources

1. UNAIDS: Corporate author
 2001: Year of publication of the source text
 UNAIDS: Corporate author
 2000c: It is cited from the third work produced during 2000
2. *Policy Project*: Source of the table
 2000: Year of publication of *Policy Project*
 49: Exact page of *Policy Project* where the table was taken from

Section 3. Listening

Task 1. Predicting main ideas

Introduce the topic. Give students a few minutes to think what might be the main ideas of the talk. Accept all answers. Read the following text as if you were giving a lecture with intonation and pauses. You might include demonstrations, showing real condoms to explain certain parts (e.g. latex, packs,) which might be useful in getting students to understand the message.

Listening texts: Consistent condom use

(Taken from *AIDS Africa: continent in crisis* By Helen Jackson, Harare: SAAIDS, 2000, pp 106-113)

Task 2. Identifying main ideas

Part one

Today as part of our effort to get familiar with AIDS prevention strategies, we will discuss the importance of condoms in fighting AIDS. In this lecture I'll argue that consistent condom use is undoubtedly the most effective way to reduce the risk of HIV (and other STI) transmission during risky sexual encounters. I will focus...in particular...on condom effectiveness, female condoms, and identification of target condom users. Hope you'll get my talk informative

Let me begin with. em..condom effectiveness. Quality male condoms have a laboratory efficacy rate of 99.99% which means that you see just one condom in 10,000 can be expected to break or let viral particles pass through in laboratory tests. Reputable or internationally respected manufacturers submit condoms to high international standards of quality assurance, which is essential. One thing you need to know good storage, I mean...places where condoms are kept also improves the shelf life of condoms. But..well packaged condoms can be stored in adverse conditions for over four years and still be stable.

The next thing you need to know.. is that in the real world, with human error and neglect in using condoms, poor storage and use of long-expired condoms, dry or rough sex, or the application of lubricants that damage the latex, greatly increases the failure rate of condoms. As a personal use strategy against HIV infection, condom use is not a perfect solution, requiring people to be highly motivated, to always be able to access good quality condoms in sufficient numbers and to have them available when needed and to succeed in negotiating condom use with partners. At a population level, condom use can greatly slow down the spread of HIV. For instance, if even half the at-risk population used condoms effectively half the time, the infection rate would slow down and would buy time for individuals to adopt safer strategies in the long term.

Moving to the second point strategic targeting I'll raise some ideas. Again you need to note the importance at the population level of strategic targeting of condoms to those who are most likely to transmit infection. Consistent condom use prevents transmission from those most likely to have multiple partners. This is well shown by a research team called Moses, which developed an HIV-prevention program among 500 sex workers in Nairobi, raising their condom use from 10% to 80%. About 80 % of sex workers were already HIV positive. They calculate that this strategy prevented about 10,200 new infections a year. to put it differently...one – third of the sex workers and two thirds of the clients' partners, including their wives, did not contract the virus and that's great!. The team also worked out what impact the same intervention would have had if targeted at 500 male clients instead. Among clients, the HIV infection rate was about 10 %, and they had on average. em. four sexual partners a year. Moses estimated this intervention would have averted 88 infections per year among the men's sexual partners.

I now pass on to discussing female condoms...rarely used condoms including in Ethiopia. The good thing is female condoms are now on the market, sometimes marketed as femidoms. They have several advantages for women the most important one is that of course women can insert them long before sex is to take place. The condom covers the cervix, vagina and part of the external genitals. UNAIDS studies in South Africa, Uganda, Zambia and Zimbabwe on the degree of female condom acceptability found that men and women generally accepted it. But still efforts may be needed to get over initial distrust and dislike. One country where efforts to

introduce condoms are increasing in Ghana. In Ghana... the government, with UNFPA's that's UN's Family Planning Agency support, has successfully introduced female condoms. Although they are used much less often than male condoms, partly because of cost, they are widely known and demand is slowly increasing through the public and private sectors.

The fact that women...not men use female condoms raises both benefits and difficulties. If men find them more acceptable than male condoms, they may still control use by requesting their spouses or other partners use them. The fear that possession of female condoms allows greater sexual freedom for their wives or girlfriends is misplaced. As women may ask other partners to use male condoms anyway if they wish to have protected sex elsewhere.

Another important benefit of course related to what I've just said, is that female condoms have a special place in certain situations, like in quick commercial sex or in other sexual acts where the man is drunk. In such situations, the man is unlikely to notice that the condom is in place, or to be alert enough to make the woman remove it before sex. As well as sex workers wives faced with their husbands returning home drunk, and wanting to protect themselves, would also benefit. but actually feel this might not be safe for some women since if the husband finds it later on the consequence is bad.

The most important advantage of female condoms is that it appears to be highly effective at preventing infection and pregnancy, being made of stronger material than male condoms and unlikely to tear. I have seen some research that suggests female condoms may be safely used several times, if washed thoroughly and dried in between use. But take care because WHO and UNAIDS haven't yet confirmed this conclusion, or included it in recommendations on the female condom. Sadly...at present female condoms are far more expensive than male condoms that's at around US\$1 a piece.

Let me come to some conclusions at last Condomat present is the most effective method of prevention if stored properly and used carefully. Another conclusion from my discussion is that strategic targeting in other words encouraging potential risk groups to use condom is highly useful. Finally the promotion of female condoms will help females better protect themselves from infection.

Following are possible main ideas of the talk:

- Consistent condom use is the most effective way to reduce HIV infection.
- Human error may lead to reduction of condom efficacy.
- Figures on the efficacy of condoms vary.

- Female condoms have great advantages for female.
- Women's use of condoms raises both benefits and difficulties.
- Female condoms have a special place in quick commercial sex.
- Female condoms are highly effective at preventing infection and pregnancy.

Task 3. Relating oral explanation to a diagram

Let students look at the diagram first. Read Text 2 and ask students to take notes. Encourage students to synthesize their lecture notes into a paragraph based on the diagram.

Part 2

Hello everybody, Now I would like to continue my discussion of condoms, especially about strategies that increase condom acceptability. To start with, who do you think is more willing to use condoms: males or females? (Accept answers from the class here) men are more willing.

As some of you said... men are more willing to use condoms during commercial or casual sex than they are with a wife or stable long-term partner. Can you tell me the reasons?. A husband with HIV, who doesn't use condoms with his wife, is highly likely to infect her over time, even though they may now be completely faithful to each other. The bitter truth...that we need to bear in mind is that marriage is probably the relationship through which the majority of women in southern Africa become infected. Reducing the number and range of sexual partners isn't, in itself, a sufficient behavior change if someone has already been at risk of HIV, or if they're having a monogamous relationship with someone else who has been at risk.

How long do you think couples need to wait to have sex without a condom?... Condoms must be used until the couple seeks HIV counseling and testing. If both are negative and they remain sexually faithful, then condom use isn't required to prevent infection. If both are HIV positive, condom use is recommended so that they don't repeatedly re-infect each other with different viral strains. If one is positive and the other negative, then condoms should definitely be used for every sexual act. Concerning the difficulty in promoting condom use in marriage, a more realistic strategy is to recommend that if either partner has sex outside the marriage; they need to ensure they don't bring infection home by always using condoms in any extramarital sex. The slogan should be, "Please don't come home with HIV infection." Let me repeat, "Please don't come home with HIV infection."

Ok, now, to ways of increasing condom acceptability. I feel that despite the social, cultural, religious and personal barriers to condom use, careful social marketing of condoms that is to

say, advertising and distributing condoms widely, and selling them at subsidized prices, has enormously increased condom availability and acceptability in many countries in Africa and elsewhere. I can cite an example for this the case of Nigeria, where condom sales increased 10-fold within a five-year period. According to UNAIDS, widening the distribution points of condoms to shops, garages, bars and motels, and other outlets increased condom sales six-fold in two years. Prices can be kept down by more cost-effective production methods, lowering tax and import duties, introducing subsidies and using cost-effective procurement and distribution channels. Local production of condoms for regional distribution could also lead to reduced prices as well as providing much-needed employment.

Another strategy that helps to increase condom acceptability is information and behavior change campaigns. Careful information and behavior change campaigns, combined with marketing of condoms in attractive ways, can greatly increase condom acceptability. Condoms, both male and female, are widely associated with distrust and with use in casual and commercial sex rather than in steady, loving relationships. A very sad fact is that often, people will use condoms early in a relationship, but “when they know each other well enough,” they stop using condoms as a sign of their mutual trust. Attending voluntary counseling and testing potentially makes such a strategy safe but, in the absence of knowledge of each other’s HIV status, condoms remain essential. This means transforming condoms from symbolizing distrust into being a welcome and normal part of a loving, caring and exciting sexual relationship. How? Is there any way? Let me tell you what I learned from a review of the UN’s family planning agency

UNFPA is reviewing myths, misconceptions and barriers to condom use in a widely based analysis in 2002, and hopes to reach some practical conclusions. Lessons need to be learned from marketing other products. Condoms need to be associated in the public’s mind with positive images appropriate to the target group, such as **love, sensuality, fun, sexiness, performance, excitement, safety, trust, care or responsibility**. Much can be done with **creative packaging, images and captions**. Also important is that condoms themselves are as acceptable as possible: for instance, **black condoms may be preferred in Africa**. Different **shapes, sizes, colours and flavors** add to the cost, but if they can gain economies of scale, then effective social marketing of diverse condoms may become highly cost effective as an HIV and STI prevention strategy as well as for contraception. Promoting condom use for dual protection needs to become central to the overall strategy in high-prevalence countries.

In closing em1 raise some questions to provoke thought. Are there're cultural or religious barriers to the promotion of condom use? What's the most effective method of self-protection for you? Do you trust condoms?

Task 4. Discussing myths and realities

Open ended. Encourage discussions.

Task 5. Listening for confirmation

Let students listen to **Text 2** again. Help students fill in the charts. Ask students to bring big dictionaries to the next class.

Section 4. Vocabulary

Task 1. Recognizing different types of dictionary

Discuss the following definition/ meanings with students.

Bilingual dictionary = Offers meanings of words from one language to another.

Monolingual dictionary: Information about words within the same language

Pocket dictionary: A small dictionary that can be kept in a chest pocket

Abridged dictionary: Reduced dictionary

Unabridged dictionary: Full dictionary

Desk dictionary: Large dictionaries like Webster's

Subject-specific dictionary: Dictionaries that specialize in terminologies of a particular discipline

Thesaurus: Dictionaries that provide synonyms and antonyms of words

Task 2. Recognizing functions of dictionaries

Demonstrate all the function of dictionaries with examples. The functions are:

Definition of words

Syllable boundaries

Pronunciations
Inflection
Usage
Idioms
Collocations
Word structure (Prefix, suffix)
Conjugations

Task 3. Using dictionaries effectively

This should be completed as an assignment.

Section 5: Writing

Task 1. Comparing techniques of making suggestions

Encourage students to compare the three samples. Help them highlight the major differences between them, in terms of the type of language used in their suggestions. For example, **Sample 1** makes use of imperatives; **Sample 2 uses more** indirect suggestion by focusing on advantages and disadvantages; **Sample 3** uses *if-clauses*.

Task 2. Suggesting

Allow students to study the five ways of suggesting. Encourage them to produce suggestions in the form of posters or some kind of display that can be put on walls or boards. Discuss with students the language used for making such posters.

Section 6. Speaking

Organize students in groups for the task. If there is not enough time to finish it, the work may be put off for next class. Encourage students who tend to be timid to prepare for the oral presentation.

Section 7. Reflection

This is a session of individual and group reflections. Let students complete the reflective inventory individually. Allow students to present their results to the class. As an assignment, ask students to write a diary or journal on the outcomes of the reflection session.

