

**AIDS: a topic that spans the curriculum**

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**Abstract**

Over the last 10 years, Japan has seen an increase in the number of HIV/AIDS cases, with rates of infections among young people rising dramatically. As the majority of our student population falls within this age group, we need to address the question of whether or not they are sufficiently aware of this public health issue, and how the university might best meet the needs of students in protecting their health. This article looks at the HIV/AIDS problem in Japan at present, and student interest in the topic in particular, and encourages more comprehensive coverage of the topic across the curriculum. By taking a responsible leadership role, schools and universities can make headway in preventing further spread of this disease.

**Introduction**

There are two sections to this paper. First, I will look at several problems regarding the AIDS issue; the present situation of HIV/AIDS worldwide and in Japan, the trends of increasing infection rates, the place of AIDS in Japanese education, and teacher reluctance and obstacles to including the topic in coursework. The second section will then look at some possible solutions as to how to include the issue at the university level. I will argue that teachers can capitalize on student interest in the topic and that the topic is one that can be approached across the university curriculum. I will begin with some basic information about the virus and the disease.

**Background**

Human Immunodeficiency Virus (HIV), the virus that debilitates the immune system, and eventually leads to Acquired Immune Deficiency Syndrome (AIDS), leaves a person open to any number of opportunistic infections, with the overwhelming majority of cases ending in death (Frumkin and Leonard 1997). The main modes of transmission are through sexual contact, sharing of needles for intravenous drug use, and from mother to baby at the time of birth. A person can be infected with the HIV virus and

have no visible symptoms for an average of ten years. Drugs have been developed to fight the virus, but as yet they are not without their own battery of problems, such as price, dosage schedules, and side effects. Today, the best hope for fighting further spread of the virus is through education about prevention.

## **The problems**

### *The AIDS situation worldwide*

The United Nations AIDS Organization reports:

At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occurred [sic] in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15-24. Most of them do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it. (UNAIDS 2001)

Around the globe, more and more funds are being poured into education programs aimed at making populations aware of the extent of the AIDS problem. In turn, as people become educated about the disease, they undergo testing for the virus. In richer parts of the world, treatment is available to those who can afford it, and in these areas deaths due to AIDS are declining. However, people must first be aware that a problem exists before support can reach them. This global trend of people not knowing their HIV status is also mirrored in the situation in Japan.

### *HIV/AIDS in Japan*

The *Kouseiroudoushou* (Japanese Ministry of Health, Labor and Welfare) officially reported 8,185 HIV/AIDS cases at the end of December 2001, with 1,248 deaths (*Kouseiroudoushou*, 2002). Some medical experts estimate the real figure at ten times that number (“AIDS Kansensha” 1999).<sup>1</sup> It has been well documented that transmission of the AIDS virus is associated with other sexually transmitted diseases

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<sup>1</sup> Contributing to the problem is the low rate of condom usage. Abortion in Japan, permitted under law since 1950, “is an accepted and widely used means of controlling family size. Contraception, however, is not popular.” (Compton’s Encyclopaedia 1999)

(STDs). In Japan, STDs are on the increase, by 70% from 1995 according to a survey by the Tokyo Metropolitan Government (Watts 1999), as is the number of high school students who are sexually active (“High Schoolers” 1999). Behavioral data, meanwhile, show low condom use, both in the general population and among sex workers (UNAIDS 2001). The number of cases of HIV-positive blood donors has also increased, from 34 in 1992 to 50 in 1998 (“HIV Rate High” (1999), and 79 in 2001 (Kouseiroudoushou 2002) as more people are using blood donation as a method of testing their HIV status rather than risk being seen undergoing an HIV test at a public health center. The forecast given by the *Kouseiroudoushou* is less than optimistic. It predicts the number of HIV-positive people will more than double (to 15,400) by 2003 and AIDS cases will rise by 35 times (to 3,300) (“Japan Infection Rates” 1999).

There are also signs that the sexual behavior of young people in Japan could be changing significantly and putting this group at greater risk of HIV infection.<sup>2</sup> Higher rates of *Chlamydia* among women, and gonorrhea infections among men, as well as a doubling of the number of induced abortions among teenage women in the past five years, suggest increased rates of unprotected sexual intercourse (MAP Network 2001, p. 21).

There is a pervasive myth in Japan that AIDS is a disease of hemophiliacs, gay men, and foreigners, far removed from the mainstream Japanese population. In the early 1980s much of the AIDS-related news coverage coming from foreign sources, particularly the U.S., dwelt on gay men. This fueled the belief that AIDS is a disease affecting only the male homosexual population. Coupled with the still widely held belief that there are few, if any, homosexuals in Japan, this creates another convenient myth—that the disease is not related to the average Japanese. Although young people entering universities today may have missed the early news reports, teachers may still hold these views, and these beliefs may influence their decisions to teach the topic.

Teachers are often reluctant to deal with a topic that may involve discussion of sexual

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<sup>2</sup> There was a 78% increase in the number of HIV infections in the age group of 20-29 alone between the years of 1996 and 2001. (Kouseiroudoushou 2002)

matters. Yet it can hardly be said that in this culture sex is a taboo subject. In some cultures the public display of scantily-clad female bodies might be taboo but not in Japan: here, as in many other cultures, sex is used to sell products, is on prime time television, is available openly in downtown districts; pornography is sold on newsstands next to children's magazines and in graphic detail in comic books which men read openly on the subway. Public discussion about it, however, is a different matter.

There is a relationship, however, between public discussion and knowledge about HIV/AIDS leading to action about AIDS. A recent television drama series about the life of a teenager, who becomes infected through *enjo-kosai*, or sex-for-money, was a very popular and educational opportunity for the average viewer in Japan to understand the difficulties experienced by an HIV-infected person. At the end of each weekly program, the telephone number for further information about AIDS and testing was broadcast. During the weeks that this program aired, the number of people who were tested for HIV increased. After the series concluded, testing rates decreased. Such dramas, documentaries and other media exposure of AIDS information for the Japanese public continue to be sporadic at best. Media coverage of AIDS would be the best source of information for the general public, yet there continues to be a lack of awareness in the media about the problem of AIDS in Japan.

Another logical source for public education about AIDS is the Japanese educational system. I will now briefly explain the place of AIDS education in the general public education system.

#### *HIV/AIDS and Japanese education*

That there would be any opposition from The Japanese Ministry of Education, Culture, Sports, Science and Technology (*Monbukagakusho*) with regard to AIDS education is unlikely given that it has gone on record in support of the UN's guidelines for HIV/AIDS education ("Japan Complacent" 1999). In fact, the *Monbukagakusho* has promoted the topic of HIV/AIDS in health classes in elementary, junior and senior high schools since the mid-1990s (Ministry of Education 2001). The subject, however, "is not taught frankly or well enough for schoolchildren to understand it" ("Japan Complacent" 1999).

The amount of information given to students about HIV and AIDS varies widely throughout Japanese junior and senior high schools. The topic of AIDS has been included in English textbooks in reading passages about Magic Johnson or the AIDS Quilt, a memorial quilt whose pieces are made by families and friends of people who have died of AIDS. The AIDS Education Information Network (*Eizu Kyouiku Jouhou Network*) publishes AIDS information booklets specifically for junior and senior high school students (Eizu Kyouiku Jouhou Network 1998). However, the decision to exploit or discuss the booklets with students is usually taken by individual teachers. The students, who have had limited education about STDs or AIDS, are the students that will be attending universities in the years ahead. A 1999 study in the US found that many teens are unaware of the rates of HIV infections in their communities (SIECUS 1999) and so mistakenly assume they are not at risk. There is no reason to think the situation in Japan is different. Yet embarrassment on the part of Japanese teachers to talk openly and honestly about AIDS often precludes many opportunities for education. This and other factors that may limit teacher involvement with the topic will be discussed in the next section.

#### *Teacher reluctance*

It is easy to find reasons not to teach about AIDS. Teachers may not feel it is their responsibility to include AIDS information in coursework. There may be factors beyond a teacher's control that impede raising the issue in class. For example, teachers may feel that there is little time in the school year to raise the topic of AIDS, and they may also be puzzled as to how to bring it up, especially if it has not traditionally been a part of the department curriculum.

If Japanese teachers are not comfortable with teaching issues related to sex, they are not alone. A 1992 study in England and Wales investigating health education policies and practices in local education authorities revealed "widespread anxiety at all levels concerning the teaching of sex education" (Thomson and Scott, 1992, cited in Lowden and Powney 1995). Some of the secondary school teachers in the study were uncomfortable with sexual education due to their lack of knowledge about HIV/AIDS, "the possibility that details of their private lives might emerge," and the fact that their

own values were at variance with the program. However, the study also found that teachers' anxieties "can override the needs of young people" (ibid).

A 1999 study of foreign university teachers in Japan found that fear of stigma may influence their attitudes toward teaching AIDS in the EFL classroom. Teachers were found to be hesitant in raising the topic of AIDS—or any topic related to sex—in a class where the gender of the majority of students was opposite that of the teacher. Teachers also cited very valid concerns about fears of objections by students or administration, and would prefer to address more social as opposed to personal aspects of the topic of AIDS if it were raised in the classroom. Perhaps one of the most important factors leading to teachers' not including the topic was, again, teachers' lack of awareness about the AIDS problem in Japan (Haynes 2001).

#### *Passive AIDS policy*

The university can create opportunities to heighten awareness of this public health issue. I will now outline two possible reasons why, up to now, there has not been an open and aggressive policy to do this.

First, there may be misinformation about the actual prevalence of HIV-positive staff or students. School officials may believe that there are no HIV-positive students or faculty at this university. As much as we hope that no one has been infected, if there are such staff or students, it is possible that they have simply not released that information to the health office, for a myriad of reasons.

Second, there are AIDS information pamphlets at the health center that are available for students and staff, but we should not assume that this is enough. Quite the contrary. As has been discussed above, with little information in the media and little conversation about the topic in private, most people will not believe themselves to be at risk for infection. In such cases it is highly unlikely that people will seek out HIV/AIDS information. The embarrassment factor also comes into play as many people would not want to risk bringing attention to themselves by asking for such information.

## **Possible Solutions**

Although many of the problems discussed in the previous section may seem daunting, there are solutions that can be found and implemented with regard to including the topic of HIV/AIDS in the curriculum. In this section I will address some of these options. They include teacher training, inclusion of the topic curriculum-wide, and creation of an active AIDS education policy through the administration and campus health office. I will begin by touching on whether or not students would even be interested in learning about the topic at the university. As we will see, there is reason to believe there is, in fact, student interest in the issue.

### *Student Interest*

Young people in their teens and early twenties are naturally curious about sex and sexuality, and often want to know more than they are told in the home or at school. A 1995 study done in Scotland investigated student attitudes at primary 4 and 6 grades, and secondary 2, 4 and 6 grades of 16 schools across Scotland, as well as the attitudes of their parents and teachers. Questionnaires asked respondents to choose from a list of health issues that they felt were most important for their particular age group to know about. Results showed that students between the ages of 8 and 17 ranked sex education among the top priorities, with older students specifically mentioning HIV/AIDS (Devine 1995).

### *The HIV/AIDS Topic in Japanese Universities*

Some evidence shows many university students in Japan also feel the topic of AIDS should be included in the curriculum. A study conducted in 1998 at four different universities in Aichi Prefecture, the fourth largest metropolitan area in the country, surveyed 388 students on their knowledge of university services, experience with AIDS-related topics in the university classroom, attitudes toward inclusion of related topics in the curriculum, and an assessment of their knowledge about the disease (Phillips and Haynes 1998). The sample included students from a range of disciplines, from both private and public universities. Results of the study found that more than half of the students surveyed did not know whether or not their university offered AIDS information, counseling, HIV testing information about safe sex or support for HIV-positive individuals. The researchers followed up this response by making inquiries at the four universities and found that all four have information available to

those who ask for it, but none make a substantial effort to increase student awareness that the information is available. It was also found that none of the universities had any support system for students with HIV or AIDS. “Since there had never been a student known to be HIV-positive or a known person with AIDS at any of the campuses, the topic had never been considered” (ibid, p. 110).

There is a discrepancy between student interest in the subject and the provision of a responsible preventative education program. In the Phillips study, 92.1% of the students surveyed responded that they had not discussed the topic in class, and 71.8% had not had any lessons on the topic in any university, despite the fact that *96.4% of the 388 respondents either agreed or somewhat agreed that the topic should be included in the university curriculum.*<sup>3</sup> Students (83% of those surveyed) also said discussion of how to prevent discrimination should also be included. Over 60% felt they had enough knowledge about HIV/AIDS to protect themselves from infection. This study did not include any information about the attitudes of those teachers who might include information on HIV/AIDS in their courses<sup>4</sup>, but it does reveal Japanese students’ interest in the topic.

#### *AIDS in Oral Communication classes*

The topic of AIDS has been approached in many English as a Foreign Language classrooms. By addressing various issues associated with the topic, students develop their language skills and use the English they are learning to gain a deeper understanding of how the AIDS situation impacts other countries and cultures. This opportunity also allows them to reflect on how to resolve problems related to HIV infection affecting their own society. Given the choice, many college-level students in Japan are interested in studying about AIDS (Miller 1996; Sharf 1997; Valentine-Dunkley 1997; Phillips and Haynes 1998; Welker and Houston 1999).

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<sup>3</sup> This figure is reached after factoring out one class who specifically requested that the topic be included in the syllabus.

<sup>4</sup> In the Phillips et. al. study, an almost equal number of students reported having discussed the issue in courses led by a Japanese teacher (n=63) as those in courses led by a foreign teacher (n=62). “Concerned teachers are concerned teachers, period.” (Phillips and Haynes 1998 p. 111).

In November 2001, several teachers in the English department at Nanzan University volunteered to include various aspects of the topic of HIV/AIDS in their coursework. The response of the students was overwhelmingly positive. Many students had received some information in high school. Many had not. Written reflections on the classes included the following verbatim comments from first year students:

I had thought that AIDS existed in another world. We had no relationship to AIDS, although we had learned about the disease in high school to some extent. But this lesson actually made us think that the disease is our problem.... I think the most important thing is self defense. "If you learn about AIDS, you will not become AIDS." I have heard this cant (in Japanese) many times before. And now I can understand the meaning of the phrase.  
(English major)

We could learn many things, did many things, learn many new words: pneumonia, immune system, antibody, latex, and so on. (English major)

Studying about AIDS was interesting, because AIDS is a common problem all over the world. I have been interested in AIDS, but there aren't many chances to learn about it. The explanations about AIDS in English was easier to understand than in Japanese. And you can use some English words that you will be embarrassed if you speak them in Japanese. (Non-major)

You can't solve AIDS problem by sitting and worrying. I want to do something for AIDS problem. (Non-major)

Education is the most important thing, I think. At junior high school, teacher should teach students about AIDS. Japan is the country which the number of HIV patients is increasing. I think education isn't enough, so HIV patient is increasing.

I took part in WAD [World AIDS Day] event and handed out the booklet to passersby. But almost all people didn't take it! What is worse, when I said, "Today is World AIDS Day", people pulled back their hands. I think people have no interest about AIDS. (English major)

Comments such as these were common in the feedback received after this portion of the course was completed. They reflect the extent of student interest in the topic and their surprise at learning there is an AIDS problem in Japan. The fact that some of these students never received AIDS education in school underscores the need for further awareness education in the education system. Teachers and school administrators can

capitalize on student interest in this issue for the benefit of all.

*More active university-level programs*

All schools should have a policy in place requiring teachers and staff to follow universal precautions in the handling of bodily fluids such as blood in the case of accidents. Apart from this, in order to protect the health and well being of both staff and the student body, schools and universities can play a fundamental role in ensuring that both staff and students are accurately and adequately informed about HIV/AIDS. In order to provide fair and equal education for and participation of all students, administrative policies should support teachers in all disciplines to address issues such as discrimination, which may occur both in class and on campus. However, simply distributing AIDS information pamphlets to teachers is not enough.

Teachers themselves need a sufficient knowledge base about HIV/AIDS, facts about the disease, its transmission and methods of prevention, and about universal precautions. Teachers who know the facts develop an adequate appreciation of the problem as it exists on a global scale and specifically here in Japan. It is difficult for a responsible person to ignore the subject as it relates to our students' health when these facts become clear. In a workshop format, teachers can be provided with training in how to present the topic in their individual teaching environments, and can be presented with appropriate resources. It has been found elsewhere that teachers who feel confident with the material are more likely to have a positive attitude toward teaching it (Yarber and McCabe 1981; Yarber, Torabi et al. 1997; Thonemann 1999).

*Cross-curriculum study*

The topic of AIDS can be covered as it relates to local, governmental or world economics, history, law, medicine, environmental studies, health and human services—the list goes on. There is an acute need for up-to-date statistics and other information related to the AIDS situation in Japan so that teachers can convey this information to their students. This is one way students can be shown how the topic of AIDS relates to their lives. In dealing with the topic of AIDS in the classroom, learners walk out of class having been exposed to information that continues to have an effect beyond the classroom walls, and each learner will hopefully realize the wider

significance of the AIDS situation within their own country and internationally.

#### *A pro-active AIDS policy*

It has been argued that education is much more than academics; "...schools cannot accomplish their academic goals without attending to the fundamental needs of students for continuity and care"(Noddings 1992). If the university is truly concerned with the well being of its student body, then there should be in place an outreach program for physical and mental health. Imagine the student who is HIV-positive. How is this student to cope with university studies, work, and the fear, stress and physical symptoms of HIV infection? If the campus climate is one of denial of the problem, with prevalent stigma toward HIV-positive people, few would voluntarily step forward and ask for support from the university.

A broad-based system of AIDS education can accomplish several important goals. First, education about the disease can allay fears of catching the virus from an infected person. This can reduce feelings of wanting to keep distance from those with HIV. Education can also help to promote understanding of the difficulties HIV-positive individuals encounter in their daily lives, and this knowledge can lead to the decrease in stigma towards those who are infected. As this stigma is reduced and more positive comments are heard from both staff and students, a more accepting and supportive attitude prevails on the campus. In this environment, more people would be willing to seek out the advice of the health office about HIV testing, information about other STDs and methods of prevention. In the end, everyone wins from this proactive stance.

#### **Conclusion**

HIV/AIDS may not be a suitable topic for every university course, or for every teacher or group of learners. Indeed, this paper has shown that there are many obstacles to presenting AIDS at the Japanese university level. However where it is appropriate, there are many ways that the faculty of every department can include HIV/AIDS in some aspect of their teaching, especially during International AIDS Education Week (November 24-30). Teachers can avail themselves of videos, news articles, Internet web site information, and other sources of teaching materials in order to offer learners an opportunity to explore this rich and invaluable subject that can have important

ramifications in our students' lives. Teachers can be instrumental in disseminating valuable facts to other teachers, as well as to students. At the very least, teachers should inform their students that AIDS is a problem in Japan, and encourage them to seek further information in their own language which may help them to better understand the disease and how to prevent infection. The health office can take an active role, backed by the administration and faculty, to educate *all* students and staff about HIV infection, its prevention, and the availability of testing and treatment. It is not only the most responsible thing to do; it is also the most humane.

### Resources

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