

## **Where the Twain Should Meet: Public Health Policy and... the Language Classroom?**

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Japan's fight against public health problems such as lung cancer, breast cancer, HIV/AIDS and other sexually transmitted infections (STIs), tuberculosis, and so on, cannot be waged solely by government administrations. It must be a collective fight which involves all sectors of society, both business and private, the media as well as individual families. It begins with a comprehensive public health policy that provides for education, careful and attentive screening, and adherence to treatment programs. One vital step in the battle is raising awareness of these health problems.

As in most countries of the world, there is a wide variety of diseases that occur in Japan. Some of them are preventable to some extent (for example, lung cancer and heart disease), and others can be brought under control if detected in the early stages. Many of these diseases are well-known and there is awareness within the population about how to prevent them or how to seek testing and treatment. Some are less well-known with much less information available to the public through the media or other health education campaigns, for example, sexually transmitted infections, including HIV/AIDS. Part of the reason that these diseases are not as well-known is that they often carry a stigma due to their route of infection. Are they any less worthy of public awareness than other diseases? Should we avoid discussion of them at the risk having them spread further through the population, even though they could be prevented or treated?

This paper focuses on one health problem in Japan that requires urgent attention: HIV/AIDS. AIDS fits in a category that is slightly different from other diseases. It cuts across all age or racial groups, economic circumstances, and cultural backgrounds, but worldwide, it ravages lower income groups in particular. It is very closely related to the status and power of women within society. Reluctance on the part of government officials, the media, educational institutions and families to openly discuss routes of infection leads to ignorance about the virus and the disease. Ignorance about the disease promotes prejudice and discrimination, and fuels the increasing numbers of those who become infected.

### *The AIDS situation worldwide*

According to the UNAIDS 2004 Report on the global AIDS epidemic:

- As of December 2003, women accounted for nearly 50% of all people living with HIV worldwide and for 57% in sub-Saharan Africa. Women and girls also bear the brunt of the impact of the epidemic; they are most likely to take care of sick people, to lose jobs, income and schooling as a result of illness, and to face stigma and discrimination. There is an urgent need to address the many factors that contribute to women's vulnerability and risk – gender and cultural inequalities, violence, ignorance.
- Young people – 15-24 year olds – account for nearly half of all new HIV infections worldwide. They are the largest youth generation in history and need a protective environment—regular schooling, access to health and support services—if they are to play their vital part in combating the epidemic.
- In the worst-affected countries of eastern and southern Africa, if current infection rates continue and there is no large-scale treatment programme, up to 60% of today's 15-year-olds will not reach their 60th birthday (Joint United Nations Program, 2004).



For the full report on the global AIDS epidemic, see:  
<http://www.unaids.org/en/default.asp>

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. In fact, it is estimated that only ten percent of the population is aware of their HIV status (“AIDS worsens,” 2004). This global

trend of people not knowing their HIV status is also mirrored in the situation in Japan.

### *The AIDS situation in Japan*

Kyodo News: Japan needs to put out more upfront information about HIV/AIDS to educate people, especially youngsters, in order to check a continuous rise in the disease, a U.N. expert said Wednesday.

Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS, said in a teleconference from Washington that a lack of information leads Japanese youngsters to still believe in myths that AIDS is a disease only caught by foreigners.

"When I look at the newspapers, reports from the media, it is rarely an issue in the Japanese media," he said (“Japan urged,” 2005).

In 2004, Japan saw its highest rate of infection in the 20-year history of this disease. In that year, the total number of HIV infections surpassed 1,000 (Joint United Nations Program, 2004). HIV infection is up 21% and AIDS cases have risen 14% from 2003 (“HIV/AIDS in Japan,” 2005). The total number of HIV-infected as of July 3, 2005 was 11,818 (Japanese Department of Health, 2005). HIV in Japan is primarily spread through sexual contact, with very few cases of infection

through injection drug use or from mother to child. Although statistics show larger numbers of HIV-positive individuals within the population of gay or bisexual men, there has been a concerted effort on the part of the gay community in Japan to make people aware of the importance of HIV testing, and this may indicate that gay/bisexual men are more likely to be tested than are non-gay/bisexual men and women. If there is little information within the general population about HIV or testing procedures and few people consider themselves to be at risk of infection, there is little reason for people to seek out such information. There must be public policies in place that will raise awareness across the population. As it stands, the numbers reflected in official statistics may well be the tip of the iceberg. In fact, one study which calculated the growth of HIV cases in Japan estimated that “the number of infected individuals is about from 10 times to 17 times as much as the size of cumulated AIDS incidence in Japan” (Inaba, 1994). Clear, widespread education to all people in Japan can encourage testing for the virus, and early detection means not only preventing further spread of the virus, but care and support for the HIV-positive individual so that she or he can live a relatively normal, healthy life.

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

The Japanese Ministry of Education, Culture, Sports, Science and Technology (*Monbukagakusho*) has gone on record in support of the UN’s guidelines for HIV/AIDS education (“Japan: Still 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 (Japanese Ministry of Education 1994). The subject, however, “is not taught frankly or well enough for schoolchildren to understand it” (“Japan: Still 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 STIs 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.

As a case in point, I once worked in a local girls' high school. During a class in November, just before World AIDS Day, I showed some videos about HIV/AIDS which were subtitled or dubbed in Japanese, as these students' English level was quite low. I sat in the back of the room, watching along with the students. At one point the video talked about the body fluids that could contain enough HIV to infect someone. One student leaned over to her friend and said, "Yabai – nomikonjatta!" (Uh-oh, I swallowed it!). I whispered to her that it is always important to use a condom from beginning to end, that if she had any questions she could call the HIV center (I had written the telephone number on the board) and talk to them anonymously.

During my teaching of this topic, I have also read in student journals that students were not aware of the risk of HIV in Japan, although a few had had some exposure to the topic in junior or senior high school. As one English major reported,

"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" (Haynes, 2002).

And teaching it is much easier than many teachers believe (Haynes, 2001). Yet embarrassment on the part of Japanese—and foreign—teachers to talk openly and honestly about AIDS often precludes many opportunities for education.

### *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 teachers in Japan 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 particular 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 teachers' lack of awareness about the AIDS problem in Japan (Haynes, 2001).

It is also often more comfortable for the teacher to raise the issue of HIV/AIDS as a problem occurring in other parts of the world. There is ample information about the epidemic in parts of Africa, less about how it is spreading throughout Asia at a rapid pace, and very little about the state of the epidemic here in Japan. Although it may be necessary to give background on the spread of the disease in other countries, we must make clear that HIV has not stopped at Japan's borders, but is spreading here as well.

#### *Teacher motivation*

It is equally easy to find reasons to *include* the topic of HIV/AIDS in English language teaching. What does language learning have to do with a public health issue such as AIDS? Quite a bit, in fact. Students report that there is less embarrassment using the vocabulary for this topic in a foreign language. Teachers report that students become engaged with the topic, have an intrinsic interest in it, and are eager to learn information that perhaps they have not received elsewhere (ibid). Because the issue of AIDS is directly linked to women's status in Japan and elsewhere, it gives the students a chance to consider their own thoughts and opinions on relationships and who has the power to control behavior within those relationships.

In my own teaching of HIV/AIDS, some students have commented that after class they went to their boyfriend or girlfriend and talked about using condoms. Some, especially female learners, commented that learning phrases in English on how to negotiate the use of condoms or to refuse to have sex with a partner was valuable because they now knew what to say in Japanese (Cornwell, et al, in press). Also, in class we discussed which activities or behaviors are risky (sharing needles, oral, vaginal, anal sex) and which are not (for example, kissing, sharing utensils, masturbation, hugging, sports). Once students understand that it is important to keep HIV-infected fluids out of the body, they are better able to see how this virus is directly related to their lives. It is no longer a vague disease in some far-off country.

On a broader social level, students may investigate matters such as stereotypes with respect to groups of people who are more likely to be at risk, how to deal with discrimination, or how poverty and the position of women in other countries may lead to their exploitation as victims of trafficking here in Japan. Domestic violence, including rape within the marriage, is another problem related to women's position in Japanese society, and is also related to HIV infection. Students could also consider the role of the media in the stories related to HIV/AIDS that are chosen for or excluded from broadcast/publication. Further, they could assess current government policies with regard to health care for HIV-positive individuals, education within the general workforce, education in primary through university education, anti-trafficking policies and their enforcement, as well as NPO/NGO contributions within Japan.

Students majoring in economics, business, or management could be encouraged to review how high rates of HIV infection in countries that have been most hard-hit relate to eventual lower productivity in all sectors of society, lower life expectancy rates, and create a greater burden on government spending for health care. They could also consider what steps need to be taken in a business to ensure that the workers are fully aware of the issue, how to prevent infection, and how to create a workplace that is supportive of co-workers who might be HIV-positive. Bring health care workers, business and government leaders not only into the policy decision-making process, but also into the classroom. These people have hands-on experience in handling the programs they develop and put into place. Communication between them and our students will acquaint the students with the issues and with how those issues are dealt with in their local communities and in Japanese society in general. With adequate education, current students of business can become the future business leaders regarding corporate HIV policies, which the UNAIDS 2004 Report suggests:

Support workplace prevention programmes for employees and management, providing healthcare such as access to voluntary counselling and testing and to antiretroviral treatment in workplace settings, and endorsing policies of non-discrimination against employees living with HIV (Joint United Nations Program, 2004).

### *Conclusion*

Many foreign language teachers in Japan have the luxury of bringing issues to the classroom in the form of reading passages, listening activities, debate or discussion sessions. Where the teacher has some control over the syllabus, some health issues such as smoking, proper diet and exercise, clean air, and so on are quite regularly included. Dealing with these issues in the language classroom supports learners in their acquisition of new vocabulary, grammatical forms and functions. Raising the issue of HIV/AIDS can do this, as well as impart much-needed

information that make learners aware of the growing problem here in Japan. We can show learners the usefulness of a second language in learning a topic that interests them, but might be a bit uncomfortable in their own language. Within the language teaching context we can empower both female and male learners with the information and communication skills they need to refuse to engage in risky behavior, or to negotiate the use of protection in their own relationships.

We are one piece in the overall puzzle of how to solve the problem of AIDS. Working together with government, industry, and the media, language teachers can help to stop the spread of HIV and to eliminate prejudice surrounding this disease.

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