

The Taboo Topic and Teacher Reluctance: An Investigation Into Attitudes Among  
University EFL Teachers in Japan

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Submitted in partial fulfillment of the requirements of  
the Master of Science degree in Teaching English to Speakers of Other Languages,  
Newport Asia Pacific University

November 26, 2000

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## Acknowledgements

I would like to extend my thanks to Robert Croker who initially planted the idea in my head that I could go for a Master's degree and who has always been there with invaluable explanations, patience and support. My gratitude also goes to my advisor, Dr. Ruth Wajnryb, for watching over this blade of grass, for her insights and most helpful suggestions (moo). I would also like to thank the teachers who kindly completed the survey, and those who agreed to be interviewed. Arigatou to Susan Gilfert, for proof-reading during her vacation, to Mayumi, for being so patient and supportive during this process, and to Chu, who helped keep my eyes from crossing at the computer with her intermittent demands for milk, string-chase and mousie toss.

## ABSTRACT

This study explores the question of why university-level, foreign EFL teachers in Japan do or do not include the topic of AIDS in their classrooms. Data were collected from a survey of 69 university EFL teachers and 13 interview informants. The study examines some of the barriers teachers face, as well as how some teachers overcome such barriers. Results show a trend toward more caring attitudes on the part of women, yet a general sense on the part of most teachers that AIDS is "not a problem in Japan." Based on this research, the recommendation is made for further teacher education about AIDS in Japan, teacher training in the area of uncomfortable topics in general, and of greater dissemination of AIDS information and teaching materials. Included are the survey, excerpts from the interviews, and a resource list.

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## Chapter 1 AIDS in Japanese society and EFL

*“We studied about AIDS in high school but we did not get any of this information...”*  
[Debbie]

### 1.1 Overview

The introductory chapter to this thesis may be summarized in three points: AIDS is a worldwide problem, AIDS is an increasing problem in Japan, and Japanese cultural taboos are threatening the steps necessary to bring about AIDS education in Japan.

### 1.2 Background

AIDS has taken the lives of millions around the globe. According to World Health Organization research, internationally 16,000 new infections occur daily (“UN Global AIDS Report,” 1998), out of which 7,000 are young people aged 15-24, one every five minutes (Chabon & Futterman, 1999; U.N. Report, 1998). The *Kouseishou* (Japanese Ministry of Health and Welfare) officially reported just over 6,000 HIV positive people in Japan at the end of March 1999. The number stands at 7,425 at the end of June 2000, with 1,180 deaths (Kouseishou, 2000). 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 (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). The number of cases of HIV-positive blood donors has also increased, from 34 in 1992 to 50 in 1998 (“HIV Rate High,” 1999) 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. This puts the Japanese blood banks at a slightly higher risk of passing the virus on to patients receiving blood transfusions.

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 (Lyn R. Frumkin & John M. 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. Expensive medications may be covered by company insurance programs, but some HIV-positive employees in Japan have been dismissed after their employers received documentation showing that their prescribed medications were for HIV or other problems due to HIV infection. A host of side effects from drugs, as well as complicated and rigorous dosage schedules, complicate matters for those who are infected and taking AIDS medications. A further problem is caused by the fact that a cure for the HIV virus is rendered more elusive by the fact that the virus mutates easily. Today, the best hope for fighting further spread of the virus is through education about prevention.

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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)

### 1.3 The “New Japan” and AIDS

Over the past few decades, while keeping pace with the changes that have occurred in global technological and economic patterns, Japan is just now seeing changes in its social structures. New roles for women, changes in family living structures, fewer life-long employment options, increasing individual diversity (in the sense of less conformism, especially among youth) and growing concerns for public health and safety are the earmarks of Japanese society at the turn of the twenty-first century. HIV/AIDS is no stranger to Japan. The first cases of AIDS here surfaced in the mid-1980s but most were linked to foreigners (Kurtenbach, 1993). The *Kouseishou* delayed approving heated blood products which resulted in the infections of over 1,800 hemophiliacs (“Additional Files Found,” 1996).

This introduced the myth that AIDS was a disease of hemophiliacs and foreigners, far removed from the mainstream Japanese population, a myth which is still prevalent today. In the early 1980s much of the AIDS-related news coverage coming from foreign sources, particularly the U.S., dwelt on gay men. This fuelled 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.

With the strong yen during the 1980s and early 1990s, many companies sent their male employees on packaged sex tour holidays to Southeast Asian countries such as Thailand and the Philippines, as bonuses for excellent work (Takada, 1992; Sesser, 1991). HIV infection rates in those countries are quite high, and it is logical to assume that more than a few of those tourists would have become infected. Yet we see a slow rise over the past ten years in the figures of infection rates published by the *Koseishou*.

What has been occurring in recent months is an increase of AIDS cases that have never been included in previous HIV figures ("Kanja kyuzou," 1999, p. 26). This means that these people may have been infected for ten years or more without ever knowing their HIV status.

There is reason to think that the numbers of people who contracted AIDS several years ago are not being reported accurately. An unconfirmed anecdotal report from a source within a large Japanese hospital who wished to remain anonymous suggests that honest reporting of AIDS cases is not always strictly held to by doctors who do not want to risk the stigma of being known as a doctor (or as a hospital) that treats AIDS patients. Other investigators have found that some patients and their families request that the death certificate read cancer, pneumonia or some other cause of death so as to not bring shame upon the family (Sesser, 1991). These kinds of attitudes perpetuate the problem.

The rate of infections continues to rise. The *Kouseishou* forecasts 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). Yet almost two decades into the existence of AIDS in Japan, the myths that AIDS is a disease of foreigners, hemophiliacs and gay men are still prevalent. It is convenient to use these myths to avoid the need to confront and deal with the issue. Together with the possible inaccurate reporting of AIDS cases, hence untrustworthiness of government statistics, this has allowed a complacency towards AIDS to develop at all levels of Japanese society. From the educational perspective, which is particularly relevant to this study,

teachers throughout the system fail in their duty to educate young people effectively about the risks of AIDS.

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 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 and people involved in AIDS education in Japan are generally dissatisfied with the level of responsibility that public officials are taking.

#### 1.4 AIDS in the Curriculum

Because HIV/AIDS is such an important issue, there is an argument that the topic should be included throughout the educational curriculum of all levels of education

(Ford & Russo, 1997). This is especially important in Japan in the light of evidence of sexual activity among teenagers. A recent newspaper headline read: "More high schoolers having sex, Tokyo survey shows," (1999, p. 3). Shigeru Hiramatsu of the Japan HIV Center, an organization which deals with education and counseling on HIV and AIDS, said that "more young people begin sexual relations at high school level," ("Japan Complacent," 1999). People in their twenties who are now testing positive with HIV were infected in their teens (ibid).

Two recent *Kouseishou* surveys give support to the need for further education. The results showed that "35,000 teenage girls underwent abortions in 1998 [and] 40 percent of people under 20 who had experienced sex said they never used any form of contraception during intercourse" (Takahashi, 2000, p. 3). The problem is complicated by a phenomenon occurring among high school women: *enjo kosai*, dating or having sex with middle-aged men for money or expensive gifts ("Japan Complacent," 1999). With little knowledge of HIV or how to prevent it, these young women are leaving themselves open to infection of STDs, including HIV.

Within EFL/ESL, the topic of HIV/AIDS has been listed under the umbrella topic of "Global Issues" (Cates, 1998). It has been included in more recent EFL textbooks as a social issue (Folse, 1996; Solorzano & Schmidt, 1998), and is slowly making its way into the ESL literacy curriculum in the U.S. (Wrigley, 1993, p. 459). However, topics related to sex, sexuality and sexually transmitted diseases, like many other sensitive issues, continue to be systematically excluded from EFL texts (Wajnryb, 1997). The topic of HIV/AIDS has been addressed in a number of English language teaching journals (Miller, 1996), and conference presentations, for example at TESOL 97

(Santiago, 1997), and Japan Association of Language Teachers (JALT) 97 (Valentine-Dunkley, 1997; Fountaine & Wahl Lachman, 1997), JALT 98 (Fountaine, Scharff, & Haynes, 1998), and JALT 99 (Fountaine & Haynes, 1999; Haynes & Fountaine, 1999). Many EFL teachers approach some aspect of the HIV/AIDS situation in their classrooms, even though it is not normally a required topic (Miller, 1996; Stevens, 1991). Still, there remains a great deal of hesitation on the part of many teachers to include AIDS in their teaching.

### 1.5 Statement of the Research Problem

In the context of a society that is noted for its dislike of public discussion of or debate on topics requiring a personal standpoint, a teacher approaching controversial topics would almost inevitably experience a certain amount of stress, hesitation and even avoidance. The questions addressed in this study seek to reveal some of the attitudes of practicing EFL teachers in Japan when faced with presenting a controversial topic such as HIV/AIDS in the classroom. To what extent do teachers feel AIDS is a controversial issue in Japan? Why is it that some teachers make an effort to include the topic in their classes, while others are reluctant to bring up the issue? For those teachers who do try to include it, what aspects do they feel comfortable in covering in class? Are the differences in teachers' attitudes in any way related to gender, age or years teaching experience in Japan?

### 1.6 Purpose of the Study

This study looks at whether teachers in the EFL field in Japan feel that the teaching of the topic of HIV/AIDS is one that can or even should be addressed in the EFL classroom. It investigates some of the reasons teachers either include the topic or avoid raising it with students. It aims to provide teacher trainers with basic data on the

information that teachers need in order to feel comfortable and confident in raising issues related to HIV/AIDS, and for materials writers concerned with inclusion of any number of aspects of the HIV/AIDS situation into EFL materials.

### 1.7 Methodology

The present study focuses on teachers who conduct English language classes for students who are roughly aged 18 and above. The teachers who participated in this study were non-Japanese natives providing EFL instruction at a variety of institutions throughout Japan. Sixty-nine respondents completed a survey of a total of 62 4-point Likert scale and open-ended questions at a teachers' conference in Maebashi, Japan in November, 1999. A follow-up series of 13 interviews with teachers led to further data which are analyzed and discussed in this report.

### 1.8 Assumptions

Any researcher going into a field of research enters with some pre-suppositions which may be idiosyncratic to the researcher herself. It is important that the researcher confront these assumptions. The current study has six main assumptions which are outlined below.

#### 1.8.1

Compared with other commonly raised controversial issues, HIV/AIDS is one of the most controversial that can be raised in the classroom.

#### 1.8.2

Of four factors that affect a teacher's decisions to raise controversial issues in the classroom (curriculum, student factors, teacher roles, classroom management factors) the teacher's role factor is the most influential.

### 1.8.3

Emotional factors are more important than classroom management and curriculum factors in influencing teachers' decisions to include HIV/AIDS in the classroom.

### 1.8.4

Teachers who feel more comfortable discussing issues of sexuality will be more likely to raise the topic of HIV/AIDS than those who do not. In addition, teachers who feel a moral responsibility toward informing their students about HIV/AIDS will be more likely to raise the topic than those who do not.

### 1.8.5

Teachers will feel most comfortable raising social rather than sexual aspects of HIV/AIDS.

### 1.8.6

Female teachers will have more positive attitudes toward including HIV/AIDS in the curriculum than will male teachers.

## 1.9 Premise of the Researcher

Underlying the research described in this paper is a fundamental belief about the teacher's role. I believe that teachers are in a position of influence that can be harnessed to a greater societal good. A more narrow view of teaching is one that sees transmission of the subject matter as its sole purpose. I see the teacher's role as being one of a broader responsibility, going beyond the parameters of the subject taught, to a more holistic responsibility for the welfare of the student.

I myself am an AIDS educator here in Japan. Through my experiences in teaching about AIDS, I have come to see this topic as it relates to English language education as one that helps learners develop linguistic skills, encourages critical thinking, and

motivationally, piques student interest. It is also information that benefits the students themselves. I realize that my proximity to the subject puts this study in jeopardy of my own bias. I have made a sincere effort to be as impartial as possible in designing the survey, in conducting the interviews and in presenting the results.

Changes in Japanese society offer new opportunities for language teachers to take up topics vital to the students' lives. Teachers are in a unique position to help develop critical thinking, learning strategies and social responsibility in all our students to enable them to cope with the lives they will lead upon graduation. As teachers we hope that language learning will be relevant in some way to our students' lives. From this perspective, English is a medium through which language learners complete everyday tasks and activities, both pedagogical and individual.

Many of our students spend time traveling abroad. Knowledge about HIV and AIDS is information that can inform the conduct of their lives both at home and abroad. With more and more Japanese travelling on business and for purposes of study, there is a need for greater education about HIV and AIDS. Many students will at some point in their lives actually live in another country. Those who will live in the United States, for example, will need to be aware that they may come in contact with HIV-positive people at work, at school and in a wide range of social settings. Laws are in place to protect not only the privacy of HIV-positive individuals and people with AIDS (PWAs), but to safeguard their right to an equal opportunity to work and education without fear of harassment or discrimination. Our students need to be aware of their prejudices in this area, as their conduct in countries other than Japan might have serious legal consequences.

Discrimination is an act based on prejudice. Prejudice involves seeing another group as different from and inferior to one's own. Discrimination may occur in the form of the denial of jobs or equal legal status, but also take more subtle form as in exclusion from social groups and activities. There is a responsibility on the part of teachers to do something about this ignorance by providing education. Discussion about HIV/AIDS can serve to increase student knowledge and understanding and can serve to reduce prejudice against people with HIV/AIDS in the workforce, in the community and within the school system.

Many teachers do want to include the topic of HIV/AIDS in their classrooms. This research is designed to help teachers who have a broader interpretation of the teacher's role, who feel it is important to address this issue so that they can empower their students with vital knowledge and at the same time help to reduce discrimination.

#### 1.10 Limitations and Delimitations

The topic of AIDS can be looked at from any number of perspectives. The focus of this study is on how teachers feel about including various aspects such as social stigma/discrimination, family relations, friendship issues, special housing and medical attention/needs, bereavement issues, world and local economies, world epidemiology, financial effects of medical treatments, and AIDS as a health and sexuality issue.

These aspects can be approached through discussion, as a reading topic, video, listening, role play, composition topic or subject for student research. This study does not directly investigate teaching methods, classroom procedures, or how teachers deal with the topic of AIDS in the classroom. Such information, however, has come to

light through the qualitative responses given by subjects during the interviews and in the open-ended survey questions.

This study does not look at high school teachers or Japanese teachers, as it was felt that the issues surrounding inclusion of the topic of AIDS in high school were separate from those at a college or university level, and that Japanese teachers bring to the EFL classroom a separate but equally valid set of cultural constraints from their foreign counterparts which needs to be handled in a separate study. The differences between rural and urban colleges was assumed not to be important in either the survey or the interviews and such background information was not collected from any of the participants. Also not collected was information as to each respondent's race, nationality, or specific religious background which were deemed outside the scope of the present study.

As with any type of study looking at attitudes about sensitive issues, there may have been reluctance on the part of respondents to answer honestly. A sincere attempt was made to present questions in both the written questionnaire and the interviews which were as non-threatening as possible.

### 1.11 Overview of the Thesis

In Chapter 2, I will give a review of studies relevant to the inclusion of HIV/AIDS in the teaching curriculum. In Chapter 3, I will present the research methodology used in this study: a survey of 69 college level teachers and interviews with 13 teachers, and I will describe the type of analysis performed on the data collected. In Chapter 4, I will present the results of the analyses of both the quantitative and qualitative data,

including a discussion of their significance. In Chapter 5, I will present a summary of the findings and will discuss the implications for teacher trainers and materials developers and will make suggestions for further research.

## Chapter 2 Treading softly through the china-shop topic of AIDS

*It is difficult to talk about I think for a lot of people because of, I think people say, "Well, I can never get it. It's those people over there." And I think it's denial that, that for some reason I think people still believe it's for, depending on what, how they feel, I mean, drugs or homosexuals, and they think those are bad people. And I don't feel that way but I think a lot of people do. And they think, "Oh, it's not going to affect me," and until it actually does touch someone near them, they're not going to really understand it. [Heidi]*

### 2.1 Overview

In investigating AIDS as a topic in EFL classrooms in Japan, I am taking a social constructivist approach (Williams & Burden, 1997, p. 44). This involves looking at the teacher, the tasks and the learners, as well as the social, political and emotional environment in which these all operate and interact. We will now turn to these areas, beginning with the social environment.

### 2.2 AIDS in the Japanese Education Curriculum

The settings focused on in this study includes universities, *senmon gakkō* (special training colleges), and 2-year colleges. It is pertinent, however, to discuss the present situation with regard to the subject of AIDS within the Japanese school system curriculum, as there is evidence that Japanese youth are not being well-informed about the details of HIV/AIDS.

That there would be any opposition from the Japanese Government's Department of Education (*Monbushō*) 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 *Monbushō* has included the topic of HIV/AIDS as a requirement in health classes in junior and senior high schools since the mid-1990s (Ministry of Education, 1997). 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. Booklets with details about AIDS, published by the Governmental Health Department, are made available to schools for distribution to students, yet the decision to exploit or discuss the booklets with students is usually taken by individual teachers. Embarrassment on the part of Japanese teachers to talk openly and honestly about AIDS often precludes many opportunities for education. For example, I conducted an interview with a high school health center administrator in Aichi prefecture who explained that many schools "started including" information about HIV and AIDS four or five years ago. In practice, however, this means that a disease called AIDS is mentioned, yet probably less than an hour within a year at most is spent on the topic of AIDS in most health classes (personal communication, name withheld upon request, March 9, 2000). These 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.

### 2.2.1 Student Interest in AIDS

Learner-centered teaching (Nunan, 1988) has risen in prevalence among foreign EFL teachers in Japan in the past decade, and teachers often consult with learners in developing courses to suit student interest (Kluge, McGuire, Johnson, & Johnson,

1999). One study conducted in 1994 surveyed students at three Tokyo universities and showed student interest in a global perspective in university subjects including English (Dyer & Bushell, 1996). This suggests that students will often raise topics dealing with Global Issues, especially in more learner-centered classrooms where students are allowed to negotiate the topics to be covered.

The aim of Global Issues is “to give students the knowledge, skills, and attitudes needed by responsible world citizens to solve the global issues which face our planet” (Cates, 1998, p. 8). Global Issues draw on the fields of peace education, human rights, environmental education and multicultural education. The topic of AIDS touches on each one of these fields. However, the topic of AIDS is not limited to Global Issues. It is a much broader topic, raising social, political, medical and economic issues as well. Through any one of these aspects, learners come to see that they can use the English they are learning not only to gain a deeper understanding of how the AIDS situation impacts other countries and cultures, but 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 (Valentine-Dunkley, 1997; Sharf, 1997; Welker & Houston, 1999; Miller, 1996; Phillips & Haynes, 1998), as will be seen through the interview results.

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 which 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).

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, population 7,018,929, 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 & 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+ 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" (Phillips & Haynes, 1998, 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>2</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>3</sup>, but it does reveal Japanese students' interest in the topic.

### 2.3 HIV/AIDS as a Controversial Issue

“Controversial issues” have been defined by the Colorado Springs School Board Policy, District Eleven, as:

those problems, subjects or questions about which there are significant differences of opinion, for which there are no easy resolutions, and discussion of which generally create strong feelings among people... subjects usually become controversial issues because of differences in the values people use in applying the facts (1995).

Japanese society is noted for its orientation toward group harmony and avoidance of expressing differences of opinion. Face, which Quirke defines as “the respect, deference and attitude which people put forward and which they expect others to extend to them” (1996), is revered at all levels of social interaction in Japan, so that

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<sup>2</sup> This figure is reached after factoring out one class who specifically requested that the topic be included in the syllabus.

<sup>3</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.” (1998, p. 111).

discussion resulting in differences of opinion may be felt as threatening to the face of one or more participants. Such discussion has traditionally, then, been avoided, especially in the classroom, where most students have been educated to concur with the teaching and sentiments of superiors, professors in particular.

EFL teachers with any length of time teaching in Japan may have experienced this desire on the part of students to maintain harmony in the classroom. To my knowledge there have been no studies on how this affects teachers' decisions to raise controversial issues in their classes or how to go about doing so should they decide to raise such issues. The Phillips study and the positive reactions of students reported from teachers (Miller, 1996; Valentine-Dunkley, 1997; Welker & Houston, 1999) suggest, however, that Japanese students may not view the topic of AIDS as one which requires disruption of group harmony. In fact, certain classroom activities such as research projects, production of AIDS comic books and the designing of informative posters actually bring students together rather than result in disagreement or disharmony.

#### 2.4 Teachers' Roles

It has been suggested that the roles that teachers take on are linked to their beliefs and attitudes about the nature of knowledge and of learning. Wright lists several beliefs which will influence a teacher's actions in the classroom, including cultural and social beliefs and attitudes about how to behave in social groups, beliefs about the role of knowledge in teaching and learning, beliefs about the nature of learning, and beliefs about the nature of knowledge (1987).

In addition to the variety of roles which the teacher might see as pertinent to the teaching of English, there are other roles the teacher takes on when dealing with certain aspects of the issues of HIV/AIDS. A teacher might assume the role of nurturer, social worker, community educator and/or counselor, depending on the structure of the group of learners and the level of trust and intimacy within the group. A teacher might also act as a conduit for other contacts within the community such as HIV testing sites, support centers and so on, and may offer guidance which some students need on a personal level. These roles, which may be viewed as outside the more traditional, might create certain anxieties for some teachers; avoiding the topic may be easier than having to determine how involved one should become.

Anxieties or fears may arise as a result of the role(s) the teacher chooses to play. One researcher groups the anxieties teachers face into three categories: fear of competence/incompetence, fear of loss of control, and anxieties arising from student expectations and idealizations of the teacher (French, 1997, p. 3-4). This framework may apply to teachers' fears when dealing with the topic of AIDS. The fear of competence/incompetence may arise if the teacher is not confident with the material, is unsure of how to approach it, or is unable for some reason adequately to gauge the needs of the students and make the material conform to those needs. The fear of loss of control may occur if a teacher perceives negative reactions to classroom work on the part of students, other faculty members, or the administration. A teacher who has doubts as to the appropriateness of the topic of HIV/AIDS in the EFL classroom may fear that students might not see its relevance to language learning. This may lead to the teacher losing face by having his/her teaching abilities called in to question. Anxiety from student expectations may arise if students come to see the teacher as a

know-all source of information, counselor and giver of solutions to personal problems. In contrast, this fear may arise if there is a conflict between students' and the teacher's perceptions of teacher roles and the appropriateness of various topics in the classroom.

## 2.5 Teacher Affective and Non-affective Factors in Dealing with the Topic of AIDS

### 2.5.1 Definitions

The American Heritage Dictionary defines the term belief as “a conviction or opinion,” and attitude as “a state of mind or feeling with regard to a person or thing” (1983). It has been suggested that teachers' beliefs have an effect on their behavior in the classroom (Nunan & Lamb, 1996; Richards, 1998), and that teachers' beliefs about teaching are connected to their beliefs about the subject matter and the learning process (Calderhead, 1996). Nespor (cited in Calderhead, 1996, p. 719) has written that beliefs are “strongly associated with affective and evaluative components.” In distinguishing beliefs from cognitive knowledge, Pajares poses the question, “What truth, what knowledge, can exist in the absence of judgement or evaluation?” (1992, p. 310). In the case of AIDS education, it is doubtful that a teacher's factual knowledge of the virus and its modes of transmission are uninfluenced by that person's beliefs about the nature of the disease and its transmission. There is evidence, for example, that a person's attitudes toward homosexuality have an impact on their views toward AIDS and people with AIDS. This will be discussed in greater detail in sections 2.5.2 and 2.6.

Teachers dealing with other controversial issues experience similar conflicts between their knowledge and beliefs. In the area of racism and sexism, a 1991 study in the U.S. in which nine teachers were interviewed about the materials they produced to

accompany the teaching of *A Color Purple*, found that “when confronted with teaching controversial material, some teachers experienced emotional anxiety which reflected their own beliefs and fears about the issues in question... and concern about their own ability to present the material adequately” (Goodman, 1991). There is no reason to think that would not also arise for teachers dealing with a sensitive topic such as HIV/AIDS.

Renzetti and Lee define a sensitive topic as one that possibly holds a substantial threat for the participant and/or researcher (1993). In regard to the topic of AIDS, it is the circumstances in which a person becomes infected which are difficult to talk about. One way HIV is transmitted is through the exchange of semen, blood and/or vaginal secretions during vaginal, oral and anal sex. For many people such discussion may threaten their zone of comfort. Another threat to students and teachers dealing with the topic of AIDS is the exposure of highly personal values: “people will go to considerable lengths to avoid such conflict, the exposure of their values and the need to defend them” (Thomson, 1997, p. 264).

The term “values” has been defined as “transsituational [sic] goals, varying in importance, that serve as guiding principles in the life of a person or a group,” (Prince-Gibson & Schwartz, 1998, p. 49). Including the topic of HIV/AIDS in one’s teaching program implies the likelihood of discussion of certain values in society and possibly values of a personal nature. Levitt and Longstreet (1993) write that there is a reluctance among today’s teachers to teach any but the safest of civic values, as there are risks for teachers who pursue controversial topics. General, abstract values like being truthful or being kind to others, they write, incur little controversy, but when the

abstract becomes specific and “reflects a reality of life beyond school walls, that is, an authentic civic value that makes a difference to our lives in immediate terms, controversy is likely” (ibid, p.1).

A teacher’s personal beliefs about what should constitute the subject matter to be taught are also strongly influenced by the teacher’s culture, defined as the beliefs and customs of a people at a particular time (American Heritage, 1983). Olson suggests that it is essential to understand a teacher’s cultural beliefs as these influence the teacher’s subsequent actions in the classroom (1988, cited in Hamilton, 1996, p. 185). Particularly with the topic of AIDS, there is the possibility that cultural and religious factors, as well as individual personal experiences, may influence a teacher’s beliefs about the appropriateness of the topic in an EFL classroom, either toward or against inclusion. Teachers’ native cultural factors, however, are outside the scope of the present study.

### 2.5.2 Stigma by Association

AIDS-related stigma has been defined as “prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups, and communities with which they are associated” (Herek, 1999, p. 1106). Studies investigating AIDS-related stigma have found that it is the “perceived personal responsibility” of the stigmatized individual which elicits pity and help or dislike and anger (Weiner, Perry & Magnusson, 1988, cited in Weiner, 1993, p. 959). Individuals with conditions which were judged as uncontrollable physical problems such as Alzheimer’s, cancer, and paraplegia were more likely to be perceived in a positive light and evoked more help-giving intentions, whereas individuals with

perceived high responsibility conditions such as AIDS, child abuse and drug addiction elicited anger and low willingness to help (ibid).

AIDS stigma has been described as a dual phenomena: personal, holding a threat to one's physical health or "identity as a healthy person"; and social, involving a threat to core societal values related to sexual behavior, morals and religion (Devine, Plant, & Harrison, 1999, p. 1213). At the beginning of the epidemic, in the U.S., as well as in other countries, AIDS was thought of as a disease of marginalized groups such as gay and bisexual men, Haitians and intravenous drug users. Such groups were labeled "high-risk groups." This helped establish a public image of the "ingroup" of uninfected persons as different from and superior to the stigmatized "outgroup." "This perception is coupled with the need of uninfected persons to protect their social identity as a member of the nondeviant ingroup" (ibid).

Stigmatizers may blame stigmatized individuals for their situation. Writing about stigma, Goffman notes that:

...we may perceive [the stigmatized individual's] defensive response to his situation as a direct expression of his defect, and then see both defect and response as just retribution for something he or his parents or his tribe did, and hence a justification of the way we treat him (Goffman, 1963, p. 6).

With regard to AIDS, stigmatizers may believe PWAs are somehow deserving of their fate, especially when infection occurred as a result of sexual behavior.

Interwoven with these attitudes are the stigmatizer's attitudes on homosexuality which, in turn, affects attitudes toward PWAs. "Because AIDS was originally associated with gay men, AIDS as an illness is layered upon preexisting stigma" (Herek & Glunt, 1988, p. 887).

One of the current themes in AIDS stigma work is that the uninfected's attitudes toward PWAs are strongly related to heterosexuals' attitudes toward homosexuality, and that expressing negative attitudes toward PWAs has become a convenient means of expressing hostility and intolerance of homosexuals and what they are believed to symbolize (Devine et al., 1999, p. 1213).

On the surface, there may appear to be no relation between attitudes toward gay men and HIV-positive individuals who are not members of stigmatized groups. However, Pryor et al. (1999) working at the elementary school level in the U.S. asked parents how they would feel if their child were to eat cookies baked by the mother of an HIV-positive child. In a separate phase of the study, these same parents were asked their attitudes toward gay men. "The correlation between aversion to one's child eating the cookies and attitudes toward gay men was  $r = .48$ ,  $p < .01$ " (ibid, p. 1200). This rather strong correlation was explained as a chain of associative connections between the fact that the cookies were made by someone closely involved with a person with HIV and that AIDS is related to homosexuality (negative affect), i.e. parent -> child -> cookie -> mother -> HIV+ child -> AIDS -> gay men. Twenty years into the AIDS epidemic, this type of public attitude, at least in the U.S., is still quite prevalent (Herek & Capitanio, 1999).

AIDS stigma reaches not only PWAs but family, volunteers and advocates related to PWAs as well (Herek & Mitnick, 1996; Snyder, Omoto, & Crain, 1999). EFL teachers addressing the issue of AIDS may also be seen as somehow associated with HIV-positive people, and may be subject to stigmatization by other teachers as well as students.

Tolerance of HIV-positive individuals and PWAs, on the other hand, is associated with a greater understanding of homosexuality. In 1990, Summers (1990) conducted

a survey of 113 men and women in various industries as well as government employees in the U.S. The average age of those surveyed was 36.63 years, and most were full-time employees. The results of the survey found that “those who were more tolerant of homosexuality were more willing to accept a co-worker with AIDS” (ibid, p. 578). In 1986, 99 students at a U.S. university were surveyed on comfort levels in contact with lesbians and gay men and religious participation (Gentry, 1986). Those respondents with more frequent religious participation were associated with more discomfort regarding lesbians and gay men, while respondents who had a friend or acquaintance who was gay or lesbian reported more comfort in social distance regarding homosexuals.

To summarize, AIDS-related stigma has been found to have a possible relationship to the stigmatizer’s attitudes toward lesbians and gay men. AIDS-related stigma is directed not only at HIV-infected individuals but also those who associate with them or advocate for them. The latter group would include teachers who actively include the topic of AIDS in the syllabus, who consequently may be at risk of stigma by association on the part of students or other teachers.

### 2.5.3 Teachers Who Deal with AIDS Education

Studies done in other countries reveal that teachers who teach about AIDS have varying reactions toward the subject matter. A 1996 study conducted in three school districts in the largest county in the state of Arizona (USA) investigated the extent to which educators were complying with a legislative mandate requiring AIDS education in grades K-12 (Huerta, 1996). Through observations of teacher training sessions, structured interviews of teachers and principals, and analysis of three school

districts' documents, it was found that the mandate was enacted in a wide variety of ways. Some teachers were greatly frustrated because of the restrictions on what could and could not be discussed in class, recognizing that their students' needs were not being met yet feeling constrained by the mandate's guidelines. Others, relieved at not having to discuss topics such as homosexuality and safe sex, felt the guidelines set forth by policy makers made the delivery "much less controversial and consistent with their personal values" (ibid). Still others were put off by having one more thing to cover in an already crowded curriculum. Some teachers became adept at circumventing the topical restrictions, while others sought to circumvent inclusion of the topic at all.

Constraints found in other countries may not pertain in the Japanese setting. EFL university level teachers in Japan generally have the luxury of freedom in producing their own syllabuses and in many cases are also free from hindrances such as the religious or political views of the community. Yet school policy restrictions, or conflicts between the topic and one's personal values such as those found of teachers in the Huerta study above, may be equally true of teachers in the EFL setting in Japan.

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, 1992, cited in Lowden & 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. Some teachers found that areas such as

confidentiality were in conflict with their wider roles as teachers. The study by Thomson and Scott found that teachers' anxieties "can override the needs of young people," a finding similar to that of the Arizona study mentioned above.

One study conducted in the United States in 1997 looked at elementary school teachers' attitudes toward AIDS and towards working with HIV-positive children (Adams & Biddle, 1997). A questionnaire was designed to investigate teacher beliefs and attitudes of teachers working with HIV positive students or students with AIDS. Eighty-eight teachers of kindergarten through 3<sup>rd</sup>-grades in one school district in an urban area of Ohio (USA) were surveyed. Some of the results are pertinent to the present study: 54% of the teachers thought themselves well-informed about HIV and AIDS; 76% were interested in learning more; 33% did not perceive themselves as well-informed; only 15% said they were not interested in learning more about the topic. Although this study did investigate the number of teachers who knew an HIV positive person, it did not show any connection between this and teachers' attitudes toward pupils with HIV. Thirty percent of the teachers surveyed, however, stated they were afraid of children infected with HIV. Only 57% consistently used universal precautions in their classrooms. The researchers suggested that education of teachers "will ensure that all those involved have accurate information on which to base their beliefs and attitudes" (ibid, p. 286). Other studies involving both children and adults have found that accurate knowledge about AIDS is associated with more positive attitudes toward PWAs and less anxiety about contracting the virus (Kistner et al., 1996; Sigelman et al., 1996, cited in Ford & Russo, 1997). Limited knowledge of HIV/AIDS may relate to teachers' reluctance to including the topic in EFL classes in Japan as well.

## 2.6 Teacher Comfort Discussing Issues of Sexuality

Not all teachers feel that the EFL classroom is the appropriate place for discussion about AIDS, which may touch on issues of sexuality. They should, however, be open to the possibility, especially with student-generated topics, that such issues may arise. Also, while the teacher may not agree with the beliefs and practices of the students being taught, “an open-mindedness with respect to the possibility of being wrong him/herself needs to be held on to” (Burwood & Wyeth, 1998, p. 468). It could be argued that it is not the EFL instructor’s position to prescribe moral rules and norms on the students, but perhaps rather to invite learners, through discussion of a wide variety of social issues, to reflect on the values and beliefs they hold so that they develop an awareness of responsibility for their own conduct in the society of which they are a part.

Dealing with related issues such as sex, monogamy, homosexuality, sexual behavior and responsibility, and so on require certain skills which may not normally be found in the language classroom (Reiss, 1997). Such skills include:

insight and empathy, an understanding of when to encourage a student to speak and when to allow him or her to remain silent, a manner which allows trust to develop and an awareness of how different people in a classroom are affected by what is being discussed (ibid, p. 346).

Not all EFL educators may feel they have such skills. Other school staff may also have difficulty dealing with aspects of sexuality and AIDS. In 1997, 1,073 school nurses from seven rural counties in Pennsylvania and New York State (USA) were surveyed about their attitudes toward AIDS and homosexuality. The study revealed that nurses’ positive attitudes about AIDS were related to greater education about HIV/AIDS and a willingness to care for people with AIDS (Yoder, Preston, & Forti,

1997). Nurses who stated strong religious beliefs had more negative attitudes about AIDS and homosexuality. Nurses may then withhold the help students need in order to deal with issues related to HIV/AIDS (ibid). Greater education about homosexuality and HIV/AIDS led to more positive attitudes toward patients with AIDS and gay people.

Other studies have found that many sexuality education and HIV-education teachers do not feel adequately prepared to cover more sensitive aspects such as sexual orientation or sexual behavior. Thonemann's 1999 study focused on teachers' addressing homophobia, including school policy, curriculum and pedagogy, through 41 interviews with students, teachers, parents and school personnel in two Australian high schools. She found that teachers who were not comfortable with, or who did not feel knowledgeable about, homophobia were unlikely to introduce a discussion dealing with the topic (1999). As issues related to lesbians and gay men often arise in relation to the topic of AIDS, EFL teachers also may not feel adequately prepared to address these issues with learners. In another study investigating the extent to which sexuality was taught in a comprehensive health education program in Indiana (USA) (Yarber, Torabi, & Hafner, 1997), researchers predicted that, similar to a previous study (Yarber & McCabe, 1981), teachers' attitudes toward their own sexuality would be the greatest personal factor in decisions to address sexuality in the classroom. One hundred and eighty-seven health science teachers of grades 7-10 completed questionnaires in which they rated themselves on degrees of religiosity, conservative or liberal political views, academic preparation in human sexuality and in sexuality teaching methodology. What the researchers found, however, was that more than a teacher's attitude toward sex, and more than other variables such as gender or degree

of religiosity, it was academic preparation in human sexuality and the teaching of it that influenced them the most. Such a finding itself underlines the importance of adequate teacher preparation. It was also found that the most frequently taught topics were the least controversial issues such as disease prevention and biological facts of sexuality rather than value- or moral-laden issues.

Likewise, those EFL teachers who approach the topic of HIV/AIDS may also tend to address more factual aspects of the AIDS situation, such as the virus and its progression, medical breakthroughs, or how to care for an HIV positive person, rather than issues related to sexual behavior. It would seem valid to predict that teachers with greater education and methodological training and/or experience may, in fact, be willing to address a wider range of issues with learners.

Teacher comfort with the material can help to make students comfortable as well. It has been suggested that when the student believes that the teacher knows the subject area and shows her/his expertise in delivering the material, student anxiety can be contained (French, 1997). If a teacher and the learners feel comfortable discussing sexuality in class, the teacher needs to be careful to present different perspectives on the issue. Making students aware that different cultures have different attitudes and mores toward sex and sexuality increases students' understanding of the world around them and the place of their own attitudes and their culture's attitudes in it. This follows McKay's view that such education encourages students to "exercise their liberty of thought to deliberate critically between competing [sexual] ideological perspectives in clarifying their own beliefs and at arriving at new ones" (1997, p. 295).

### 2.6.1 Playing it Safe

In the EFL classroom, the topic of AIDS can be looked at from many aspects such as social stigma/discrimination, world and local economies, general health risks, decline of life expectancy rates, special housing and medical attention/needs, world epidemiology, family relations and bereavement issues. Any number of these can be used in grammatical/functional courses, for example, in talking to a doctor about HIV testing, buying flowers for someone in the hospital, and even how to avoid talking about uncomfortable issues. As many of these aspects are less sensitive, it is sometimes easier for both teachers and students to address them in the social atmosphere of the classroom. Although raising these aspects may help students to develop an empathy with people with the AIDS virus, the dangers of this kind of dilution are that student may still not see the problem as pertinent to them personally, to see themselves at risk. In linking the details of transmission and the virus' progress in the body with a person's behavior, students can begin to reflect on the choices they make in their own lives and how they can better protect themselves from infection.

### 2.7 Teachers and Moral Responsibility

Many educators see the need to address issues in the EFL classroom that are not normally presented in EFL materials, such as controversial issues. Cates writes:

While this omission may seem harmless, some educators are concerned about the message this sends to students. Eisner (cited in Totten, 1986), for example, argues: "It is my thesis that what schools do not teach may be as important as what they do teach. I argue this position because ignorance is not simply a void; it has important effects on the kinds of options one is able to consider; the alternatives one can examine, and the perspectives with which one can view a situation or problem. (p. 8)"

Also:

Omitting important but controversial issues from our language teaching means that, instead of empowering our language students with an understanding of complex world problems and what can be done to solve them, we are subtly teaching them that language study is irrelevant to the world and the controversial problems facing it. (1997)

In the case of AIDS information, we may actually be doing our students a disservice by not approaching a topic which has ramifications not only in their society and communities, but perhaps in their very own lives.

To what extent do teachers feel responsible for the health and well-being of their students? Why is it that some EFL teachers look beyond their role as one who imparts knowledge of the English language to a more nurturing role, not only providing their learners with the tools to be able to communicate competently in the language, but to acquire skills and knowledge which may help them in their everyday lives?

Deciding to care is a 'moral act and involves risk' (Watson, 1989, cited in "Taking Care," 1995). As a moral act, caring is not so much a concept to be figured out as a way of living in the context of classrooms and curriculum, work, and family. It means dealing with our times in open and realistic ways, not denying and avoiding the difficulties. It involves risk that calls us to an honest account of our human sameness, recognizing our connectedness rather than hiding behind how we are different and thus separate (ibid).

In the Huerta study cited above in section 2.5.3, teachers of different content area specializations were called on to act as AIDS educators in their district, and to go to various classes to talk with students about HIV and AIDS. Many teachers did not volunteer. "Those who did volunteer acknowledged a personal commitment to the issue and to their students... Many teachers chose to discuss explicit issues with their students despite the restrictions of the [Arizona State educational] policy" (Huerta, 1996). One teacher, going against the guidelines' prohibition of discussion of homosexuality, noted "I felt the students' misconceptions were so great that I couldn't let them go unchallenged" (ibid). As Strous and Phillips put it, "The only socially

responsible position for educators to take is to become leaders in disseminating accurate information about AIDS” (1987, p. 80, cited in Wu, Adams, & Scherer, 1990, p. 38).

### 2.7.1 Teachers’ Perception of the Problem in Japan

Individual teachers’ perception of the extent to which AIDS is an immediate problem in Japan may also influence any decision they may take to include the topic in their classes. Today there is little media coverage about HIV infection in Japan; the news about AIDS usually describes the devastating conditions and declining life-spans of people in Africa, drug users and sex workers in Southeast Asia--all images of foreign countries and cultures. Those teachers who do not understand Japanese have even fewer encounters with up-to-date information related to the situation of AIDS in this country. Out of sight, out of mind seems a pertinent adage.

## 2.8 Gender differences

### 2.8.1 Women and Caring

Care can be defined as attentive assistance or treatment to those in need (American Heritage, 1993). The degree to which a person cares has been found to differ based on gender. Gilligan’s theory of differential moral development argues that “women show more concern for an ethic of care and responsibility, while men focus more on an ethic of rights based on justice and fairness” (Prince-Gibson & Schwartz, 1998, p. 50). Several studies appear to support this theory (Pratt and Royer, 1982; Lyons, 1983; Langdale, 1986; Mennuti & Creamer, 1991, cited in Crandall, Tsang, Goldman, & Pennington, 1999). A 1995 study of data collected from high school seniors in the United States revealed such differences (Beutel & Marini, 1995). The data used in

this study had been collected over a 14-year period. Anonymous, self-administered surveys from the years 1977, 1982, 1987, and 1991 were used, with totals of between 2,500 and 3,500 responses per year. The study found evidence of the persistence, over time, of important gender differences in U.S. adolescents' value orientations:

Females were more likely than males to express concern and responsibility for the well-being of others, less likely than males to accept materialism and competition, and more likely than males to indicate that finding purpose and meaning in life is extremely important (ibid, p. 446).

A similar 1998 study conducted in four regions of the U.S. found that such value orientations also occur in younger students (Badger, Craft, & Jensen, 1998). A questionnaire containing 14 pairs of adjectives reflecting a care versus justice orientation was completed by 1,247 students in sixth, eighth, tenth and twelfth grades. The students were asked to choose the adjective in each pair that they believed to be more important. The results showed significant gender differences in 12 of the 14 pairs, with more females than males choosing the caring items.

A 1991 study looked at caring values across cultures (Stimpson, Jensen, & Neff, 1991). Five hundred and thirty-five male and female university students from Korea, Thailand, the People's Republic of China and the United States were surveyed on the desirability of a range of personal traits. The results showed gender differences within each nationality group, with women rating higher on caring scores than men.

However, not all studies have found gender differences with regard to caring values. In a 1999 (Crandall et al.) study there were only slight gender differences. Two groups of 242 and 111 undergraduate students, respectively, were presented with one of two moral dilemmas. The participants were asked to render judgements about the

dilemmas. It was found, in agreement with Gilligan's theory, that women reason slightly higher than men in care and lower in justice, yet both genders used both moral orientations in facing conflict situations, and that "dilemma content is an important factor in whether individuals prefer justice to care" (ibid, p. 206). Another study, a survey of 999 male and female Israelis living in settlements, revealed no support for theories of gender differences in value priorities (Stimpson et al., 1991).

Gender may have an affect on teachers' attitudes toward the topic of AIDS. If it is true that women hold a more care-oriented value system, then we might expect to find differences based on gender with regard to inclusion of the topic of AIDS in the present study. Concern for the well-being of students, advocacy against discrimination and a desire to help empower students in their communities would reflect a caring perspective.

### 2.8.2 Gender Differences in Attitudes Toward PWAs

There is evidence of gender differences in attitudes toward AIDS and PWAs. A 1989 study (McDevitt, Sheehan, Lennon, & Ambrosio, 1989) surveying the attitudes of 358 students at the University of Northern Colorado found significant difference based on gender, with men showing more homophobic attitudes than women, and men expressing more fear of AIDS than women. Connors and Heaven (1990, cited in Kaplan & Worm, 1992) found that women have more positive, and men more negative, attitudes toward people with AIDS. In the Summers study (cited in section 2.5.2), significant differences between men and women were found with women being more accepting of co-workers with AIDS. In terms of volunteering, women more than men are likely to be involved in volunteer work in general (Wilson &

Musick, 1997), and AIDS volunteers tend to be heterosexual women and gay and bisexual men (Patton, 1990, cited in Stewart & Weinstein, 1998).

These findings may also be true of the teachers surveyed in this study. If men in this study also hold more homophobic attitudes these may, in turn, influence any decision to include HIV/AIDS in the classroom. It may be that from a more caring orientation, women are better able to put themselves in another's shoes and show compassion, including the wish to alleviate the suffering of others.

### 2.9 Summary

HIV/AIDS can be considered a controversial issue and its various facets may raise significant differences of opinion. In Japan, noted for its group harmony, teachers may be sensitive to students' desire to maintain harmony in the classroom, and may not want to approach such a sensitive issue as AIDS. AIDS is a topic which is required but not well covered within the Japanese education system. In Japan, as in other countries, students have shown interest in the topic, and in the Japanese EFL classroom it is occasionally approached by teachers either through students' raising the issue or through teacher-initiation.

Because of the unique and personal nature of the topic of HIV/AIDS, the teacher may take on roles which are not normally associated with English language teaching, which may be a source of anxiety for some teachers. Teachers may also worry about having their personal beliefs and values exposed and possibly questioned in the classroom. Introducing the topic of AIDS, and perhaps the related topic of

homosexuality, may present teachers with the risk of stigmatization by other teachers or students. Yet some teachers may feel a social responsibility toward their students and a desire to help prevent further spread of HIV infection. These teachers may seek out opportunities to include the topic in their coursework. There is some evidence that gender is related to caring, that women more than men are likely to display more concerned attitudes and are more likely to have sympathetic attitudes toward PWAs. In addition, the amount of knowledge a teacher has about the topic, as well as personal attitudes toward AIDS, and sexuality and homosexuality, may influence comfort levels when dealing with the topic in class. Restrictions of school policy and social standards may also have a bearing on the decision to include or exclude the topic.

The next chapter outlines the research method that underpins the investigation. After that, the results of the quantitative and qualitative studies will be made available for discussion.

## Chapter 3 Research Method

### 3.1 Overview

This chapter will present the methods followed in this study. I will begin with a description of the written survey, the data collection process and analysis, and then will describe the interview process used and the analysis of the data collected.

Throughout this paper, the terms “teach” or “deal with the topic of AIDS” are used to refer to any aspect of the AIDS situation being used in the classroom, e.g. as a topic for discussion, as a reading topic, through video, listening, role play, composition topic or subject for student research.

### 3.2 Quantitative – Survey

#### 3.2.1 Pilot Study

A list of 48 items given on a 4-point Likert scale were assembled with eight open-ended questions and five questions concerning biographical data. A four-point Likert scale was chosen to show teachers’ leanings toward or away from a neutral position on an item and therefore present a more meaningful response. This became the pilot survey which was sent via e-mail to a convenience sampling (Cohen & Manion, 1994, p. 88) of 32 university-level teachers, 21 of whom (12 women and 9 men) completed and returned the survey. Respondents in the pilot survey indicated the survey took approximately 20 minutes to complete. The results were analyzed and the reliability was found to be .762. Unreliable items were then removed or rewritten, additional necessary items were included and the final survey compiled (see Appendix 1).

### 3.2.2 Subjects

The target population for this survey was college-level teachers of English as a foreign language. As financial and time limitations prevented a larger survey by mail, the survey was conducted at the convention of the Japan Association of Language Teachers in Maebashi, Japan, October 8 through 11, 1999. Before the conference, permission was granted by a conference official for this study to be conducted during the conference. A convenience sampling of a total of 71 college level teachers in attendance at the conference completed and returned the survey on a volunteer basis. Two of the returned surveys were incomplete and were discarded.

### 3.2.3 Procedures

The surveys were placed in boxes in highly accessible areas where conference attendees could freely take, answer and return them. Subjects who were unacquainted with the researcher were also approached. This procedure was chosen so as to prevent bias on the part of any respondents due to their association of the survey with the researcher who is involved in AIDS education in Japan. This procedure was felt to maintain the anonymity of the researcher and reduce threat to the internal reliability of this study. As this type of survey technique could lead to a respondent conferring with another person, the survey instructions explicitly asked respondents to complete the survey individually. If the respondent taught at various institutions, s/he was requested to focus the responses on one average class. Instructions also clearly stated the respondents be foreign nationals presently teaching at colleges and/or universities in Japan.

### 3.2.4 Survey Structure

The final survey consisted of fifty-three items, with six open-ended questions. The fifty-three items were grouped under the headings of Section A: Biographical Data, Section B: Controversial Issues (10 questions), Section C: Controversial Issues in the Classroom (10 questions), Section D: The Topic of HIV/AIDS in the Classroom (9 questions), Section E: Your Personal Attitudes (8 questions), and Section F: Teaching the aspects of AIDS (10 questions). Bell (1999) suggests that a survey should have less sensitive items toward the beginning, with more sensitive items toward the end. This procedure was felt to be especially pertinent in this study with regard to items asking about comfort levels on issues of sexuality and these were grouped in sections D, E and F. Thus, more general questions about a range of controversial issues were dealt with first, with the specific issue of HIV/AIDS dealt with in more detail toward the end of the survey. The items investigating the various constructs were randomly ordered within each section.

Open-ended questions were placed at the bottom of each page, marked off by a solid line. Respondents were asked to write their responses if time permitted. Given that this study was conducted during a 3-day conference, respondents may have felt some time restraints due to the scheduling of the lectures they wanted to attend. It was therefore decided that the open-ended question should be made optional, yet to offer space for respondents to make more detailed comments if they so desired.

#### 3.2.4.1 Section A

Section A asked for biographical data which provided information pertaining to teachers' gender, age, years teaching EFL, years teaching in Japan and average class

size. Age was divided into 4 categories for convenience, as it was felt this would be the most sensitive way to gain this information.

#### 3.2.4.2 Section B

Section B investigated how teachers felt about HIV/AIDS versus other controversial issues in Japan. It contained a list of 10 social issues which respondents were asked to rate as very controversial, somewhat controversial, slightly controversial or not controversial at all. Respondents were also asked to rank the three most controversial issues from the given list, and to indicate which of the issues they had dealt with in some way in class. An optional section asked respondents to indicate any other issues they thought controversial in Japan.

#### 3.2.4.3 Section C

Section C looked at a number of different factors which could affect a teacher's decision to raise controversial issues in the classroom. It consisted of 10 items dealing with the teacher's roles in the classroom, administrative constraints, and affective barriers. Items related to teacher roles included: to teach the language only, to encourage social responsibility in students, a class on controversial issues should be included in the EFL curriculum. Items related to administrative barriers included: I can only teach the assigned curriculum, I have enough time to develop materials, large number of students stops me teaching controversial issues, level of students is too low to deal with controversial issues. Items related to affective barriers included: I am afraid of other teachers' reactions, the gender of students stops me including controversial issues, Japanese culture discourages people from discussing controversial issues. An optional section asked respondents to indicate any issues their institution specifically did not allow to be covered, and to indicate any other

factors which might influence their decision to include a controversial issue in classes here in Japan.

#### 3.2.4.4 Section D

Section D focused specifically on one specific type of dilemma, HIV/AIDS. It included 9 items which looked at teachers' affective barriers, non-affective factors and student factors. Items related to teacher affective barriers included: I don't feel comfortable talking about HIV/AIDS in class, if I talked about AIDS I would have to discuss homosexuality. Items related to administrative barriers included: not enough time in the year to include the topic, I have access to AIDS teaching materials, I have enough knowledge about HIV/AIDS to teach it. Items related to student barriers included: I think my students would be interested in the topic, my students would find the topic relevant to them personally, Japanese students would feel more comfortable talking about AIDS in English. An optional section asked respondents to indicate any further thoughts on including the topic of HIV/AIDS in the EFL classroom.

#### 3.2.4.5 Section E

Section E focused specifically on respondents' comfort levels when dealing with various aspects of the AIDS question. It included 4 items related to comfort talking about sex, abstinence, homosexuality and condom use. The remaining 4 items asked about the respondents' interest in AIDS, their opinion on the extent to which they saw AIDS as a problem in Japan and to what extent they saw their religious beliefs as affecting the way they would present the issue of HIV/AIDS. Two questions (yes/no) were included in this section which related to respondents' experience with an HIV+ person or AIDS volunteer work. An optional section asked respondents to indicate other issues not listed previously that might influence their decision to include the topic of HIV/AIDS in their classes.

#### 3.2.4.6 Section F

Section F focused on specific aspects of the AIDS question to determine which are more or less anxiety-creating. Respondents were given a choice of 10 aspects and were asked to indicate the three easiest aspects to approach in class, and the three most difficult aspects. The list included facts about HIV transmission, condom use, discrimination toward people with HIV, medical breakthroughs, appropriate sexual conduct, revealing HIV status to one's partner, health issues for HIV-positive people, facts about testing in Japan, helping an HIV-positive friend, and the impact of AIDS in other countries. An optional section asked respondents to indicate any other aspects they would find easy or difficult to approach in their classes.

#### 3.2.5 Analyses

The SPSS software program was used to conduct all statistical tests on the survey data. In the results section, the items will be written as they were on the survey. However, before conducting the necessary analyses, negative survey items were reversed so that all items were positive. Any answers with responses marked between the scale, for example an "X" between 1 and 2, were rounded up regardless of the item. Within each section of the survey, frequency and means were calculated for all items, Pearson correlations were performed for Likert scale items to determine which pairs of items teachers tended to answer similarly, and T-tests based on gender were conducted to determine any significant differences in the responses of female and male respondents. All items were then correlated for sections C, D, and E to determine correlations among the items in the overall survey. Correlations were then grouped on the basis of age, years in Japan and years teaching EFL to determine if any significant and meaningful correlations resulted.

### 3.3 Qualitative – Interviews

This section outlines the process followed in obtaining information through a series of interviews with volunteer teachers.

#### 3.3.1 Method of Selection

At the end of the survey given at the teachers' conference in November, 1999, respondents were given the option of leaving contact information if they were willing to participate in a follow-up interview and eighteen respondents did so. An initial eight respondents were contacted by e-mail to set up telephone interviews. Two of these did not reply, and a third had given an incorrect address.

Pilot interviews were conducted with three teachers who were located in a nearby city, one by telephone and two in person. Questions were subsequently changed in order to gain more in-depth responses. Telephone interviews with five of the survey respondents were conducted in February, 2000. All of these respondents reflected positive attitudes toward including the topic of AIDS in their classes. The survey responses of the remaining respondents who gave contact information were also positive in this regard, with the exception of two whom I was unable to contact. As this was the case, I decided to look elsewhere for teachers who had a more hesitant attitude toward including the topic.

As was discussed earlier in this report, I am currently active in AIDS education in EFL in Japan. Some of the informants I interviewed who had not responded to the survey at the teachers' conference are familiar with this work and have used materials from the AIDS education organization, JAPANetwork, of which I am the director. I

realize that this puts their comments in jeopardy of threatening the reliability of their interviews. However, as will be seen below, knowing the interviewer, or having teaching materials available, does not guarantee that a teacher will, in fact, introduce the topic in her or his classroom.

I was approached by telephone by a teacher asking for AIDS teaching materials. I had never met her and knew nothing about her, yet I was curious as to why she felt she wanted to approach the topic of HIV in her classroom. I set up an interview with her, and she became “Ellen”<sup>4</sup>. Another teacher who has contributed materials to JAPANetwork also agreed to be interviewed. The problem that remained was how to find teachers with a wider range of views.

I contacted two teachers at a local 2-year college who agreed to be interviewed in person, one with whom I am familiar and one whom I had never met and knows nothing of my AIDS work. Yet another informant was someone I have known for several years but with whom I had never discussed the issue of his including the topic of AIDS in the classroom. Upon guarantee of anonymity, he agreed to be interviewed and the discussion which followed was both surprising and very enlightening, and provides additional reasons for not approaching the topic.

It is immediately apparent that this is not a group of informants which were chosen completely at random, but given time constraints, and as survey respondents with more disinclined attitudes toward including HIV/AIDS as a classroom topic were unwilling to offer to be contacted, I decided to use the experiences and attitudes from

these thirteen individuals, six men and seven women. I include the three pilot interviews as their viewpoints are, in some respects, not represented in the other informants' interviews, and thus give a more well-rounded view of the issue.

### 3.3.2 Interview Format

The interview format chosen for this study was the focused interview (Cohen & Manion, 1994, p 289). This interview technique is based upon the researcher's knowledge of the situation pertaining to those being interviewed, from which elements are extracted and used as a basis for an interview guide. The interview then proceeds to investigate the subjective experiences of the persons interviewed.

A set of open-ended questions (see Appendix 2) served as the general interview guide, but were not strictly adhered to. All informants were asked for background information as to their teaching situation, levels of students and types of courses. As there were basically two groups of informants, those who had approached the topic of AIDS and those who hadn't, the questions asked of the various informants conformed to each individual's experience. Those who had included the topic were asked some of the following: why they included the topic in the coursework, how they felt before going into class the first time, the reaction of students, what was a difficult aspect to approach, which classes are easier to raise the topic with, how they thought the topic of HIV fit in with teaching English at their institution, what was a memorable experience they had when dealing with the topic in a class, and if they had changed in any way as a result of dealing with this topic with students.

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<sup>4</sup> All names are pseudonyms. The teachers interviewed were, at the time, living in a variety of areas of Japan: Osaka, Nagoya, Tokyo, Kyushu and Saitama. Some informants' locations were not known.

Those who had not approached the topic in class were asked some of the following questions: what they enjoyed about teaching, what made them feel comfortable or uncomfortable in class, what constituted a risk for them in the classroom, whether or not they agreed with the statement “My role is to teach the language only”, how they would feel about discussing it in class if the topic of AIDS came up in a textbook, which might be easier or more difficult aspects to deal with in class, the main reason why they had not approached the topic.

### 3.3.3 Analyses

The interviews were from fifteen to thirty-five minutes in length. All interviews were transcribed verbatim for analysis purposes. Each interview was summarized and sent to the appropriate informant, asking for any changes or additions.<sup>5</sup> A key word analysis (Nunan, 1992) was conducted on the transcripts and responses were grouped under the general headings of administrative issues, student comfort issues, and teacher issues. Because the interview format did not allow for the same questions to be asked of each informant, there was no consistency of complete answers across all interviews and therefore no statistical analyses were conducted.

The next chapter details the results of the quantitative study which are then discussed. After that, the results of the qualitative study will be presented, followed by the conclusion and suggestions for further research.

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<sup>5</sup> Three of the informants could not be contacted as they had left or were temporarily out of the country.

## Chapter 4 The Quantitative Study: "Oh, is AIDS a problem here?"

*You know I don't really see a lot about AIDS here, and I don't... I would think [it's a problem] so, yeah, I mean it's a serious problem in the world. Maybe it's because I don't understand Japanese well enough, but I get the paper in, the English paper here and there's nothing about it. It's almost like, about other countries, other problems in other countries, so it's obviously a problem here, I'm sure it is. [Heidi]*

### 4.1 Overview

This section will present the results of the survey items. Descriptive data, Pearson correlation results, and t-test results based on gender followed by comments from the open-ended question(s) will be given for each section of the survey. The overall reliability on the 27 items which were 4-point Likert scale items was  $(\alpha) = .8625$ .

### 4.2 Results of Section A – Biographical Data

The sample consisted of 69 respondents, over half of whom were male (N=44), with a smaller number of female respondents (N=25). Table 1 shows the number of participants divided by gender and age.

Table 1

#### Number of male and female respondents in this survey

Age groups	Female (N=25)	Male (N=44)
20-29	1	2
30-39	8	21
40-49	12	12
50-59	4	9

Respondents' years teaching in EFL ranged from 2 to 30 years, and years of teaching EFL in Japan ranged from 1 to 30 years (see Table 2). Those respondents who entered an average class size showed the number of students between 3 and 66, with a mean of 23.8. Twenty respondents listed fewer than 20 students, 21 listed 20-29 students, 14 listed 30 – 45 students, 4 listed 50 or more students, 9 did not give this information.

Table 2

<u>Total number respondents' teaching experience in EFL by gender</u>						
	Years teaching EFL/ESL			Years teaching in Japan		
	Total (*1)	Female (*0)	Male (*1)	Total (*4)	Female (*2)	Male (*2)
Less than 10 years	22	5	17	31	11	19
10-19 years	20	13	18	22	6	26
20 years or more	14	7	8	11	6	5

\* number of missing cases

### 4.3 Results of Section B

#### 4.3.1 Quantitative Results

The first of four sections, labeled “Controversial Issues”, sought to determine where the topic of AIDS falls within a selection of controversial issues. Respondents were asked to answer to what degree they felt ten topics were controversial in Japan, using a 4-point Likert scale with 1 as “not at all controversial” and 4 as “very controversial”.

Within the total ranking of the ten items, HIV/AIDS was rated 7<sup>th</sup> (see Table 3).

Although there were slight differences in the mean scores of men and women overall, the greatest difference was found on the questions of HIV/AIDS and gay and lesbian issues, with women regarding the issues as less controversial than men. It is worth noting for men that gay and lesbian issues are more controversial than HIV/AIDS. As there are some teachers who believe GLB (gay, lesbian and bisexual) issues may arise in class discussion of HIV/AIDS, this may encourage teachers, especially men, who feel uncomfortable with GLB issues to avoid the topic of AIDS. For women, these two issues ranked as least controversial out of the ten topics.

Notwithstanding the high rates of abortion in Japan and the fact that abortion is used as a birth control mechanism, the findings suggest that both male and female respondents view abortion as controversial.

Table 3

University EFL (foreign) teachers' opinions on 10 controversial issues in Japan

Ranking combined	TOTAL Mean/SD	Female		Male	
		Rank	Mean/SD	Rank	Mean/SD
Bc Use of animals in laboratory research	3.26 (.83)	1	3.36 (.70)	1	3.20 (.90)
Bd Abortion	3.03 (1.04)	2	3.08 (.86)	2	3.00 (1.14)
Ba Environmental issues	2.78 (.89)	3	2.88 (.93)	3	2.73 (.87)
Bb Illegal drug use	2.51 (1.14)	4	2.64 (1.19)	7	2.44 (1.12)
Bh Euthanasia	2.40 (1.00)	5	2.33 (1.05)	8	2.44 (.98)
Bi Gay and lesbian issues	2.39 (1.07)	9	2.00 (1.10)	4	2.62 (.99)
Be HIV/AIDS	2.35 (.92)	10	1.92 (.81)	5	2.59 (.90)
Bj Racial discrimination	2.32 (.95)	7	2.08 (.97)	6	2.45 (.92)
Bf Women's roles in Japanese society	2.26 (.91)	8	2.08 (.91)	9	2.37 (.90)
Bg Organ donation	2.10 (.93)	6	2.16 (.94)	10	2.07 (.94)

Note: 4-point Likert scale: 1 least controversial, 4 most controversial  
Ba = Section B, question a

An independent-samples  $t$  test was conducted on all items in this section to determine differences in means based on gender. The results were significant for two items, HIV/AIDS and gay and lesbian issues. The results for HIV/AIDS,  $t(54.26) = p = .002$ , indicated that females ( $M = 1.92$ ,  $SD = .812$ ) more than males ( $M = 32.59$ ,  $SD = .897$ ) felt HIV/AIDS was less controversial. The results for GLB issues,  $t(43.70) = p = .028$ , indicated that females ( $M = 2.00$ ,  $SD = 1.1$ ) more than males ( $M = 2.61$ ,  $SD = .987$ ) felt GLB issues were less controversial.

#### 4.3.2 Qualitative Results: Open-ended Questions

An open-ended question asked for additional issues the respondents felt were controversial in Japan. A variety of social issues were listed, yet issues dealing with

sex crimes and harassment toward women were cited most frequently. Totals for respondents' rating of other controversial issues in Japan (open-ended question at the end of Section B) were: social issues (total, 14: homelessness, mental health, privacy - not only the computer danger, alienation of youth, accessibility of public areas, juvenile crime law, money, gangsters, individualism, stratification, blood donation, divorce – child custody, adoption, men's roles in society); sexual issues (11: comfort women, date rape, teen-age prostitution laws, pornography laws, sex (crimes), sexual harassment, other); military issues (10: Self-Defense forces, WWII related); governmental issues (7: the role of the emperor, nationalism, national flag, anthem, peace constitution); nuclear power (1); business/economy issues (bank scandals, insurance scandals, government inaction, esp. on economy, consumption tax, corporate & fiscal restructuring, import restrictions); discrimination issues (minority communities, the burakumin<sup>6</sup> issue, treatment of disabled, age discrimination, human rights); educational issues (1); other environmental (1); religious issues (1).

#### 4.4 Results of Section C

##### 4.4.1 Quantitative Results

Section C looked at a number of different factors which could affect a teacher's decision to raise controversial issues in the classroom. Means and standard deviations for all items in this section are given in Table 4.

Table 4

Means and standard deviations of items in Section C, university EFL (foreign) teachers' opinions on including controversial issues in the classroom

	Mean	S.D.
C1 I can only teach the assigned curriculum	3.55	.68

<sup>6</sup> The Burakumin issue deals with a kind of caste system in Japan which existed long ago. Certain groups of Japanese who worked in industries considered unclean were stigmatized. Discrimination against this group continues today.

C2 The level of the students I teach is too low to have them discuss controversial topics	3.06	.80
C3 My role is to teach the language only	3.38	.81
C4 Part of the teacher's role is to encourage social responsibility in students	3.06	.94
C5 Japanese culture discourages people from discussing controversial topics	2.25	.72
C6 A class dealing specifically with controversial issues should be included in the EFL curriculum	2.71	.84
C7 The large number of students in my class stops me from teaching controversial issues	3.24	.79
C8 I have enough time to develop materials on controversial issues	2.65	.87
C9 I am afraid of what other teachers would say if I covered controversial issues in my classes.	3.49	.66
C10 The gender of my students stops me from including controversial issues (i.e. female teacher in all-male classes or vice versa)	3.38	.71

Pearson Product-moment correlations were computed to determine the relationship among items in this section. Seven were statistically significant and meaningful and are shown in Table 5. Teachers who felt that they were generally bound to the assigned curriculum also felt that the large numbers of students, especially low-level students, would prevent them introducing controversial issues. The gender of students in relation to the teacher's gender was also important among the respondents.

An independent-samples  $t$  test was conducted on all items in this section to determine differences in means based on gender. The results, shown in Table 6, were significant and meaningful for two items. Item C4,  $t(59.20) = 3.14$ ,  $p = .003$ , indicated that females ( $M = 3.48$ ,  $SD = .770$ ) more than males ( $M = 2.81$ ,  $SD = .958$ ) felt that part of the teacher's role is to encourage social responsibility in students. Item C6,  $t(41.82) = 2.74$ ,  $p = .009$ , indicated that females ( $M = 3.09$ ,  $SD = .811$ ) more than males ( $M = 2.51$ ,  $SD = .798$ ) felt a class dealing specifically with controversial issues should be included in the EFL curriculum. These results support those in Table 5.

Table 5

Section C: significant correlations of university EFL (foreign) teachers' opinions on including controversial issues in the classroom

	3 My role is to teach the language only	4 Part of the teacher's role is to encourage social responsibility in students	6 A class dealing specifically with controversial issues should be included in the EFL curriculum	7 The large number of students in my class stops me from teaching controversial issues	10 The gender of my students stops me from including controversial issues (i.e. male teacher in all-female classes or vice versa)
1 I can only teach the assigned curriculum				T .399 (66)** F .365 (24) M .368 (42)	T .375 (66)** F .344 (24) M .326 (42)*
2 The level of the students I teach is too low to have them discuss controversial topics	T .537 (66)*** F .477 (24)* M .510 (42)**				
3 My role is to teach the language only		T .301 (68) F .751 (25)*** M .096 (43)	T .380 (64)** F .610 (22)** M .232 (42)		
4 Part of the teacher's role is to encourage social responsibility in students			T .400 (64)** F .579 (22)** M .222 (42)		
9 I am afraid of what other teachers would say if I covered controversial issues in my classes.					T .585 (68)*** F .539 (24)** M .563 (44)***

Note: T = Total female and male; F = female responses; M = male responses.

Numbers in parentheses indicate number of respondents

\* p<.05 \*\* p<.01 \*\*\* p<.001

Table 6

Means and standard deviations for responses of females and males on items C4 and C6, with t-test comparisons of scores

	C4 part of the teacher's role is to encourage social responsibility in	C6 a class dealing specifically with controversial issues should be
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	students		included in the EFL curriculum	
	Females	Males	Females	Males
N =	25	43	22	43
Mean	3.48	2.81	3.09	2.51
S.D.	.770	.958	.811	.798
t-statistic	3.14		2.74	
Probability	p < .005		p < .01	

#### 4.4.2 Qualitative Results: Open-ended Questions

Two open-ended questions were included in this section. The first asked whether there were any issues specifically not allowed by the teacher's institution.

Respondents generally indicated they were free to choose the contents of their courses. However, several did list religion, World War II, the emperor, the military, and unionism as issues their institutions would prefer teachers did not address in class.

The second question asked for other factors influencing the respondents' decision to include controversial issues in their classes here in Japan. The comments generally fell into three categories, those of teachers' personal concerns about addressing controversial issues, concerns about the students, and language teaching and materials. Comments related to teachers' personal concerns revealed some teachers with negative views:

- I see no reason to do it.
- I am not interested in most of them.
- My main role is to teach English. If controversial issues come up, I deal with them, but I don't, and wouldn't set out to teach them.
- Male teacher/female students.
- Common-sense fear of potential objections from both students and faculty-administration in some, not all, instances. 2-3 instances I've heard of in which trouble or a damned reputation resulted.
- The danger of polarization or reinforcing bigotry rather than promoting objectivity and consciousness raising.
- Make it clear that I'm not trying to preach any one particular side of an issue.

Some teachers stated it would depend on their students:

- I usually ask students what they want to cover. If it is any of the list [survey Section B] I will go with that.
- Student interest [7 respondents].
- They can lead to ostracization of students giving opinions.
- How well I've got to know the students/if they trust me.
- The level of awareness of the issues and students' motivation to find out about them.
- Lack of informed student response or real interest.
- Maybe the idea of offending someone, but that would probably happen.
- Japanese culture discourages people from discussing controversial topics.
- Anything sexual is too taboo to talk about in this culture!

Comments related to materials and teaching methodology included:

- I would consider that I'm using the controversial issue as one topic for discussion or writing about in an ENGLISH class, not as the main thrust of the class.
- Appropriate materials [2 respondents],
- Time and resources.
- Students' limited English ability.
- If it contributes to language learning.
- Department head's approval.

The comments from these respondents show concern about their roles and reputations as teachers, about presenting controversial issues fairly, and about the possibility of negative student response.

#### 4.5 Results of Section D

##### 4.5.1 Quantitative Results

Section D focused specifically on HIV/AIDS. It included 9 items which looked at teachers' affective factors, non-affective factors and student factors. Means and standard deviations for all items in this section are given in Table 7.

Table 7

Means and standard deviations of items in Section D, university EFL (foreign) teachers' opinions on including the topic of HIV/AIDS in the classroom

	Mean	S.D.
D1 There is not enough time in the school year to include the topic of HIV/AIDS	3.17	.73
D2 I don't know how to bring up the topic of HIV/AIDS in my classes	3.15	.82

D3 I have access to HIV/AIDS teaching materials	2.72	.84
D4 I think I have enough knowledge about HIV/AIDS to feel capable of teaching it	2.60	.78
D5 I don't feel comfortable talking about HIV/AIDS in my classroom	3.09	.78
D6 I think my students would be interested in discussing the topic of AIDS in class	2.62	.82
D7 If I taught about HIV/AIDS, I would have to discuss homosexuality	2.86	.79
D8 I think my students would find the topic of HIV/AIDS relevant to them personally	2.49	.82
D9 Japanese students would feel more comfortable discussing the topic of HIV/AIDS in English	2.50	.78

Pearson correlations were computed on the items in this section. Seven were statistically significant and meaningful and are shown in Table 8. The correlations are difficult to group as they overlap but basically fall into three categories: those relating to student issues, materials/time factors, and teacher comfort. Under student factors, there was a rather strong correlation, .647 (N=66)  $p < .0001$ , between respondents thinking that students would be interested in the topic of HIV/AIDS and that students would find it relevant to them personally. Those females who have HIV/AIDS materials available also feel they have the knowledge to teach it. Yet these same females do not feel comfortable talking about AIDS in class. Females, more than males, also do not appear to be sure how to approach issues of homosexuality. Under time factors, those teachers, both female and male who feel time constraints in the school year also do not know how to bring up the topic of AIDS.

Table 8

Survey section D: Significant correlations among the teacher affective factors, non-affective factors and student factors

2 Don't know how to bring up the topic of HIV/AIDS in my classes	4 I think I have enough knowledge about HIV/AIDS to feel capable of teaching it	5 I don't feel comfortable talking about HIV/AIDS in my classroom	6 Students would be interested in discussing the topic of AIDS in class	7 If I taught HIV/AIDS I would have to discuss homosexuality	8 My students would find the topic of HIV/AIDS relevant to them personally
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1 There is not enough time in the school year to include HIV/AIDS	T .631 (68)*** F .606 (24)** M .615 (44)***					
2 I don't know how to bring up HIV/AIDS in my classes			T .547 (68)*** F .383 (24) M .560 (44)***		T .458 (68)*** F .704 (24)*** M .346 (44)*	
3 I have access to HIV/AIDS teaching materials		T .396 (68)** F .480 (25)* M .268 (43)		T .445 (66)*** F .574 (23)* M .321 (43)*		
4 I think I have enough knowledge about HIV/AIDS to feel capable of teaching it				T .388 (66)** F .550 (23)* M .103 (44)		
5 I don't feel comfortable talking about HIV/AIDS in my classroom				T .354 (66)** F .585 (23)** M .207 (43)		
6 I think my students would be interested in discussing AIDS in class						T .647 (66)*** F .683 (23)*** M .628 (43)***

Note: T = Total female and male; F = female responses; M = male responses.

Numbers in parentheses indicate number of respondents

\*  $p < .05$  \*\*  $p < .001$  \*\*\*  $p < .0001$

The results of an independent-samples  $t$  test for gender were significant for three items related to teacher knowledge, teacher comfort and student comfort, which are shown in Table 9. Item D4,  $t(40.04) = p = .037$ , indicated that females ( $M = 2.88$ ,  $SD = .881$ ) more than males ( $M = 2.44$ ,  $SD = .666$ ) felt they had enough knowledge about HIV/AIDS to feel capable of teaching it. Item D5,  $t(60.41) = p = .019$ , indicated that females ( $M = 3.36$ ,  $SD = .638$ ) more than males ( $M = 2.93$ ,  $SD = .818$ ) did not feel comfortable talking about HIV/AIDS in their classroom. However, item D9,  $t(42.85) = p = .000$ , indicated that females ( $M = 3.00$ ,  $SD = .690$ ) more than males ( $M = 2.23$ ,  $SD = .692$ ) thought that Japanese students would feel more comfortable discussing the topic of HIV/AIDS in English.

Table 9

Means and standard deviations for responses of females and males on items D4, D5 and D9, with t-test comparisons of scores

	D4 I think I have enough knowledge about HIV/AIDS to feel capable of teaching it		D5 I don't feel comfortable talking about HIV/AIDS in my classroom		D9 Japanese students would feel more comfortable discussing the topic of HIV/AIDS in English	
	Females	Males	Females	Males	Females	Males
N =	25	43	25	44	22	42
Mean	2.88	2.44	3.36	2.93	3.0	2.2
S.D.	.881	.666	.638	.818	.690	.692
t-statistic	2.15		2.41		4.19	
Probability	.013		.019		.000	

4.5.2 Qualitative Results: Open-ended Question

An open-ended question following section D asked respondents for opinions on including the topic of HIV/AIDS in the EFL classroom. Comments were either unsupportive, supportive with reservations, or supportive. Those respondents who were not in favor of including the topic of HIV/AIDS commented:

- I don't know how relevant it is; It might become a "foreign" issue. English reinforces this image.
- The need is not so great here in Japan, and there is plenty of info in Japanese.
- Why should I? This should be done in Japanese because it is information, not something for a drill.
- There are many more important topics; I would not teach it from choice.

Several respondents did not see the topic of HIV/AIDS as one their students would be able to relate to here in Japan:

- I don't think my students are particularly interested in it... they feel it doesn't pertain to them... it's a "foreign" disease.
- It's interesting from a global perspective, but it's not particularly urgent in Japan except as it pertains to discrimination, which is a very worthy topic.
- Students now are generally better-informed about AIDS than they were 3 years ago. They have a pretty reasonable awareness of prevention/contagion/etc.
- If the school is in charge of an overseas visit – definitely – otherwise probably not. I think it is [personally relevant], but they probably won't think so and I might not be able to convince them otherwise.

Many comments on this question were supportive to an extent, depending on students and appropriateness:

- If it heightens students awareness and they are motivated/willing to use it as a basis for practicing English it's fine [2 respondents].
- In the context of the Ministry of Health scandal, it would be fine. On the personal level I don't know.
- It may not always be appropriate, but where it is it's a good idea.
- I don't know about bringing it up myself, but we've had discussions about it (in English) when a student brought it up. In such a case I am only mildly uncomfortable talking about HIV, condoms and homosexuality.
- It is an important topic if one was to teach a class on current problems or controversial issues but I would not teach it to the exclusion of other controversial issues.
- That depends on the interest of students in my classes [2 respondents].
- "Discuss" is not always necessary for students to benefit. "Read" and answer homework questions, complete sentences, essay-style, allows for student thought without a "Public discussion" with little chance of going anywhere. I would more readily assign the former than a discussion.
- OK along with other "social" issues [2 respondents].
- OK, but it's narrow (vs. sexuality, gender, etc.)
- Not relevant to the curriculum I have taught. Were it so, I see no particular problem.
- I think it's a good idea – depending on who the students are.

Two respondents stated they had never thought about including the topic in classes here. One wrote, "I may try it – it seems like a very good idea."

Another set of respondents were positive about including the topic:

- I think it makes sense and is relevant/of interest to college students. I also think they are much more willing to discuss it (and openly) than many of us realize.
- [It's a] world issue, medical, concern for people, statistics... great topic!
- Yes, it's in the textbook I'm using (Consider the Issues)
- I think it is necessary to talk about since it is a global issue.
- I think it would be a positive addition to classes.
- Include it / it's a good idea [7 respondents].

A few were quite adamant:

- Should/must.
- Necessary to be included by all teachers, not just EFL.
- In favour. I've done it, I'll do it again.
- It's an important current topic as well as health, social, etc. topic that everyone should be educated about [2 respondents].

From these comments we can see the wide range of views of the respondents which reflects the quantitative responses from the survey Section D.

#### 4.6 Results of Section E

##### 4.6.1 Quantitative Results

Section E focused specifically on respondents' comfort levels when dealing with various aspects of the AIDS question. Means and standard deviations for all items in this section are given in Table 10.

Table 10

Means and standard deviations of items in Section E, university EFL (foreign) teachers' opinions on including controversial issues in the classroom

	Mean	S.D.
1 I am interested in using HIV/AIDS as a topic in my classes	2.48	.84
2 I would feel comfortable discussing abstinence in my classes	2.47	.84
3 I would feel comfortable discussing the use of condoms and other HIV barriers in my classes	2.63	.85
4 HIV/AIDS is a significant problem in Japan	2.84	.88
5 My religious beliefs would affect the way I presented the issue of HIV/AIDS in my classes	1.58	.88
6 It is my responsibility to make students aware of the AIDS problem in Japan	2.12	.83
7 I am comfortable dealing with the topic of sex in my classroom	2.67	.77
8 I am comfortable dealing with the topic of homosexuality in my classroom	2.63	.78

The results of the strongest Pearson correlations computed on items in this section are shown in Table 11. Several significant and meaningful correlations were found which relate to the discussion of issues related to sexuality. The results suggest that teachers who feel comfortable talking about sex in a classroom situation also feel comfortable talking about condoms and other barriers to HIV, abstinence and homosexuality.

Teachers in this study generally feel a responsibility to inform their students about

AIDS, but 6 out of 7 correlations regarding the item “AIDS is a significant problem in Japan” were negatively correlated, showing teachers do not feel it is a problem here.

Therefore, teacher interest in the topic of AIDS may stem from a more global position rather than a desire to teach their students how to protect themselves from infection.

Table 11

Survey section E: Correlations of university EFL (foreign) teachers’ comfort levels among different aspects of HIV/AIDS

	E3 I would feel comfortable discussing condoms and other HIV barriers	E4 HIV/AIDS is a significant problem in Japan	E6 It is my responsibility to make students aware of the AIDS problem in Japan	E7 I am comfortable dealing with the topic of sex in my classroom	E8 I am comfortable dealing with the topic of homosexuality in my classroom
E1 I am interested in using HIV/AIDS as a topic in my classes	T .433 (66)*** F .347 (22) M .496 (44)**	T -.409 (65)** F -.205 (22) M -.418 (43)**	T .464 (66)*** F .533 (22)* M .426 (44)**		
E2 I would feel comfortable discussing abstinence	T .571 (67)*** F .605 (23)** M .562 (44)***	T -.430 (66)*** F -.516 (23)* M -.388 (44)*			
E3 I would feel comfortable discussing condoms and other HIV barriers				T .717 (65)*** F .600 (25)** M .772 (42)***	.548 (64)*** F .329 (23) M .664 (41)***
E7 I am comfortable dealing with the topic of sex in my classroom					T .743 (65)*** F .849 (24)*** M .677 (41)***

Note: T = Total female and male; F = female responses; M = male responses.

Numbers in parentheses indicate number of respondents

\*  $p < .05$  \*\*  $p < .005$  \*\*\*  $p < .0005$

The results of an independent-samples  $t$  test for gender, shown in Table 12, were significant for three items related to teacher interest, whether AIDS is a problem in Japan, and teacher comfort with the discussion of homosexuality. Item E1,  $t(39.39) = p = .020$ , indicated that females ( $M = 2.82$ ,  $SD = .887$ ) more than males ( $M = 2.29$ ,  $SD = .765$ ) were interested in using HIV/AIDS as a topic in their classes. Item E4,  $t(46.43) = p = .004$ , indicated that females ( $M = 1.75$ ,  $SD = .847$ ) more than males ( $M$

= 2.39, SD = .821) did *not* think HIV/AIDS was a significant problem in Japan. These results support the findings in Table 11 above. In addition, item E8,  $t(51.52) = p = .021$ , indicated that females ( $M = 2.91$ , SD = .717) more than males ( $M = 2.46$ , SD = .778) were comfortable dealing with the topic of homosexuality in the classroom.

Table 12

Means and standard deviations for university EFL (foreign) teachers' responses of females and males on items E1, E4 and E8, with t-test comparisons of scores

	1 I am interested in using HIV/AIDS as a topic in my classes		4 HIV/AIDS is a significant problem in Japan		8 I am comfortable dealing with the topic of homosexuality in my classroom	
	Females	Males	Females	Males	Females	Males
N =	23	44	24	43	24	41
Mean	2.82	2.29	1.75	2.39	2.91	2.46
S.D.	.887	.765	.847	.821	.717	.778
t-statistic	2.43		-3.02		2.38	
Probability	.02		.004		.02	

#### 4.6.2 Qualitative Results: Open-ended Question

An open-ended question at the end of section E asked respondents for other reasons that might influence their decision to include the topic of AIDS in their classes.

Several of the respondents felt that their students were already aware of the AIDS problem in Japan:

- 99% [of the students] already are [aware of the AIDS problem in Japan]. If they weren't, I'd try – but they are,
- Kind of class – if it was more of a problem in Japan and they weren't aware, I'd teach it (perhaps a bigger problem than I think?)
- They already seem aware. If they select the topic (and they have) I am glad to include it,
- If there was a relevant case particular to the city or university where I work.

Some felt it was not their role to address the issue:

- I'd be willing to discuss HIV/AIDS in my English club meetings in a more informal setting. I think my students can get AIDS information from other sources.

- Some of the issues mentioned above are private.
- I don't discuss some of those issues even with close friends. Some of those issues require private individual choice and it is not my place to try to influence that. Information is already available – students don't need me for that.
- It's a fact of life, so why ignore it? At the same time, I don't feel it's necessary to teach it.
- If I were to teach health or World Issues or survival skills in the US, I'd teach it. But I don't think it belongs in an English grammar class.
- Urgency of other issues more directly related to students' lives: eating disorders, discrimination toward women, environmental decay, discrimination in general (Koreans, burakumin, other Asians, handicapped, etc.).
- I would want the students to be learning language and have high interest. I am NOT interested in using language teaching as a pulpit for social action.
- Relevance of English to AIDS, as opposed to giving technical assistance in English to developing countries for example.

Still others left the decision up to the students:

- It depends on whether students select the topic – it's their choice [4 respondents].
- Students in my writing classes and conversation classes have plenty of opportunity to bring up any topic they wish. I tend to go with that rather than push my topics off on them.

Two teachers had concerns about time, class size and materials, as well as school policy issues. Another was concerned the students may not fully understand the information if it were presented in a foreign language, and that it might be better for them to learn about it in Japanese. One respondent felt that, “[Homosexuality] is more important to me in some ways – it's the cause of much of the AIDS discrimination.”

## 4.7 Results of Section F

### 4.7.1 Quantitative Results

Section F focused on specific aspects of the AIDS question to determine which were more or less anxiety-creating. This section asked respondents to choose the three

easiest aspects and the three most difficult aspects about AIDS to teach. Not all of the respondents completed this section. The numbers of those who did respond were summed and the totals for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> easiest and most difficult are given in Table 13. As the totals with each group, females and males, were incomplete, this is not an

Table 13

Frequency totals for university EFL (foreign) teachers' opinions on the easiest and most difficult aspects of the AIDS topic

	Total		Females		Males	
	Easy	Difficult	Easy	Difficult	Easy	Difficult
Facts about HIV transmission	21	17	8	5	13	13
Condom use	5	<b>39</b>	0	<b>17</b>	5	22
Discrimination toward people with HIV	28	4	11	2	17	2
Medical breakthroughs	29	6	11	2	18	4
Appropriate sexual conduct	2	<b>40</b>	0	15	2	<b>25</b>
Revealing HIV status to your partner	0	20	0	7	0	13
Health issues for HIV positive people	8	6	5	0	3	6
Facts about HIV testing in Japan	22	5	8	2	14	3
How to help a friend who has HIV	10	8	4	2	6	6
Impact of AIDS in other countries	<b>43</b>	0	<b>16</b>	0	<b>27</b>	0

Note: Totals are summed from topmost three easiest/difficult categories.

accurate account of the group as a whole. However, the numbers do indicate some trends. As can be seen, there was agreement between both men and women that the easiest aspects to approach are the impact of AIDS in other countries, and to a lesser extent medical discoveries and discrimination toward HIV-positive individuals. The most difficult aspects, for both females and males, were appropriate sexual conduct and the use of condoms and other barriers to HIV infection.

#### 4.7.2 Qualitative Results: Open-ended Question

An open-ended question following section F asked for any other aspects of the topic of AIDS that respondents would find easy or difficult to deal with in class. There were few comments in this last section and tended to reflect an overall observation about HIV/AIDS discussion in the classroom:

- Even with the rather “intimate” topics I have checked as hard, the more generally (less specifically) you discuss them, the easier.
- I’m not shy about sex, but I don’t know a lot about the technical medical aspect of the disease.
- I’ve never thought about it at length.

One teacher wrote of her experience dealing with AIDS in class:

I was asked to discuss AIDS and sexual conduct with *tandai* [2-year college] students going abroad. I felt that it was too important to rely only on English information – that it really should be done in Japanese to be sure the students understood. It’s more important than any information gap activity.

#### 4.8 Correlations Based on Gender

Pearson correlations were computed on all Likert scale items in Sections C, D, and E to determine the relationship between female and males respondents’ answers to the items in these sections (see Table 14). There was a stronger correlation for females (.7507;  $p = .000$ ;  $N=25$ ) than for males (.0957;  $p = .542$ ;  $N=43$ ) in that female teachers who see the teacher’s role as that of teaching the language (question C3) also see that role as developing social responsibility in students (C4) and that the role includes addressing some controversial issues. Females (.7460;  $p = .000$ ;  $N = 21$ ; males .3224;  $p = .035$ ;  $N = 43$ ) who thought that some sort of controversial issues should be included in the curriculum (C6) would also be interested in teaching about HIV/AIDS (E1). Females (.7041;  $p = .000$ ;  $N = 24$ ) who expressed uncertainty as to how to address the topic of HIV/AIDS (D2) also were unsure as to how to raise gay and lesbian issues (D7). The most striking correlation was between the item

“HIV/AIDS is a significant problem in Japan” (E4) and “Japanese culture discourages people from discussing controversial topics” (C5) which was negatively correlated for females (females:  $-.6116$ ;  $p = .002$ ;  $N = 23$ ; males:  $.2310$ ;  $p = .141$ ;  $N = 42$ ). One explanation for this may be that women believe that the more Japanese culture does not talk about AIDS, the less it is seen as a problem.

Table 14

Comparison of university EFL (foreign) teachers' comfort levels dealing with the topic of HIV/AIDS based on gender

	C3 My role is to teach the language only	C6 A class dealing specifically with controversial issues should be included in the EFL curriculum	D7 If I taught about HIV/AIDS, I would have to discuss homosexuality	C5 Japanese culture discourages people from discussing controversial topics
C4 Part of the teacher's role is to encourage social responsibility in students	<b>T .301 (68)*</b> <b>F .751 (25)***</b> M .096 (43)			
C3 My role is to teach the language only		<b>T .380 (64)**</b> <b>F .610 (22)**</b> M .232 (42)		
E1 I am interested in using HIV/AIDS as a topic in my classes		<b>T .530 (64)***</b> <b>F .746 (21)***</b> <b>M .322 (43)*</b>		
D2 I don't know how to bring up the topic of HIV/AIDS in my classes			<b>T .458 (68)***</b> <b>F .704 (24)***</b> <b>M .346 (44)*</b>	
E4 HIV/AIDS is a significant problem in Japan				T $-.068$ (65) <b>F <math>-.612</math> (23)**</b> M .231 (42)

Note: T = Total female and male; F = female responses; M = male responses.

Numbers in parentheses indicate number of respondents

\*  $p < .05$  \*\*  $p < .005$  \*\*\*  $p < .0005$

Responses by male respondents showed strong correlations based on different factors from those of females (see Table 15). Males who indicated they were only supposed to teach the language (C3) also thought their students' level too low (C2) to include a controversial issue (females:  $.4775$ ;  $p = .018$ ; males:  $.5100$ ;  $p = .001$ ). Males who expressed interest in teaching the topic of AIDS (E1) also felt a bit uncomfortable about it (D5) (females:  $.5126$ ;  $p = .012$ ; males:  $.4416$ ;  $p = .003$ ). Males who were

Table 15

Correlations of male university EFL (foreign) teachers' comfort levels dealing with the topic of HIV/AIDS

	C2 The level of the students I teach is too low to have them discuss controversial topics	D5 I don't feel comfortable talking about HIV/AIDS in my classroom	C10 The gender of my students stops me from including controversial issues (i.e. male teacher in all-female classes or vice versa)	E3 I would feel comfortable discussing the use of condoms and other HIV barriers in my classes	E7 I am comfortable dealing with the topic of sex in my classroom
C3 My role is to teach the language only	<b>T .537 (66)***</b> F .477 (24) <b>M .510 (42)**</b>				
E1 I am interested in using HIV/AIDS as a topic in my classes		<b>T .503 (67)***</b> F .513 (23) <b>M .442 (44)**</b>			
E7 I am comfortable dealing with the topic of sex in my classroom			<b>T .362 (66)**</b> F .044 (24) <b>M .480 (42)**</b>		
C9 I am afraid of what other teachers would say if I covered controversial issues in my classes.				<b>T .416 (66)**</b> F .108 (22) <b>M .499 (44)**</b>	<b>T .448 (65)***</b> F .139 (23) <b>M .527 (42)***</b>
E3 I would feel comfortable discussing the use of condoms and other HIV barriers in my classes			<b>T .300 (67)*</b> F -.123 (23) <b>M .422 (44)**</b>		

Note: T = Total female and male; F = female responses; M = male responses.

Numbers in parentheses indicate number of respondents

\*  $p < .05$  \*\*  $p < .005$  \*\*\*  $p < .0005$

comfortable talking about sex (E7) found the gender of their students an obstacle (C10) (females: .0441;  $p = .838$ ; males: .4799;  $p = .001$ ). Males concerned with what other teachers thought about their discussing controversial issues in class (C9) were also concerned about the gender of the students (C10) (females: .5390;  $p = .007$ ; males: .5632;  $p = .000$ ). Males who were comfortable discussing sex (E7) would also be comfortable talking about condoms (E3) (.7723;  $p = .000$ ), but would take their

students' gender into account (C10) when discussing condoms (.4217;  $p = .004$ ). At the same time, they were concerned about what other teachers would think (C9) if they discussed condoms (E3) (.4989;  $p = .001$ ) and sex (E7) (.5272;  $p = .000$ ) in the classroom.

#### 4.9 Familiarity With an HIV+ Person

Having a close friend, relative or acquaintance did not figure significantly in whether the teachers in this study raised the issue of HIV/AIDS in the classroom. Estimates of HIV-infected persons are high in countries such as the U.S but relatively low in the U.K. and Australia (17.6, 1.4, 1.8 per 100,000 respectively as of end 1998) (1999). The majority of respondents in this survey claimed they did not know a person with HIV who was close to them (friend or relative who is HIV-positive: yes = 23.5%, no = 76.5%). Data regarding respondents' countries of origin were not collected, thus for this study it cannot be ascertained whether knowing an HIV-positive person personally has any impact on a teacher's decision to approach the topic of AIDS or not.

#### 4.10 Respondents' Age Correlations

Pearson correlations were computed for age groups [A1] 20-29, [A2] 30-39, [A3] 40-49 and [A4] 50 and above. As there were only 3 respondents in age group [A1] the responses for this group were not analyzed. A few interesting differences were found between the three remaining groups. For example, those in age group A4 did not find time (C8) and the large number of students (C7) an obstacle to including a

controversial issues ([A4]  $-.196$ ,  $p=.521$ ,  $n=13$ ; [A2]  $.749$ ,  $p=.020$ ,  $n=29$ ; [A3]  $.428$ ,  $p=.000$ ,  $n=23$ ). This suggests that teachers in a higher age bracket have fewer problems including additional items in the syllabus even with large numbers of students. However, this same age group finds the low language level of the students (C2) to be a problem where time limitations exist with regard to including the topic of HIV/AIDS (D1) ([A4]  $.797$ ,  $p=.002$ ,  $n=12$ ; [A2]  $.283$ ,  $p=.137$ ,  $n=29$ ; [A3]  $.249$ ,  $p=.251$ ,  $n=23$ ). Those in the lower age group [A2] who thought a controversial issue should be included in the curriculum (C6) also tended to think that students would find it easier to discuss such issues in English (D9) ([A2]  $.688$ ,  $p=.000$ ,  $n=26$ ; [A3]  $-.141$ ,  $p=.532$ ,  $n=22$ ; [A4]  $.447$ ,  $p=.168$ ,  $n=11$ ).

Analysis of survey respondents' years of EFL experience and years of teaching experience did not reveal further meaningful significant correlations.

#### 4.11 Discussion of the Results

This section will discuss the results of the quantitative study as they pertain to the assumptions outlined in Chapter 1. Each assumption will be dealt with in the order given in section 1.8.

##### 4.11.1 HIV/AIDS as a Controversial Issue

The first assumption presented in Chapter 1 was that HIV/AIDS is an extremely controversial issue to be raised in the classroom in Japan. The results of survey Section B refute this. In fact, HIV/AIDS is not seen as an even moderately controversial issue by females (ranked 10<sup>th</sup>); among males, it falls mid-range (ranked 5<sup>th</sup>). One reason for this view might be that a controversial issue is one about which

people have differing opinions and differences of values regarding it. Perhaps the teachers in this study do not see any controversy surrounding the topic of HIV/AIDS in Japan and for this reason ranked it moderate to low among the ten issues. A more likely reason for the results is that people do not realize HIV/AIDS is a problem in this country, and it is this lack of awareness, coupled with the fact that it is generally not talked about, which leads people to think it is not controversial in Japan.

In the written responses to the open-ended questions, issues dealing with sex crimes and harassment toward women were cited most frequently as other controversial issues. Sex crimes such as rape, potentially involving the exchange of HIV-infected bodily fluids, could further spread the disease. The low status of women in Japanese society and within the family puts them at risk of violence, including rape and beatings ("Domestic Violence Prevalent," 2000). Yet the teachers in this study did not appear to make any connection between other issues related to women's safety and HIV/AIDS. Again it would seem that ignorance about the prevalence of HIV/AIDS in Japan would contribute to people's lack of awareness of its relationship to other issues.

Another interesting result was that abortion was thought to be the 2<sup>nd</sup> most controversial issue by both females and males. In Japan, the rates of abortion are quite high, and it is quite commonly used as one form of birth control.<sup>7</sup> If some form of prevention is not used, be it the pill, a female condom or a male condom, there is a chance that a woman may become pregnant. Given that there is a high rate of unwanted pregnancies and abortions in Japan, it is likely that many young women and

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<sup>7</sup> The proportion of women who describe a recent birth as unplanned is particularly high in Japan at over 50%. (Dailard, 1999) In 1997 there were 338,000 reported abortions in Japan (Shin, 2000, p. 227).

men are having sex without using any form of contraceptive device. There is some recent evidence supporting this.<sup>8</sup>

There is a further risk to not using a female or male condom. It is almost impossible to determine if one's sexual partner is infected with HIV based on that person's outward physical appearance. If one's partner is not an HIV-negative, monogamous partner, or if one has many sexual partners, there is a greater risk of HIV infection if some form of protection which prevents the exchange of bodily fluids is not used. The World Health Organization, in a report on the status of AIDS in Japan, states:

Behavioural data show low condom use, both in the general population and among sex workers (6% to 25%). [In] a survey conducted in 1996 only 25% of respondents always used condoms during casual sexual encounters during the previous four weeks. Findings also showed that 13% of respondents with steady partners (including spouse) had sex with other partners during the previous year (mean of 2.4 non-steady partners) (W.H.O., 1999).

That teachers would rate abortion as the second most controversial issue given these facts suggests that they are not aware of the statistics on abortion. Another possibility may be that in these teachers' home countries abortion *is* a highly controversial issue and they are bringing such cultural norms to Japan from their home countries.

#### 4.11.2 Teachers' Role Factors and Controversial Issues

The second assumption stated that the teacher's role factors will be most important in affecting their decision to include controversial issues in the classroom. Most teachers agreed that their role is defined as teaching the language, first and foremost. Yet it seems that hiding below this view is apprehension about what other teachers would think if a controversial issue were purposefully introduced, and some concern about

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<sup>8</sup> In a forthcoming study on Japanese college students' knowledge of the Pill and the female condom, "24% of the [235] respondents are currently having (at least on occasion) or have in the past engaged in sexual intercourse without employing a reliable method of contraception, or indeed protection against STDs or HIV" (Heal, 2001).

gender differences in the classroom. Both females and males seem to agree that it is difficult to address controversial issues in large classes, or those with low-level students, and in such cases fall back on their role as teaching the language only.

Yet gender differences are present with regard to the respondents' views of the teacher's role. Females more than males see their role as one of encouraging social responsibility in students in addition to their role as teacher of the language. They also seem open to the idea of bringing up and discussing controversial issues.

Comments in the open-ended section varied. There were those opposed to inclusion of controversial issues and many who would leave that decision up to the students themselves. It is interesting that two female respondents noted concern about familiarity with the students and about offending someone.

Therefore the results showed that it was not only the teacher's role which affects the teacher's decision to raise controversial issues in the classroom, but curriculum, student factors, and classroom management factors as well.

#### 4.11.3 Emotional Factors and Raising the Topic of AIDS

The third assumption stated that emotional factors rather than management and curriculum factors would influence teachers' decision to include the topic of HIV/AIDS. In Section D evidence in support of this assumption was found. Although teachers feel there may be little extra time in the school year to include the topic, they may actually be more puzzled as to how to bring it up. Generally these respondents are not comfortable talking about AIDS in class.

A current theme running through this study is that HIV/AIDS is “simply not a problem” in Japan. Teachers seem to feel that to some extent their students would be interested in the topic and would find it personally relevant. However, comments given at the end of Section D reflect the pervasive attitude that AIDS is not such a great problem here and that students would still see AIDS as a “foreign problem,” or that students are already adequately aware of the problem here. One teacher suggested that for students planning to travel abroad, such information might be valuable, yet addressing the topic in this context alone again implies HIV infection is not a problem for our students here in Japan.

#### 4.11.4 Teacher Comfort with Aspects of AIDS

The fourth assumption consisted of two parts. The first stated that teachers who feel more comfortable with discussing issues of sexuality will be more likely to raise the topic of AIDS than those who do not. The results are not conclusive. Generally, teachers who feel comfortable talking about sex in class are also comfortable talking about condoms and other barriers to HIV infection, abstinence, and homosexuality. This does not necessarily mean that they will raise the issue in class. A bigger factor may be whether the teacher sees AIDS as a problem in Japan. There is some teacher interest in approaching the topic, but this may be coming from a global perspective of the issue rather than the immediacy of the prevention of infection in our students.

Raising the topic of HIV/AIDS involves some risk. It is much easier to talk about HIV/AIDS as a problem in other countries such as Africa, the U.S. or other Asian countries, and the teacher does not need a great deal of knowledge about the problem in Japan. There is no need to talk about sensitive aspects (sex, condoms and other prevention or interpersonal issues) and is in this sense less risky in terms of

embarrassment. The risk that does exist with this limited presentation is that students are left with the impression that HIV/AIDS is not a problem that is close to home. It also does not provide students with information on how to protect themselves nor urge them to seek out further information in their own language about the disease.

The second part of the fourth assumption was that teachers who feel a moral responsibility toward informing students will be more likely to raise the topic in class. Again, it would seem that a teacher's feeling of moral responsibility is tempered to the extent that s/he is aware that HIV infection is a problem in Japan. In addition, if teachers hold the view that Japanese schools are providing sufficient AIDS education and that students are aware of the facts of AIDS in Japan and its modes of transmission, then there is little need for them to address in class. Several comments at the end of Section E show teachers feel students are already sufficiently aware, and that AIDS information is readily available. These issues that the respondents raise are all valid. However, those respondents who state that AIDS is not a problem in Japan may not be aware of the recent rising numbers of cases of 20 – 30 year olds. In light of the fact that HIV/AIDS is not talked about as a general rule, and is only irregularly dealt with in the media, this view is not surprising. The extent to which Japanese students are aware of the problem in Japan would be a question best dealt with in a separate study, although there is some evidence that students would like more information in the university curriculum.

As stated above, perhaps it is easier to believe AIDS is not a problem and therefore not have to deal with it. A teacher who wanted to become aware of the issues of HIV/AIDS in Japan would have to expend some time and energy in researching the

problem as details about the prevalence of the disease are not readily available, nor are they always accurate. Denying that the problem is an important one is quite convenient, not only for teachers but for the general community. It is true that students can get information from other sources in Japan, such as health centers, libraries and medical practitioners, yet as most people do not regard themselves at risk of infection, they are therefore unlikely to seek out such information. It would seem then that a key constituent of people's interest in finding out about AIDS is the fear of infection. So long as the fear is not there, information is not seen as crucial.

#### 4.11.5 Social Versus Sexual Aspects of AIDS

The fifth assumption was that teachers will feel more comfortable dealing with social rather than sexual aspects of AIDS. The totals from survey Section F support this assumption. Social issues such as the aspects of AIDS in other countries, medical breakthroughs, and discrimination issues were rated as easier aspects than condom use and appropriate sexual conduct. One comment at the end of this survey section was that the teacher did not have much knowledge about technical medical aspects of AIDS, indicating that further teacher education is necessary.

#### 4.11.6 Gender Differences

For females, significant and strong correlations were found which related to the teacher's role and the teacher's responsibility toward the students. Females indicated that they were not comfortable discussing the topic of AIDS, but if students raised the issue these teachers would have adequate materials and knowledge to address it.

Females also appear to feel it would be easier for Japanese students to discuss AIDS in English. In addition to their primary role as teachers of the language, females in this study tend to think they should at the same time be helping to develop socially

responsible students. If this means including controversial issues in the curriculum, and if such issues can also be used for language development, then so be it. If these teachers can introduce the topic of AIDS, they would do so as this fits in with their feeling of responsibility toward students' awareness of the AIDS problem in Japan. The one drawback, and it is a major one, is that the female respondents tend not to see AIDS as a problem here.

Males in this study appear to be more concerned with the image they portray to others. They see their role as teacher of the language, especially to low-level students. Although they are somewhat interested in addressing the topic of AIDS in class, they are uncomfortable doing so. Males tend to be concerned about what other teachers might think about their discussion of condom use and sex, especially in classes with primarily female students.

It is not clear whether homosexuality is an issue in this study. Talking about homosexuality is slightly less comfortable for males than for females in this study, yet the mean for the teachers indicates it is not a problem for them. As seen earlier, some studies have indicated that attitudes toward homosexuality influence people's attitudes towards the AIDS question, possibly stigmatizing PWAs and those associated with them. The results of this study are insufficient to determine how attitudes toward homosexuality affect these teachers' decisions to address the issue of AIDS and thus are inconclusive.

Yet it would seem that males in this study are also concerned about another kind of stigma. They appear to be concerned about their image. Thus it would be safer for

them not to address such potentially image-threatening topics as those related to sexuality and AIDS. Women, on the other hand, seem to be saying that where there is a need, and it fits in with language teaching, it is a teacher's responsibility to approach the issue, in this case HIV/AIDS. This is evidence in support of the contention that women tend to act from a moral position of caring.

#### 4.12 Summary of the Quantitative Study

Overall, the respondents of this survey held rather conservative attitudes toward including the topic of AIDS in the EFL classroom. When dealing with controversial issues in large EFL classrooms, or when the students' language level is low, the respondents would prefer to resort to their role as teaching the language only. Females more than males see their role as one of encouraging social responsibility in students in addition to their role as teacher of the language, and feel Japanese students would be more comfortable discussing the topic of AIDS in English. Males tend to be concerned about what other teachers think about their discussion of condom use and sex, especially in classes with primarily female students.

HIV/AIDS is not considered a controversial issue in Japan by the majority of the respondents of the survey nor is the problem of AIDS in Japan seen as a very large one. Many teachers feel there would be student interest in the topic, but erroneously believe students are already well-aware of the problem and that sufficient information exists in the Japanese community.

Teachers feel more comfortable raising aspects of the AIDS question which deal with the epidemic in other countries, for example, rather than sexual aspects of the disease

or routes of infection. Those teachers who do feel comfortable discussing sexual aspects of AIDS are also more likely to feel comfortable dealing with issues of abstinence, condom use and homosexuality.

The next chapter presents the results of the qualitative study which is then discussed. Following this, a summary of the study is given together with suggestions for further research.

## Chapter 5 The Qualitative Study: Navigating through a Sea of Emotions

*[I felt] embarrassed because there were a lot of boys in the class and I think wow, I've got to talk about sex in front of them, too, if it's girls, you know, you don't really mind so much, but I wondered if they would mind my mentioning things like having free sex and am I kind of being, not biased, but am I kind of presuming that they're already having sex, am I putting ideas into their head of having sex, or something which the students probably hadn't even thought about or they thought about it but they hadn't done it yet, and am I going to go in and say "Oh, it's ok to do it, but please take precautions" so I had to think about what I was doing, but I was very, very nervous but I believed in what I was doing so it didn't stop me.... I thought it was something that had to be done. [Carol]*

### 5.1 Overview

This chapter will provide a summary of the data collected through the semi-structured interviews conducted in February and March of 2000. I will begin with a profile of each informant, and will then provide an outline of the analysis of the interview data, followed by a more detailed look at the various issues which emerged. I will then discuss and summarize the findings.

## 5.2 Informants' Profiles

The following is a brief introduction to the informants I interviewed, giving their teaching situations and student level. **Alex** teaches at a public university and has covered the topic of AIDS at all levels of courses. **Barry** teaches at a *senmon gakko* and includes the topic of AIDS in his Global Issues courses. **Carol** teaches with Barry and also includes AIDS as part of her Global Issues courses. **Debbie** has speaking and listening classes with freshmen students. **Ellen** teaches conversation courses, a culture course, and an extension class. She has dealt with the topic of AIDS in her extension course. **Francis** has used HIV/AIDS with her second year university students. **Gary**, the only informant in the group who teaches at a conversation school, teaches adults, and has approached the topic of AIDS through a news article in a conversation course. **Heidi** teaches conversation classes at a public university. She is presently teaching a course on controversial issues but has not covered the topic of AIDS. **Ivan** teaches at a junior college, teaching oral English skills, extensive reading, and a seminar class for second year students. The topic has been discussed in his seminar class. **John** is presently working at a two-year college, teaching first and second year students in composition, conversation, seminar and mass communications courses. The topic of AIDS has been addressed by individual students watching "Philadelphia" in a composition class. **Kate**, at a two-year college, teaches conversation classes for first year English majors, reading courses for second year English majors, and a seminar

class on a topic she chooses. She has only used AIDS as a topic once, as a rapid-reading exercise. **Lana**, whose specialty is linguistics, teaches reading, writing and debate at a four-year university. Neither she nor her students have suggested the topic of AIDS. **Michael** teaches at several universities. He teaches oral communication and writing to first, second and fourth year English majors. He has used an article on AIDS in a composition class, but has not approached the topic in other courses.

### 5.3 Outline of Analysis of the Interviews

After the interviews were transcribed, a keyword analysis (Nunan, 1992) was conducted on pertinent phrases and the results are summarized in Table 16. Responses were grouped together under the categories of Administrative Issues, Student Comfort Issues, and Teacher Issues. Within the category of Teacher Issues were three subcategories of Teacher Control Issues, Teacher Comfort Issues, and Teacher Commitment. Administrative Issues included items such as time limitations within the course, preparation time and materials limitations, knowing how to approach the topic of HIV/AIDS, and whether the topic is appropriate for particular courses. Under

Table 16

#### Keyword analysis results of thirteen interviews with college-level foreign EFL teachers in Japan

Administrative	Teacher (1 <sup>st</sup> initial)	A	B	C	D	E	F	G	H	I	J	K	L	M
	Time limits in class influence inclusion of topic											+		
	Preparation time and lack of resources influence inclusion of topic		-	-			-	-		-		+		-
	Knows how to approach topic (+ yes, - no)	+	+	+	+		+			+	-	-	+	-
	Feels topic is appropriate for present course (+ yes, - no)	+	+	+	+	+	+	+	+	+	+	+	+	+
Student comfort	Believes there is interest in topic on the part of students	+	+	+		+	+	+	+	+	-	+	+	+
	Thinks students see relevance of topic to their lives	-	+	+		+			-		-			
	Students' level influences inclusion of topic (+ yes, - no)	-	-	-	+	+	+	+	+	-	+	+		+

	Worries students will be uncomfortable			+		+	-	-	-				+	+
	Feels it is easier for students to discuss topic in English							+	+		-	-		

Teacher Issues	Teacher Control Issues	Teacher control of AIDS topic: H = high control L = low (student-initiated)	H	H	H	L	L	H	H	L	L	L	H	L	L	
		Feels confident in approaching the topic (Knowledge of HIV/AIDS)		+	+	+	+	+	+	+	+	+	-	-		-
		Addresses the topic of discrimination	+		+							+				
	Teacher Comfort Issues	Is comfortable with AIDS topic: A+ medium to high / A- low	A+	A-	A+	A+	A-									
		Is concerned about what others think (+ yes, - no)	-		-								+			+
		Is comfortable discussing gay and lesbian issues				+	+	*	+							-
		Is comfortable discussing sex in class			+	+	*									-
		Is comfortable discussing condom usage				*	-	*						+	+	?
		Having mixed m/f groups is related to teacher comfort in the classroom			+	+	+	+	+							
		Familiarity with students is required			+					+		+				
		Feels teacher's role goes beyond teaching the language	+	+	+	+	+	+	+	+	+	+	+		+	-
		Feels personal conviction to include AIDS	+	+	+				+							
		Feels conviction to protect students	+		+	+	+	+	+				+	+	+	
		Knows an HIV+ person	+		+	+	+	+	+	+	+		-			+
		Would disclose knowing someone with HIV	+					-		+						
Teacher has changed as a result of dealing with the topic			+		+	+				+						

Note: \* indicates another influencing factor

Box is marked only if informant mentioned item during interview.

Student Comfort Issues, those factors which teachers feel might affect students' comfort levels are addressed, such as student interest and relevance to their lives, language level of students, student comfort in dealing with this sensitive topic, and ease with which students may discuss the topic in English. The subcategory of Teacher Control Issues addresses the extent to which the informants' control the topic of AIDS in class, that is, whether the topic is teacher- or student-initiated, and whether the teacher initiates discussion about discrimination. Teacher Comfort Issues encompasses comments related to emotional factors such as concern about one's standing with peers or with students, comfort with gender composition of classes,

familiarity with students as it relates to teacher comfort, and comfort with various aspects of the topic of HIV/AIDS. Teacher Commitment includes whether the teacher sees a teacher's role as extending beyond that of solely teaching the language, a teacher's personal conviction to include the topic of AIDS or to disseminate information in order to protect students, whether the teacher knows an HIV-positive person and would disclose knowing someone with HIV to students, and whether the teacher has changed as a result of dealing with the topic in class. The results for each of these categories will be given in the following sections.

#### 5.4 Administrative Issues

This section will examine informants' comments regarding administrative issues of time limits in course planning and preparation, materials, appropriateness of the topic to the course being taught, and student level factors. Restrictions related to institutional policy matters were not specifically mentioned by any of the informants.

##### 5.4.1 Time Limits in Class Influence Inclusion of Topic

Time may be a factor that influences a teacher's decision whether or not to include the topic of AIDS. One teacher interviewed mentioned time as a factor influencing her decision whether or not to address the issue of HIV/AIDS in class:

It is a question of time [to cover it during the school year] and the work involved, if you've got a textbook that doesn't include it, and doesn't include other issues, too, that you'd like to bring up as well, then trying to fit in the issues that you feel strongly about, that you do want them to think about and then what style of classroom it is, whether there is time for discussion... [Kate]

One teacher said he did not have enough time to do all the things he would like to have done regarding the topic.

#### 5.4.2 Preparation Time and Lack of Resources

Availability of materials was not a problem for some teachers, but others saw it as an obstacle. Most teachers found articles from newspapers or magazines, or used news clips from television news broadcasts. Others left it to the students to find their own resources:

...that was a class on social issues, and current issues... just investigating things which were in the news, whether in newspapers, magazines, radio and television and so on and then they brought various subjects up and AIDS was something which was becoming increasingly common in the news and was something which they showed an interest in so we went from there. [Ivan]

Some used materials available from JAPANetwork, citing preparation time and resource limitations:

If I hadn't had that material I wouldn't have, you know, I couldn't have because I just, there are no resources here and the time it takes to collect those statistics and do anything meaningful with them I just wouldn't have had. [Ellen]

Several teachers mentioned that, because AIDS was not a topic in course books they have used or were using, it did not come to mind as a topic to introduce:

I haven't dealt with it in, like, conversation or other classes because it's never been in a book I've used. If it had been, and I do use different books all the time and I have taught many, many different classes, and I've dealt with many, many different subjects it just doesn't happen to be one that's ever been in one of the textbooks. Which is probably not an accident. I mean, probably is a reason for that. People are afraid of that topic probably. But I would like to deal with it, I think it's a good topic. [Lana]

#### 5.4.3 AIDS as an Appropriate Topic for Present Course

Some teachers see AIDS as a topic that fits well with their course, especially conversation courses: "If they're taking it seriously, if they're using English to discuss it, I think it's fine. And it's obviously socially useful for them to talk about and know about." [Debbie]

Some teachers are concerned that AIDS doesn't fit in with the course they are teaching, for example in teaching novels or grammar classes:

I don't think it would be appropriate for any of my classes unless I did... a discussion class, advanced conversation. I think even for beginning students, although there's teachers who argue that, even for beginning, just talking about some topics that touch their lives is more beneficial than discussing about going to the movies or something. So there may be something to that. ...we have beginning, beginning level and just trying to have a discussion about anything is [difficult]... but, as they get better, then of course, we can discuss it more. [John]

Some teachers expressed the belief that student should study the facts about HIV and AIDS in their native language before or in addition to any discussion of it in class:

I don't think it fits in with the content of the course particularly in terms of an English class being the place for a native speaker of Japanese to learn the most information about... I think it's desirable for almost every English teacher to raise the topic, well at least in the sense of awareness and discussion as in the context of a discussion class or in the context of a reading class. If you've got some passages it's good kind of material to use for skills development which also has the benefit of awareness training and consciousness raising. But I still think that students need to be encouraged to find information in their native language which they can digest in detail and contemplate. [Alex]

...And I would find it very, very frustrating, because I speak Japanese, to have an issue like that and not be able to speak about it, I mean, have them discuss it in a more meaningful way, for them try to discuss it in English would, for me, would also be just extremely frustrating. I would much prefer just to discuss it with them in Japanese, and I just don't know that an English classroom is the appropriate place to do that. So it may be peculiar for me... because of [my] language ability..., I wouldn't want to just use it just as an English [exercise], I would want to discuss it with them, in which case I would want to use Japanese. [Kate]

Yet Kate brought in an article on AIDS for her rapid reading class. She commented:

Again, it's a token, it's token, but it's better, I feel, at least, they're exposed, which is better than nothing.

#### 5.4.4 Student Level Concerns

The level of the students, and possibly their maturity level, impacts other teachers' decisions whether or not to include the topic of AIDS, as well:

I would never have presented it at [deleted] University because... there aren't many women and the men, in my estimation, were not mature enough to handle it. [Ellen]  
I do wonder with students who don't even know how to function in the very basic, just, interaction of using English for oral communication whether with a first year

lower level class, how much I would want to spend on, I find that definitely a problem that I, to think about trying to do something with it. [Kate]

Yet Carol has a different view of student level when dealing with AIDS in class, that materials can be adapted to any level:

I teach low level students and I think their low in level is not because they don't have a brain, but because they went to high schools which maybe only had English once a week like the commercial high schools or they weren't interested in the topics which were being taught at school, so I find every time I talk about something that has to do with their life, they're interested. I think that's very important for teachers, not to think "Oh, God, they're low level so, oh, I can't do this." I think you can do anything you want and I think you should be open to that, but of course, bring it down to the level which they're capable of doing.

### 5.5 Student Comfort Issues

This section looks at the informants' perceptions of how the topic of AIDS affects students. Student interest, reactions, comfort levels and ease of discussing the topic in English are examples of issues the informants raised.

#### 5.5.1 Teacher Impression of Student Interest

Teachers have different impressions of student interest in the topic of HIV/AIDS.

Some feel there is or would be little interest on the part of students: Two of the informants did not feel their students would relate personally to the topic of

HIV/AIDS and so would not approach the topic in class:

[Talking about a group of students at another university] ...and [AIDS] wasn't actually an interest, I mean it didn't seem to be an interest, cars, movies, you know, that was where they were at. [Ellen]

I think most of the students probably know. Not that they *know*, but I think they know about that. They'd probably be surprised to find out, as I would probably be surprised to find out numbers, and all that sort of stuff... but it doesn't really touch their lives, even though it does. I think they need to personally experience it, before it really begins to, something.... it really wouldn't hit home. Topics more likely for them are like future, jobs.... I don't teach economics or anything, but I think that sort of thing impacts their lives more. I'd be more likely to teach, I guess drugs are on the increase, or sniffing paint thinner or glue, maybe even *drugs* drugs... that would hit more at home. But from what I know, there's very little drugs with needles, so contracting AIDS through the use of sharing needles or something is just not something they're

going to run into. ...if they go to America and meet, you know, through a homestay family or something, a friend of a friend, a relative or something, then I think it would become very meaningful to them. [John]

Carol disagrees:

...but as to topics we should teach more relating more to their everyday life and which, when they come to school and they can go home and think "God, I learned something there!" which really has something to do with them. So I thought AIDS is very important for them to know early, that to keep changing partners is not really a good idea, especially when I heard that some young ladies in this school have had 6 abortions, and how old are they? 18 years old? So I thought to, ok, if you want to change partners, it's nothing to do with me BUT you should take precautions. That's when I decided to teach about AIDS. [Carol]

[The students would not be interested,] probably not right off, that is, if you just asked, well you know, "Are you interested in AIDS?" probably, "No," or "haven't thought about it." But I'm sure if it were introduced and they realized that AIDS is increasing amongst 20-year-olds in Japan that they would have an interest in it, yes. Yes, I do. [Kate]

Alex sees the 'non-topic' of AIDS as an important reason to include it:

I think what prompted me to start getting some kind of resources in for the students and encouraging them to find out, seek out Japanese resources is the fact that while they were interested in the topic I don't think any of them saw it as related to them personally. And how you make that connection, I don't know, that we're all related to it personally, whether we know it or not.

### 5.5.2 AIDS as a Problem in Japan

Some teachers noted the lack of information and discussion about HIV/AIDS here in Japan:

I think that in terms of statistics, of course I just heard on TV lately that they've had an increase in AIDS among 20-year-olds and things like that so probably now I'd answer that [survey question] differently, but at the time [I completed the survey] I just hadn't heard as many statistics. [Debbie]

You know I don't really see a lot about AIDS here.... I would think [it's a problem], yeah, I mean it's a serious problem in the world. Maybe it's because I don't understand Japanese well enough, but I get the paper in, the English paper here and there's nothing about it. It's almost like, about other countries, other problems in other countries, so it's obviously a problem here, I'm sure it is. [Heidi]  
I mean it's not as wide-spread as it is in many other countries, but I don't, I don't know. I suppose because condoms are so commonly used it's in that sense it's, I don't know. I just think that people don't talk about it very much and in that sense it's a problem. [Lana]

### 5.5.3 Student Reactions

The respondents who have approached the topic of AIDS reported a range of reactions on the part of students, from passivity to eagerness:

[After reading passage on AIDS] I don't know that there was much reaction towards the topic itself.... I'd say they were pretty passive about it. [Kate]

I felt very serious about it I felt that it was very important subject and I was very pleased with the reactions of the students, of all the topics that I taught, the students reacted, were very concerned about it. Nobody took it lightly, there weren't too many sleepy heads. [Barry]

You'll see [the students] going "YES! I got that one right" or "Oh, I'm so stupid." And usually students don't show very much emotion in class. Well, I think it all depends, too, group by group, now that I think about it, but sometimes they just sit there going "I got this one wrong, I got this one right." But I can think of this year like... a group of guys that were "Yeah, I got that one right. Did you get that one right? Ha ha ha.".... At the end of course evaluation I have asked them questions such as, "Have you ever thought about the topics that we've studied in class before?" and I have got comments like "We studied about AIDS in high school but we did not get any of this information," or, "It was really good to talk about this stuff." I haven't had a negative reaction. Comments that have been made have been positive, but it hasn't been a big deal. Out of a class of let's say, 50, probably 6 or 7 maybe make a comment about teaching the content of AIDS. [Francis]

Other teachers have found their students are intrinsically motivated to pursue the topic:

You know, it was surprising because they were quite pleased that I got away from the shopping and the colors and "Where do you live?" and "What's your blood type?", and horoscope and things like that. You could see some kind of, "Wow, this is different!" and I've never had any problems at all, and they were very open and they were, the first time they were really asking questions. And the ones who usually ask questions, like oh, "What color...?" and things like that, but the ones who don't usually say anything, and I think that you're hitting on everyone here, that they're finally hearing something, that has something to do with them you know so it was nice. Everybody was asking questions... from the beginning, it was kind of positive. I didn't come out of class saying, "Oh my god what have I done now I've blown up a hornets nest with something" - not at all It was the first time that I kind of saw a light bulb go on that they were actually interested in a topic. [Carol]

Oh, they were mesmerized. They were totally captivated. At the beginning of the lesson I gave them a choice and said "There are two ways we can go with this. We can have a mostly informative lesson where you're listening to information and responding to written questions and things like this, mostly a content lesson, or it can be easy where you talk about how you feel and mostly a conversation lesson" and 7 out of the 8 members, everyone except the freshman, wanted the difficult lesson. They were hungry for information. From what I've read you can't find anything on AIDS in Japan, let's say there isn't much published and the students really distrusted what the government was telling them so they didn't, they wouldn't have trusted it if they had read it in a government publication anyhow. So, yeah, it was one of the best

ones. After the lesson everyone just stood around and they didn't want to go home.  
[Ellen]

#### 5.5.4 Concerns that Students will be Uncomfortable

Teachers have concerns about how their students will react to the topic of AIDS.

Barry said he would continue on with the topic despite student discomfort, changing the form of the activities. Other teachers are concerned about imposing Western values on students:

I feel that understanding cultural values and going beyond just the language is important. I also try to bring in global issues and sort of awareness of being members of the human family, but I try not to impose, I think it's very easy as an English teacher to sort of impose western values and I try not to do that, but I try to expose students to an awareness of other ways of looking at things, other perspectives. But no, I think understanding cultural similarities and differences and values, I think that's really important, too. [Lana]

I wondered if they would mind my mentioning things like having free sex and am I kind of being, not biased, but am I kind of presuming that they're already having sex, am I putting ideas into their head of having sex, or something which the students probably hadn't even thought about or they thought about it but they hadn't done it yet, and am I going to go in and say "Oh, it's ok to do it, but please take precautions" so I had to think about what I was doing, but I was very, very nervous but I believed in what I was doing so it didn't stop me. But I had to put myself in the students' place, first, you know. What am I doing here and how would I as a student receive what I am going to tell them. So I stepped out of myself, looked at a circle that had the students in there and thought how am I going to present it but I thought it was something that had to be done. [Carol]

#### 5.5.5 Easier for Students to Discuss the Topic in English

Although most teachers did not specifically state that Japanese culture has any influence on their decision to include the AIDS topic, two teachers said it might be beneficial for the students to be able to discuss it in another language:

I don't think [the students] talk about things. I think in some ways maybe I think they're more comfortable, the Japanese people feel more comfortable talking about stuff like that with non- Japanese, I don't know if that's true, or with someone they're really, they're really close with. [Heidi]

[The students are] open, they're happy to discuss it. In fact, there's a general atmosphere of "Oh, this is the kind of thing we should be talking about in another language." ...I have heard from students in the past, "We would not talk about this much in Japanese." There's an excuse, it's almost as if speaking in another language gives you an excuse... I can feel into when a Japanese person says "Oh, I can open up on this," the feeling, the thing I get is that they have to be a lot more cautious in Japanese, perhaps. It's a cultural thing, anyway. [Gary]

Japanese society tends to dissuade people from speaking their opinions openly, in order to maintain harmony and agreement. Lana sees interest on the part of her students in learning how to discuss issues that they may not be able to discuss in everyday life:

The first day of the class I always give a questionnaire, and in the debate class I've been giving one, "How much do you enjoy giving a presentation or speech in Japanese and in English?" and "Do you enjoy talking about controversial issues?" and a lot of them say "not particularly" or "no." I give them a four-point scale. But a lot of them really like it so, but I think Japanese society or values or culture or whatever, I work on that with sociolinguistics a lot, I think there's a lot of pressure to agree with other people and not to have disharmony, not outward disagreement with people, so I think the whole debating process of, you know, arguing strongly on one side is new for a lot of the students and they're really interested in learning how to do it. [Lana]

## 5.6 Teacher Control Issues

This section looks at who controls topic choice in these informants' classrooms, how some teachers approach the topic of AIDS through issues of discrimination, as well as how well-prepared these informants feel with regard to knowledge about HIV/AIDS.

### 5.6.1 Teacher Versus Student Control of the Topic of HIV/AIDS

Many of the teachers interviewed expressed a willingness to address the topic of AIDS in class, but left the decision up to the students: "It's on my list, but [the students] have to circle it." [Debbie]

...they brought various subjects up and AIDS was something which was becoming increasingly common in the news and was something which they showed an interest in it so we went from there. [Ivan]

Ellen was careful to make sure that her students were in favor of her including AIDS in the coursework, even though her students had requested it:

This group, maybe someone had asked for it, I always defend any lesson, you know, by (laughter), and I announced it a class before and let's say, even before that I asked them "This was a request. Would you be interested in this topic?" and they said yes so then I passed out the material one time ahead and asked them to go over it because it was challenging and it would be so much easier if they did, and with those two things it wasn't as hard to launch into the lesson because I'd felt them out twice on it and I hadn't seen any, I mean, they showed that they were interested. These people were older too.

Michael does not initiate the topic of HIV/AIDS:

AIDS has been part of the course book in the past. For a long time I didn't talk about it. I skipped over that chapter... because I just felt uncomfortable. I didn't feel comfortable raising it in the classroom and that was not the students, that was me making that decision, actually, so it was my comfort level that was holding me back.

He does facilitate students' discussion if they raise the subject:

... for me perhaps a risky topic might be something that's personally confronting to the students that makes them feel uncomfortable and because they feel uncomfortable then maybe I feel uncomfortable. I tend to try to keep the comfort level up very high in my classroom because I'm concerned about students' affective barriers so therefore, as I said often, if it's a controversial topic, I let the students bring it up. I set the context, but I allow the students to set the parameters around which to create the topic. So for example in terms of, for example AIDS, it might be, the parameters might be health, for example, and that will be, one of the students or two students will bring that up and so that will be a choice for the students, so it hasn't come from me. I don't feel like I've imposed a controversial topic on them. It's come from the students themselves and they're more inclined to respect that, I think, to want to, I'm not proselytizing them, and I'm not being sort of didactic.

### 5.6.2 Knowledge of HIV/AIDS

Some of the informants expressed hesitation at addressing the topic of AIDS based on their limited knowledge about the disease. John, for example said, "I know about it, but probably not very much... and a lot of [the students] are probably more knowledgeable than even I am."

I'd never seen anybody teaching about AIDS in the classroom so I didn't really know how to introduce the topic, number one. Number 2, I don't really have experience talking about controversial topics I think, so... I don't feel comfortable confronting

people in the classroom. I tend to skirt those issues, perhaps. Number three, possibly, yes, because I don't have enough information actually. [Michael]

### 5.6.3 Addressing the Topic of Discrimination

Some of the teachers either approach the issue of HIV/AIDS from a discrimination standpoint, or are careful to include this in any discussion of HIV/AIDS.

...everything has gradual steps, so... before AIDS I always teach discrimination and then I'll go through the discriminations which [the students would] come up with, it's usually racial discrimination or social discrimination and things like that and then if they come up with AIDS which they have done recently which they didn't do 5 years ago, no one thought of AIDS discrimination. And then so I'm on to discrimination and then I will go on to AIDS. [Carol]

Alex explained that he had heard a story about an AIDS quilt display in Japan. He continues:

[The] quilts [at that display were] made to honor Japanese victims of the disease and they never had their names on them, and I remember thinking how devastating that anonymity was and I remember asking students about that. ...not getting good responses from students about that, the responses that pleased me. They couldn't respond well by my thinking to that, and I remember thinking ... that there's a part of what's needed in the education here, is to get rid of any kind of shame associated with this. That you've had somebody in your family, that you would be reluctant to release the name of somebody. Yet I understand that on a level, it's the kind of knowledge that people are very careful about having everybody know... [but] why would you honor somebody without letting us know who they were? Why would you honor the memory of someone anonymously? Is that really honoring that person...by erasing their name?

## 5.7 Teacher Comfort Issues

This section looks at the informants' perceptions of how the topic of AIDS affects their own comfort levels in the classroom. General teacher comfort in the classroom, comfort with discussion of sex and of HIV/AIDS, familiarity with students, teacher roles, teacher commitment and teacher change are examples of issues the informants raised.

### 5.7.1 General Teacher Comfort

The teachers I interviewed brought up many factors which affect their comfort levels or their sense of ease or well-being in the classroom. Some stated they felt comfortable when students were involved and participating or had a chance to do creative work. Others said that planning and being prepared when going into class was important to their sense of comfort:

Being in control. Being confident that I have a good activity and that I have a winning topic that will motivate the students and keep them focused on the activity and that the students are intrinsically motivated both topically and linguistically... Not being prepared, I hate that. I hate not being prepared. Some people can wing it but I can't, in all honesty. That's it, really. If I'm prepared then I feel very confident. [Michael]

I want to make sure I know what I'm talking about, and make sure I'm prepared, and I want to make my students feel comfortable which sometimes, when I'm trying to get them to only speak English and they're speaking Japanese, I have to make sure that they do it and I remind them that it's an English class in, you know, in a funny way, or a way that won't be threatening to them and that's kind of hard sometimes, but for me it's like I want to have a comfortable atmosphere, a relaxed atmosphere. [Heidi]

Going in with absolutely no lesson plan. No, I would not do that. I have three or four activities lined up and we usually get through two of them. So I guess I play it safe. I always am over-prepared because I'm scared to death of dead time. [Francis]

When asked what made them feel uncomfortable in the classroom, some reported an uneasiness with students who are not involved in the classroom work. Lana, for example, explained she felt uncomfortable "when I don't get any response. When they're hesitant to speak, when they're shy, afraid." Debbie echoed her sentiments, "When students don't talk. They choose the questions but they don't discuss them."

Heidi also feels some difficulty based on the gender of the students:

When students, when someone asks me a question I don't know the answer to, and I'm getting better at just saying, 'Well I don't know the answer. I'll let you know later,' and also when students, especially older Japanese men when they are not on task, it's a lot harder for me to know how to confront them and kind of tell them to speak English and stay on task. It's easier for me as a woman to tell other women to do it. So it's kind of weird, but yeah, that makes me feel a little uncomfortable. [Heidi]

Several teachers said they were not afraid of taking risks in the classroom, either with topics or with doing new things:

Well, I like it when students are talking about things and seem interested in a topic I kind of like to play Devil's advocate and ask them questions, and depending on their level they may not really understand what I'm talking about, so I do try different things. Sometimes they work, sometimes they don't. [Heidi]

I don't think I'm afraid of taking risks necessarily. I think it would depend on how important I felt it was to take that risk. [Kate]

I always try to do something risky every class, like I go in and try to do something that I've not done before, every class. I repeat my classes, actually, ... 10 oral communication classes are the same ... so I just do the same material with them so by the end of the week if you don't do something new, then, yes, it's boring for them as well as for you... [Michael]

Others prefer a more conservative style:

Yeah, [I] mostly play it safe, because often, risks, they fall flat. But of course sometimes, come to fruition... Um, I don't want to do something where I think the students are just not going to understand what the process is or what's happening or, you know, I'm coming out of the blue and they're sort of confused... Of course I like to change their perspectives... and I try to do some things differently, but they're not huge risks. I try differences, try a new perspective or something about the same things, you know, which I don't consider risky, but I think necessary if education is going to be educating. Yeah, I don't feed stuff and you give it back to me. I don't like that kind of education. So, I like the creative thinking or whatever they can do, but I don't consider it a risky kind of thing. [John]

### 5.7.2 Feeling Comfortable Discussing Sex-related Topics and GLB Issues

Those teachers who have introduced the topic of AIDS have had a variety of emotional reactions. Some felt at ease because they were well-prepared with materials and activities. Others, even though prepared, still experienced some discomfort:

I think I felt a little bit, if not embarrassed, at least a little bit hesitant the first time I brought it up, but by then we had heard so many stories in the news of people dying... [Debbie]

Other teachers are very careful about controlling which aspects of the topic they cover in class:

It probably would have been difficult if I had dwelled on any one of the questionnaire questions. When we got to the questionnaire, there were some like what percentage of people have unprotected sex or use condoms or don't, I basically had them sit in groups and work out or guess their answers so I didn't have to interact with it or have the whole class focus on me being semi-embarrassed about some question, so I avoided getting into, I don't know, spending too much time on those things. There

was so much to cover in one class that we really had to, basically I just divided the class in half each of them took the questionnaire and put down their group answers and then I compared which group had the correct response. I'd call on one and if they had it they'd get a point and if they didn't I'd call on the other, just to compare. If I had done that it might have been hard. ...I copied like a one-minute news report from CNN [which] covered all the problems without getting into specific examples or anything that would titillate, or whatever. It was a very, informative, by using something like that, and also not dwelling on the questions that might lead their minds astray, it worked out ok. [Ellen]

Some teachers do not approach issues of sex or sexuality:

I'd probably not happily go into sexual aspects of it, heterosexual, gay, otherwise. I'd probably keep right away from that. [Gary]

... if students bring that topic up in class, which they haven't very much, then I allow them to talk about it, but I've never really contributed very much, nor about sex, actually, heterosexual sex or homosexual sex, that's, for me is a risky topic. [Michael]

Others feel comfortable discussing issues of gay and lesbian content, and some already do introduce this aspect into their coursework:

Yeah just this week we were talking about international marriage, that's how the book stated it. The book plays it pretty safe, so my colleague and I decided to push it a little further and talked about marriage, having statements and give students cards, you know, pro/con and having them argue their point and some of the statements were, "Anyone can get married as long as they love each other," and we put regardless of race, religion, gender, you know, everything, and so I think students didn't really understand what we meant, and we just said that anyone who wants to can get married regardless of if it's two women or two men, or different religions, and I was surprised at how students really didn't seem that uncomfortable about it and there some interesting comments. One man said in my colleague's class, "Well, two men can't get married because who's gonna clean the house?" He said that gay men didn't like to clean. Like oh, okay. So but, you know, I think a lot of them don't really talk about topics like that, and so maybe in English they feel a little more freedom to talk about it. [Heidi]

### 5.7.3 Mixed-gender Groups Related to Teacher Comfort

A few informants expressed embarrassment at talking about sexual issues, especially in mixed gender classes:

[I was] embarrassed because there were a lot of boys in the class and I think wow, I've got to talk about sex in front of them, too, if it's girls, you know, you don't really mind so much... [Carol]

I remember the first time, even though it was with a group of women, it was just sort of hard to talk about the different things like, different vocabulary words like semen and, I mean it's easier to talk about AIDS when you're talking about transmission in

terms of drug abuse, if you're using an infected needle I mean that seems pretty removed from most people's experiences, but when you're talking about it in relationship with sex, then it's a little bit more, you have to sort of steel yourself for it... I probably wouldn't show them how to use a condom (laughter)... I teach mostly men. And I don't know, I just think, probably they've, I don't know, Have they learned that? Maybe, maybe not. No, I don't feel bad about doing that with a group of women but me with a group of men, I just feel pretty strange [Debbie]

#### 5.7.4 Stigma

Other teachers may not want to be associated with the topic. In listening again to John's interview, I noted his choice of the word "touch" and the emphasis he placed on "I don't have it" which might indicate he wanted to place some distance between him and the idea of AIDS:

Would I touch [the topic of AIDS?]. . . Yeah, in rapid reading, I could. I can bring in extra reading topics and stuff, but the first things they'd want to know is, "Oh, AIDS, why?" "No, I don't have it and nobody I know, but I think it's an important topic to understand" kind of thing. [John]

Yet he said he would be comfortable with it if the students brought it up. John continues:

It would be no problem. I mean, it would depend on, I would try to understand why they brought it up, you know, get at the underlying issue, is it because they just came back from [a homestay], or their best friend has it, or something. But knowing Japanese, there's probably things like that maybe even happening and they keep it among themselves kind of thing. You almost need a class that's kind of bilingual, that you're moving in and out of Japanese into English, where people are more likely to bring up topics and you almost have to discuss it, I think, in Japanese, the terminology. I think it's much more complex to express yourself in English.

Another concern, raised by Michael, may be more prevalent than many people are aware of:

So, I'm gay. . . [that] isn't to say that my friends don't know, my professional colleagues don't know, but I draw the line [at the students]. . . I think [this is related to the topic of AIDS] because AIDS is still associated with homosexuality, so I think . . . I feel nervous about bringing that up because I think I'm, people know that I'm gay pretty soon after they meet me. . . I'd be just worried about what the students think because I don't want to be known as the gay teacher that talks about AIDS issues. . .

Many gay, lesbian and bisexual teachers experience such inner conflict between acknowledging that many people know they are gay yet wanting to keep that

information from the students who in any case may have already assumed as much. Fear of harassment or job discrimination is common among gay, lesbian and bisexual teachers (Snelbecker, 1994) and some teachers see being openly known as anything other than heterosexual keeps teachers from being honest with co-workers and with students. It is often difficult to address the issue openly because of existing prejudices and possible undesirable consequences of having such information become public. However, the fact that one is gay does not necessarily deter some teachers from addressing the topic of AIDS. One other teacher I interviewed who is gay but is not out to his students does not find this a reason to prevent him from raising the topic in class.

Addressing the topic of AIDS in the EFL classroom in Japan brings with it certain risks for the teachers themselves on a personal level. One teacher I talked with is close to the problem in that a member of her family may have become infected with HIV, but the teacher had not yet heard the test results. Her concern was about revealing that information to students and what their reaction might be:

I hesitate to make an announcement in class about my family. My husband says if you do that sort of thing people here treat you like a leper. Even if it's my relative who lives half a world away from me who might have acquired or who almost acquired, from that point on you are a, it's like being a Buraku[*min*], that is the status you acquire. So it's hard for me to be open about it at this point, but personally it probably will make any future teaching more important. [Ellen]

#### 5.7.5 Familiarity with Students is Required

Hesitation in bringing up the topic was evident, unless the students and teacher were fairly familiar with one another:

I don't know what that would be like in a mixed group and especially a large group. You know, I have about 50 students. I think I would feel more comfortable talking about condoms and demonstrating how to use condoms and that sort of thing if it was a mixed group, definitely a small group, where you knew the personalities and you

would be able to gauge the people's comfort level, but in a big class you just don't know. [Francis]

For some teachers, the number of students has an affect on intimacy within the group:

Well, [I had] no worries at all because I would only choose to do something if I felt it was going to fly. I know my students and I never teach more than 7 or 8 people. So you're not going to run into much trouble. It's not like introducing something to 20...who's going to get to know 20 people intimately before they say "Right, let's have a look at..." you know. A discussion class, we have a lot of discussion classes and our teachers, they only have 5 or 6 students in a group. [Gary]

Getting to know and gaining the trust of students over the course impacts on the teacher and on the students' comfort levels:

If I'd started at the beginning of the year, I may have been perhaps, not wary, but just, I might have been very careful just to make sure that I, I had them on board, as it were, you know, but I knew these people and I knew, and perhaps more importantly they knew me and I think perhaps that's the important thing, that I knew that they would feel comfortable because it wasn't some person they didn't know coming in. [Ivan]

... the timing is very important, you know I just can't jump from one thing and say, "Ok now we're going to talk about AIDS" which has no follow-up I think, you know, you know what you're going to do for this semester, you have an idea, and then I think "Ah, here is a good time to introduce AIDS." So I don't just throw it at them, you know. It's building up gradually where I can talk about that. I would never do it on a, to a class that I don't know the students at all, that would be a mistake I think. So I've always waited and I'm thinking by the middle or towards, you know not towards the *very* end, but from the middle and just going towards the end ah, they know me well enough, I know them well enough this is a good time to introduce the subject of AIDS. [Carol]

#### 5.7.6 Teacher's Role Goes Beyond Teaching the Language

I asked several of the teachers if they agreed or disagreed with the statement, "My role is to teach the language only." Most disagreed with the statement for a variety of reasons:

I can't separate it, because we need the language to learn these things, learn, to talk about, to converse about, to find out about, to become more, to argue about where arguing will create a better objectivity between people so, the language is important but I think the topics with the language are equally important. [Barry]

I don't like that, no. I think my role as an educator, is to teach... the students topics which are important for them in growing up and I'm trying to bring them up into the

adult world and not to keep them back into kindergarten or elementary school.  
[Carol]

We as language teachers should be teaching the culture as well as the language, whether it's American, Australian culture, whatever. You can't separate the language from the culture. [Debbie]

Language does not exist in a vacuum. Language embodies all sorts of socio-cultural values and history and social meanings [Francis]

If you only taught the language, you'd be, it'd be deadly dull. No, no, the way we operate is through the subject to the language. And of course our students are starting with a fair bit of language then we operate on, with the content. We operate with information and the more... controversial, the more contentious, the more interesting it can be... then the more likely they got a lot to say. [Gary]

I disagree. Well, I think it's impossible to teach just the language. I'm American, my culture comes out when I'm teaching and they want to know about it, so I think it's impossible. I don't think they expect just one [thing], language. [Heidi]

I would disagree, but then again, my role *is* to teach the language, but not to teach it only. I don't think, we have content based classes, one or two issue-based classes, but the aim of the class is not to teach the issue and the aim of the class is not to teach English, but the aim is to teach the issue in English, or to discuss the issue, to deal with the issue in English, so I mean, I've heard both sides of that argument and I think both sides are probably wrong. It depends, actually, I mean if you want to have a grammar instruction class or whatever well then that's fine, but we're not teaching in a vacuum. [Ivan]

Michael sees his role in a somewhat more restricted manner:

Personally, I would probably say yes, because I realize that the choices that I make in choosing the topics are very important because the underlying principle should be that the students..., if they talk about a particular topic, then they're more likely to be able talk about it again later outside the classroom... So the topics that I tend to choose are the topics that I think are important to them in the future outside the classroom... as they go through and they become more aware the sort of, the language learning, the language situations that they'll be in, in the future, I will let them choose the topics, because they will end up talking about the things that they're interested in... I suppose I generally choose sort of mainstream topics and AIDS perhaps is not sort of a mainstream topic, I would say, because most of the students won't talk about it in the future... I think that, at the end of the day, we are there to teach them the language. But there are so many diverse sort of situations that teachers teach in, you know. Some teachers do teach content based courses... I think the students at the end of the day judge their development and judge me as a teacher based on how much they've improved in the language...

I asked the informants if they thought that it is a teacher's role to encourage social responsibility in students:

I don't know if it's a necessary role for everyone, but for me, I really, I feel like I want to teach something other than just fluff. Teach something that students are

actually going to talk about if they come across, if they go abroad or if they meet someone from another country, are they just going to talk about the weather or do they want to talk about something that is more meaningful. And for me, talking about the weather isn't that exciting, but talking about issues, is. But I think some people, maybe they don't feel that responsible, they don't really feel that they have to teach that and that's okay. [Heidi]

I think human being's role, as, people's roles as human beings is to encourage social responsibility in ourselves first and then each other. We cannot encourage social responsibility in other until we have it ourselves. And that's not limited to teachers, okay? [Francis]

Absolutely, 100%, 100%. And I would say, particularly in the kind of institution that I'm in, probably more so than if I was, say, teaching in a language school, maybe it's at least as important as teaching English, I would think. [Ivan]

### 5.7.7 Personal Conviction to Include AIDS

Some of the teachers I interviewed felt a conviction to include AIDS information in their coursework:

I feel that I have a good ground to say, "Excuse me but I think it's very important as an educator to educate the students on information they need to know." Otherwise they're going to get into maybe more trouble or it could seriously endanger their health and I don't see why I should stop doing that, and if I had been asked to stop [by the administration] I don't think I would have done. I can't, let's put it that way. [Carol]

[I bring it up] because of [my] concern for awareness on the part of young people in particular. [Alex]

I chose [the reading passage so] that they'd at least be reading something about AIDS... Because I want them to know about it. I wanted them to know the situation. It's a life-death issue for some of them, not to mention, you know, people they may know. [Kate]

Several of the teachers interviewed mentioned that they have known someone with AIDS, and that this has influenced their decision to include the topic in class:

No doubt it has [had an impact on my decision]. Friends have died. People I have cared about profoundly have died. [Alex]

I'd had one cousin just pass away and so, I knew it was an important topic. It's just one of those things that, you know, you have to talk about. You want to protect your students. You want them to be responsible. [Debbie]

### 5.7.8 Empowering Students

A recurring theme during the interviews is how the topic of AIDS relates to the students' lives and how discussion and information can help, and even empower, them:

Well, I start off first by asking, I have this old newspaper article and the headlines say "Asia faces the biggest, fastest growing blank crisis" and I show the students the newspaper article and I ask them to guess what goes in the blank and we do that. Rarely do they guess AIDS, sometimes they do, but rarely. And then I ask them to write down any questions that they have concerning the topic and collect them and teach the introductory unit about that and then again drawing from the newspaper and going over their questions to see if there's anything that we didn't touch. When we're near the end of the unit see if there's anything that we didn't touch and then give them back the questions and ask them to see if they can now answer that given what we've studied... But, it's one that I think the students feel empowered because they're like "Oh, wow. We didn't know all this stuff and now we DO know all this stuff. Isn't that neat!" [Francis]

One moment was actually after class. The students that I didn't really expect to, they've always been not very good students, not paying attention, coming late, but after class we had a fairly lengthy conversation that was very germane to, about AIDS after the class because they wanted a more personal one-to-one, so I think that's another aspect of AIDS is getting with groups of students and having a teacher go on with groups that they feel comfortable amongst themselves and talking, but then that's the time factor...24 students and you have 8 groups there, you can only split up so much time, because you've got to get so much information across for the students to begin with as a class, they have to understand it and they have to be able to work with that and then, from there, you can go into that deeper level of communicating so in this situation, it was after the class, say about an hour and we just kept, continued talking about it, and it was just aspects, having safe sex, and just understanding... experiences. [Barry]

It was one class and we really plowed through the material pretty quickly. People were, I was pleased by how receptive the students were and how they appreciated the information that they acquired. The information about Black men [from a news broadcast], homosexuals being outcasts from their society. One woman was particularly interested in that. She'd lived in Washington, D.C. where there was a large Black population and it seemed like scales fell from her eyes when I mentioned that. She somehow felt the information was very relevant to her background. Let me see, there were a lot of things in the questionnaire, the answers, that the students would just go "ooh," were just awed by, like the information about dietary restrictions for HIV, AIDS sufferers, how they had to eat the high-calorie diets and avoid things like chocolate and coffee and alcohol, all these things were, I don't know, the students were really eager to learn these things it was like giving water to someone coming out of the desert. [Ellen]

#### 5.7.9 Teacher Change as a Result of Dealing with the Topic

Approaching the topic of AIDS can lead to teachers' personal changes as well:

It was all good but... I learned so much maybe the best thing about it was that I educated myself. There was so much *I* learned that I hadn't known before.... It's

made me realize that controversial issues shouldn't be, I shouldn't shy away from them. If I have good material it's worth pursuing. After this I did a lesson in my culture class on comfort women. Having approached the AIDS topic, I felt a little more secure about addressing that issue and it was in a class where I had five men and one woman. But again it was a small class. The level wasn't so high, but the motivation was high. I'm beginning to be more adventuresome or taking more chances on things that I think have merit. [Ellen]

... the AIDS role play, I mean they had to come up, I just gave them situations and they had to come up with something. It was really one class about three years ago, they did a role play for me on AIDS and it was such a tear-jerker, it was very, very good and I'm kicking myself that I didn't video tape it. ... I've had others, of course, but not as good as that one, and I felt that there was, and they themselves, you know, they truly believed what they were doing, it wasn't just "Oh, the teacher's told us we've got to do this, I don't want to do it," they really wanted to do it. From inside it was coming, not just from the top of their head. They really, you could see, in their facial expressions in their body movements in just everything apart from, of course, the language there the conversation. It was absolutely fantastic. I didn't want to go into my next class because I was still, wanted to stay with that drama it was just, like when you listen to music, right, it's been wonderful, you don't want to even hear the clapping because it breaks the moment and that's how that role play really affected me, I didn't want to come and talk to anybody. I just wanted to stay because it's absolutely fantastic. And when you get this from students you think, my job is really worth it after all, I don't want to give up. [Carol]

These positive experiences may lead teachers to encourage others to include the topic as well:

I remember talking to the teacher who teaches the lower levels and asking him... "Have you ever presented a lesson on AIDS?" and he just, in disgust, he said "No!" But after I had presented it I came back to him and I gave him the material and said "This was one of the best classes I ever had. You should have this. It may be useful to you in some other class some day." [Ellen]

## 5.8 Discussion of the Results

This section will discuss the results of the qualitative study as they pertain to the assumptions outlined in Chapter 1. Each assumption will be dealt with in the order given in section 1.8.

### 5.8.1 AIDS as a Controversial Issue

The informants who participated in the interviews did not seem to consider AIDS to be a controversial issue, or at least no more controversial than other social issues. They held generally quite positive attitudes toward including the topic of HIV/AIDS in the EFL curriculum. Paralleling the results of the survey, several of the teachers interviewed questioned whether HIV/AIDS was a problem at all in Japan, with several informants mentioning rarely having heard about it in the press. This assumption carries over into the lack of discussion on the part of students who also may have seen little regarding the topic in the media, and this may be interpreted as a lack of interest in the topic. If students show a lack of interest, the teacher will be less likely to approach the issue. On the other hand, it may be precisely because students are not aware of the issue of AIDS in Japan that some teachers will raise the topic.

#### 5.8.2 Teacher Role Factors

At the beginning of this study, among factors dealing with teacher roles, the curriculum, students, or classroom management, teachers' role factors were assumed to be most important in influencing teachers' decisions to include the topic of AIDS. Both survey respondents and interview informants showed concern about student language level, appropriateness of the topic to the course at hand, class size and time factors, as well as teacher role factors. Some interview informants stated student maturity levels as also important, yet others reported successful lessons with low-level first-year students by adapting materials and activities to their level. Some teachers felt students would find it easier to discuss these issues in English. Few of the informants felt limited by school policy or time in the school year to address the issue of HIV/AIDS. One teacher did mention the availability of AIDS teaching

materials as a drawback to providing information to students, and several noted the dearth of information in the press related to the AIDS situation in Japan.

The interview informants' views on the role of the teacher varied somewhat. One of the teachers interviewed saw his role as mainly teaching the language. This view is in accord with the majority of the survey respondents. However, many of the teachers interviewed had a wider view of the role of a teacher, as that of providing learners with information about and the opportunity to discuss foreign culture and values, and local and world issues. Some informants included as part of the teacher's role making students aware that the problem of AIDS exists in Japan and encouraging them to find out more about the disease in their own language.

Still other teachers were careful about approaching issues from a one-sided viewpoint, a concern echoed in the survey comments as well. Hansen outlines a problem which reflects well a dilemma facing teachers who deal with controversial issues in the classroom, that of how much of one's personal life, opinions and values to share with one's students. "Every teacher must find his or her place along the continuum between preaching and teaching: between telling or exhorting students what to think and helping them learn how to think for themselves" (1995, p. 52). Some of the teachers interviewed appear to share this view as well.

### 5.8.3 Emotional Factors and Raising the Topic of AIDS

The assumption that emotional factors rather than management and/or curriculum factors would influence teachers' decisions to include the topic of HIV/AIDS was upheld in the responses of the interview informants. The survey respondents were not sure how to address the issue of AIDS in their coursework. The interview informants

showed other, more emotional, reasons influencing them. The emotional factors these teachers discussed ranged from fear of being labeled or even of being “outed” in the classroom to commitment to inform and protect students’ well-being.

In Chapter 2, a framework was suggested for grouping teacher anxieties: fear of competence/incompetence, fear of loss of control, and anxieties arising from student expectations and idealizations of the teacher (French, 1997, p. 3-4). This framework can also be applied to teachers dealing with the topic of AIDS. The first part of the framework deals with issues within the teacher’s control. Teachers need to feel secure in their knowledge about HIV/AIDS and in how to approach it in the classroom, and they need appropriate materials and training to allay fears of incompetence.

The second part of French’s framework, fear of losing control, involves issues which are only partly within the teacher’s control. In the classroom situation, the teacher can control the extent of personal disclosure s/he is willing to make, but cannot control the disclosure of others, nor inquiries into the teacher’s personal realm. In addition, no matter how much trust has been established between the teacher and the learners, there is still the chance that a disgruntled student may complain to the administration.

The third part of the framework has to do with factors which are outside of the teacher and which the teacher has little or no control over. Teacher anxieties related to student expectations take on a new twist in the case of teaching HIV/AIDS. In the interview data, there were three readily apparent fears: the fear of being seen as HIV-positive, the fear of being treated as an outcast by being related to an HIV-positive family member, and through discussing sexual matters becoming known as a gay person. By

raising the topic of AIDS, there is the risk of bringing stigma upon oneself. This change in student idealizations of the teacher may be a threat too great for many teachers to face. If the teacher does not meet student expectations, the teacher may lose established rapport with students, and this could lead to further anxieties about one's teaching abilities, and about one's reputation among other teachers and administrators.

#### 5.8.4 Teacher Comfort with Aspects of AIDS

The fourth assumption stated that teachers who feel more comfortable discussing issues of sexuality will be more likely to raise the topic of HIV/AIDS than those who do not. In general, interview informants expressed feelings of embarrassment and hesitation, especially with students of the opposite gender, concern for student affective issues and of wanting to avoid more sensitive areas of sex and sexuality. However, these feelings do not always prevent teachers from discussing sexual aspects of the topic where they feel it is necessary and appropriate. There is evidence from the interview data that supports the second part of the assumption: teachers who feel a moral responsibility toward informing their students about HIV/AIDS will be more likely to raise the topic than those who do not. Many teachers feel this responsibility and it may be this that overrides their feelings of discomfort when dealing with sexual aspects of the topic, or approaching the issue at all. Even the most hesitant informant reported he felt justified in raising the issue during World AIDS Week, during which time there is extra media attention. Because public awareness of AIDS is higher in late November / early December, teachers may be more likely to bring it up at this time. Perhaps World AIDS Day removes "suspicion" from the teacher (R. Wajnryb, personal communication, December 14, 2000).

Those teachers who have dealt with AIDS in the classroom expressed very positive experiences and interest on the part of students, and this reaction from students is likely to help teachers feel more competent and comfortable discussing the topic in future courses.

#### 5.8.5 Social versus Sexual Aspects of AIDS

The fifth assumption, that teachers will feel most comfortable raising social rather than sexual aspects of HIV/AIDS, has been supported in both the survey and interview data. Congruent with the survey results, interview informants also remarked that social issues such as discrimination, drug use, and AIDS as it affects other countries are aspects which are easier to deal with in class than discussion of sex, including sexual vocabulary, or condom use. The type of activity used will also be more or less comfortable for the teacher and the learners. A reading passage is one way to introduce the topic of AIDS but this alone may not be enough to motivate students to think about and understand the problem of AIDS. One teacher had students answer true-false questions related to sexual information but avoided discussing the answers with them in order to maintain an acceptable level of personal comfort.

It is interesting to note the extent to which a teacher will go in order not to discuss matters related to sex or sexuality, or not to be confronted in class. By omitting the topic of AIDS from the syllabus or a textbook, or by arranging a teaching-learning environment which safely distances the teacher from the students, whereby students themselves and amongst themselves are free to discuss any issues they like, the teacher is in careful control of the teaching situation. There is little risk of exposure of

the teacher's personal life or values and little threat of being stereotyped or stigmatized.

#### 5.8.6 Gender Difference in Attitudes Toward AIDS

The informants I interviewed had positive attitudes toward student discussion of the topic of AIDS, and there were no apparent gender differences among this group of 13 informants. A greater sampling of teachers might reveal such differences as were found in the attitudes of the survey respondents.

#### 5.8.7 Further Observations

One form prejudice may take is that of exclusion from acknowledgement. It is interesting to observe that none of the teachers interviewed ever suggested that any of their own students might already be infected with the HIV virus. Many expressed concern that their students might become infected sometime in the future. Some informants suggested that their students are more at risk of catching HIV by going abroad than they are here in Japan. There seems to be a general sense of well-being that these teachers have that the topic is good to bring up, and that the information may be vital for their students in the future, but there is no sense that the teachers see they may be offering support to students who might have HIV (or be close to someone who is HIV-positive). Few of these teachers see that in broaching the subject in order to educate and to prevent discrimination, one day a student might just have the courage to "come out" with their status, to ask the teacher where she or he could go for more information or further support.

There is a similarity here to the experience of gay students:

Many fear violence and harassment from their peers, and constant anxiety inhibits their ability to learn. Some try to make themselves invisible in school

so their homosexuality will not be detected, and as a result, limit their learning experiences. Even gay students without such severe problems have a more difficult adolescence than straight students because they feel even more confined by the pressure to conform, and believe that an essential part of them is being dismissed, despised or deleted from school life (Khayatt, 1994, cited in Schwartz, 1994).

In many cases, gay and lesbian students who hear supportive remarks by their gay, lesbian and bisexual and heterosexual teachers and other people in positions of authority, feel safer to express themselves and appreciate the supportive atmosphere (Summerhawk, 1998). Their feeling of being valued in turn enhances their self-esteem and helps them develop more positive attitudes toward learning. Woog (1995) asserts that teachers should choose to be part of a movement to make schools safer and more supportive for all students. This should also include those with illnesses such as HIV/AIDS. Koerner and Hulsebosch write that “there is a moral obligation inherent in being a teacher.... [and it] is to fight discrimination” (1996, p. 353). Every classroom, including the EFL classroom, must be a safe place where information and support are provided for all.

### 5.9 Summary of the Qualitative Study

The teachers interviewed generally see the teacher’s role as one of teaching the language and as a wider one of exposing learners to local and world issues including topics related to students’ well-being, such as HIV/AIDS. The informants in this study either left to the students the decision to discuss the topic, or were concerned about giving a balanced presentation if they themselves raised the issue. AIDS is not seen as an important problem in Japan, a view supported by both interview informant and survey respondent data, and this fact may be used either to avoid discussion or as

an impetus for discussion. There is also some evidence from the interview data of teacher fear of stigma related to addressing the topic of AIDS.

The next chapter will contain a summary of the study, its limitations, and suggestions for further research.

## Chapter 6 Conclusion: Lifting the Veil of Silence

*I wish more people knew about it and knew how good [addressing the topic of AIDS] was. Students at their age particularly, the students I have, the university level students and the housewives who have children going into high school and university, it is such a life need. It's a survival thing. It goes beyond teaching English or even teaching content. It reaches into how to preserve your life and there are so few lessons that address that basic need that it makes it a uniquely valuable thing. [Ellen]*

## 6.1 Summary of Findings

This study set out to investigate several questions: the extent to which university teachers feel AIDS is a controversial issue in Japan, why some teachers but not others include the topic in their teaching, which aspects they feel comfortable approaching, and whether the responses are related to gender, age, or years of teaching experience.

I shall now discuss the results beginning with AIDS as a controversial issue.

### 6.1.1 AIDS as a Controversial Issue

Both the survey and the interview results show teachers do not feel AIDS is a very controversial issue. Teachers tend to see other issues such as the use of laboratory animals or environmental issues as more urgent, and these issues, which usually gain more media attention and thus more public discussion, override a topic such as AIDS, which is not generally publicly discussed.

### 6.1.2 Why Should I Teach It or Why I Should Teach It

The teachers in the quantitative study put forth a variety of opinions regarding controversial issues in the EFL classroom. Though few respondents listed restrictions imposed by their school administrations, many were reluctant to address any sort of controversial issues at all in class. They cited very valid concerns about presenting issues fairly and objectively, or about offending someone, and expressed fears of objections by students or administration. Teacher comfort issues included the gender of the students as being a barrier to introducing the topic of HIV/AIDS, discomfort with discussion of sex, and a preference for addressing more social as opposed to personal aspects of the topic if it were to be raised. Still other teachers would leave the decision to talk about such issues up to the students themselves.

The silence is not so much a conspiracy of silence, at least in EFL, as it is a silence that comes out of ignorance about the problem in Japan. There are those teachers who see through this veil of silence, who are cognizant of the history of the epidemic in other countries, histories that began with a similar denial of the problem. These teachers raise the issue for a variety of reasons, among which are: to inform students of the gravity of the situation on the African continent and in hard-hit nations elsewhere, to deal with issues of discrimination, and to provide students with information which might help protect them from becoming infected. Some teachers who have taught the topic state that level is not an issue, and that materials can be adapted to any level.

Teachers in the qualitative study who expressed more favorable attitudes toward including the topic stated that they saw their role as a teacher as encompassing not only the teaching of language skills, but as providing an opportunity for discussion of foreign cultures and values, and local and world issues. Some also saw informing their students about AIDS as a moral responsibility. In terms of student reaction, some reported that students themselves said they had learned things about AIDS in their English class that they had not been taught in high school or at university. Some students reported being skeptical of the information made public by the government, but these same students were able to express their views in their EFL classroom. This implies that the teacher must create a safe environment, an idea supported in the interview data by teachers who say familiarity with the students is essential.

### 6.1.3 Teacher Comfort with Various Aspects of HIV/AIDS

Teachers responded that more general, social aspects of the topic of AIDS were easier to approach in class than more specific aspects, especially those dealing with sex or sexuality. Teachers who felt comfortable talking about sex in a classroom situation generally reported they would also feel comfortable talking about condoms and other barriers to HIV, abstinence and homosexuality. The use of condoms and other barriers to HIV, and appropriate sexual conduct were listed as the most difficult aspects to address by both female and male teachers. The impact of AIDS in other countries and medical breakthroughs were listed as the easiest. One survey respondent noted that he did not have enough basic information about the disease, a comment echoed by an interview informant who stated that she herself did not originally have enough information, but had learned a great deal in the process of teaching the topic of AIDS.

#### 6.1.4 Results Based on Age, Teaching Years, and Gender

Although there were no indications that responses either on the survey or during the interviews were related to number of years teaching experience, several areas did show tendencies based on age and gender. Teachers in the age bracket of 50 and above appear to have fewer problems integrating additional material into the syllabus, even when large numbers of students are involved, although they tend to find the low level of students to be a problem with regard to a topic such as AIDS which might take more time to address in class. Teachers in the age group of 30-39 who thought a controversial issue should be included in the curriculum, also thought students would find it easier to discuss the issue of AIDS in English.

In the survey data, females, more than males, tend not to see AIDS as a problem in Japan. They tend to consider both AIDS and gay, lesbian and bisexual issues as less

controversial in Japan than did males. Males tended to feel more comfortable dealing with the topic of AIDS, but women were more comfortable dealing with the topic of homosexuality than were men. There is a tendency for females more than males to see the teacher's role as one of encouraging social responsibility in students, and females tend to believe that a class dealing specifically with controversial issues should be included in the EFL curriculum. Though they do not necessarily feel comfortable talking about HIV/AIDS in the classroom, women generally expressed more interest in using HIV/AIDS as a topic in the issue than did their male counterparts, and women, slightly more than men, felt they had enough knowledge about AIDS to teach it. They also tended to believe that students might feel more comfortable dealing with the topic in English rather than in Japanese. Females in this study appear to be saying that where there is a need to address the topic of AIDS, and it is compatible with language teaching, they are willing to do so.

Males, on the other hand, tend to be much more concerned about the image they portray to others, especially when discussing condom use and sex in classes with primarily female students. One reason, though perhaps not the only one, may be because they are more sensitive to accusations of sexual harassment than are women.

## 6.2 Study Limitations

There are several critical limitations to this study which I will now briefly outline. The nature of the topic investigated meant that by definition it excluded potential respondents who would be negatively disposed towards the notion of actively teaching AIDS-related topics. Indeed, this proved to be the case, as no one with the

view that they would absolutely not approach this topic in class offered to be contacted for further discussion. This is a large hole in the data as the views of this group have not completely been accounted for in this study. That members of this group did not readily offer to be interviewed is a finding in and of itself, and suggests the possibility of deep-seated fears or embarrassment that might emerge from even a discussion about classroom discussion of a sensitive topic.

Hindsight revealed that the survey used was not as keen an instrument as one might have hoped. Pressure of time and logistics (the timing of the conference and access to respondents) required that the survey be used before adequate time was available to gain a greater familiarity with the wide array of issues in the literature. As English language teaching journals revealed little information on teachers' attitudes toward any controversial issues in the classroom, subsequent probing into the areas of health and health teachers' attitudes, psychology and the general population's attitudes toward AIDS and PWAs revealed several studies done on stigma. It is in these areas that future researchers are encouraged to search.

### 6.3 Implications of the Findings

#### 6.3.1 For Materials Writers

It is easy to find reasons not to teach about AIDS. Knowing the facts and having an adequate appreciation of the problem as it exists on a global scale and specifically

here in Japan make it slightly more difficult for a responsible person to ignore the subject. Still there may be other factors beyond a teacher's control which 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. By including the topic in more course books, those teachers who consider the issue as interesting and valuable for their students would not be in a position of having to figure out how to raise the issue. There is still the possibility, as we have seen in the interview data, that teachers may skirt the issue even if it occurs in the course book. However, incorporating the topic in course books might help those teachers who are less comfortable with the issue by having the topic structured and guided during the lesson. Materials writers need to be aware of the wide range of aspects involved with the topic of HIV/AIDS, any of which can be approached with an emphasis on language learning skills and strategies.

### 6.3.2 For Teacher Trainers

In addition to providing teachers with appropriate teaching materials, teacher themselves need a sufficient knowledge base about HIV/AIDS, facts about the disease, its transmission and methods of prevention, and about universal precautions. Perhaps one of the most important factors leading to teachers' not including the topic which was revealed in this study is teachers' lack of knowledge about the AIDS problem in Japan. 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. Teachers should also be provided with training in how to present the topic in their individual teaching environments. It has been found elsewhere that teachers

who feel confident with the material are more likely to have a positive attitude toward teaching it.

One way to promote teacher ease in dealing with the topic of HIV/AIDS is to provide teacher training in how to deal with this and other sensitive issues in the EFL classroom such as those dealing with sex and sexuality. By observing other teachers actually teach an AIDS unit, or through practice teaching sessions in a supportive environment, teachers can become more comfortable in managing the various aspects of the topic.

As English teachers in Japan, our goal should not only be to teach the language but to show learners that language study can be an integral part of their lives, enriching their views of the world around them, while, at the same time, encouraging them to make healthy, informed choices about their behavior outside the classroom. HIV/AIDS may not be a not suitable topic for every EFL course, nor for every EFL teacher or group of learners. However where it is appropriate, teachers should 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 which can have important ramifications in their 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 communities which may help them to better understand the disease and how to prevent infection.

### 6.3.3 For School Administrators

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 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, both in class and on campus. Students need to know where they can go for further information about HIV/AIDS, and for testing. By taking a responsible leadership role, schools and universities can make headway in preventing further spread of this disease, and in helping to reduce the stigma often cast upon teachers, students and even researchers associated with the AIDS issue.

#### 6.4 Suggestions for Further Research

There are those teachers who would never approach the topic of AIDS in the classroom. Their voices have not adequately been heard in this study. In addition to this, there are other questions that have arisen during the process of this investigation. Is there a lack of understanding on the part of teachers of the various issues related to the AIDS issue? For example, the myth persists that AIDS is a gay disease. To what extent does homophobia play a part in deterring teachers from raising the issue? The results of the present study are inconclusive. How do religious beliefs affect teachers' decisions or approach to the topic in the classroom? Further investigation into teachers' beliefs about what is acceptable in the classroom and what is not is also recommended. Do personality factors influence a teacher's decision whether or not to

raise the topic of AIDS? Also, to gain a more well-rounded view of whether the topic of AIDS should be included in the EFL curriculum, further research on both students' and administration's interest in the AIDS question is required. Finally, a set of guidelines is needed for how to raise sensitive issues, or how to manage them should they arise in the course of classroom discussions.

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## Appendices

## Appendix 1 Controversial Issues Survey

# CONTROVERSIAL ISSUES SURVEY

Hello!

I'm conducting this survey for my Masters Thesis.\* It's about controversial issues in the Japanese EFL classroom.

If you are a **foreigner** teaching English at **colleges and/or universities** here in Japan, I would appreciate your taking a few minutes to complete this survey.

**Instructions. Please read the following carefully:**

- Complete only one survey during the conference.
- Complete the survey individually, not with another person.
- If you teach at several institutions, base your answers on ONE average class.
- If you have time, answer the open-ended questions below the bold lines.
- When you complete the survey, place it in the box or hand it to the survey assistant.

CHOOSE ONLY ONE ANSWER FOR EACH MULTIPLE CHOICE QUESTION.

**DO NOT WRITE YOUR NAME.**

- Biographical data

Please mark the following with an **X** in the appropriate square:

Sex		
1	Female	<input type="checkbox"/>
2	Male	<input type="checkbox"/>

Age		
1	20-29	<input type="checkbox"/>
2	30-39	<input type="checkbox"/>
3	40-49	<input type="checkbox"/>
4	50-59	<input type="checkbox"/>
5	60 or over	<input type="checkbox"/>

Number of years teaching EFL/ESL:	<input type="text"/>
Number of years teaching EFL in Japan:	<input type="text"/>

Average class sizes: \_\_\_\_\_

\* Details at the end



GO ON TO PAGE 2

## B: Controversial Issues

Please answer the following using this scale:

**1: not at all controversial    2: slightly    3: somewhat    4: very controversial**

In your opinion, to what degree are the following issues controversial in Japan?

		(Circle ONE answer only)			
a	Environmental issues	1	2	3	4
b	Illegal drug use	1	2	3	4
c	Use of animals in laboratory research	1	2	3	4
d	Abortion	1	2	3	4
e	HIV/AIDS	1	2	3	4
f	Women's roles in Japanese society	1	2	3	4
g	Organ donations	1	2	3	4
h	Euthanasia	1	2	3	4
I	Gay and lesbian issues	1	2	3	4
j	Racial discrimination	1	2	3	4

Of the above topics, please rank the three most controversial:

Most controversial	a	b	c	d	e	f	g	h	I	j
2 <sup>nd</sup> most controversial	a	b	c	d	e	f	g	h	I	j
3 <sup>rd</sup> most controversial	a	b	c	d	e	f	g	h	I	j

(i) Have you dealt with any of the above topics in your classes?

YES	
NO	

(ii) If YES, please circle which ones you have dealt with:

a    b    c    d    e    f    g    h    I    j

If you have time...

(iii) Are there any other topics you consider controversial in Japan?



GO ON TO PAGE 3

### C: Controversial issues in the classroom

Please answer the following using this scale:

**1: strongly disagree      2: disagree      3: agree      4: strongly agree**

		(Circle ONE answer only)
1	I can only teach the assigned curriculum	1    2    3    4
2	The level of the students I teach is too low to have them discuss controversial topics	1    2    3    4
3	My role is to teach the language only	1    2    3    4
4	Part of the teacher's role is to encourage social responsibility in students	1    2    3    4
5	Japanese culture discourages people from discussing controversial topics	1    2    3    4
6	A class dealing specifically with controversial issues should be included in the EFL curriculum	1    2    3    4
7	The large number of students in my class stops me from teaching controversial issues	1    2    3    4
8	I have enough time to develop materials on controversial issues	1    2    3    4
9	I am afraid of what other teachers would say if I covered controversial issues in my classes.	1    2    3    4
10	The gender of my students stops me from including controversial issues (i.e. male teacher in all-female classes or vice versa)	1    2    3    4

- (i) Are there any issues that your teaching institution specifically does not allow you to teach? If so, which one(s)?
- (ii) Are there any other factors which might influence your decision whether or not to teach controversial issues in your classes here in Japan?

GO ON TO PAGE 4 →

D: The topic of HIV / AIDS in the classroom

Please answer the following using this scale:

**1: strongly disagree      2: disagree      3: agree      4: strongly agree**

		(Circle ONE answer only)
1	There is not enough time in the school year to include the topic of HIV/AIDS	1      2      3      4
2	I don't know how to bring up the topic of HIV/AIDS in my classes	1      2      3      4
3	I have access to HIV/AIDS teaching materials	1      2      3      4
4	I think I have enough knowledge about HIV/AIDS to feel capable of teaching it	1      2      3      4
5	I don't feel comfortable talking about HIV/AIDS in my classroom	1      2      3      4
6	I think my students would be interested in discussing the topic of AIDS in class	1      2      3      4
7	If I taught about HIV/AIDS, I would have to discuss homosexuality	1      2      3      4
8	I think my students would find the topic of HIV/AIDS relevant to them personally	1      2      3      4
9	Japanese students would feel more comfortable discussing the topic of HIV/AIDS in English	1      2      3      4

- (i) What do you think of including the topic of HIV/AIDS in the EFL classroom?

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## E: Your personal attitudes

Please answer the following using this scale:

**1: strongly disagree    2: disagree    3: agree    4: strongly agree**

		(Circle ONE answer only)			
1	I am interested in using HIV/AIDS as a topic in my classes	1	2	3	4
2	I would feel comfortable discussing abstinence in my classes	1	2	3	4
3	I would feel comfortable discussing the use of condoms and other HIV barriers in my classes	1	2	3	4
4	HIV/AIDS is a significant problem in Japan	1	2	3	4
5	My religious beliefs would affect the way I presented the issue of HIV/AIDS in my classes	1	2	3	4
6	It is my responsibility to make students aware of the AIDS problem in Japan	1	2	3	4
7	I am comfortable dealing with the topic of sex in my classroom	1	2	3	4
8	I am comfortable dealing with the topic of homosexuality in my classroom	1	2	3	4

Please answer the following by circling **YES** or **NO**

9	One or more of my friends/family members is HIV+ or has passed away of AIDS	Yes	No
10	I have experience doing AIDS-related volunteer work	Yes	No

- (i) What other issues not listed in Sections D and E above might influence your decision whether or not to teach the topic of HIV/AIDS in your classes?

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## F: Teaching the aspects of AIDS

- a) Please rate what would be the **three** easiest aspects of the topic of AIDS to approach in your classroom.

**1 = easiest**

**2 = 2<sup>nd</sup> easiest**

**3 = 3<sup>rd</sup> easiest**

- b) Now rate the **three** most difficult aspects

**1 = most difficult**

**2 = 2<sup>nd</sup> most difficult**

**3 = 3<sup>rd</sup> most difficult**

		Easy	Difficult
1	Facts about HIV transmission		
2	Condom use		
3	Discrimination toward people with HIV		
4	Medical breakthroughs		
5	Appropriate sexual conduct		
6	Revealing HIV status to your partner		
7	Health issues for HIV positive people		
8	Facts about HIV testing in Japan		
9	How to help a friend who has HIV		
10	Impact of AIDS in other countries		

- (i) Are there any other aspects of the topic of AIDS which you would find easy or difficult to approach in your classes?

GO ON TO PAGE 7 →

\*\*\*PLEASE CHECK THAT NO MULTIPLE CHOICE QUESTION HAS BEEN  
INADVERTENTLY LEFT UNANSWERED\*\*\*

If you would be willing to participate in a **follow-up telephone interview**, please provide your contact information below. The names of respondents who are willing to be contacted for the follow-up interview will not be mentioned in any published findings.

Name:

Phone Number:

E-mail:

---

**Thank you very much for completing this survey.**

- All responses will be held strictly confidential.
- Viewing of the returns of this survey will be limited to the researcher and specified persons only.
- This survey is being conducted for the purposes of data analysis in the presentation of a thesis for a Master of Science degree in TESOL at Newport Asia Pacific University [<http://www.asiapacificu.edu>].

Controversial Issues in EFL Survey  
conducted at JALT '99

If you would like a copy of the results,  
please contact [\(omitted\)@gol.com](mailto:(omitted)@gol.com)

For further information, tear this off

## Appendix 2 Questions for Informant Interviews

Could you give me a bit of background on your particular teaching situation, the kinds of courses you teach, the level of your students and so on?

In your teaching situation, how much control do you have over the curriculum?

What makes you feel un/comfortable in class?

Do you consider yourself a risk-taker in class?

What constitutes a “risk” for you?

You mentioned on the survey that you have dealt with some controversial issues in your classes. What brought you to approach these issues in your classes?

On the survey you disagreed with the statement “My role is to teach the language only.” Could you expand on that a little?

On the survey you indicated that part of the teacher’s role is to encourage social responsibility in students. In what way do you try to do that through your teaching?

How appropriate do you consider the topic of AIDS for college level English courses in Japan?

Also on the survey you note that you thought AIDS was/was not a significant problem in Japan. Could you expand on that a bit?

How do you see the topic of AIDS as different from other controversial issues in Japan?

You noted on the survey that you have known someone with HIV. Would that have anything to do with your teaching or not teaching the topic in any way?

Which classes / what types of students would you feel inclined to bring up the topic of AIDS with?

Could you tell me what the main reason is you have/haven’t approached the topic of HIV in your classroom?

Are there any aspects of the topic you think your students might be interested in?

Are there any aspects of the topic you think might be easier to teach than others?

What was the reaction of your students?

At the time you taught it, did you discuss with other teachers the facts that you were teaching it?

Tell me about a memorable experience you have had while teaching the topic of AIDS.

## Appendix 3 Example interview transcript excerpts

These excerpts show how the phrases in bold were scored in the keyword analysis (see Chapter 5, p. 82)

Carol

...What led you to teach it?

Because, one thing I should mention, I teach low level students and I think their low in level is not because they don't have a brain, but because they went to high schools which maybe only had English once a week like the commercial high schools or they weren't interested in the topics which were being taught at school, so I find every time I talk about something that has to do with their life, they're interested. **I think that's very important for teachers, not to think "Oh, God, they're low level so, oh, I can't do this."** I think you can do anything you want and **I think you should be open to that, but of course, bring it down to the level which they're capable of doing.** It's no good teaching university students in their kindergarten. That's very important, but as to topics we should teach more relating more to their everyday life and which, when they come to school and they can go home and think "God, I learned something there!" which really has something to do with them. So **I thought AIDS is very important for them to know early, that to keep changing partners is not really a good idea, especially when I heard that some young ladies in this school have had 6 abortions, and how old are they? 18 years old? So I thought to, ok, if you want to change partners, it's nothing to do with me BUT you should take precautions. That's when I decided to teach about AIDS.**

Student level does not influence inclusion of the topic

Conviction to protect students

Remember back the very first few times you were teaching it, how did you feel before you went into class?

**Embarrassed because there were a lot of boys in the class and I think wow, I've got to talk about sex in front of them, too, if it's girls, you know, you don't really mind so much,** but I wondered if they would mind my mentioning things like having free sex and am I kind of being, not biased, but am I kind of presuming that they're already having sex, am I putting ideas into their head of having sex, or something which the students probably hadn't even thought about or they thought about it but they hadn't done it yet, and am I going to go in and say "Oh, it's ok to do it, but please take precautions" **so I had to think about what I was doing, but I was very, very nervous but I believed in what I was doing so it didn't stop me.** But I had to put myself in the students' place, first, you know. What am I doing here and how would I as a student receive what I am going to tell them. So I stepped out of myself, looked at a circle that had the students in there and thought how am I going to present it but **I thought it was something that had to be done.**

Gender of students related to teacher comfort

Comfort discussing sex

Conviction to include topic of AIDS

And what was the reaction of the students?

You know, it was surprising because they were quite pleased that I got away from the shopping and the colors and "Where do you live?" and "What's your blood type?", and horoscope and things like that. You could see some kind of, "Wow, this is different!" and I've never had any problems at all, and they were very open and they were, the first time they were really asking questions. And the ones who usually ask questions, like "Oh, [Carol]... What color?" and things like that, but the ones who don't usually say anything, **and I think that you're hitting on everyone here, that they're finally hearing something, that has something to do with them**, you know, so it was nice. Everybody was asking questions, you know?

Students see relevance of topic to their lives

Did their reaction have an effect on your decision to teach it again?

Of course. Yes, I had a very, from the beginning, it was kind of positive. I didn't come out of class saying, "Oh my god what have I done now I've blown up a hornets nest with something" - not at all. **It was the first time that I kind of saw a light bulb go on that they were actually interested in a topic.**

Student interest

Did it change the way you taught it the next time?

Well, ...I had a bit more information so I could give them more information, and as I mentioned before **I also saw a very good program that gave me an idea for doing role play, and that was a great success in making role plays** and actually putting students in the situation and not just taking it from the back seat, that they had to be that person and they had to take the responsibility, they had to tell their loved ones that they had been diagnosed with HIV positive and they really, really got into it. And unfortunately, this year is the only time in one of my classes I haven't done AIDS because I only had them from the second semester. So I didn't have a chance to do it. They did it in the first semester, so they didn't need to repeat it again in the 2nd semester, but I did do it in my Listening Comprehension classes and I think there's also a part about where you go to the doctor's and I'm not going to talk about catching a cold or having a headache, so I did AIDS as a listening comprehension.

Knowing how to approach the topic

Have you ever been worried about what the administration would say, or the other teachers?

**Not at all.** I feel that I have a good ground to say, "Excuse me but I think its very important as an educator to educate the students on information they need to know." Otherwise they're going to get into maybe more trouble or it could seriously endanger their health and I don't see why I should stop doing that, **and if I had been asked to stop I don't think I would have done. I can't, let's put it that way.**

Not concerned about what others think

Michael

What constitutes a risk for you?

In what respect, topically? I don't know, I do some pretty wacky sort of topics. I do like, everything from "My favorite shoes" to "Somebody that I've loved", to "The person I want to be" so for me perhaps **a risky topic might be something that's personally confronting to the students that makes them feel uncomfortable and because they feel uncomfortable then maybe I feel uncomfortable. I tend to try to keep the comfort level up very high in my classroom because I'm concerned about students affective barriers so therefore, as I said often if it's a controversial topic, I let the students bring it up.** I set the context, but I allow the students to set the parameters around which to create the topic. So for example in terms of, for example AIDS, it might be, the parameters might be health, for example and that will be, one of the students or two students will bring that up and so that will be a choice for the students, so it hasn't come from me. I don't feel like I've imposed a controversial topic on them. It's come from the students themselves and they're more inclined to respect that, I think, to want to, I'm not proselytizing them, and I'm not being sort of didactic. What was the question again? What constitutes a risk for you in class topically? So, **I'm gay. I think that's, for me that would be a risky topic.** I've never talked about that in class, I've talked about that once in class, only. I've never come out in class. I keep, I think, a pretty clear distinction between my private and my personal life, which isn't to say that my friends don't know, my professional colleagues don't know, but I draw the line. Again, if students bring that topic up in class, which they haven't very much, then I allow them to talk about it, but I've never really contributed very much, nor about sex, actually, **heterosexual sex or homosexual sex, that's, for me is a risky topic.**

Concern  
for student  
comfort

Uncomfort  
able  
discussing  
gay and  
lesbian  
issues

Uncom-  
fortable  
discussing  
sex

Is that related in any way to the AIDS topic?

Yes, yes I think so. Because AIDS is still associated with homosexuality, so I think I feel concerned of I feel nervous about bringing that up because I think I'm, people know that I'm gay pretty soon after they meet me..., I think that I would feel as though I'm imposing on the students if I brought those sort of topics up. I don't necessarily bring up topics of health either, actually. I think I'm a pretty optimistic person so I tend to bring up, I tend to see the positive side of things such as the learning experiences that you have from, for example, death or, that's not very positive is it? But if I was to do the topic of death I would do the things that you could learn from it, the things that you do to prepare yourself for it, the things that you do before you die and so on. If I did the topic of AIDS, for example, I would do how I could look after myself, what I could learn from it, how I could help and support other people rather than looking at sort of necessarily looking at the legal implications or the icky side of the health implications or anything like that. I think I tend to

emphasize again, because of comfort, trying to increase and support the comfort level in the class, I tend to look at the positive side of things so I don't really push my students. I don't really confront them as much as other teachers do, actually, so that makes me rather timid topically, perhaps.

If it were in a course book your were using, the topic of AIDS, and some of these touchy questions came up, how would you feel about dealing with that?

**AIDS has been part of the course book in the past. For a long time I didn't talk about it. I skipped over that chapter.**

Why is that?

**I just felt uncomfortable. I didn't feel comfortable raising it in the classroom** and that was not the students, that was me making that decision, actually, so it was my comfort level that was holding me back.

What was it in particular, that you didn't have enough information or you didn't know how do deal with it in class?

Good question. **I think that I'd never seen anybody teaching about AIDS in the classroom so I didn't really know how to introduce the topic, number one.** Number 2, I don't really have experience talking about controversial topics I think, so I don't really know I don't feel uncomfortable confronting people in the classroom. I tend to skirt those issues, perhaps. Number three, possibly, yes, **because I don't have enough information actually**, and four I'd be just worried about what the students think **because I don't want to be known as the gay teacher that talks about AIDS issues, sort of thing**, that would, I don't know, I think that the reaction in Japan the relationship that you have with your students, you have to be very careful about what you say and what you do and having been a student in Japan I know the students talk about the teachers a lot and so I suppose I'm very careful to maintain sort of an optimistic, positive but very neutral classroom environment, I don't tend to talk about controversial issues except if the students have raised them and sometime I encourage them to do that in my composition class. **My students chose to talk about AIDS in fact half of the class chose the topic of AIDS without me suggesting it whatsoever**, and another quarter of the class chose to talk about death and dying, so maybe...

Materials available

Teacher uncomfortable with topic

Not sure how to approach the topic

Not confident approaching topic (knowledge about AIDS)

Concerned about what others think

Student interest in the topic

Low teacher control of topic (all right if student-initiated topic)