

Topic 3 AIDS

(2–3 lessons)

This topic introduces basic vocabulary used in the discussion of AIDS as a personal health issue and an important global problem. Students critically examine messages in popular media; take a multiple choice quiz; read and interpret tables of statistics (orally

and in writing); consider audience and purpose in the choice of writing form; and research and present connections between the topic and other global concerns. They may also participate in a round-table role-play that requires the consideration of multiple perspectives on a topic.

Outcomes

- SLO 1.5** Examine and interpret various visual media...
- SLO 1.6** Interpret a range of texts...
- SLO 2.3.3** Produce effective oral presentations.
- SLO 3.1** Seek, organize, and synthesize information...
- SLO 5.1** Identify common themes and symbols...
- SLO 5.3** Analyze ways in which languages and text affect...contemporary culture.
- SLO 5.4** Show understanding of the effect of cultural background...
- SLO 5.6** Evaluate texts...
- SLO 6.2.5** Use deduction and induction...
- SLO 6.2.7** Use elaboration...
- SLO 6.3.2** Use co-operation...

Instructional and Learning Sequence

Sequence 1

Activation

Media and Sex

Option A: Preparation: For a few days prior to this topic, have students examine ads in magazines for young people, or images and situations on TV or the movies, to note the use and extent of sexual images and situations in advertising and popular entertainment (e.g., beautiful women in car ads, music videos with suggestive lyrics or scenes).

Note the frequency of such imagery (e.g., the number of sexual images in one fashion magazine). Compare with the frequency of situations or statements in the same media that imply or encourage safer sexual behaviour.

OR

Option B: Compare how romantic or “sexy” scenes and situations are handled in the English media and in the media of the student’s first or dominant language. What are the unspoken messages that each language’s media communicate?

HIV/AIDS are discussed in several areas of the Manitoba curriculum and have global implications. Various resource and instructional options have been given to help fit the needs of the students.

Language Features	Vocabulary
	media, media literacy, suggestive, unspoken. The language features for emphasis will depend on the resources used.
	Discourse Features
	relationship of graphics (choice, position, etc.) and message in advertisements
	Academic Language Functions
	inferring
	expressing quantity
	comparing/contrasting

Student Learning Tasks

Examine ads in magazines for young people, or images and situations on TV or the movies, to note the use and extent of sexual images and situations in advertising and popular entertainment. **(I)**

OR

Compare how romantic or “sexy” scenes and situations are handled in the English media and in media of your first language.

Teacher Notes and References

Popular magazines for young people (teacher-provided)

Outcomes

SLO 1.3 Develop and express a personal position in a variety of ways...

SLO 1.7 Evaluate a given text...

Instructional and Learning Sequence

Discussion

What negative aspects of sexual behaviour do media representations usually omit (e.g., pregnancy, disease, lack of consent)? Is it the responsibility of entertainment forms to show the negative aspects?

Ask students to examine both sides of the argument here, and to support each opinion with an example or details.

Language Features	Vocabulary
	representation, negative aspects, consent
	Discourse Features
	expressions of opinion expressions to give examples
	Academic Language Functions
	inferring evaluating justifying

Student Learning Tasks**Teacher Notes and References**

Discuss: What negative aspects of sexual behaviour do media representations usually omit? (C)

Examine both sides of the argument, and support each opinion with an example or details. (C)

Outcomes	Instructional and Learning Sequence
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SLO 1.1 Engage with increasingly difficult oral and/or visual texts...

SLO 1.2 Respond to texts with increasing independence...

SLO 1.4 Show awareness of organizational patterns...

SLO 4.1 Use language to encourage...

SLO 6.1.1 Use advanced organization...

SLO 6.1.2 Use organizational planning...

SLO 6.1.4 Use functional planning...

SLO 6.1.5 Use selective attention...

SLO 6.1.6 Use self-monitoring to check...

SLO 6.2.4 Use note taking...

SLO 6.2.7 Use elaboration...

SLO 6.2.9 Use summarization...

SLO 6.3.2 Use co-operation...

Begin a discussion about HIV/AIDS. Ask what the students know about them. (There will likely be some embarrassment or shyness.)

Give them an AIDS knowledge quiz (**Handout 5-11: “Quiz: What Do You Know About AIDS?”** or another source). Read the questions first, developing any necessary vocabulary.

Note the format of multiple-choice questions, with a stem, parallel structure in choices, and some choices that require two or more or no possibilities. Discuss the answers, especially any that were surprising.

Optional Activity

Students may scan the Live Positive website for the basic facts about HIV and AIDS. Note how the information is organized as FAQ (frequently asked questions).

Language Features	<p>Vocabulary</p> <p>acronym, AIDS, HIV-positive, bacteria, virus, malnutrition, unsanitary, immune system, gay, latex, condom, inject, transmit, symptoms, within (time)</p> <p>Use clues from stems and affixes wherever possible.</p> <hr/> <p>Structure</p> <p>format of multiple choice questions</p> <hr/> <p>Academic Language Functions</p> <p>defining</p> <p>hypothesizing</p>
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Student Learning Tasks

Discuss HIV/AIDS. (C)

Complete **Handout 5-11**: “Quiz: What Do You Know About AIDS?”. (I)

Discuss the answers to the quiz. (C)

Optional: Scan the Live Positive website for the basic facts about HIV and AIDS.

Teacher Notes and References

Handout 5-11: “Quiz: What Do You Know About AIDS?” (or a teacher-prepared quiz on current facts)

Handout 5-12: “HIV: Basic Facts” (or a teacher-provided basic introduction to HIV/AIDS)

Internet Resource: Live Positive website at: <www.livepositive.ca/basics/whatisHIV.html>



Many students may have little previous exposure to factual information about AIDS.

If students need/want a more general introduction to the topic, there are many print and online resources in English. Handout 2 was designed as a resource for students.

Outcomes	Instructional and Learning Sequence
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SLO 1.1 Engage with increasingly difficult oral and/or visual texts...

SLO 1.2 Respond to texts with increasing independence...

SLO 6.1.1 Use advanced organization...

SLO 6.1.5 Use selective attention...

SLO 6.2.7 Use elaboration...

SLO 6.2.11 Use transfer...

SLO 6.3.2 Use co-operation...

Preview Questions for Handout 3: “Understanding HIV/AIDS Trends”

1. What statistics would be useful to determine the extent of the HIV/AIDS problem around the world or in one particular region?
2. What statistics could help predict the future of the epidemic in various regions?
3. What problems might there be in obtaining accurate information?
4. What group of people could indicate changes in the trends of the epidemic?

Read the article in small groups or as a class in order to answer the preview questions.

Language Features	Vocabulary
	anonymous, mortality, prevalence, proxy, unfeasible From AWL: accurate, acquired, albeit, impact, incidence, instance, overall, significant, stable, trends
	Structure
	modals passive voice
	Discourse Features
	expressions of comparison
	Academic Language Functions
	comparison hypothesizing analyzing and interpreting

Student Learning Tasks

Read the article in small groups or as a class in order to answer the preview questions. (G) (C)

Teacher Notes and References

**Handout 5-13:** “Understanding HIV/AIDS Trends”

Excellent maps of the extent of HIV/AIDS are available online.



When examining statistics and trends, there are many factors to keep in mind. The reading provides an explanation of how to understand the statistics that students will examine in the next activity.

Outcomes	Instructional and Learning Sequence
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SLO 1.4 Show an awareness of organizational patterns...

SLO 1.5 Examine and interpret various visual media...

SLO 2.1.3 Use developing control of grammatical features...

SLO 2.1.4 Refine pronunciation to increase intelligibility...

SLO 2.3.1 Use the structures and language features...

SLO 4.2 Communicate effectively to work with others...

SLO 6.1.3 Use directed attention...

SLO 6.1.4 Use functional planning...

SLO 6.1.6 Use self-monitoring to check...

SLO 6.2.7 Use elaboration...

SLO 6.2.8 Use imagery in the form of mental or actual pictures...

SLO 6.2.13 Use recombination...

SLO 6.3.1 Use questioning for clarification...

SLO 6.3.2 Use co-operation...

Reading

Introduce one of the tables of statistics about AIDS trends. As a class, read the title and headings of the columns and rows. To make sure students understand how to extract information from the chart, choose several numbers at random and ask students to explain aloud what they mean.

With a partner, students examine the charts and write statements about the extent and trends of AIDS/HIV infection in various regions. (Each pair may be assigned one region.) Ask students: “What does this table tell us?” Share statements with the class; the class will decide if the statement is correct.

Language Features	Vocabulary
	names of regions of the world, proportion, names of large numbers
	Structures
	modals passive voice comparatives
	Discourse Features
	markers of comparison format of charts
Pronunciation	
large numbers	
Academic Language Functions	
analyzing and interpreting cause and effect comparing/contrasting expressing quantity	

Student Learning Tasks

Read the title and headings of the columns and rows on the table of statistics. **(C)**

Explain aloud what the statistics mean. **(I)**

With a partner, examine the charts and write statements about the extent and trends of AIDS/HIV.

Share statements with the class. **(P) (C)**

Teacher Notes and References

Set of *PowerPoint* slides from UNAIDS website at:
<www.unaids.org/html/pub/Topics/Epidemiology/Slides02/Epicore2003_en_ppt.ppt>

These could be shown on the computer or on individual slides printed out.



The teacher resource places the statistics in tables. Ask students: What would be the difference in effect of using a bar graph (e.g., more visual, dramatic, less precise)? What is the difference between presenting data as raw numbers and percentages? (One or the other may be more dramatic and persuasive, depending on the audience and purpose.)

Outcomes

SLO 2.1.2 Use standard Canadian spelling...

SLO 2.3 Produce a variety of short and extended text forms...

SLO 6.1.4 Use functional planning...

SLO 6.1.6 Use self-monitoring to check...

SLO 6.2.9 Use summarization...

SLO 6.2.11 Use transfer...

SLO 6.2.13 Use recombination...

SLO 1.3 Develop and express a personal position in a variety of ways...

SLO 6.2.7 Use elaboration...

SLO 6.3.1 Use questioning for clarification...

SLO 6.3.2 Use co-operation...

SLO 1.6 Interpret a range of texts...

SLO 5.2 Analyze and use the appropriate level of formality...

SLO 5.4 Show understanding of the effect of cultural background...

SLO 5.6 Evaluate texts...

SLO 6.2.7 Use elaboration...

SLO 6.2.8 Use imagery in the form of mental or actual pictures...

Instructional and Learning Sequence

Writing Task

Students write a paragraph that describes the extent of the HIV/AIDS epidemic, supported by the data given. Students may use statements from the previous activity as a basis for their paragraphs; however, they should include a topic sentence that introduces the controlling idea and use appropriate transitions between supporting details. The paragraph should emphasize the “story” or significance of the numbers, rather than the numbers themselves.

Language Features

Discourse Features

- topic sentence with controlling idea
- transition markers

Academic Language Functions

- describing
- expressing quantity

Discussion

What is the best way to teach young people about AIDS? Classrooms? Parents? Media? Other? What messages should be communicated?

Language Features

Academic Language Functions

- solving problems
- comparison/contrast
- proposing solutions

Optional Writing Task

Examine one example of AIDS education intended for young people. What information does it communicate? What attitudes does it also communicate? Is the medium chosen effective for the audience and purpose? Would this text be accepted or approved of by other audiences? Why or why not?

Language Features

Discourse Features

- format of graphic book

Academic Language Functions

- describing
- evaluating

Student Learning Tasks**Teacher Notes and References**

Write a paragraph that describes the extent of the HIV/AIDS epidemic, supported by the data given. Emphasize the “story” or significance of the numbers. (I)

Discuss: What is the best way to teach young people about AIDS? (C)

Examine one example of AIDS education intended for young people. What information does it communicate? (C)



Internet Resource: HIV/AIDS: Stand Up for Human Rights by United Nations Development Programme. This cartoon book is available through the UNAIDS website at: <www.unaids.org/en/default.asp>.

Outcomes

SLO 2.3 Produce a variety of short and extended text forms...

SLO 3.1 Seek, organize, and synthesize information...

SLO 3.2 Develop and implement a plan for researching...

SLO 3.3 Quote from or refer to sources...

SLO 5.7 Select and present ideas...keeping in mind the intended audience.

SLO 6.1.5 Use selective attention...

SLO 6.2.1 Use resourcing to access...

SLO 6.2.5 Use deduction and induction...

SLO 6.2.7 Use elaboration...

SLO 6.3.1 Use questioning for clarification...

Instructional and Learning Sequence

Optional Research Task

Why is the topic of HIV/AIDS included in a unit on globalization? Students can research the connections between HIV/AIDS and factors such as poverty, global security, world travel, urbanization, human rights, education, economic disparity, economic and social development, human mobility, and government responsibility. **Handout 5-14: “World AIDS Summit Warns of Challenges Ahead”** and **Handout 5-15: “Diseases Go Global”** can help students begin this research. Students can present their findings orally or in writing.

Language Features

Academic Language Functions

- explaining
- connecting
- analyzing and interpreting
- synthesizing
- inferring

Student Learning Tasks

Use **Handout 5-14**: “World AIDS Summit Warns of Challenges Ahead” and **Handout 5-15**: “Diseases Go Global” to begin your research. Present your findings orally or in writing. (I)

Teacher Notes and References

Handout 5-14: “World AIDS Summit Warns of Challenges Ahead”

Handout 5-15: “Diseases Go Global”

Outcomes	Instructional and Learning Sequence
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- SLO 1.2** Respond to texts with increasing independence...
- SLO 2.1** Show sufficient control over linguistic structures...
- SLO 2.3** Produce a variety of short and extended text forms...
- SLO 3.1** Seek, organize, and synthesize information...
- SLO 3.2** Develop and implement a plan for researching...
- SLO 4.2** Communicate effectively to work with others...
- SLO 5.1** Identify common themes and symbols...
- SLO 5.2** Analyze and use the appropriate level of formality...
- SLO 5.3** Analyze ways in which languages and text affect...contemporary culture.
- SLO 6.1.1** Use advanced organization...
- SLO 6.1.4** Use functional planning...
- SLO 6.1.5** Use selective attention...
- SLO 6.1.7** Use problem identification...
- SLO 6.2.5** Use deduction and induction...
- SLO 6.2.9** Use summarization...
- SLO 6.2.11** Use transfer...
- SLO 6.3.2** Use co-operation...

Round-table Role-Play

Providing inexpensive drugs to combat AIDS in developing countries.

- a) Assign students the role of spokesperson for:
 - a major pharmaceutical company that has invested millions on research and development of AIDS drugs
 - the government of a poor country
 - a non-governmental organization (NGO) working to coordinate AIDS campaigns around the world
 - the government of a wealthy country
- b) Each group has different interests and constraints, and is particularly concerned with who should take financial and administrative responsibility.
- c) Students will research the concerns of each group and, to some degree, those of the other parties involved, in order to present their viewpoint and negotiate a solution at a summit sponsored by the United Nations.

Language Features	Discourse Features
	expressions of opinion and hedging expressions for agreeing/disagreeing expressions of negotiation
	Academic Language Functions
	explaining discussing justifying concluding proposing solutions

Sequence 2

Roundup

As a journal entry, have students write their personal response to the issue of AIDS as an individual and global issue.

Student Learning Tasks

- a) Round-table role-play: Each student will be assigned a role as a spokesperson for a specific organization to discuss the issue of providing inexpensive drugs to combat AIDS in developing countries.
- b) Research the concerns assigned to each group. Each group has different interests and constraints, and is particularly concerned with who should take financial and administrative responsibility. **(G)**
- c) Present your viewpoint and negotiate a solution at a summit sponsored by the United Nations. **(G)**

In your journal, write a personal response to the issue of AIDS as an individual and global issue. **(I)**

Teacher Notes and References

Globalization 101 website at:
<www.globalization101.org/issue/health/3.asp>



Instructions for conducting the summit meeting may be found at the Globalization 101 website.

Quiz: What Do You Know About AIDS?

PARADE
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TEACHER'S GUIDE

Skills Sheet

NOVEMBER 30-DECEMBER 6, 2003 • PAGE 5

What Do You Know About AIDS?

A recent United Nations report found that young people are dangerously uninformed about AIDS. Are you? Take this test to see just how much you know. Afterward, your teacher will share the answers with you.

1. AIDS is:
 - a) an illness.
 - b) a type of bacteria.
2. AIDS is caused by:
 - a) malnutrition.
 - b) a virus.
 - c) unsanitary living conditions.
3. AIDS attacks the immune system. The immune system:
 - a) builds muscle.
 - b) builds bone.
 - c) protects the body from disease.
4. AIDS affects only gay people.
 - a) true
 - b) false
 - c) only gay men
 - d) only gay women
5. You can get AIDS by:
 - a) kissing someone with AIDS.
 - b) having sex with someone with AIDS without properly using a latex condom.
 - c) sharing needles to inject drugs with someone who has AIDS.
 - d) both b and c.
 - e) all of the above.
6. You also can get AIDS:
 - a) by sharing food with someone who has AIDS.
 - b) by being bitten by an infected mosquito.
 - c) by hugging someone with AIDS.
 - d) from a toilet seat.
 - e) in none of these ways.
7. A person who looks healthy:
 - a) has the HIV virus.
 - b) couldn't possibly have the HIV virus.
 - c) might or might not have the HIV virus.
8. The only way to know for sure if someone has the HIV virus:
 - a) is through medical tests.
 - b) is by looking at them.
9. You can't get AIDS from having sex just once.
 - a) true
 - b) false
10. Using a latex condom:
 - a) provides 100% protection against AIDS.
 - b) provides a lot of protection against AIDS but not 100%.
11. Can an HIV-positive mother transmit the virus to her unborn child?
 - a) yes
 - b) no
12. Sometimes a person's decision-making in sexual situations is influenced by:
 - a) drugs.
 - b) alcohol.
 - c) either a or b.
13. A person infected with HIV might show signs of it:
 - a) within several weeks.
 - b) within a year or two.
 - c) in 10 years.
 - d) any of the above.
14. Right now:
 - a) there is a cure for AIDS.
 - b) there is no cure for AIDS.
 - c) there are drugs that help many, but not all, infected people control their symptoms.
 - d) both b and c.
15. How many people around the world get infected with HIV each day?
 - a) less than 1000
 - b) more than 5000
 - c) more than 10,000
 - d) more than 15,000
16. HIV infection rates are growing fastest among:
 - a) gay men.
 - b) women and teenagers.
 - c) middle-aged men.

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HIV: Basic Facts

What is HIV?

“HIV” stands for Human Immunodeficiency Virus:

- Human: means it affects humans only.
- Immunodeficiency: means that something is deficient, or there is not enough of it, in the immune system.
- Virus: is a very small germ that infects someone and can be spread from one person to another.

HIV is the virus that causes AIDS.

How does your immune system work?

Normally, your immune system helps protect you from germs and infections—like cancer, bacteria, parasites, fungi, and viruses—that can make you sick. It also keeps you from getting some diseases more than once, like chicken pox or the measles.

Your immune system works throughout your whole body. Some examples of your immune system at work include:

- Skin: keeps all kinds of germs and bacteria out of your body.
- Saliva: contains things called enzymes that can kill some germs.
- Nostrils: have hair and mucous that filter the air you breath. They keep germs from getting in your body.
- Vagina, penis, anus, and bowels: contain mucous to protect the body from infection.

What is a virus?

A virus is a germ that makes copies of itself within the cells of a person it infects. It usually makes you sick in some way. A virus is different from other kinds of germs. Bacteria, for example, can grow on their own. A virus can't. Viruses need to get inside a living cell and take it over. Once a virus is inside a living cell, the virus can make copies of itself.

Your immune system kills most viruses before they can make you sick, or before they can do a lot of damage to your cells.

How does the virus called HIV work?

HIV is different from other viruses because it gets inside some of the cells in your immune system.

Those cells are called CD4 cells, which are also known as T4 cells or T cells.

The job of CD4 cells is to watch out for viruses as they enter your body. CD4 cells send a message to the rest of your immune system to help fight the virus. But HIV uses CD4 cells to grow, which means those cells can't do their job. And that means your body doesn't have part of its immune system.

When HIV gets into a CD4 cell, it goes right into the cell's DNA. HIV takes control of that cell, so the cell starts making new copies of HIV. This process is called replication.

First, the HIV in the CD4 cell produces new HIV proteins. Next, these proteins leave the CD4 cell to go and infect other CD4 cells. HIV uses an enzyme called protease to help spread it to other cells.

Once HIV has infected CD4 cells, it usually kills the cells. If you have HIV, this process happens billions of times a day. At the same time, your immune system tries to kill the infected CD4 cells and makes new CD4 cells to replace the ones that are infected. But as you can imagine, HIV soon infects these new cells, too.

If you have HIV, your CD4 cells can't do their normal job of protecting you from viruses, so you are at a much higher risk of getting infections and other diseases.

A doctor can use a blood test to count the number of CD4 cells per cubic millimetre (mm³) in your blood. In HIV-negative adult men, the normal CD4 cell count is 400-1200 cells/mm³. In HIV-negative adult women, the normal CD4 cell count is 500-1600 cells/mm³. The CD4 count is important in HIV positive people because it shows how much damage has been done to their immune system. It's important to note that test results can vary from one lab to another.

How do you get HIV?

HIV likes wet things, so it lives in body fluids. HIV can be passed from an infected person to someone else through body fluids such as:

- semen/sperm
- vaginal fluids
- blood
- breast milk

(continued)

HIV: Basic Facts (continued)

If HIV-infected body fluids get into your body, you might get HIV. That's why doctors and nurses wear rubber gloves when they give needles or perform operations. It's also why you should never share needles with someone else and why you need to use a condom when you're having sex.

These are the ways you can get HIV:

- Having **unprotected sex** with an HIV positive person (that means not using a condom during vaginal, anal or oral sex).
- **Sharing needles**, whether you're injecting drugs or getting a tattoo or piercing.
- Having **open cuts and sores** on your body come into contact with an infected person's blood or semen.
- Being **born to an HIV positive mother**—infection can occur in the womb, during birth or through breast milk.
- Playing blood games, such as “chicken” or “blood brothers.”

Can I get HIV from kissing someone?

Even though HIV likes wet things, you can't get HIV by simply kissing someone who is infected with HIV. You also can't get HIV from:

- saliva
- sweat
- tears
- shaking hands
- sharing towels
- swimming pools
- telephones
- toilet seats
- biting insects, like mosquitoes

How do you know if you have HIV?

It's hard to tell. Most people don't know that they have been infected with HIV for some time after getting it. It can take up to three months before it shows up on a blood test.

Sometimes HIV infected people feel sick, like they have the flu, with a fever, headache and sore throat, before they actually test positive for HIV.

But so many people who have HIV don't know it.

Sometimes it can take years before a person finds out. Some people only find out if they start getting sick a lot more often and go to a doctor to find out why.

You can't tell by just looking at someone that they are infected with HIV.

What does it mean if you are “HIV positive”?

When you are tested for HIV, and the test results are positive, you are “HIV positive.” Once you are infected with HIV, it's just a matter of time before you become “HIV positive.”

When you are HIV positive, your immune system has gone through a process called seroconversion. Seroconversion means that your immune system has created antibodies to HIV.

An HIV test looks for these antibodies. It might take a few months after being exposed to HIV for your body to start making these antibodies. But once you do, you will get a positive result on an HIV test.

How do you find out if you are HIV positive?

Only a doctor or other health care professional (like a nurse) can tell you for sure if you are HIV positive.

The doctor will do a blood test to see if your body is making antibodies. If your body is making antibodies to HIV, it means you are infected with the virus. Once you test positive for HIV, you will always test positive for the virus.

What happens to your body when you're HIV positive?

If you are HIV positive, the virus creates billions of new HIV viruses in your body every day. Your body's reaction to infection is to produce billions of cells to fight HIV.

HIV, however, takes every chance it can to reproduce faster than the body can attack it. Your immune system may get weaker or become overactive. Either way, your immune system is out of balance. HIV starts a process that can be very hard to stop once it starts.

With a weak immune system, you can get infections and cancers more easily. Most people with HIV end up with AIDS.

How do you know if your HIV disease is changing or getting worse?

Your doctor will keep track of your HIV disease with blood tests. That way, the doctor can tell if your HIV

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HIV: Basic Facts (continued)

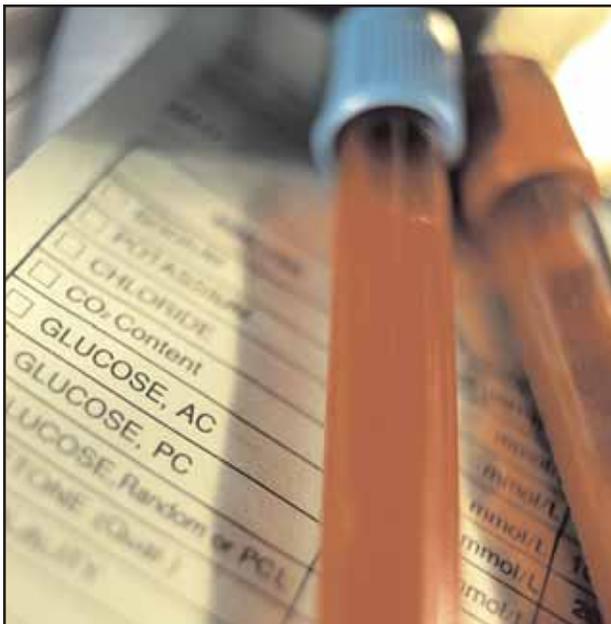
is getting worse and your immune system is getting weaker. These tests also can tell your doctor if you have Opportunistic Infections or AIDS-Related Complications.

To measure the progression of your HIV disease, your doctor will probably do:

- **CD4 Count Test:** this test tracks how much damage has been done to your immune system. It should be done every three to six months, or if you have a low CD4 count, it probably will have to be done more often. It's better to have a high CD4 count than a low CD4 count.
- **Viral Load Test:** this test measures the number of copies HIV has made in your blood and shows how much damage HIV could do to your body in the future. Your viral load tells you how far your HIV disease has progressed. It's better to have a low viral load than a high viral load.

Your doctor will probably also do tests to check your general health and to see if you have any opportunistic infections or co-infections.

- **Biopsy:** a small sample of skin, muscle, lymph node, or even organ is removed from your body and examined under a microscope for disease.
- **Complete Blood Count (CBC):** this shows how well your blood cells are working. Blood cells help your body run properly.



- **Culture:** a sample of body fluids or tissues are tested to find out if they contain any germs that might make you sick.
- **Imaging tests:** these tests include X-rays, computerized tomography (CT or CAT scans) and magnetic resonance imaging (MRI scans). All create pictures of the inside of your body. They let doctors see infections, tumours and broken bones.
- **Liver Function Test:** this test shows how well your liver is working and whether it has been damaged.
- **Scope:** a really thin, flexible tube that goes inside your body. Doctors can look through it to see if there's anything wrong with an organ or some tissues. They can also take samples with it.
- **Stain:** this is just like a culture. Your doctor might take a sample of blood, stool, mucus, urine, sputum (fluid coughed up from your lungs), phlegm, spinal fluid or tissue from you, stain it with some dye and look at it under a microscope for germs.
- **Tuberculosis (TB) Test:** this test may be done once a year because you are at a higher risk of getting TB if you have HIV. Tuberculosis is a really serious lung disease that makes you cough and have trouble breathing.

HIV and Pregnancy

Right now, four out of every 10,000 pregnant women in Canada are HIV positive. Many of these women find out about their HIV when they are pregnant because many doctors now test for the virus.

In the past, many babies born to HIV positive women also got the disease. Now, very few women who are getting the right care pass the virus on to the baby. The baby can get HIV during the pregnancy, during delivery and from breast milk. If a mother knows she has HIV, she can take anti-HIV drugs, have a Caesarean Section (an operation to take the baby out) and not breastfeed. All of these steps greatly reduce the risk of passing the virus onto the baby.

When someone is pregnant, they should get an HIV test. While it might be scary to get the test, it's really important for both a woman's health and the health of the baby.

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HIV: Basic Facts (continued)

Is there a cure for HIV?

There is no cure for HIV. Right now, once you get HIV, you have it for the rest of your life. Scientists are working really hard to cure HIV and AIDS. They're also working on a vaccine to keep people from getting HIV.

People who have HIV can live a long time and stay healthy for many years. There are several treatments that can slow down HIV. Some people on these treatments feel very healthy and can fight off the virus for a long time. That's why it's really important that anyone who has HIV—or even thinks they might have it—should see a doctor and consider getting treatment.



Understanding HIV/AIDS Trends

The most common measure of the HIV/AIDS epidemic is the prevalence of HIV infections among a country's adult population—in other words, the percentage of the adult population living with HIV. Prevalence of HIV provides a good picture of the overall state of the epidemic. Think of it as a still photograph of HIV/AIDS. In countries with generalized epidemics, this image is based largely on HIV tests done on anonymous blood samples taken from women attending antenatal clinics.

But prevalence offers a less clear picture of recent trends in the epidemic, because it does not distinguish between people who acquired the virus very recently and those who were infected a decade or more ago. (Without antiretroviral treatment, a person might survive, on average, up to nine to 11 years after acquiring HIV; with treatment, survival is substantially longer.)

Countries A and B, for example, could have the same HIV prevalence, but be experiencing very different epidemics. In country A, the vast majority of people living with HIV/AIDS (the prevalent cases) might have been infected five to 10 years ago, with few recent infections occurring. In country B, the majority of people living with HIV/AIDS might have been infected in the past two years. These differences would obviously have a huge impact on the kind of prevention and care efforts that countries A and B need to mount.

Similarly, HIV prevalence rates might be stable in country C, suggesting that new infections are occurring at a stable rate. That may not be the case, however. Country C could be experiencing higher rates of AIDS mortality (as people infected a decade or so ago die in large numbers), and an increase in new infections. Overall HIV prevalence rates would not illuminate those details of the country's epidemic.

So a measure of HIV incidence (i.e., the number of new infections observed over a year among previously uninfected people) would help complete the picture of current trends. Think of it as an animated image of the epidemic.

The problem is that measuring HIV incidence is expensive and complicated—to the point of it being unfeasible at a national level and on a regular basis in most countries.

None of this means, however, that recent trends are a mystery. Regular measurement of HIV prevalence among groups of young people can serve as a proxy, albeit imperfect, for HIV incidence among them. Because of their age, young people will have become infected relatively recently. Significant changes in HIV prevalence among 15- to 19-year-olds or 15- to 24-year-olds can therefore reflect important new trends in the epidemic.

The steadily dropping HIV prevalence levels in 15- to 19-year-olds in Uganda, for example, indicate a reduction in recent infections among young people, and provide a more accurate picture of current trends in the epidemic (and, in this instance, of the effectiveness of prevention efforts among young people).

World AIDS Summit Warns of Challenges Ahead

The Fourteenth International Conference on AIDS, held in Barcelona, Spain from July 7-12, 2002, warned that the HIV/AIDS epidemic is the greatest threat to global health today. According to figures released at the summit, 60 million people have been infected and 22 million people have died from AIDS since its identification in the 1980s, with a further 68 million people projected to die from the disease by 2020.

Summit participants, including government representatives, non-governmental organizations, youth activists, business groups, and statesmen such as Kofi Annan, Nelson Mandela, and Bill Clinton, called for more funding, with the United Nations Joint Program on HIV/AIDS (UNAIDS) and the United Nations Development Program (UNDP), declaring \$10 billion annually a desirable and achievable figure.

Nevertheless, the summit's funding recommendation was criticized by various interest groups. Developing countries and non-governmental organizations, such as the Catholic Aid Agency (CAFOD), argued for increasing funding levels higher than the \$10 billion proposed. They also pointed out that the problem of lack of funding to tackle AIDS is compounded by the UN Global Fund's failure to distribute any money since its creation in January 2002 in the fight against AIDS, TB, and malaria despite announcing \$1.6 billion in grants to 40 developing countries.

Critics also linked fighting HIV/AIDS to other issues. For example, Oxfam argued that developing countries would be able to fund their own prevention, education, and healthcare projects if they were not burdened with huge debt repayments to the developed world. The World Food Program (WFP) and the Food and Agriculture Organization (FAO), meanwhile, noted that well-nourished people are better able to survive the disease and that treating people for HIV/AIDS and then having them die of starvation would be a tragedy. Others said that developing countries would be better served by the elimination of tariff barriers by Western countries and freedom to use WTO provisions on national health emergencies

and compulsory licensing of patents to produce cheaper drugs to treat the epidemic.

Indeed, the disease's links to other issues such as development, productivity, education, and social cohesion were highlighted at the summit. For example, the International Labor Organization (ILO) says that the epidemic undermines both economic and social development by reducing productivity and competitiveness through increased absenteeism, organizational disruption, and loss of skills, resulting in added costs for training new staff as productive workers die. Productivity and development have also suffered as the disease has affected education, with children removed from school, to nurse family members, work the land or because schools have closed as teachers have died. These problems are particularly acute in Africa, where 28,500,000 people are living with HIV/AIDS, prompting warnings from the UN Envoy on HIV/AIDS in Africa that the effects of the epidemic "stand to undermine all efforts to promote development" and have created a skills shortage that years of aid and billions of dollars of development work had attempted to overcome.

The disease also disrupts society because of the widespread death it brings. The United Nations Children's Fund (UNICEF), for example, estimates more than 20 million children have been orphaned by the AIDS epidemic, with this figure expected to rise to 25 million by 2010, with many facing poverty and starvation as a result. Furthermore, an increasing number of children are born HIV-positive as more women are infected and drugs available to reduce transmission to the children are prohibitively expensive.

Similarly, the United Nations Security Council has highlighted the epidemic's potential threat to both national and international security, especially in conflict and peacekeeping situations, where the disease can lead to the complete breakdown of society and its regulatory systems. In response, the UN has adopted the UN Initiative on HIV/AIDS and Security, and implemented a two-year plan aimed at protecting vulnerable communities and supporting

(continued)

World AIDS Summit Warns of Challenges Ahead (continued)

their regulatory systems, such as the army and police force, to tackle the disease and maintain social stability.

Furthermore, HIV/AIDS not only kills millions of people itself, it also increases the prevalence of other communicable and potentially fatal diseases such as tuberculosis (TB) and malaria. All these diseases are straining healthcare systems in developing countries, leaving impoverished patients to try to pay for their own treatment and stretching the system so far that there is little funding to treat other healthcare problems, resulting in a drop in healthcare standards and a rise in fatalities. This appears to have affected migration as well, with developed countries noting more people seeking to move abroad to gain medical care and some developed nations tightening their immigration rules in response.

The HIV/AIDS epidemic thus has profound implications for globalization, threatening global health, retarding development, damaging productivity, creating new threats to global security, and raising questions over how best to help developing nations deal with the challenge of disease epidemics. The success or failure of multi-agency strategies proposed to deal with the threat of HIV/AIDS will profoundly affect the future for all nations and the global scope of the threat may affect the way health and development issues are viewed in the future.

Diseases Go Global

According to one estimate, by the time of the European colonization of the Americas, plagues such as smallpox and measles could travel around the world within the span of a year. Today, of course, with international air travel, an infected person can carry a disease from almost any point of the globe to any other point in less than 36 hours.

One of the particularly threatening aspects of this compression of time is that people can now cross continents in periods of time shorter than the incubation periods of most diseases. This means that, in some cases, travelers can depart from their point of origin, arrive at their destination and begin infecting people without even knowing that they are sick.

The new ease with which infectious diseases can be transmitted globally is having a direct and dramatic effect on morbidity and mortality around the world. In the United States, for example, the incidence of infectious disease-related deaths has been increasing by roughly 4.8 percent per year since 1980, bringing the number of deaths up to 59 per 100,000 by 1996. This translates into 170,000 U.S. deaths annually. This increase follows nearly a century of long-term, steady decline in the number of deaths from infectious diseases in the United States.

Similarly, in the United Kingdom, which had almost completely eradicated tuberculosis from the British Isles by 1953, 7000 new cases of the disease occurred in 1990.

The dangers posed by these diseases go beyond simply medical concerns. In January of 2000, the U.S. Intelligence Community issued a declassified report concerning the spread of global infectious diseases. This National Intelligence Estimate found that:

“New and re-emerging infectious diseases will pose a rising global health threat and will complicate U.S. and global security over the next twenty years. These diseases will endanger U.S. citizens at home and abroad, threaten U.S. armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests.”



The threat of political instability—which can be defined as wars, ethnic conflict, and violent regime transitions—is most likely to endanger developing countries. In these nations the burden of disease can strain already meager national budgets, set off competition for resources, and result in the death or disability of important government officials.

In many African countries in particular, the most skilled and wealthiest segments of the population are often the most severely affected by the HIV virus. This tends to be the case because the wealthier segments of the population tend to be more mobile and have more opportunities for sexual partners.

“...The concept of domestic as distinct from “international health” is outdated. Such a dichotomous concept is no longer germane to infectious diseases in an era in which commerce, travel, ecologic change, and population shifts are intertwined on a truly global scale.” (U.S. CDC, Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States).

Similarly, the armed forces of some African countries are estimated to harbor infection rates of between 10 and 60 percent. Losses of key military leaders and senior officers can lead to breakdowns in the chain of command, and make it more tempting for younger officers to launch coup attempts.

(continued)

Diseases Go Global (continued)

Of course, the problems of health and instability are not limited to Africa or to the HIV virus alone. Political instability is most likely to arise in the presence of broad social upheaval. A recent major study by political scientists looked into the causes of 127 cases of state instability around the world over a forty-year period, evaluating each of these cases according to the presence of certain variables or indicators of social and political turmoil. Out of 75 factors they analyzed, 3 emerged which proved to correlate the most strongly as predictors of political instability. These three most powerful determinants were:

- incomplete democratization,
- low openness to international trade, and
- infant mortality.

In particular, they found that high infant mortality within a state that is only partially democratic is most likely to produce instability.

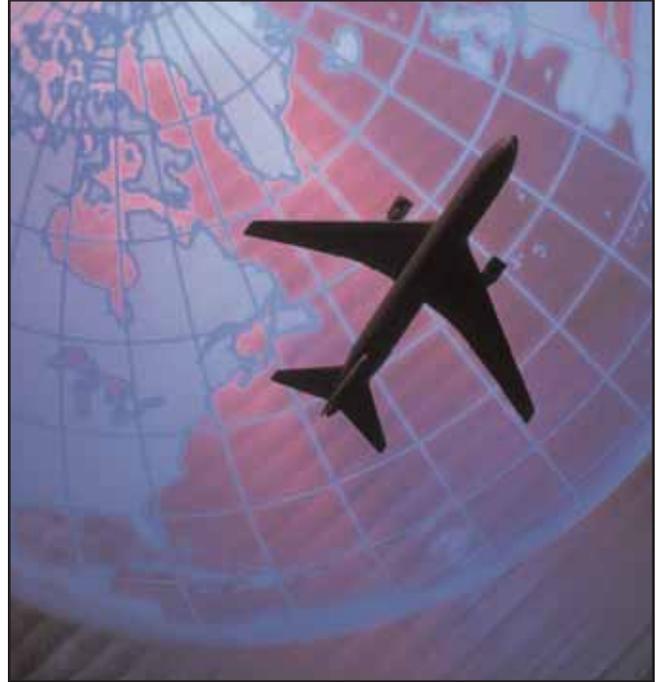
Questions for Discussion:

The study on political instability found that incomplete democratization, low openness to international trade, and infant mortality are the three strongest predictors of political instability. Do you think these three predictors are related to each other? How?

Why does the spread of infectious disease lead to political instability?

If the spread of infectious diseases have been around for centuries, why does it seem like this is a relatively new phenomenon? What do you think has drawn increased attention to global diseases?

Do you think there is a connection between infectious diseases and economic development?





Topic 4 Culture Shock

(1–2 lessons)

This topic is important for students who plan to travel or study abroad. Students will examine the concept that culture has both a surface level and deeper, invisible dimensions. They will use graphic organizers to organize thinking, discuss abstract ideas, discern between

observation and interpretation (and denotative and connotative language), report on an interview, listen to extract information, consciously select reading comprehension strategies, and identify differences and similarities in cultures.

Outcomes

- SLO 4.1 Use language to encourage...
- SLO 6.2.7 Use elaboration...
- SLO 6.2.8 Use imagery in the form of mental or actual pictures...

- SLO 1.3 Develop and express a personal position in a variety of ways...
- SLO 1.7 Evaluate a given text...
- SLO 2.2 Use several visual techniques...
- SLO 4.1 Use language to encourage...
- SLO 4.2 Communicate effectively to work with others...
- SLO 6.2.7 Use elaboration...
- SLO 6.3.1 Use questioning for clarification...
- SLO 6.3.2 Use co-operation...

Instructional and Learning Sequence

Sequence 1

Activation

Begin with a discussion of what happened to the *Titanic*. Why are icebergs dangerous for ships?

Have students hold that concept until the next concept is introduced.

Language Features

Vocabulary

Titanic, iceberg

Brainstorm meanings for the term “culture.” The word is frequently used, but with different meanings and significance. You may want to begin with groups of students listing or webbing on a large sheet of newsprint things that they think are part of culture (e.g., food, music, language). Share and discuss. Then attempt to construct a definition with the students. Compare this definition with one by Craig Storti in *Figuring Foreigners Out*: “Culture is the shared assumptions, values, and beliefs of a group of people which result in characteristic behaviours.” (p. 5)

If the class is monolingual, discuss what a foreigner would notice about their culture or what they have noticed about Canadian/North American culture; if multilingual, discuss the differences between their cultures and Canadian culture.

Other questions for discussion: Does culture change? (Yes!) How do people “get” their culture? (Learned. How?)

Language Features

Vocabulary

culture, assumptions, values, characteristic

Expressions: traditional culture, high culture, popular culture

Discourse Features

definition format (review)

expressions for comparison

Academic Language Functions

describing

comparison

discussing

Student Learning Tasks

Discuss what happened to the *Titanic* and why icebergs are dangerous for ships. (C)

In groups, brainstorm meanings for the term “culture,” listing or webbing on a large sheet of newsprint things that are part of culture (e.g., food, music, language). Share and discuss. (G) (C)

Discuss what a foreigner would notice about our culture or what they have noticed about Canadian/North American culture; if multilingual, discuss the differences between their cultures and Canadian culture. (C)

Teacher Notes and References



Visuals of the *Titanic* and an iceberg (teacher-provided)



Nine-tenths of the iceberg is hidden below the water. You can avoid the danger of what you can see, but you may not realize how much is below the surface.



Newsprint and markers



Many students have never examined the idea of culture, and if they have never had much exposure to other cultures, they may not even see themselves as cultural beings or may assume that their culture is superior. It is important for the teacher to think through this exercise.

The differences students identify between their cultures and Canadian culture are likely to be surface-level features. It can be interesting to also discuss the differences between “traditional culture,” “high culture,” and “popular culture.”

Outcomes	Instructional and Learning Sequence
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SLO 2.1 Show sufficient control over linguistic structures...

SLO 2.2 Use several visual techniques...

SLO 4.1 Use language to encourage...

SLO 6.2.3 Use grouping of items to classify...

SLO 6.2.5 Use deduction and induction...

SLO 6.2.8 Use imagery in the form of mental or actual pictures...

SLO 6.2.10 Use translation...

SLO 6.2.12 Use inferencing to guess the meanings...

Introduce the list of features of culture and the picture of an iceberg. Ask the students to write above the waterline the numbers of the features that are observable (seen), and write below the waterline the features that are not as easily seen.

Check answers, noting that the invisible features often cause or influence the visible ones.

Discuss why the unseen features may cause more difficulty between people of different cultures than the visible differences.

Language Features	Vocabulary
	<ul style="list-style-type: none"> names of features of culture expressions for stating opinions, for clarifying, for disagreeing
	Academic Language Functions
	<ul style="list-style-type: none"> justifying explaining

Student Learning Tasks

Write above the waterline on **Handout 5-17: “The Iceberg”** the numbers of the cultural features listed in **Handout 5-16: “Features of Culture”** that are observable (seen), and write below the waterline the features that are not as easily seen. **(I)**

Discuss why the unseen features may cause more difficulty between people of different cultures than the visible differences. **(C)**

Teacher Notes and References



Handout 5-16: “Features of Culture”

Handout 5-17: “The Iceberg”
(text and visual)



This exercise provides a valuable opportunity to develop understanding of both teacher and students as culture-bearers.

This concept is likely new to some.

Suggested Answers: In the visible portion of the iceberg: 1, 3, 5, 7, 10, 11, 15, 16, 21, 22

In the invisible portion: 2, 4, 6, 8, 9, 12, 13, 14, 17, 18, 19, 20, 23, 24, 25

Outcomes	Instructional and Learning Sequence
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SLO 4.2 Communicate effectively to work with others...

SLO 6.1.3 Use directed attention...

SLO 6.1.4 Use functional planning...

SLO 6.2.3 Use grouping of items to classify...

SLO 6.2.5 Use deduction and induction...

SLO 6.2.13 Use recombination...

- a) Have students make a list of observations about Canadian/North American culture. Use some of the features from the previous list to get them started. Each student writes several statements on a flip chart.
- b) Define “observation” and “interpretation.” Use the concept attainment technique, if desired, to establish the distinction in meaning (e.g., “Canadian food is unhealthy” [interpretation]; “Canadians eat a lot of fast food” [observation]).
- c) Ask students to identify which of their statements about Canada are observations and which are interpretations. Ask a student who thinks a statement is an interpretation to rephrase it as an observation.
Why is it important to know and practise the difference between observation and interpretation?

Language Features	Vocabulary
	observation, interpretation
	Structures
	present tense for general truths limiters (e.g., some, most)
	Discourse Features
connotative vs. denotative language. This is very challenging and students will need examples.	
Academic Language Functions	
predicting justifying inferring	

Student Learning Tasks

Make a list of observations about Canadian/North American culture. **(I) (C)**

Identify which of your statements about Canada are observations and which are interpretations.

Teacher Notes and References

Flip chart or large sheet of newsprint



Some students will have had limited contact with Canadians, and may base their statements on media depictions or hearsay.

Do not correct statements at this point.

As a teacher, share a misunderstanding that you may have experienced with another culture by interpreting behaviour instead of observing it.

It may be difficult to decide between observation and interpretation with some of the statements, but this can lead to a productive discussion.

Outcomes	Instructional and Learning Sequence
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- SLO 1.2** Respond to texts with increasing independence...
- SLO 1.6** Interpret a range of texts...
- SLO 1.7** Evaluate a given text...
- SLO 5.1** Identify common themes and symbols...
- SLO 5.2** Analyze and use the appropriate level of formality...
- SLO 6.1.1** Use advanced organization...
- SLO 6.1.5** Use selective attention...
- SLO 6.1.6** Use self-monitoring to check...
- SLO 6.1.8** Use self-evaluation to check...
- SLO 6.2.9** Use summarization...
- SLO 6.3.1** Use questioning for clarification...
- SLO 6.3.2** Use co-operation...

Preview

- a) Introduce **Handout 5-18**: “Culture Shock: A Fish Out of Water” by talking about experiences travelling to a new country (Canada or elsewhere). How did people feel at first? How did they feel later on? If they felt unhappy or angry later on, they may have been going through “culture shock.”
 - b) Refer to **Handout 5-19**: “Comprehension Strategies.” Ask students to check off the ones they have already used (likely, build background information). Are there other strategies they would like to add? Remind them to use most of the effective strategies as they approach the text.
 - c) Read silently, paragraph by paragraph, using the Read-Pair-Share strategy. Students take turns summarizing the main points of the paragraph they have just read, while the partner listens to confirm or clarify.
 - d) Post-reading questions:
 - 1. Have you or anyone you know experienced culture shock?
 - 2. Describe the five steps in adjusting to a new culture.
 - 3. Is it possible to avoid culture shock?
- Note the likely audience and purpose for this reading. Discuss which of the comprehension strategies students used, and which were most useful.

Language Features	Vocabulary
	distinct, interpersonal, cues Idioms: fish out of water, red carpet, show off
	Academic Language Functions
	discussing summarizing describing a process

Student Learning Tasks

- a) Discuss the experiences of travelling to a new country (Canada or elsewhere). **(C)**
- b) Refer to **Handout 5-19**: “Comprehension Strategies” and check off the comprehension strategies you have already used. **(I)**
- c) Read **Handout 5-18**: “Culture Shock: A Fish Out of Water,” using the Read-Pair-Share strategy. Take turns summarizing the main points of the paragraph you have just read, while your partner listens to confirm or clarify. **(P)**
- d) Discuss the post-reading questions. **(C)**
Discuss which comprehension strategies were effective.

Teacher Notes and References



Handout 5-18: “Culture Shock: A Fish Out of Water”

Handout 5-19:

“Comprehension Strategies” (Before, During and After Reading—3 pages)



Students should work through the reading (Handout 3) with minimal guidance. This reading is intended for international students preparing to study in North America or already there.

Outcomes	Instructional and Learning Sequence
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SLO 1.1 Engage with increasingly difficult oral and/or visual texts...

SLO 2.1 Show sufficient control over linguistic structures...

SLO 6.1.3 Use directed attention...

SLO 6.1.5 Use selective attention...

SLO 6.1.6 Use self-monitoring to check...

SLO 1.2 Respond to texts with increasing independence...

SLO 6.2.7 Use elaboration...

SLO 2.1 Show sufficient control over linguistic structures...

SLO 3.1 Seek, organize, and synthesize information...

SLO 3.3 Quote from or refer to sources...

SLO 4.2 Communicate effectively to work with others...

SLO 6.1.2 Use organizational planning...

SLO 6.1.4 Use functional planning...

SLO 6.1.8 Use self-evaluation to check...

Preview several focus questions for the listening selection.

Adapt the script for a cloze exercise by deleting every seventh word. Students listen to the script two or three times, then compare their answers with the original script.

Language Features	Vocabulary
	generally speaking, quaint, novel, honeymoon, euphoria, in a different light, wears off, stage (of a process)
	Pronunciation
	stress on content words and discourse markers

Have students read **Handout 5-20: “Culture Quotes”** independently in preparation for later discussion.

Language Features	Discourse Features
	poetic language

Sequence 2

Speaking/Writing

Have students interview someone who has either moved to the students’ country of origin or to Canada, and ask about their experiences with culture shock. How did they try to cope with it? How successfully adapted do they feel now? Students describe what they learned in a short article for a magazine for students who are planning to go abroad. They should use indirect speech and reporting verbs.

OR

Students write about steps they plan to take when in another culture, to try to help their experience with culture shock.

Language Features	Structures
	question forms, present and past perfect tenses, reporting verbs, indirect speech (review) article form (review)
	Discourse Features
	reporting speech
	Academic Language Functions
	describing process

Student Learning Tasks

Listen to the script two or three times, then compare your answers with the original script. **(I)** or **(C)**

Read **Handout 5-20: “Culture Quotes”** as preparation for later discussion. **(I)**

Interview someone who has either moved to your country of origin or to Canada, and ask about their experiences with culture shock. **(I)**

Describe what you learned in a short magazine article directed at students who are planning to go abroad. **(I)**

OR

Write about steps you plan to take when among another culture to try to improve your experience with culture shock. **(I)**

Teacher Notes and References**Internet Resource:**

Mini-lecture on culture shock at: <www.esl-lab.com/shock1/shock1.htm> (video or audio, medium difficulty, 0:53 sec.); script available



This can be done as a class with a projector, or independently.

**Handout 5-20: “Culture Quotes”**

Outcomes	Instructional and Learning Sequence
<p>SLO 1.3 Develop and express a personal position in a variety of ways...</p>	<p>Journal</p> <p>Have students comment on one or more of the “Culture Quotes” from Handout 5-20.</p>
<p>SLO 5.1 Identify common themes and symbols...</p>	<p>Learning Log</p>
<p>SLO 6.1.8 Use self-evaluation to check...</p>	<p>What new ideas have you learned about culture in this lesson? Were there any ideas that were difficult to understand; if so, what strategies helped you?</p>
<p>SLO 6.2.7 Use elaboration...</p>	<p>Follow-up Suggestions</p>
	<ol style="list-style-type: none">1. Using the list of features of culture, examine both visible and invisible features of students’ culture that have changed in the last few years (e.g., spread of North American fast food) and those that have not.2. Read the article and/or view the short video on the question “Do Whales Have Culture?” Based on Canadian research into whale language, this thought-provoking piece connects with topics of endangered species, language change, and culture.

Student Learning Tasks

Comment on one or more of the “Culture Quotes” from Handout 5-20 in your journal. (I)

In your Learning Log, write about new ideas have you learned about culture in this lesson. (I)

Teacher Notes and References**Internet Resources:**

Culture Matters Workbook at:
<www.peacecorps.gov/wws/culturematters>

Pre-departure orientation for Chinese students to the U.S. (most of the material applies equally to Canada) at:
<www.china.nafsa.org>

“Do Whales Have Culture?” article and short video at: <www.sciencecentral.com/articles/view.php3?article_id=218392150>.

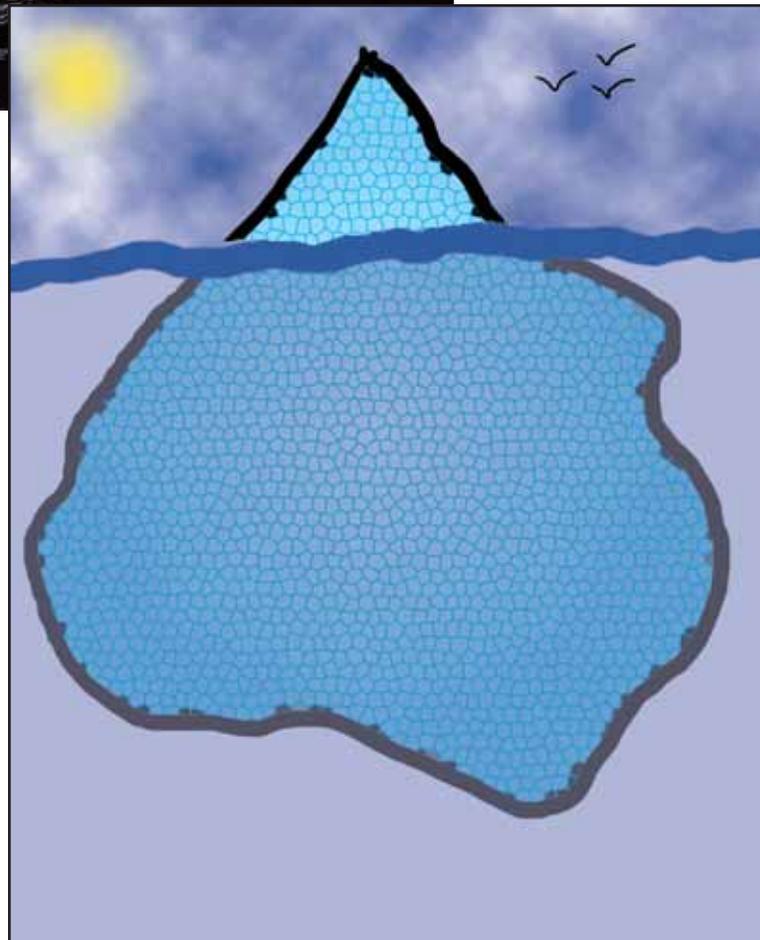
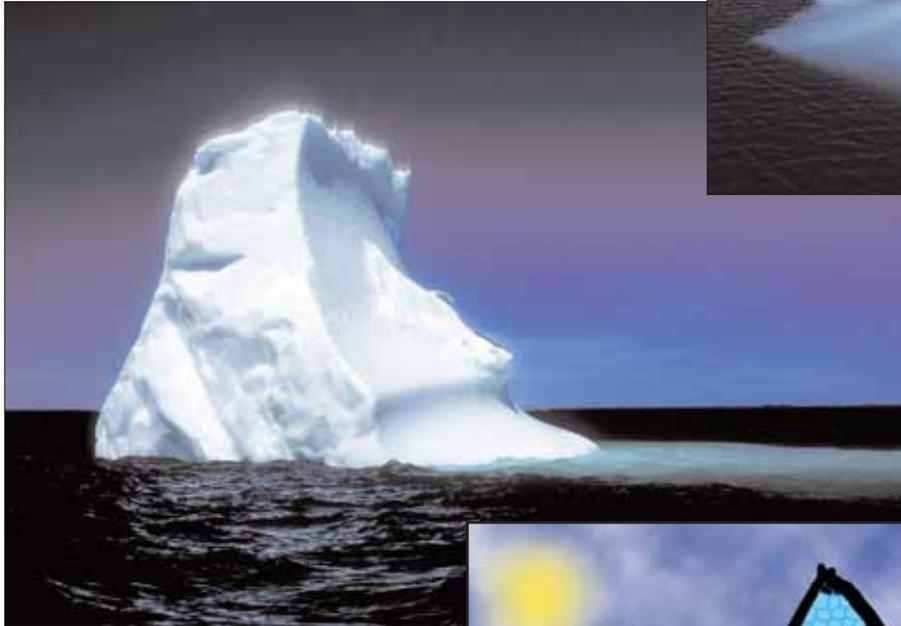
Features of Culture

1. Facial expressions
2. Religious beliefs
3. Religious rituals
4. Importance of time
5. Paintings
6. Values
7. Literature
8. Child raising beliefs
9. Concept of leadership
10. Gestures
11. Holiday customs
12. Concept of fairness
13. Nature of friendship
14. Notions of modesty
15. Foods
16. Eating habits
17. Understanding of the natural world
18. Concept of self
19. Work ethic
20. Concept of beauty
21. Music
22. Styles of dress
23. General world view
24. Concept of personal space
25. Rules of social etiquette



The Iceberg

Culture has been aptly compared to an iceberg. Just as an iceberg has a visible section above the waterline, and a larger, invisible section below the water line, so culture has some aspects that are observable and others that can only be suspected, imagined, or intuited. Also like an iceberg, that part of culture that is visible (observable behaviour) is only a small part of a much bigger whole.



Culture Shock: A Fish Out of Water

by *Duncan Mason*

Introduction:

1. Kalvero Oberg was one of the first writers to identify five distinct stages of culture shock. He found that all human beings experience the same feelings when they travel to or live in a different country or culture. He found that culture shock is almost like a disease: it has a cause, symptoms, and a cure.

Body:

2. Whenever someone travels overseas they are like “a fish out of water.” Like the fish, they have been swimming in their own culture all their lives. A fish doesn’t know what water is. Likewise, we often do not think too much about the culture we are raised in. Our culture helps to shape our identity. Many of the cues of interpersonal communication (body language, words, facial expressions, tone of voice, idioms, slang) are different in different cultures. One of the reasons that we feel like a fish out of water when we enter a new culture is that we do not know all of the cues that are used in the new culture.
3. Psychologists tell us that there are five distinct phases (or stages) of culture shock. It is important to understand that culture shock happens to all people who travel abroad, but some people have much stronger reactions than others.
4. During the first few days of your stay in a new country, everything usually goes fairly smoothly. You are excited about being in a new place where there are new sights and sounds, new smells and tastes. You may have some problems, but accept them as just part of the newness. You may find yourself staying in hotels or with a homestay family that is excited to meet you. You may find that “the red carpet” has been rolled out and you may be taken to restaurants, movies, and tours of the sights. Your new acquaintances may want to take you out to many places and “show them off.” This first stage of culture shock is called the “honeymoon phase.”
5. Unfortunately, this honeymoon phase often comes to an end fairly soon. You have to deal with transportation problems (buses that don’t come on time), shopping problems (can’t buy favourite foods), or communication problems (just what does “Chill out, dude” mean?). It may start to seem like people no longer care about your problems. They may help, but they don’t seem to understand your concern over what they see as small problems. You might even start to think that the people in the host country don’t like foreigners.
6. This may lead to the second stage of culture shock, known as the “rejection phase.” You may begin to feel aggressive and start to complain about the host culture/country. However, it is important to recognize that these feelings are real and can become serious. This phase is a kind of crisis in the “disease” of culture shock. It is called the “rejection” phase because it is at this point that you start to reject the host country, complaining about and noticing only the bad things that bother you. At this stage you either get stronger and stay, or weaker and go home (physically or only mentally).



(continued)

Source: <<http://international.ouc.bc.ca/cultureshock/printtext.htm>>.

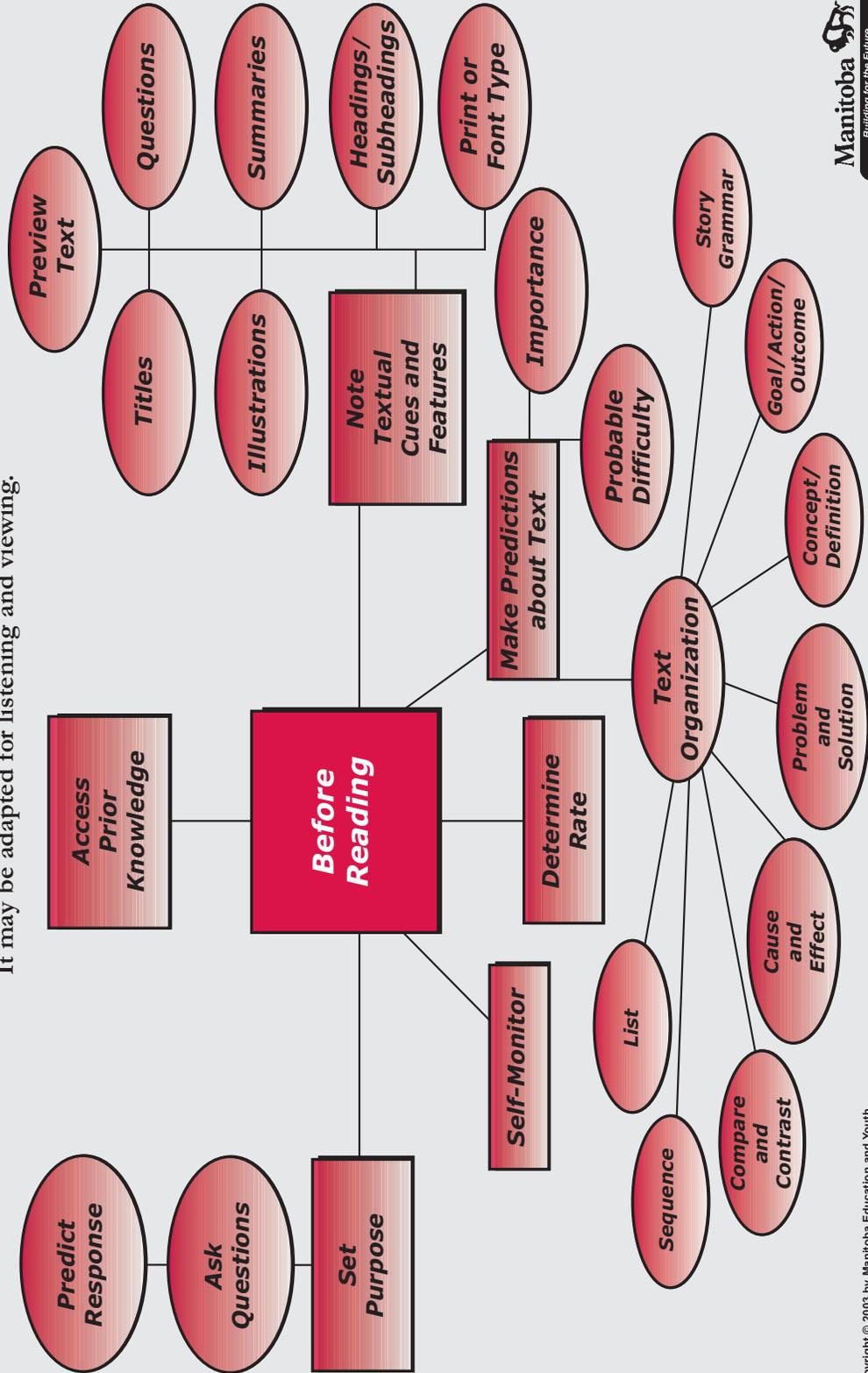
Culture Shock : A Fish Out of Water (continued)

7. If you don't survive stage two successfully, you may find yourself moving into stage three: the "regression phase." The word "regression" means moving backward, and in this phase of culture shock, you spend much of your time speaking your own language, watching videos from your home country, eating food from home. You may also notice that you are moving around campus or around town with a group of students who speak your own language. You may spend most of this time complaining about the host country/culture.
 8. Also in the regression phase, you may only remember the good things about your home country. Your homeland may suddenly seem marvellously wonderful; all the difficulties that you had there are forgotten and you may find yourself wondering why you ever left (hint: you left to learn English!). You may now only remember your home country as a wonderful place in which nothing ever went wrong for you. Of course, this is not true, but an illusion created by your culture shock "disease."
 9. If you survive the third stage successfully (or miss it completely) you will move into the fourth stage of culture shock called the "recovery phase" or the "at-ease-at-last phase." In this stage you become more comfortable with the language and you also feel more comfortable with the customs of the host country. You can now move around without a feeling of anxiety. You still have problems with some of the social cues and you may still not understand everything people say (especially idioms). However, you are now 90% adjusted to the new culture and you start to realize that no country is that much better than another—there are just different lifestyles and different ways to deal with the problems of life.
 10. With this complete adjustment, you accept the food, drinks, habits and customs of the host country, and you may even find yourself preferring some things in the host country to things at home. You have now understood that there are different ways to live your life and that no way is really better than another, just different. Finally you have become comfortable in the new place.
 11. It is important to remember that not everyone experiences all the phases of culture shock. It is also important to know that you can experience all of them at different times: you might experience the regression phase before the rejection phase, etc. You might even experience the regression phase on Monday, the at-ease phase on Tuesday, the honeymoon phase on Wednesday, and the rejection phase again on Thursday. "What will Friday be like?"
 12. Much later, you may find yourself returning to your homeland and—guess what?—you may find yourself entering the fifth phase of culture shock. This is called "reverse culture shock" or "return culture shock" and occurs when you return home. You have been away for a long time, becoming comfortable with the habits and customs of a new lifestyle and you may find that you are no longer completely comfortable in your home country. Many things may have changed while you were away and—surprise! surprise!—it may take a little while to become at ease with the cues and signs and symbols of your home culture.
- Conclusion
13. Reverse culture shock can be very difficult. There is a risk of sickness or emotional problems in many of the phases of culture shock. Remember to be kind to yourself all the time that you are overseas, and when you get home, give yourself time to adjust. Be your own best friend. If you do these things you will be a much stronger person. If you do these things, congratulations—you will be a citizen of the world!

Comprehension Strategies

Use Comprehension Strategies and Cues Before Reading

This map summarizes what effective readers do before reading. It may be adapted for listening and viewing.



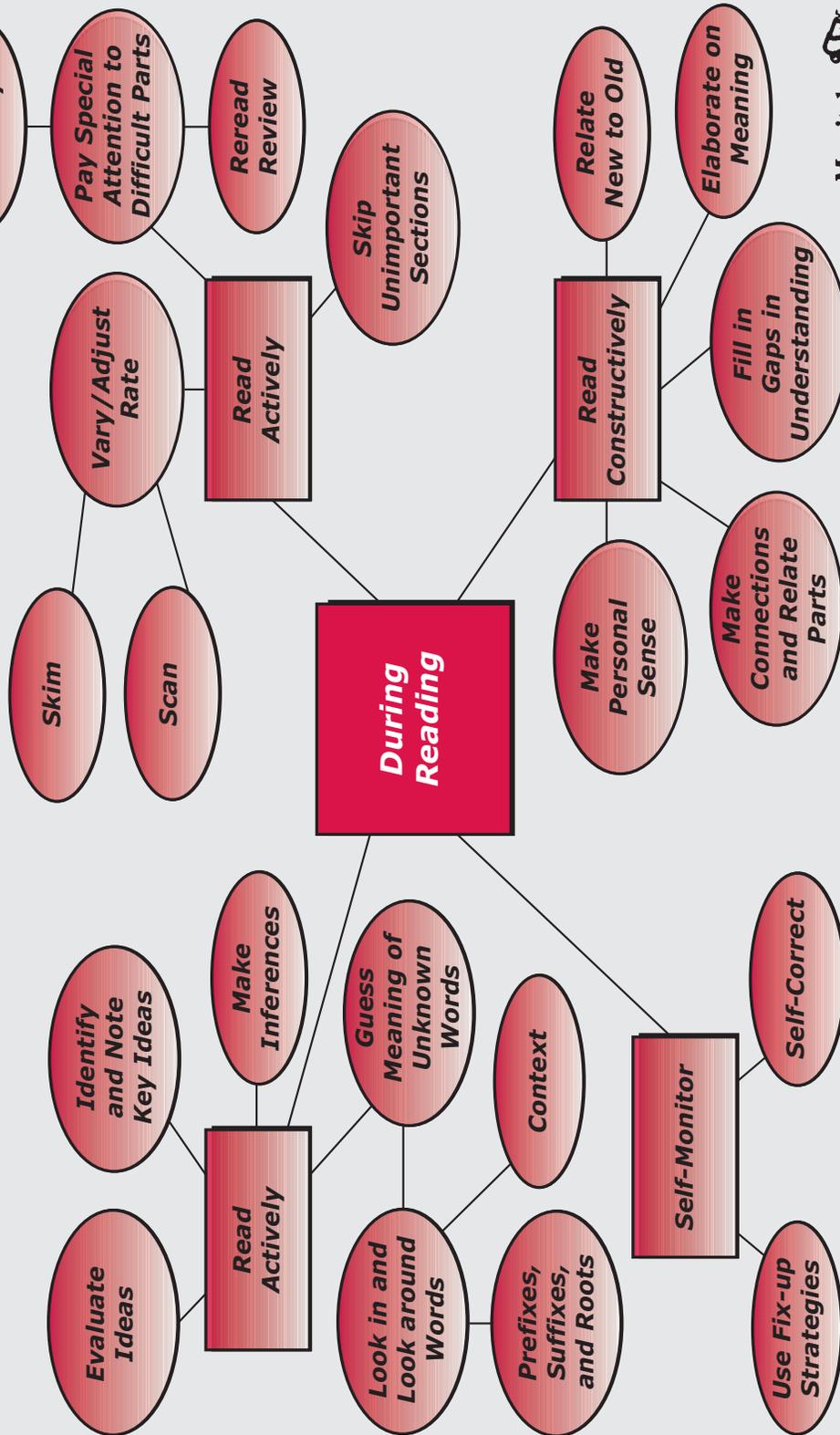
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(continued)

Comprehension Strategies (continued)

Use Comprehension Strategies and Cues During Reading

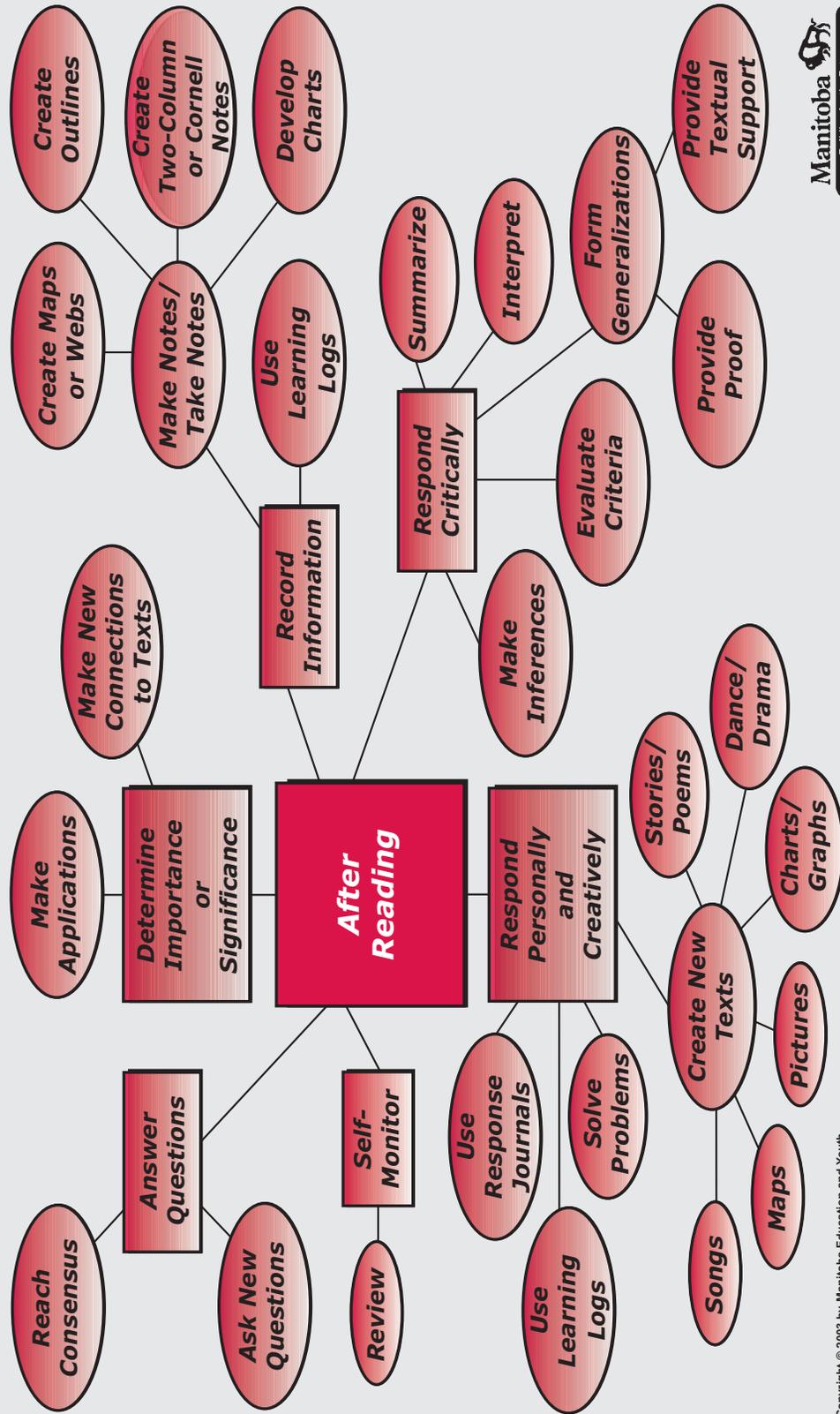
This map summarizes what effective readers do during reading.
It may be adapted for listening and viewing.



Comprehension Strategies (continued)

Use Comprehension Strategies and Cues After Reading

This map summarizes what effective readers do after reading.
It may be adapted for listening and viewing.



Culture Quotes

*All good people agree,
And all good people say,
All nice people, like us, are We
And everyone else is They.
But if you cross over the sea,
Instead of over the way,
You may end by (think of
it!) looking on We
As only a sort of They!
--Rudyard Kipling
"We and They"*

Understanding Other Cultures

Keep in mind the "seven lessons" writer Craig Storti derived from his book of cross-cultural dialogues:

1. Don't assume sameness.
2. What you think of as normal or human behaviour may only be cultural.
3. Familiar behaviours may have different meanings.
4. Don't assume that what you meant is what was understood.
5. Don't assume that what you understood is what was meant.
6. You don't have to like or accept "different" behaviour, but you should try to understand where it comes from.
7. Most people do behave rationally; you just have to discover the rationale.

"Despite popular beliefs to the contrary, the single greatest barrier to business success is the one erected by culture."

—Edward T. Hall and Mildred Reed Hall
Hidden Differences: Doing Business with the Japanese

Practical Steps to Relieve Culture Shock

In *The Whole World Guide to Culture Learning*, J. Daniel Hess explains that "one of the problems with culture shock is that frequently people don't realize (or deny) they are experiencing it. The feelings are ascribed to other causes. It is difficult to counteract something you don't believe is affecting you, but once you do recognize what is happening, there are a number of things to do."

Here are some suggestions for people who are experiencing the loneliness or other distress of culture shock.

1. People are important. Don't isolate yourself. Interact with everyone you can. You may need to take the first step because they may not realize that you are lonely. Give small gifts, help with something, smile, and ask questions.
2. Keep your environment comfortable. Decorate it with little reminders of home: a favourite cup or photo. Play your music or watch a video. But try the new ones too.
3. Slow down until your body and emotions have had time to catch up. You've gone through a major change in your life and you need time. Simplify and relax.
4. Do the same thing every day until you feel that it is part of your routine.
5. Express your feelings. This may be privately, through prayer, writing, journaling, art, etc., or publicly to a friend.
6. When you feel disappointed or frustrated in your slow progress, remember that this is just a detour—and detours often have beauties of their own.
7. Work on the language. Being able to use even small bits will increase your confidence and enjoyment. And it's a great way to make friends.
8. Keep moving—find ways and time to get exercise. What do the locals do for fun?
9. Friends and host families want you to succeed. Let them know when you are sad so that they can support you.
10. Make a few small plans and complete them. Every little achievement will help you gain the confidence to tackle the next one.

Remember that culture shock is a normal process of adjustment, and if you allow yourself time and kindness, it will pass. Some people fear that if they adjust too well to the new environment, they will forget their old one, but a better view is enrichment—you will now have two cultures to draw on.

