

HIV and AIDS

Part A

Objectives

In this part of Unit 4 you will:

- do a quiz about the HIV / AIDS virus
- listen to a description of how HIV is transmitted
- make sentences giving advice and using *in case*
- identify and practise rhythm patterns
- practise different ways of saying 'no' politely
- take part in a role-play
- read and discuss some myths about HIV / AIDS
- take part in chain discussions on different HIV / AIDS topics
- learn how to write formal letters
- write a reply to a formal letter.

A4.1 Introduction: What do you know about the HIV / AIDS virus?

virus / 'vaɪrəs / *noun* [countable] **1** a very small living thing that causes diseases, or an illness caused by this: *the common cold virus* **2** a set of instructions secretly put into a computer that can destroy information stored in the computer

HIV / eɪtʃ aɪ 'vi:/ *noun* [uncountable] a virus that can develop into the disease AIDS

AIDS / eɪdz / *noun* [uncountable] *Acquired Immune Deficiency Syndrome* a very serious disease that stops your body from defending itself against infections: *the AIDS virus / AIDS sufferers*

Work in a small group. Discuss the answers to the questions in this quiz. It will tell you how much you know about the transmission of the HIV / AIDS virus.

Choose as many answers as you like to each of the questions. More than one may be correct.

1 How is HIV transmitted?

- a** Through any body fluid of an infected person
- b** Through the blood of an infected person
- c** Through the touch of an infected person
- d** By mosquitoes

- 2 In which situations can the virus be transmitted?**
- a By using a toilet which has been used by someone who is HIVpositive.
 - b By using a cup that has been used by someone who is HIVpositive.
 - c By kissing someone who is HIVpositive.
 - d By having sex with someone who is HIVpositive.
 - e By touching a wound on someone who is HIVpositive.
 - f By swimming in the same pool with someone who is HIV positive.
- 3 In which of the following situations is it safe to have sex?**
- a With a virgin.
 - b With just one partner who has been HIV tested.
 - c With anyone as long as a condom is used.
 - d If you are HIV positive then by having sex with someone else who is HIV positive.
- 4 Which of the following is (or are) the best way (or ways) to ‘beat the virus’?**
- a Using condoms
 - b Abstinence
 - c Taking ART (Anti-retroviral treatment which consists of drugs which control the effects of the virus in your body)
 - d Having sex with a virgin
 - e Going to a traditional healer
 - f Having a healthy diet and lifestyle



A4.2 Listening: How HIV is transmitted

Now listen to your teacher to check if your answers to the quiz are correct.

A4.3 Language focus: Giving advice

We can use various modals to give people advice	
<p>a should <i>You should ... You shouldn't ...</i></p> <p>b ought to <i>You ought to ...</i></p>	<p>These are both used in the same way to suggest something that is a good idea. Ought to is not used as often as should, and is rarely used in questions or in the negative.</p> <p><i>You should make sure your younger brothers and sisters know about HIV / AIDS.</i></p> <p><i>You ought to make sure your younger brothers and sisters know about HIV / AIDS.</i></p>
<p>c can <i>You can ... You can't ...</i></p>	<p>We use this to suggest a possible course of action.</p> <p><i>You can help people who are HIV positive by being their friend and supporting them when they are ill.</i></p>
<p>d could <i>You could ...</i></p>	<p>This is used in place of can when we want to give advice politely or if we are not sure that something is possible.</p> <p><i>If you want to help, you could volunteer at your local HIV / AIDS centre.</i></p>
<p>e must <i>You must ... You mustn't ...</i></p>	<p>We use this when we want to give advice that is urgent or essential.</p> <p><i>You must take your ART medicine regularly every day.</i></p>
<p>f Had better <i>You'd better ... You'd better not ...</i></p>	<p>This is also used to give a strong recommendation.</p> <p><i>You'd better see a doctor immediately.</i></p>

We can also use some conditional structures to give advice	
g <i>If I were you, I'd ... If I were you I wouldn't ...</i>	This is very commonly used. It sounds quite friendly as you are putting yourself in the position of the person you are advising. <i>If I were you, I'd be more careful.</i>
h <i>I would advise you to ... I wouldn't advise you to ...</i> i <i>I would recommend you to ... I wouldn't recommend you to ...</i>	This is very formal and polite. <i>I would advise you to change your lifestyle as you are putting yourself at risk.</i>
j <i>My advice would be to ...</i>	This is also quite formal. <i>My advice would be to see a doctor as soon as possible.</i>
Asking for advice	
We can ask for advice using most of the structures above:	
<i>Do you think I should ...? Do you think I can ...? I've got a problem. What should I do? I've got a problem. What can I do?</i>	<i>What would you do? What would you advise me to do? Could you give me some advice about ...?</i>

1 Use structures a – j in the table above to complete each of these sentences.

- Use each structure once only.
 - You can use the positive form or negative form (where possible).
- 1** You are getting too thin. _____ eat more.
 - 2** _____ study economics or maths at university?
 - 3** To save water, _____ wash with a bucket.
 - 4** _____ play with matches. You could start a fire.
 - 5** _____ use that water for drinking. It comes straight from the river and isn't clean.
 - 6** _____ wait in the queue as you could be here for hours. _____ back early tomorrow morning instead.
 - 7** _____ do about my younger brother? He is out until late almost every night and we don't know where he goes.
 - 8** _____ have a part-time job at weekends, or will it interfere with my studies?
 - 9** _____ plan your time carefully in senior secondary school.
 - 10** _____ choose a career that interests you.

2 Construct a two-line dialogue for each of these situations. In the first line person A asks for advice, in the second line, person B gives advice. Use a variety of structures from the table.

Example: *I've cut my finger very deeply.*

A: I've cut my finger very deeply. What should I do?

B: You'd better put a tight bandage around it and hold it up to stop the bleeding.

- 1** I've got a headache.

A: _____

B: _____

- 2** I feel tired.

A: _____

B: _____

- 3** I don't know what to do. My boyfriend wants me to have sex with him.

A: _____

B: _____

4 I feel really ill. I can't concentrate on lessons today.

A: _____
B: _____

5 I have been studying all day, from early this morning until now.

A: _____
B: _____

6 I am not feeling well and I'm losing weight. I think I may be HIV positive but I'm too afraid to be tested.

A: _____
B: _____

A4.4 Language focus: *In case*

In case is used to give a possible future reason for a present action:

I'm buying some food in case I'm hungry later.

(= I'm buying it now, before I get hungry)

Compare this with an *if* sentence for the same situation:

I'll buy some food if I'm hungry later.

(=I'll buy it at the time I'm hungry, not before)

Now compare these sentences:

I'm not going out tonight in case my uncle phones.

I'm going out tonight so if my uncle phones ask him to leave a message for me.

In case is often used to give advice and warnings:

Don't go out without a coat in case you get cold.

Use plastic gloves when treating someone else's wounds in case they are HIV positive.

Note: We use *in case* + present to describe future situations.

in case + past can be used to describe why someone did something:

I wrote my first draft in pencil in case I needed to change it.

1 Complete these sentences with *in case* or *if*: whichever is more logical.

1 You should have some gloves at home _____ you have to treat someone's wound.

2 You should wear gloves _____ you have to treat someone's wound.

3 I'm going to take a sweater to the concert _____ it gets cold.

4 I'll put my sweater on _____ it gets cold.

5 I'll buy a drink at the concert _____ I get thirsty.

6 I'm taking a drink _____ I get thirsty.

- 2** You are going on a trip to visit your cousin who lives in the mountains. Make sentences containing *in case* explaining why you are taking these things with you.

Example: *your sports shoes*

I'm taking my sports shoes in case we play football or basketball.

- 1 an extra sweater
- 2 a torch
- 3 a raincoat
- 4 a football
- 5 a blanket
- 6 your English textbook



- 3** Work with a partner.

- Discuss what advice you would give in each of the following situations
 - Write your advice in a sentence or two, including one or more of the structures practised in this section.
- 1 A rich old man in our town has started picking me up from school in his car and taking me home. I am worried that he may want me to have sex with him.
 - 2 My boyfriend wants me to have sex with him. He says he has never had sex with anyone else.
 - 3 My friend has sex with lots of different girls. He says he is careful because he always goes with girls from nice families. He says I am stupid not to do the same thing.
 - 4 I have recently been diagnosed HIV positive. I am very depressed as I am sure there is no hope for me.



A4.5 Speaking: Pronunciation – Rhythm

The rhythm of English comes from the pattern of stressed and unstressed syllables in utterances. It is important to remember that syllables in English are not of equal length: stressed syllables are longer than unstressed syllables.

o O o O o o O o o o

Examples: *advice important uncomfortable*

When we put words together, the unstressed words are often very short in length.

o O O O o O

I don't know what to do.

o o O o

Are you ready?

Note: When we contract verbs, they become part of the word that comes before them in the sentence. Compare these rhythm patterns.

o o O O o

I have not seen him

o O O o

I haven't seen him

o O O o

I've not seen him

When focussing on rhythm, it's a good idea to clap it (a loud and long clap for a stressed syllable, a short and quick clap for an unstressed syllable).

1 Match the rhythm patterns on the left with the phrases on the right. Practise saying and clapping them.

1 What should I do?	a o O o O o
2 Do you think I should?	b o o O o o O O
3 You ought to go home.	c O o o O
4 You must be careful.	d o O o O
5 You'd better not.	e o O o O O
6 I'd advise you to say 'no'.	f o o O o O

2 Match the words and phrases with the same rhythm pattern.

[Empty box for matching words and phrases with rhythm patterns]

3 Work in a group.

- a** Work out the rhythm pattern for these sentences.
 - 1** My sister was ill, so she went to the doctor.
 - 2** If she hadn't gone to the doctor, she wouldn't have got better.
- b** Now continue the story of 'my sister' in this way:
 - The first person makes up a new past conditional 'if' sentence to follow on from sentence 2 above; *If she hadn't got better, she ...*
 - The second person then makes a new past conditional sentence to follow on from this.
 - Continue in this way until everyone in the group has contributed a new sentence to the story.
 - Now repeat your story, but this time each person must focus on the rhythm and clap their sentence as they say it;
 - o o O O O o
 - If she hadn't got better, she ...*
 - Practise your story several times until you can all clap the rhythm correctly.
 - Be prepared to perform your rhythm story for the rest of the class.

A4.6 Speaking: Role-play – Saying 'no'

1 Read this.

When you are a teenager all sorts of changes happen to your body. You start to produce hormones which make your body start to function as an adult man or woman. These hormones also cause new feelings, sensations and desires that confuse us and are not easy to control. That's why even though many young people know about the dangers of sex outside marriage, they give in to these powerful feelings. In fact, there is a lot of pressure on young people to do things that everyone else seems to be doing, even though they know the consequences could be serious, because saying 'no' is not easy.

2 Work with a partner. One of you is A (a girl) and the other is B (a boy).

- Choose one of the situations below.
- Make up a conversation about what happens next: A must say 'no' and B must try to persuade her to do what he wants.
- Practise your conversation several times and be prepared to perform it for other students.
- Study the language in this box before you start.

Saying 'no'	Trying to persuade someone to do something
<i>I'd really rather not ...</i>	<i>If you like / love me, you will ...</i>
<i>If you don't mind, I'll say 'no' to that.</i>	<i>I have never had sex with anyone.</i>
<i>I don't want ... , if you don't mind.</i>	<i>Saying 'no' means that you are still just a child.</i>
<i>I'm sorry, but I've said 'no' and I'm not going to change my mind.</i>	<i>Why not? Just one It won't do you any harm.</i>
<i>I'd prefer to ... / I'd rather ...</i>	
<i>Why don't we ... instead?</i>	

Situation 1

A meets B in a bar. They talk and B buys A a drink and then another drink. B asks A to go outside with him.

Situation 2

A and B have been going out for several months. They have held hands and gone to the local café together for soft drinks. One day B invites A to his house. He tells her that his family has gone out and won't be back until late.

Situation 3

A and B are outside a bar drinking cola. B suggests that they have a beer together.

3 Discuss what might have happened if A hadn't said 'no' in each of these situations.



A4.7 Reading: Myths about HIV / AIDS

myth / mɪθ / *noun* [countable, uncountable]

1 an idea that many people believe, but which is not true: **myth of the myth of male superiority** **myth that the myth that the disease only affects older people**

2 an ancient story that explains a natural or historical event

1 With a partner, look at these beliefs about HIV / Aids. Discuss which of them are myths.

- It is said that the drug treatment for HIV / Aids is so much worse than the disease itself that it's not worth it.
- It is believed by many that a woman who is HIV positive cannot conceive a child.
- Aids is said to be a death sentence.
- Most young people today are believed to have sex outside marriage and it is unrealistic to expect them to stop.
- The HIV / Aids situation in Africa is commonly believed to be hopeless and out of control.
- It is a common belief that if you take a bath or shower after having sex, you reduce the risk of HIV infection.
- It is said that everyone who is HIV positive gets Aids.

- h** It is commonly believed that a pregnant woman who is HIV positive will pass the virus onto her unborn child.
- i** It is said that in fact there is no such thing as the HIV virus.
- j** The HIV virus is supposed to survive for only a short time outside the body.

2 Now read these rebuttals of the myths. Match each one to the relevant myth listed above.

- 1** Many young people have good relationships with the opposite sex that only involve spending time together, holding hands and maybe kissing, but not having sex. If you want to get married, both you and your partner should have an HIV test. Having sex without being sure that neither of you is HIV positive is a risk.
- 2** As soon as the virus enters your bloodstream you are infected. No amount of washing after the event can change that.
- 3** In dry conditions the HIV virus in body fluids can only survive for a few minutes outside the body. However, in wet conditions, for example inside a syringe or other medical equipment, it can live for weeks. That is why it is so important that syringes are used only once and that medical equipment is properly sterilised between uses.
- 4** The diseases that have come to be associated with AIDS, such as extreme loss of weight, diarrhoea and tuberculosis, have long been common. However, high rates of mortality from these diseases, which used to be confined to the elderly and malnourished, are now common among HIV-infected young and middle-aged people, including well-educated members of the middle class. This clearly points to a link with HIV infection.
- 5** Someone who is HIV positive may or may not develop AIDS. To some extent how long they can stay healthy is up to them. By eating well, taking exercise and getting plenty of rest, by getting quick treatment for any illnesses and thinking positively, they may not get AIDS for many years. Making plans and living life to the full are an important part of this. Anti-retroviral drugs can delay AIDS even further. Thousands of people with HIV / AIDS around the world have been kept healthy by ART treatment. Without it, if they develop AIDS, they are likely to die.
- 6** A woman who is HIV positive can still have a baby, although in late stages of AIDS a pregnant woman has a high risk of miscarriage.
- 7** There is only a 25 per cent chance of an HIV positive mother passing the infection to her unborn child. With medical care, however, the chances can be as low as 2 per cent.
- 8** The HIV virus works slowly and it may be many years before a person carrying it becomes ill. Some people who are HIV positive never become ill. However, most people eventually begin to suffer from many different illnesses which their bodies are unable to fight. This is when we say they have AIDS.
- 9** It is true that some people suffer serious side effects from AIDS medications, and they have to be taken in the correct quantities and at the correct times, which is difficult for some people to remember. However, in countries where they are freely available, the death rate from HIV infection has dropped by about 80 per cent. This indicates that the disease is far more dangerous than the treatment.
- 10** It is true there are many alarming statistics about the spread of HIV / AIDS in Africa. However, HIV / AIDS prevention measures and treatment are working across the continent, and this is borne out by statistics.
 - There has been a decrease of 25 per cent in HIV infection among 15-24 year olds in six out of 11 African capital cities in the last 15 years.
 - Fewer young people are now having sex in nine of 14 sub-Saharan countries than were doing so 15 years ago.

- The number of new cases of HIV infection has stabilised since the 1990s. In other words the number of new people infected with the virus each year is slowly going down.
- There has been a significant increase in the number of people with access to anti-retroviral drug therapy (ART), currently the only effective treatment.

These figures give hope to all of us, both HIV positive and negative. Thousands of people are taking steps to avoid the infection and many who are HIV positive are living full active lives. Communities, too, are taking action by providing support for those in their midst who are HIV positive, or by making sure that AIDS orphans are taken care of.

3 Work in a small group. Look back at the list of myths. Discuss the following:

- why many people think they are true
- any other myths about HIV / AIDS you have heard.

4 Find words in the paragraphs above with these meanings.

- a tube and needle used for removing blood from your body, or for putting drugs into it (paragraph 3)
- to make something completely clean and kill any bacteria in it (paragraph 3)
- to exist in or affect only a particular place or group (paragraph 4)
- ill or weak because of not eating enough good food (paragraph 4)
- when a baby is born much too early and dies (paragraph 6)
- making you feel worried or frightened (paragraph 10)
- stopped changing and become steady (paragraph 10)



A4.8 Speaking: Chain discussions

1 Work in groups. You are going to take part in some chain discussions. Follow these steps:

- Your teacher will give each group a piece of paper with a discussion topic on it.
- In your group, you must think of as many points and ideas about this topic as you can in **five minutes**. They can be facts about it, suggestions, or opinions.
- As you come up with ideas, one person in the group, the scribe, must take notes of what you say at the top of the piece of paper. The notes must be written neatly and occupy as few lines as possible.
- At the end of five minutes, your teacher will tell you to stop and will collect in the pieces of paper.
- Your teacher will redistribute the pieces of paper so that you have a new discussion topic and some notes written by another group.
- One person in the group must read the notes to the others.
- You must now think of some new ideas and thoughts on the topic and a new scribe must take notes of what you say under the notes which are already on the piece of paper. Remember, at this stage you must only write down new ideas.
- Continue in this way until you have discussed all the topics.

2 Before you start talking, read these rules for your discussion:

- Make sure that each group member participates.
- Make sure shy students get a chance to speak by asking for their views.
- If a speaker goes on too long, you may interrupt politely so that you can also have a turn.
- A new scribe should take over the role every time there is a new topic.



3 When you have finished discussing the last topic, you must prepare a short presentation of all the points made about it on the piece of paper. Your teacher will give you five minutes to prepare your presentation.

- You can decide how you want to present your topic: it can all be done by one spokesperson, or you can divide up the points between each person in the group. Don't spend too long deciding how to do it.
- Practise your presentation before giving it to the rest of the class.



A4.9 Writing: Reply to a formal letter

1 Read this letter and answer the questions below.

The HIV/AIDS Centre
..... Hospital
PO Box 789
Harar

Mrs C. Rowda,
Headmistress,
... High School,
P.O. Box 5001,
Harar,

1st March 20--

Dear Mrs Rowda

Proposal for a visit to High School

My niece, Rahel, has informed me that you are shortly to hold an HIV/AIDS awareness week at your school. As an HIV/AIDS victim myself, I was wondering if you would like me to come and speak to your students.

I have been HIV positive for about 15 years, since I was given infected blood during a blood transfusion after a car accident. I have been fortunate in that I have received excellent support from the city hospital and in fact, drawing on skills I developed during a 20-year career as an administrator in a trading company, for the last five years I have been running an HIV/AIDS support centre.

Perhaps it would be useful to give you some idea of what I could do with your students. I have given many talks to all kinds of groups and usually begin by telling my own story; I have found this to be the most effective way of putting across the basic facts of the disease. In addition, I like to invite questions from the audience. If you think students would be unwilling to stand up and ask questions on their own, they can be prepared in advance, submitted anonymously to a teacher, and then read out. In total, I would aim to spend about an hour with the students. I would leave you to decide whether you would like me to speak to just one class, or put classes together in the school hall.

I charge no fee as I believe the message of HIV/AIDS awareness is so important. Indeed, I congratulate you on dedicating a week of valuable school time to this vital topic.

I look forward to hearing from you whether or not you are interested in my offer.

Yours sincerely

Asefa Bona

Asefa Bona (Mr)
Director

Write your answers in your exercise book.

- 1 Is this the first time Mr Bona has written to Mrs Rowda?
- 2 What is the main purpose of this letter? Choose the best answer.
 - a To confirm that he is going to give a talk at the school.
 - b To ask Mrs Rowda for help with planning his visit.
 - c To describe what he is going to do when he comes to the school.
 - d To offer to talk to the students at the school
- 3 What exactly does Mr Bona say he will do?

2 Look at the layout of the letter and identify the features listed below.

Write them in your exercise book.

- | | | |
|---------------------------------|---------------------------|------------------------------|
| a sender's address | b sender's name | c sender's title |
| d sender's signature | e recipient's name | f recipient's address |
| g the greeting | h the close | i the subject heading |
| j the body of the letter | | |

3 What is the structure of Mr Bona's letter? Put these parts of the body of the letter in the order in which they appear.

- a Background information
- b Request for a reply
- c The reason for the letter
- d What the sender is proposing

4 Study the information in this box.**How to write a formal letter****Names, addresses and the date**

- The sender's name and title goes at the bottom of the letter below his / her signature.
- The sender's name goes in the top right-hand corner.
- The recipient's name goes in the top left-hand corner, below the sender's address.
- The date goes below the sender's address, on the same line as the recipient's name.
- The recipient's address goes below his / her name.

Opening and closing

- The greeting, or salutation, in formal letters uses the recipient's title and surname, if you know them e.g. *Dear Mrs Rowda* or *Dear Dr Worku*. If you don't know the name of the person you are writing to, then use *Dear Sir* or *Dear Madam* or *Dear Sir or Madam*.
- The close follows these rules: *Dear Mr Ngoma – Yours sincerely* (use this when you know the recipient's name); *Dear Sir – Yours faithfully* (use this when you don't know the recipient's name).
- In formal letters it is usual but not essential to include a subject heading to give the recipient a brief idea of what you are writing about.

The body of the letter

- Each paragraph of the body of the letter should be indented when you are handwriting it; when it is typed or printed from a computer, paragraphs can start at the beginning of the line, but you should then leave an empty line before the start of each paragraph.

Keep formal letters as short as possible, but be polite and use formal language.

5 Now imagine you are Mrs Rowda and write a reply to Mr Bona's letter.

- Use this structure.

Paragraph 1: Thank Mr Bona for his letter.

Paragraph 2: Accept the offer and Mr Bona's suggestions for what he wants to do.

Paragraph 3: Suggest a date and time for the talk and state who he will be talking to and where it will take place.

Paragraph 4: End the letter with a word of thanks.

- Write a rough draft of your letter. Use formal language (see below).
- When you are happy with your draft, write a final version. Layout the letter correctly. Don't forget a subject heading.

The language of formal letters

Thank you very much for your letter and your kind offer to ...

Regarding the programme for your visit ...

I would like to suggest ...

Please telephone me on ... if this is not convenient.

I look forward to seeing you on ...

Part B

Objectives

In this part of Unit 4 you will:

- practise looking up words in a dictionary
- read texts about HIV / Aids in different parts of Africa
- discuss some HIV / Aids issues
- learn some words to describe statistical data
- write descriptions of graphs
- write a report on HIV / Aids in an African country
- learn some common initials and acronyms
- do a reading and writing assessment task.

B4.1 Study skills: Using a dictionary

A dictionary gives us a lot of information. Each entry in a dictionary gives us the following features:

The **headword**: the word being explained. It helps you to spell the word correctly.
 The **pronunciation**: a phonemic transcription and stress mark help you to say it correctly.
 The **definition**: tells you what the word means; if the word has more than one meaning there is more than one definition.
 The **part of speech**: tells you if it is a verb, noun, adverb, adjective or preposition.
 The **grammar**: tells you if it is a transitive or intransitive verb or a countable or uncountable noun.
 The **example sentence**: shows you how to use the word in a sentence.

1 Look at this dictionary entry. Identify the features listed above.

prescribe / pri'skraɪb / *verb* [transitive] **1** to say what medicine or treatment an ill person should have: **prescribe somebody something** • *The doctor prescribed him tranquilisers.* **2 formal** to state officially what must be done in a situation: • *a punishment prescribed by the law*

2 Dictionary race.

Work with a partner and make sure you have a dictionary. Your teacher will put some words on the board. Look them up and write down the meaning of each one. When you have finished, put your hand up.

3 Do you have a vocabulary notebook? You should have. Write the words you have just found out about in your notebook.

a Write three pieces of information about each word.

Example: *the meaning, part of speech, how to pronounce it.*

b Write your own example sentence about each word (not the one given in your dictionary).



B4.2 Reading: HIV / Aids in Africa

- 1 Look quickly at the texts on the following pages and answer these questions:**
 - a Are these texts from a) books b) emails or letters c) newspapers d) brochures
How do you know?
 - b Which country is each of them about?
- 2 Choose ONE of texts that you would like to read. Then, form a group with some other students who want to read the same text. In your group, look at the headline and discuss what you think the story is about.**
- 3 On your own, do the following. Work as quickly as you can through these tasks. If there is something you can't do, move on to the next task.**
 - a Read the text to get a general understanding of it. Don't stop if you come across a word you don't understand.
 - b Underline the main points of the story (don't underline too much information: limit the sentences you underline to five or less).
 - c Put a bullet point (•) or star (*) next to information given about the general situation of HIV / AIDS in the country you are reading about. In particular highlight any positive or optimistic news.
 - d Look at the five underlined words in the text and try to work out what they mean from the context in which they are used.
- 4 Discuss your progress with the rest of your group.**
- 5 Prepare a short presentation on your text. Each member of the group should be able to give the presentation. Include the following:**
 - A summary of the story
 - An explanation of the meanings of the underlined words
 - Information about the HIV / AIDS situation in that country that you have found out from the text.
- 6 Now form a new group in which every person has read a different text. Each of you should give your presentation about your text to the rest of the group.**

Blanket HIV testing 'could see AIDS dying out in 40 years'

Health officials are considering a radical shift in the war against HIV and Aids that would see everyone tested for the virus and put on a lifetime course of drugs if they are found to be positive.

The strategy, which would involve testing most of the world's population for HIV, aims to reduce the transmission of the virus that causes Aids to a level at which it dies out completely over the next 40 years.

Professor Brian Williams, of the South African Centre for Epidemiological Modelling and Analysis said that transmission of HIV could effectively be halted within five years with the use of antiretroviral drugs (ARVs).

"The epidemic of HIV is really one of the worst plagues of human history," Williams told the American Association for the Advancement of Science meeting in San Diego.

"I hope we can get to the starting line in one to two years and get complete coverage of patients in five years. Maybe that's being optimistic, but we're facing Armageddon."

Major trials of the strategy are planned in Africa and the United States and will feed into a final decision on whether to adopt the measure as public health policy in the next two years. The move follows research that shows blanket prescribing of ARVs could stop HIV transmission and halve cases of Aids-related tuberculosis within ten years.

More than 30-million people are infected with HIV globally and two million die of the syndrome each year. While ARVs have been a huge success in preventing the virus from causing full-blown Aids, scientists estimate



only 12 per cent of those living with the syndrome receive the drugs.

The syndrome is overwhelmingly prevalent in sub-Saharan Africa, which accounts for a quarter of all HIV / Aids cases globally. Half of these are in South Africa.

In general, a person with HIV infects between five to ten others before succumbing to complications of Aids. Treating patients with ARVs within a year of becoming infected can reduce transmission tenfold, enough to cause the epidemic to die out.

"Over the past 25 years we have saved the lives of probably two to three million people using antiretroviral drugs, but almost nothing we have done has had any impact on transmission of the disease," Williams said. "We have stopped people dying but we haven't stopped the epidemic. The question is, can we use these drugs not only to keep people alive, but also to stop transmission and I believe that we can."

Scientists estimate that the cost of implementing the strategy in South Africa alone will be 25 billion South African rands (3 billion US dollars, or 50 billion birr) per year, but in Williams' opinion this approach would save money. "The cost of the drugs would be more than balanced by the cost of treating people for all of these other diseases and then letting them die," he said.

From an article in *Mail & Guardian Online* 22/02/2010

LESOTHO'S LIFE EXPECTANCY CUT SHORT BY HIV, TB

Medical workers are concerned that the lethal combination of HIV infections and tuberculosis (TB) may become the world's next major health crisis.

To mark World TB Day on Wednesday, the NGO Medecins Sans Frontières, also known as Doctors Without Borders, drew attention to Lesotho, which has the world's third-highest prevalence of HIV—the virus that causes Aids – and the fourth-highest prevalence of TB. Here, poverty and dependence on migrant labour complicate treatment in a country where life expectancy is about 40, according to the United States (US) State Department. This places Lesotho among the five countries in the world whose citizens have the shortest average life spans, according to United Nations (UN) and US government figures.

In this mountainous kingdom surrounded by South Africa, some patients battling HIV and TB must walk five hours to reach a clinic for medical treatment.

“It is a problem for us to come to the clinic because sometimes there are gangster men waiting down by the side of the river and yes, sometimes women are raped,” said Tlalane Tsiane, a 21-year-old woman infected with TB and HIV.

Many men in Lesotho travel to South Africa to work in the mines and some return with

HIV and a form of TB that is resistant to multiple antibiotics. The World Health Organisation (WHO) believes drug-resistant strains present a major challenge to the global effort to control the disease.

Helen Bygrave, a medical coordinator for Medecins Sans Frontières, estimated that between 80 to 90 per cent of Lesotho's TB patients are infected with HIV.

“HIV / TB co-infection is the major driver of the massive decrease in life expectancy in Lesotho. In HIV-infected patients, TB is definitely the most common cause of death we have seen,” Bygrave said.

In seeking ways to make the most of scarce resources, Medecins Sans Frontières is helping to support and run a programme in which nurses are given training to take on roles doctors might have carried out. Community health workers later make sure patients are sticking to their treatment regime.

Michel Sidibe, head of the UNAids programme, fears the double infection could become the next new epidemic. “I'm calling for serious attention to TB, and serious attention to TB-HIV co-infection,” he said in an interview.

From an article by Nastasya Tay in *Mail & Guardian* Online 24/03/2010

Cellphones the latest tool in Africa's fight against HIV

Cellphones may become a key weapon in the war against HIV / Aids in Africa, allowing counsellors to reach greater numbers of people, says the chief of the United Nation's Aids agency.

The relatively new technology has a role to play in a continent plagued by inadequate health centres and dilapidated infrastructure, said Michel Sidibe, the executive director of UNAids.

A major cellphone operator in Nigeria already runs a toll-free call scheme that links callers to counsellors on HIV / Aids concerns.

"It's a fascinating initiative," said Sidibe. "Its advantage is that you don't have to move from your place to a centre where you may be stigmatised. You have free communication and quality advice, which can help you take a decision. With basic intensive training and armed with cellphones, local community or village workers could be a part of the health service delivery system," he said.

Despite the resources poured into Sub-Saharan Africa for years to combat HIV / Aids, the region remains the world's most heavily affected, accounting for 67 per cent of HIV infections, according to UNAids figures.

"You need first to look at a community-based approach, tap on non-conventional facilities," Sidibe told Agence-France Presse during a recent trip to Nigeria. "It is time that Africa, saddled with a myriad of economic, political and social woes, got back to basics," he argued.

Africa, which despite widespread poverty has a relatively large number of cellphone users, should take advantage of the digital revolution to reach out widely, he said. "It's something we need to start replicating in Africa, remember we have more cellphones in Africa than in North America," he added.



Nigeria has more than 70-million cellphone subscribers: about one in every two people.

A pilot project using cellphones is under way in the Nigeria's northern Kaduna State and southwestern Ondo State. Village workers who have barely been through secondary school, have been trained to identify symptoms of minor ailments. They tour villages examining patients and use their cellphones to call up trained medical workers at a major referral centre to get a diagnosis and prescription dictated over the phone.

About three million Nigerians, or just under five per cent of Africa's most populous nation are infected with HIV. Nigeria and South Africa, the two economic giants of the continent, account for more than 50 per cent of all HIV cases in Africa.

From an article by Susan Njanji in *Mail & Guardian Online* 08/03/2010

AIDS test villager commits suicide

An HIV test went awry on Tuesday when a man committed suicide shortly after visiting a testing centre.

Mr James Kiptero, 35, bought pesticide from an agrovet store at Cheptongei trading centre barely nine hours after he was tested at the Voluntary Counselling and Testing (VCT) centre in Marakwet District.

According to witnesses, Mr Kiptero had made a phone call asking his relatives to collect his body on the outskirts of the trading centre.

“He has not been sick before; neither was he disturbed,” said a relative at the scene.

HIV / Aids results are private at all VCT centres and the counselling services are offered by trained personnel who handle clients with confidentiality. However, stigma

levels among rural communities remain high.

According to the district’s Aids and sexually transmitted infections control coordinator, Mr Charles Kosgei, the number of people turning up for HIV testing had in the past year recorded improvement but stigma levels remained high despite awareness campaigns. He said all health centres carried out HIV testing but they did not have enough counsellors.

It is estimated that 1.4 million Kenyans are living with Aids. Out of these, about 230,000 receive anti-retroviral treatment, the life-prolonging drugs provided free of charge through public and faith-based health institutions.

The biggest challenges facing people living with Aids are stigma and discrimination.

In Teso, married men are using their wives to know their status, a health official at Kocholia District Hospital has disclosed. Teso North District Aids coordinator Nelson Andanje said men were forcing their wives to go for testing as a way of establishing their own HIV status.

He was addressing a workshop at Amagoro district headquarters on Tuesday.

“Men have been chasing away their wives when they realise that they are positive despite forcing them to go for testing so as to know their status,” Mr Andanje said. A total of 10,838 women were tested for Aids, with only 183 men accompanying them.

From an article by Philemon Suter and Henry Andanje in *The Daily Nation* 23/02/2010

Fear of knowing HIV status hurts blood donation

Kenya is unable to meet its annual blood requirements due to fears among potential donors that their HIV status would be known. The trend has made it difficult and expensive for the National Blood Transfusion Services (NBTS) to recruit and retain blood donors, according to Medical Services minister Anyang’ Nyong’o.

The disclosure comes at a time when many myths about the disease have been debunked and the infection rates have been declining. Statistics from NBTS show that the prevalence of HIV among blood donors is currently at 1.3 per cent, down from 6.4 per cent in 1994 due to proper donor selection practices.

The country has been unable to meet its annual target of 380,000 units of blood due to unfounded fears by donors that they would be informed of their HIV status, Prof Nyong’o said. Some people were in the habit of “hoarding” blood to donate later to a family member, he told the launch of a campaign dubbed “Know your blood group” aimed at reversing the worrying trend of declining blood supply on Friday evening. The minister called on all Kenyans to take blood donation as a personal responsibility to save lives. Noting that one third of transfused blood was utilised by children with anaemia while 15 per cent was used for the

management of pregnancy-related anaemia, Prof Nyong’o underscored the need to save lives of children and women in danger.

“The survival of our nation is dependent upon women and children who are in grave danger if we don’t donate blood,” said the minister at the Sarova Stanley Hotel. He called on volunteer organisations involved in mobilising blood donations to mount aggressive campaigns to boost supplies.

From an article by Sammy Cheboi in *The Daily Nation* 28/02/2010



B4.3 Speaking: Discussion – HIV / AIDS issues

1 In the texts you read about a number of HIV / Aids related issues, some positive examples and some negative. In a small group, discuss these questions.

- Why do you think the Kenyan man who had an HIV / Aids test committed suicide? What could you say to someone in his situation to stop them doing such a thing?
- Why is it important for people to have an HIV test to find out if they have the virus or not? How can communities encourage people to be tested?
- Can you think of ways in which HIV / Aids prevention, treatment and support in your area could be improved?

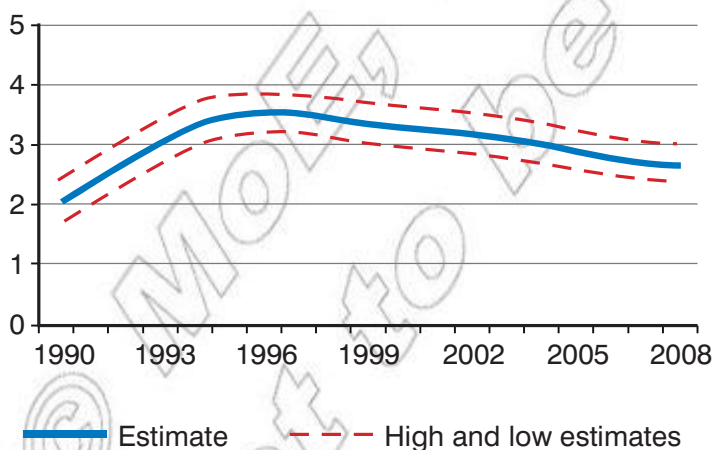
2 Now compare your ideas with those of other groups in the class.

B4.4 Increase your word power: Describing changes or trends

Statistics are often presented in the form of graphs. Line graphs show changes or trends, usually over a period of time.

1 Work with a partner. Look at the graph which tells us about the global HIV/AIDS epidemic. Discuss the following information.

- What is the graph about?
- What does the horizontal axis represent?
- What does the vertical axis represent?
- What does the solid red line represent?
- What does the dotted red line represent?
- What does the graph show us?



Source: UN Aids 2009 Aids global epidemic update www.unaids.org

2 Read this description of the graph.

_____ the period 1990-2008, signs of major progress _____ the response _____ the worldwide HIV / Aids epidemic became apparent. From 1990 _____ 1995 there was a sharp increase _____ the number of people newly infected _____ HIV _____ 2 million _____ 3.6 million. Then the number stabilised _____ a couple of years before it declined slowly _____ 2.8 million _____ 2008.

3 Complete the gaps in the description of the graph with suitable prepositions, *in, to, with* etc.

4 Look at the table.

- a Look at the words in the right-hand column and identify which forms of these words are used in the description above.
- b Add words from the box below to the table. Try to add two forms of the words where possible: noun and verb, adverb and adjective.

Describing changes or trends

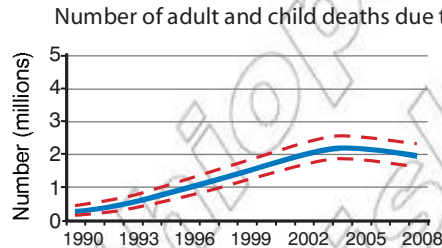
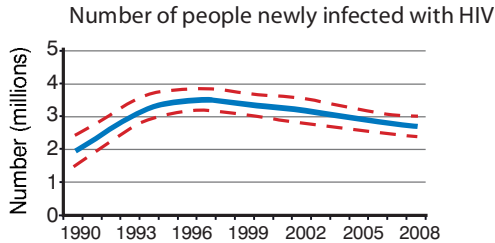
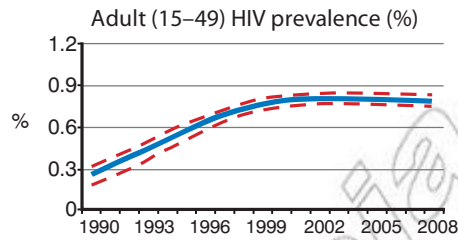
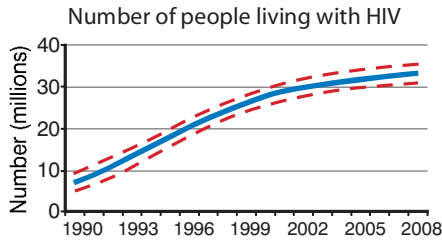
Verbs meaning the number went down	decline	
Nouns meaning the number went down	decline	
Verbs meaning the number went up	increase	
Nouns meaning the number went up	increase	
Verbs meaning the number stayed the same	stabilise	
Nouns meaning the number stayed the same	stabilisation	
Adjectives meaning a significant change	sharp	
Adverbs meaning a significant change	sharply	
Adjectives meaning a not very significant change	slow	
Adverbs meaning not a very significant change	slowly	

increase decrease decline rise fall reach a peak
 fluctuate grow improve dramatic gradual significant
 stable slight steep

5 Look back at the description.

- a What is the tense of the verbs? Why?
- b Put the verbs in brackets in the correct form:
 - 1 So far this year sales _____ (decline).
 - 2 In 2008 there _____ (to be) a decline in sales.
 - 3 Sales _____ (decrease) last year but they _____ (increase) this year.
 - 4 It is predicted that there _____ (to be) a rise in sales next year.
 - 5 Between 2004 and 2005 sales _____ (remain) stable.
 - 6 Since 2006 sales _____ (grow) steadily.

6 Work with a partner. Discuss the changes shown in graphs A–C.



— Estimate - - - High and low estimates

7 Complete these sentences about graphs A–C:

A In 2009 sales of CDs started at _____ and then declined sharply to _____. They then continued to decline, but very gradually, finishing the year at _____.

B In 2009, deaths from pneumonia began at _____

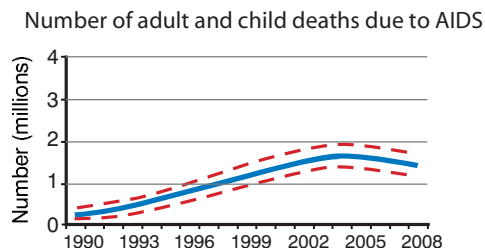
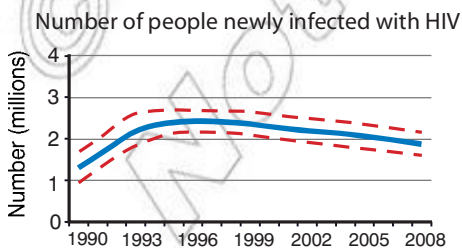
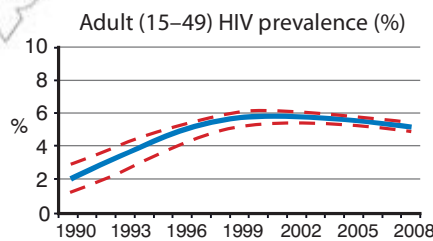
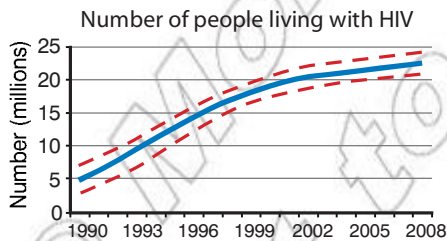
 _____.

C Next year it is predicted that sales of ice cream will begin at 40,000 and then _____

 _____.

8 Write a one-paragraph report on the information in this graph.

Note: the figures are for Sub-Saharan Africa.



— Estimate - - - High and low estimates

**B4.5 Writing:** Report on HIV / AIDS

In the reading section above you read articles about HIV / AIDS in some African countries. Now you are going to write a report on HIV / AIDS in one of those countries.

You can get your information from the texts in the Reading section above and in addition you will have to find more information, if possible from the Internet.

1 Work with a partner and choose which of the four countries mentioned in the articles you want to find out more about.

2 Your report should be in this form.

a Divide it into sections like these:

Infection rates

You can give statistics about how many people are currently infected and how infection rates have grown and possibly fallen in the past 10 or 20 years.

You can also give any other kinds of information about infection rates such as: number of babies born with the virus

The impact of HIV / AIDS

Find out how the epidemic has affected people's lives (for example, the number of AIDS orphans) and the economy of the country.

Treatment and help available

Find out if ARV drugs are available and what other support is given to people who are infected with the virus or are ill and their families (for example, support for AIDS orphans).

HIV prevention

Find out how the government or other agencies is helping to prevent the spread of the virus.

b Include:

- a brief introduction to your topic and your country
- a map to show where in Africa your chosen country is situated
- at least one graph of your statistics.

c Length: Your report should be between 350 and 400 words (about one page if typed, or two pages if handwritten)

3 With your partner, research the information you need. You can do it together, or divide up the information you want between you.

You may need to go to a library, or an Internet café.

4 When you have your information, make notes of what you want to include. You should not copy information directly from a website or a book into your report; it should be written in your own words.

5 Write a first draft of your report.

You should each be responsible for writing different sections. When you have finished, you should critically read each other's work and make constructive suggestions for how it can be improved. You can also show it to your teacher at this stage.

- 6** When you are satisfied with your draft, write the final version neatly.
- 7** When everyone has finished, the reports can be displayed so that you can read each others' reports.

B4.6 Increase your word power: Initials and acronyms

Useful language

Initials are often used as a quick way of referring to names that consist of several words.

Usually we say the initials separately e.g. the U.S.A. (we say "you ess ay").

Some initials can be pronounced as a single word, known as an acronym e.g. "AIDS". Many well-known acronyms are often written in lower case letters e.g. *Aids*

1 Which of these initials are acronyms?

PC ISP WWW ICT AU EU USA UN
UNICEF HIV / AIDS FIFA SADC EAU IOC

2 Match some of the initials to the definitions of what they stand for.

- 1** A company that provides programs which link computers to the Internet
- 2** A union of countries in southern Africa
- 3** An international organisation to protect children
- 4** The world governing body of football
- 5** The governing body of the Olympic Games
- 6** The technology of computers, telephones and the Internet.

3 Work in small group. Discuss what each of the initials and acronyms stands for and then write them in your note book.

Example *PC = personal computer*

4 Make a list of any other initials or acronyms that you know. Ask your partner to say what they stand for.

B4.7 Assessment

1 Speaking and listening

Your teacher will assess your group discussion on HIV / Aids issues in B4.3.

2 Reading and writing

Your teacher will give you a newspaper article about HIV / Aids in South Africa.

- a** Read the text and take notes of the main points in your own words.
- b** Put your notes into a paragraph to make a summary of the text.