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AIDS

Better results with education

ACQUIRED Immunodeficiency Syndrome (AIDS) was first recognised in 1981 and is caused by the human immunodeficiency virus (HIV). The World Health Organisation estimated in the year 2000, there were 36 million people living with HIV/AIDS worldwide. Till the year 1986, HIV/AIDS was non-existent in Malaysia and from that period till 2008, more than 60,000 cases were reported to the Health Ministry.

Men represent the majority of the reported HIV/AIDS cases, but what is alarming is the rate of infection among women in Malaysia has risen from 1.4 per cent in 1990 to 16 per cent in 2007, with housewives

and women with respectable careers outnumbering sex workers and female drug addicts.

In 2005, the Durex Global Sex Survey revealed 35 per cent of Malaysians admitted to having unprotected sex without knowing their partners' sexual history. The health authorities project, if the present situation continues, Malaysia will have 300,000 HIV carriers by the year 2015.

On the issue of mandatory pre-marital HIV screening, Datin Paduka Marina Mahathir, adviser to the Malaysian AIDS Council, in her interview with Al Jazeera, said this was not the way to go as:

- The cost is high, and with the prevalence rate of the disease being at 0.016 per cent of the general population, the money is better spent educating the people instead of testing them.

- Mandatory testing has failed all over the world because it does not raise the level of education and no real counselling takes place.

- A negative test does not mean a person is not infected as there is a three to six months' window period when the disease cannot be detected.

Statistics from 2007 from states that had earlier implemented the mandatory testing show that eight out of nine

couples call off their weddings after either partner tests negative for HIV.

Prof Adeeba Kamarulzaman, the Malaysian AIDS Council president, has said that the lack of knowledge among Malaysians on HIV/AIDS worries her as people must realise that there is so much advancement in the world of HIV treatment that a person can live up to 49 years from the time they start treatment.

On the issue of mandatory pre-marital HIV testing, she is of the view that it will only work if the gold standard of Consent, Counselling and Confidentiality is maintained.

Pre-test counselling involves

an assessment of the risk of exposure and explores a person's knowledge about HIV infection. The counsellor will also be able to assess how a person will be able to cope with a positive result and help him or her plan for this possibility.

In a case of post-test positive results, the attending physician should be ready to provide emotional support, review coping strategies and organise continued contact and medical follow-up. For those with a negative result but at risk of infection, counselling on behavioural change is needed.

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