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Cure for HIV lies in society's acceptance

While it is no longer a death sentence, people with HIV still battle against discrimination.

PRIOR to working in HIV, I was once a bright-eyed science student who had lofty dreams of developing a cancer cure. I have worked on many cancer-related projects, from modifying genes to enhancing immune response to “forcing” genetically modified mice to have sex – all in the name of science, of course.

Upon my return to Malaysia, I attempted to work on the subject of my PhD, the Human Papillomavirus (HPV). As fate would have it, in 2014, Professor Datuk Dr Adeeba Kamarulzaman provided me with the opportunity to step out of my comfort zone of virus culture and pipettes, and I began to work with the hardest science subject of all – humans.

As a “lab person”, I am comfortable with handling blood samples and other human excreta, despite the strict procedures when handling HIV-positive samples to minimise cross-contamination.

Yet nothing could prepare me for the human aspect of HIV – to know people living with HIV (PLHIV) on a personal level, to see them as more than coded numbers on labelled tubes containing their blood.

Coming from a lower-middle class, conservative and sheltered background, my own stigma was not easy to overcome.

Growing up, people who used drugs, sex workers and transgenders were accepted in my community in Penang, but always with the caution from parents and neighbours to “not be like them”.

Meeting with grassroots NGOs and being involved in volunteer projects with the marginalised in Klang Valley was to me an eye-opener and a personal lesson in privilege.

It was then I realised that it does not matter if science advances so rapidly that we have the cure for HIV tomorrow.

What matters more are the human aspects – for PLHIV to have accessibility to treatment, the ability to earn a living and simply be accepted by society.

In short, there is a need for everyone to have their basic human rights met, before we privileged folks start arguing over the price of new drugs or debating on whether stricter Syariah laws would solve the transmission of new HIV cases (evidence has shown that they do not).

I saw personally why many are advocating treatment rather than punitive measures when it comes to dealing with HIV and drug addiction.

It has been 33 years since the publication by Francoise Barre-Sinoussi and her team identifying HIV as the cause of the rapid decline in CD4 immune cells among men who have sex with other men – a term inclusive of heterosexual men.

Today, the most recent statistics show a growing number of new infections among women who are housewives (in 2014, 278 of 697 women who reported new HIV transmission were housewives, out of a total of 3,517 cases reported by the Ministry of Health that year).

Overall, with a prevalence rate of around 0.45%, HIV transmission is under control in Malaysia.

We seem to be on track towards an AIDS-free world by 2030, with recent data showing that the mortality rate in PLHIV is comparable to the general population.

In simple terms, we all die of common illnesses associated with ageing, cardiovascular disease, diabetes and cancer.

People can truly and positively live with HIV today, rather than it being the “death

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sentence" that it was a decade ago.

Yet, as my own personal journey can attest, the bigger challenge lies in the inequality among us.

The poor bear the brunt of any disease – those without health insurance or financial back-up if they were to lose their means to earn a living, and who face discrimination due to having been diagnosed with a highly stigmatised illness such as HIV.

It is time for our policymakers to really look at the data and learn from policies successfully implemented by other countries in dealing with the issues surrounding HIV. Punitive measures have been shown over and over again to be futile.

We must instead push for more health-based policies and reduce stigma against HIV key populations through advocacy and sensitisation if we are serious about mitigating this disease.

There is a need for our society to no longer consider conversations on sex as taboo, and to lobby for comprehensive, non-abstinence-based sex education to be included in our school curriculum.

It is time for women to speak up with regard to consent and sexual behaviour with our partners, and be more aware of our rights to sexual reproductive health.

There is a need to read, learn and advocate evidence backed by science, rather than propagating heresy or hiding behind the guise of religion.

While we do need to take preventive meas-

ures to keep from getting infected (i.e. practising safe sex including condom use, use of pre-exposure prophylaxis and use of clean needles among drug users), we must also learn to break our own stigma when it comes to the key populations at higher risk of contracting HIV – drug users, sex workers, gay men and transgenders.

We are all in this world together, and the ultimate cure lies in our compassion and kindness towards each other.

Lyana Khairuddin is an academic with a local public university who runs to keep being optimistic about Malaysia. The views expressed here are entirely her own.

