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## AIDS issues need more publicity

**AIDS** (Acquired Immunodeficiency Syndrome) was first recognised in 1981 and is caused by HIV (the Human Immunodeficiency Virus). The World Health Organisation estimated in 2000 there were 36 million people living with HIV/AIDS worldwide. Till 1986 HIV/AIDS was non-existent in Malaysia and from then till 2008 there have been more than 60,000 cases reported to the Health Ministry.

Men represent majority of the reported HIV/AIDS cases (about 90%), but what is alarming is the rate of infection among women in Malaysia has risen from 1.4% in 1990 to 16% in 2007 with housewives and women with respectable carriers outnumbering the sex workers and female drug addicts.

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

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

- » The cost is high, and with the prevalence rate of the disease being at 0.016% 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 doesn't raise the level of education and no real counselling takes place.
- » A negative test result does not mean a person is not infected as there is a 3-6 month window where the disease cannot be detected.

Statistics from 2007 from states which had implemented mandatory testing show that eight out of nine couples called off their weddings after either partner tested negative for HIV.

Prof Adeeba Kamarulzaman, Malaysian AIDS Council president, in a interview 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 said in a press statement 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 the person plan for this possibility.

In cases of 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 who are at risk of infection counselling on behavioural change is needed.

Finally, the more knowledge and openness there is to this subject the better the approach will be to tackling this growing epidemic.

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