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Prof Kua Ee Heok, Editor
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**Editorial**

# AIDS and Education: Have We Done Enough?

**B K W Ho**

The Human Immunodeficiency Virus (HIV) was discovered in 1983 and this was followed by the first approved HIV antibody test in 1985. Today, an estimated 30 million have contracted the virus; 6 million have already died. Ninety per cent of infections occur in developing countries with sub-Sahara Africa. South Asia and South East Asia reporting the greatest increase in numbers[1]. By the year 2000, there could be well over 40 million infected persons, 40% of whom will be in Asia.

Singapore has fortunately been spared from the worst excesses of the epidemic. As of 30 June 1997, a total of 631 cases of HIV infection have been reported: the number of new cases reported each year has increased from 2 in 1985 to 139 in 1996, with heterosexual transmission being the commonest mode of transmission.

HIV commonly infects adults in their prime; 40% of whom are women. This exacts an enormous toll on surviving family members.

From the beginning, health authorities were confronted with the challenge of reporting this epidemic in a responsible manner, to inform and educate rather than to alarm. Coverage was intended to highlight the disease's impact on multiple communities, and to demonstrate its impact on individuals and families rather than to instil shame, blame, fear and further stigmatisation.

As HIV is transmitted primarily by drug injecting and sexual behaviour, education enabling changes in risk taking behaviour have the greatest potential to avert suffering and save lives. Working with people who are most at risk of contracting HIV and enabling them to protect themselves and others is still the most cost effective way to reduce infection rates.

However, social and cultural realities make AIDS education policies especially challenging. It stirs religious sensitivities and involves bioethical issues such as patient confidentiality, testing without informed consent and the lack of adequate counselling for patients especially foreign workers.

All too often, educational policies cover facts about the disease, the virus, the modes of transmission and preventive measures. They fail to address the psychological impact and trauma for those already stricken with the virus or those having an infected family member or friend. This reinforces the climate of fear and hardens public attitudes. A good knowledge of HIV does not necessarily translate into a favourable attitude towards people living with the virus[2].

There is a need to change the hearts and minds of the public; to put a human face to the epidemic, to demystify misconceptions and to accord dignity to those who are already living with the virus. It is irrelevant how they contracted the virus; they are still entitled to support whether they are gay, intravenous drug users or sex workers. Unfortunately, we still read of patients being rejected by their families, medical personnel who refuse to work with AIDS patients and those who have been threatened with job losses. Voluntary testing is a valuable weapon in the fight against the epidemic; unfortunately, fear of rejection threatens to drive the epidemic underground, preventing many from seeking treatment until symptoms begin to appear.

There is no reason why people living with HIV cannot attain full employment and function productively as the majority are healthy and free from symptoms.

Many Asian businesses do not have defined HIV policies or guidelines for managing HIV in the workplace. Very often attitudes of business management are unfavourable towards issues as medical coverage, continued employment of the infected worker and redeployment to a less strenuous work environment. There is a strong need for a more rational approach towards HIV at the workplace which addresses issues such as alleviating co-workers' anxieties, job transfers and continued medical benefits.

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Department of Psychological Medicine, National University of Singapore, 5 Lower Kent Ridge Road, Singapore 119074
B K W Ho, MBBS, MRCPsych, MPM, Senior Teaching Fellow