

PRIME MINISTER LEE HSIEN LOONG ON THE LONG-TERM CHALLENGE SINGAPORE FACES, IN AN INTERVIEW ON FRIDAY WITH VISITING ASEAN JOURNALISTS:



WEE TECK HUAN

Our biggest challenge is to keep our identity and our national spirit in a very globalised world – speak English, sing English songs, browse the Internet, travel the world, but home is Singapore. That's something we have to do a lot of work to maintain and that's one of the reasons why we celebrate National Day the way we do.

## hot news

## Chat ... and do your sums

Online maths tutoring is one of the ways kids get community help

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WHEN Adeline Chong does her algebra homework, she often chats online with "Friends". It is one of the reasons why her grades have improved from C5 to A1.

The 16-year-old's mathematics tutor Chee Geok Kee – known online as "Friends" – explains difficult algebra sums via MSN Messenger several nights a week.

Yesterday, Education Minister Tharman Shanmugaratnam lauded the efforts of Ms Chee, who is Adeline's tutor at the Chinese Development Assistance Council (CDAC), and others like her at its student awards ceremony.

With a growing income gap as a backdrop, Mr Shanmugaratnam said a "whole-community approach" is needed to help children from low-income families do well in school – and community self-help groups such as CDAC, the Eurasian Association, Mendaki and Sinda are "key partners".

One area in which the groups will be doing more is to help children entering Primary One who have little or no pre-school experience.

A pilot Bridging Programme for about 100 primary school pupils from 12 schools is being expanded this year to all primary schools.

The programme, which began last year, entails a one-month course that focuses on English, Mathematics and basic schooling skills required for Primary One registration, said a CDAC spokeswoman.

These children are picked with the help of the Education Ministry

and the PAP Community Foundation and referred to the various self-help groups based on mother tongue.

So far, students from lower-income backgrounds "can still do well in education", said Mr Shanmugaratnam, who added that his ministry tracks how well students from different home backgrounds fare, according to their parent's income and educational levels.

The findings indicate that a student from the bottom third in home background has a 50 per cent chance of being among the top or middle third in Primary School Leaving Examination results. This is also seen in secondary schools and tertiary institutions.

The CDAC will also reach out to children with special needs from low-income families. Details of the programme will be released next month.

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# THEY'VE GOT THE X FACTOR

SINGAPORE'S OXFORD STAR HE DEFIES CONVENTION TO MAJOR IN ENGLISH AND TOPS HIS COLLEGE. WILL THIS WICKEDLY FUNNY, QUIETLY REBELLIOUS CHAP BE ABLE TO FIT INTO SINGAPORE?



THE FAMILY THAT GREW AND GREW SINGAPOREAN AND HIS NZ WIFE'S ADOPTED KIDS PINE FOR THEIR SIBLINGS BACK HOME. FAMILY GOES BACK TO CAMBODIA TO ADOPT THE TWO SIBLINGS.



MY BRAVEHEART BROTHER A YOUNGER BROTHER DONATES HIS KIDNEY TO HIS SISTER. IT IS MY BROTHER – NOT I – WHO IS THE BRAVE ONE, SAYS SISTER WITH TEARS IN HER EYES.

XTRAORDINARY STORIES ABOUT XTRAORDINARY SINGAPOREANS. LOOK OUT FOR MORE SUCH STORIES IN OUR WEEKEND TODAY. THE PAPER WITH THE XTRA PERSPECTIVE.

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## NO ROOM FOR SEXUAL MORALITY IN AIDS CONVERSATION

Campaigns focusing on those at high risk could promote denial and a false sense of security

HELEN EPSTEIN

WHEN scientists first identified the human immunodeficiency virus (HIV) in 1984, they expected to have a vaccine in two years. Twenty-three years later, we are still waiting.

Various partially effective means of preventing the spread of Acquired Immuno-Deficiency Syndrome (Aids) have been developed. Consistent condom use reduces the likelihood of HIV transmission, as does male circumcision. But people seldom use condoms consistently, and male circumcision is still rare in the most highly Aids-affected countries.

What can be done? One is to explore what happened in places where the epidemic did turn around. It's become increasingly clear to me that the key to fighting Aids lies in something for which public health has no

name or programme. It is best described as a sense of solidarity, compassion and mutual aid. Because our sexuality is shaped by society and because sex itself involves more than one person, behaviour change is a collective act, not one of individuals acting alone.

Almost as soon as the first bulletins about a new disease affecting homosexual men appeared in United States newspapers in 1981, the entire gay community rose up against it. Gay people argued about bathhouses and condoms; they chained themselves to government buildings to protest official inaction; they nursed their dying friends.

If you visit the Aids section of any library, you'll find a wall of literature from that time: Poems, plays, memoirs, art books, philosophical essays. It was like a mass conversation. A huge shift in sexual norms occurred, and the incidence of HIV infection fell by about 80 per cent.

Something similar happened in Uganda when the HIV rate there plummeted by about 70 per cent in the 1990s. I worked in

newscomment  
we set you thinking

Uganda at that time, and I remember thinking that the epidemic might have been different from the gay epidemic, but the response was remarkably similar.

There were plays, vigils and marches, and everyone talked about Aids in highly personal ways. There was vigorous public debate about condoms and about how men and women treated one another.

People volunteered to care for the sick and their orphaned children. As one man explained: "You'd go over, take care of the kids, sweep the floor, just sit and talk to the patient; you couldn't just do nothing."

We'll never know why people in other African countries did not respond to Aids in this way, but I've wondered whether it didn't have something to do with the fact that Ugandans, like gay men, knew where their risks were coming from, and this

enabled a more open, pragmatic response.

In 1986 – long before rich donors such as the US government and the United Nations came on the scene – Ugandan health officials designed their own HIV prevention programme.

It was based on a crucial epidemiological insight that has, until recently, eluded most outsiders working on Aids in Africa: HIV rates are high in this region not because people have so many sexual partners, but because they are more likely than people elsewhere to have perhaps two or three long-term partners at a time.

This "long-term concurrency" differs from both "serial monogamy" and casual, commercial sexual encounters. But long-term concurrent relationships are more dangerous, because they link people into a giant network that creates a superhighway for HIV.

Uganda's original Aids campaign had two main messages. First, "zero grazing" – local slang meaning roughly, "try to stick to one partner, but at least avoid casual partners, and cut down on concurrent partners if you

can". And second, everyone is at risk, not just prostitutes, truckers and other so-called promiscuous people.

Elsewhere in Africa, I have noticed how many Aids campaigns suggest that people with Aids are "promiscuous".

When I visited Botswana a couple of years ago, a US-funded campaign to promote condoms was under way. It had a ribald, sexy tone. I remember one poster of a boxing glove, a condom and the slogan: "It can take the fiercest punches". The ad reflected the prevailing view among epidemiologists at the time, that HIV was spread by "high-risk groups".

This was true in most of the rest of the world, but not in Botswana. The ad and others like it may have promoted a false sense of security, and by associating HIV with womanising and violence, the ads may also have unintentionally reinforced the shame and denial that has made Aids prevention in southern Africa so difficult.

In 1992, foreign donors phased out Uganda's zero grazing campaign and replaced it with a programme emphasising condom use

for "people at high risk". But a few years ago, officials began to worry because although the HIV infection rate had fallen rapidly in the 1990s, the decline had ceased by the end of the decade.

Instead of reviving the zero grazing campaign, the officials mounted an "abstinence" campaign, sending a message very similar to the condom ads: Only immoral people get Aids. To everyone's horror, the HIV rate in Uganda is rising again.

People always ask me: "Fighting Aids requires a social movement. How do you generate a social movement?" Well, one thing that always galvanises people is a common enemy.

Too many donor-funded Aids programmes have divided people: HIV-positive from HIV-negative, "moral" from "immoral", high-risk from low-risk. Such programmes send the message that people with Aids are the enemy. Ugandans and gay men knew early that the enemy was HIV itself. — THE GUARDIAN

The writer is the author of the book, *The Invisible Cure: Africa, the West and the Fight against Aids*.

## Dealing with Aids

CONTINUED FROM PAGE 1

Dr Balaji, who had previously told TODAY that almost all HIV cases are captured in the system eventually – once they seek treatment – has noted the stigmatisation of those who are diagnosed with HIV.

He stressed the need to tackle HIV as a health issue. "Whatever (the NSW) authorities wanted to do, they didn't politicise or extend the debate out of healthcare."

So successful was NSW's anti-HIV efforts that NGOs managed to get up to 80 per cent of MSMs to get tested annually.

Other issues in Singapore include the issue of anti-retroviral medication being unsubsidised. While HIV patients can buy cheaper generic versions overseas, it may be harder for them to stick to the medication regime, thus strengthening the resistance of the viral strain, critics argue.

Cooperation between the Singapore Government and NGOs is slowly strengthening, though. The trip to Sydney included representatives from Action for Aids, Fridae.com and Oogachaga alongside MOH's senior director for operations Koh

The NSW authorities didn't politicise or extend the debate out of healthcare.

— Dr Balaji Sadasivan

Peng Keng and deputy director of communicable diseases Dr Jeffery Cutter.

Just before the trip, an MOH survey found one in 350 anonymous hospital blood samples to be HIV-positive, and since then Health Minister Khaw Boon Wan has said he is "seriously considering" opt-out HIV screening for males admitted to hospital.

In response to TODAY's queries about how the latest information from NSW would be adapted to the local environment, the MOH said: "We will be looking into strengthening our local NGOs in terms of resources and will also seek ways to work more closely together in the design, delivery and monitoring and evaluation of HIV prevention programmes.

"We will also look into how we can better draw upon our local universities to conduct HIV-related research."