

XTRA INTERVIEW

AIDS AND THE TEENAGER

As the number of infected people continues to rise, Aids education is all the more dire for our society

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DR ROY Chan smiles bleakly as he tells of his fight against Aids, a battle he has been waging since the first reported case of HIV infection in Singapore in 1985.

It has been a long hard slog.

And the result? "We have hardly moved from the time we began 20 years ago. The number of infected people has been growing. The trend these last few years shows a jump which is alarming – 357 in 2006, up from 317 the year before," he says. Last year, the figure shot up to 422.

"The ever increasing number of HIV infections from year to year is a clear sign that we need to review our programmes and improve efforts to increase safer sex behaviour among Singaporeans," he told TODAY in an exclusive interview.

The number of persons infected with HIV between 1985 and 2007 totalled 3,482, the Ministry of Health said, adding that 1,144 have died.

The actual number of those afflicted could well be doubled, says Dr Chan, the founder and president of Action for Aids (AFA), a non-governmental organisation.

In 1985, only two people, both males, were reported infected with Aids.

The biggest hurdle in the fight against Aids in Singapore, is stigmatisation, says Dr Chan, who is the director of the National Skin Centre. And, due to this, gay men stay in their closets, and a considerable number of people shy away from testing and hence do not know that they could be HIV positive.

HAVE WE LOST OUR FEAR OF AIDS?

Yes, we have. Aids is still an incurable disease. But bright, young people tend to think they won't catch it.

They tell themselves: "No I am not in one of the high-risk groups", even if they engage in unsafe sex with new partners picked up from say, a pub. They are engaging in Russian Roulette.

WHO ARE IN THE 'HIGH-RISK' GROUPS?

They are MSM (men who have sex with men), heterosexual men who have sex with sex workers, men who go overseas for sex and spouses of such men.

But, I am most concerned about teenagers – they would fall into one of the highest risk groups.

They have the strongest sexual urges but they lack the negotiation skills



TODAY FILE PHOTO

to so say "no" to casual sex, or see the need to practise safe sex with the use of condoms.

DOES THAT MEAN THAT MORE TEENAGERS ARE COMING DOWN WITH HIV?

More of them are coming down with STDs (sexually-transmitted diseases) – I see this trend in my job at the Skin Centre. From STDs, the next step could well be HIV, and I am addressing this issue with the AFA.

WHAT MORE MUST BE DONE TO HELP THOSE WHO HAVE HIV/AIDS?

Three things – HIV sufferers need help to buy expensive retroviral drugs, employers must not discriminate against employees who contract HIV, and three, educational programmes must reinforce the drive for safe sex.

Retroviral drugs could cost \$1,200 a month. The average Singaporean, with say \$6,000 in his Medisave account, would deplete the fund in less than two years, if he draws \$300 a month, as he is allowed to.

Government subsidies would provide a solution. Malaysia and Hong Kong have subsidised HIV treatment for their communities. A step forward is to have insurance policies which provide for people with Aids.

WHAT ABOUT EDUCATION PROGRAMMES?

Programmes must stress the virtues of adherence to a single partner rather than on abstinence, which would tend to cloud the focus of an HIV prevention programme. The difficulty of stressing a single-partner relationship (when it comes to MSM) is that it runs counter to the intent of Section 377A, a legacy of the Indian Penal Code introduced by the British during colonial times, which criminalises sex between mutually consenting adult men.

The AFA has been pulled up for putting out material targeting MSM. This is tragic as education and the message of safe sex needs to be kept up.

And even if MSM are in the minority, this minority is entitled to protection in the face of a homophobic majority, which is the case in Singapore.

There is the difficulty of disseminating the message of safe sex and condoms to the underage, who do not frequent bars – they cannot afford the lifestyle. They stay at home, suffering from low esteem as they are afraid to be found out by family and friends.

Lack of publicity is the biggest thing affecting AFA's programme.

IS THERE ANY READY SOLUTION?

What we need is a public face for Aids,

somebody brave enough to come out and tell people that those with Aids must not be marginalised, that society must accept them as they would anyone with a disease, be it cancer, diabetes or renal failure.

The person must be courageous, strong and emotionally resistant to gossip, sniggering, criticism and possible backlash by colleagues, employers, family and friends.

He or she will need a cohesive and reliable support network. So far, only one Singaporean has spoken out: Paddy Chew broke his silence over having the disease in 1998. He died of it a year later.

YOU WERE ON A STUDY MISSION TO NEW SOUTH WALES WITH NGOS AND GOVERNMENT OFFICIALS. WHAT WERE YOUR IMPRESSIONS?

In Australia, the government, the NGOs, the researchers and the community groups work together as a partnership. They understand that they have an equal role to play in the fight against Aids and they are proud of their progress.

YOU WORK FOR GOVERNMENT AND ALSO HEAD THE AFA. ANY CONFLICTS IN YOUR APPROACH TO PROBLEM-SOLVING?

I believe clinicians should also be advocates for their patients. It is not enough to treat one aspect of a patient's problems, for instance medical problems and ignore other aspects.

Doctors need to be more holistically involved. I am not alone in being an advocate for his patients – there are several eminent physicians in renal medicine and rheumatology for example, who are similarly committed.

CAN S'PORE LICK THE PROBLEM OF AIDS?

If you cannot control HIV in Singapore, where else can you do it? We have the infrastructure, our educational standards are high, and there is no dire poverty.

In the early days, I was optimistic, but I did not realise we were so prejudiced and small-minded. It's a matter of getting rid of this backward attitude that we have. We have to see Aids as a disease. Clouding the issue with the morality aspects only impedes the treatment and prevention of the disease.

Finding a solution is crucial. The risk factors have gone up and are much greater now.

There is the Internet, and its impact on social norms is enormous and insidious. There's globalisation too and the rapid spread of the disease. Our attitudes towards Aids seem to be frozen in the past. We cannot have an effective programme based on 20-year-old principles. We have to keep up with the changing times.