

# HIV/AIDS in Malaysia

## Impact on the Quality of Life

Asian Forum of Parliamentarians

on

Population and Development

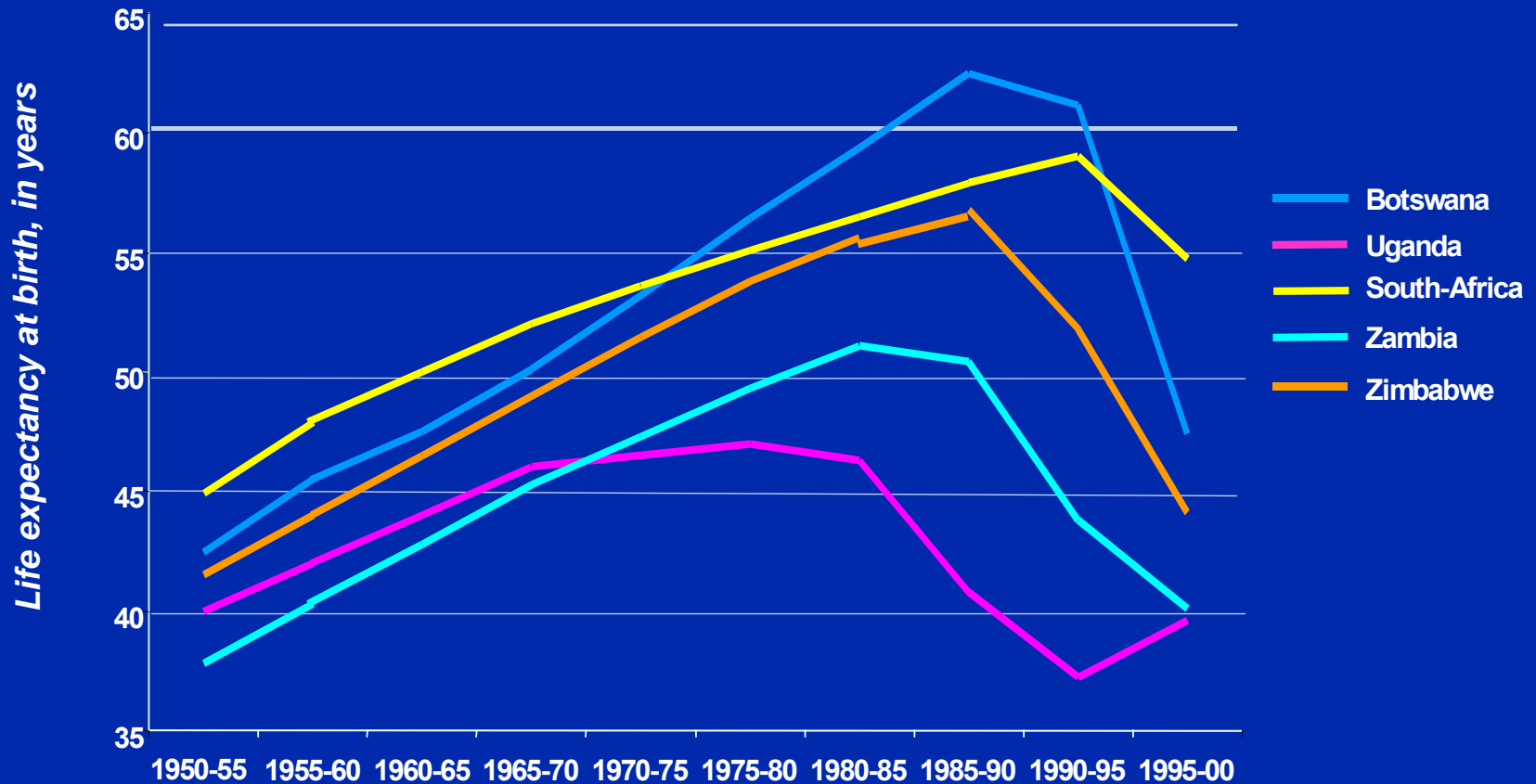
12 March 2006

# Demographic Impact of HIV

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- In Africa, life expectancy has declined from 62 to 47 years
- In Botswana, Malawi, Mozambique and Swaziland, life expectancy is less than 40 years of age
- In Uganda, 60% of deaths among children under 5 years are due to AIDS; in Zimbabwe the figure is 70%

# Changes in life expectancy in selected African countries with high HIV prevalence, 1950 to 2000



# Cumulative Notified HIV Cases 1986-2004

**Age 20-40 years**

**80%**

**Malays**

**>70%**

**Male:Female**

**1990**

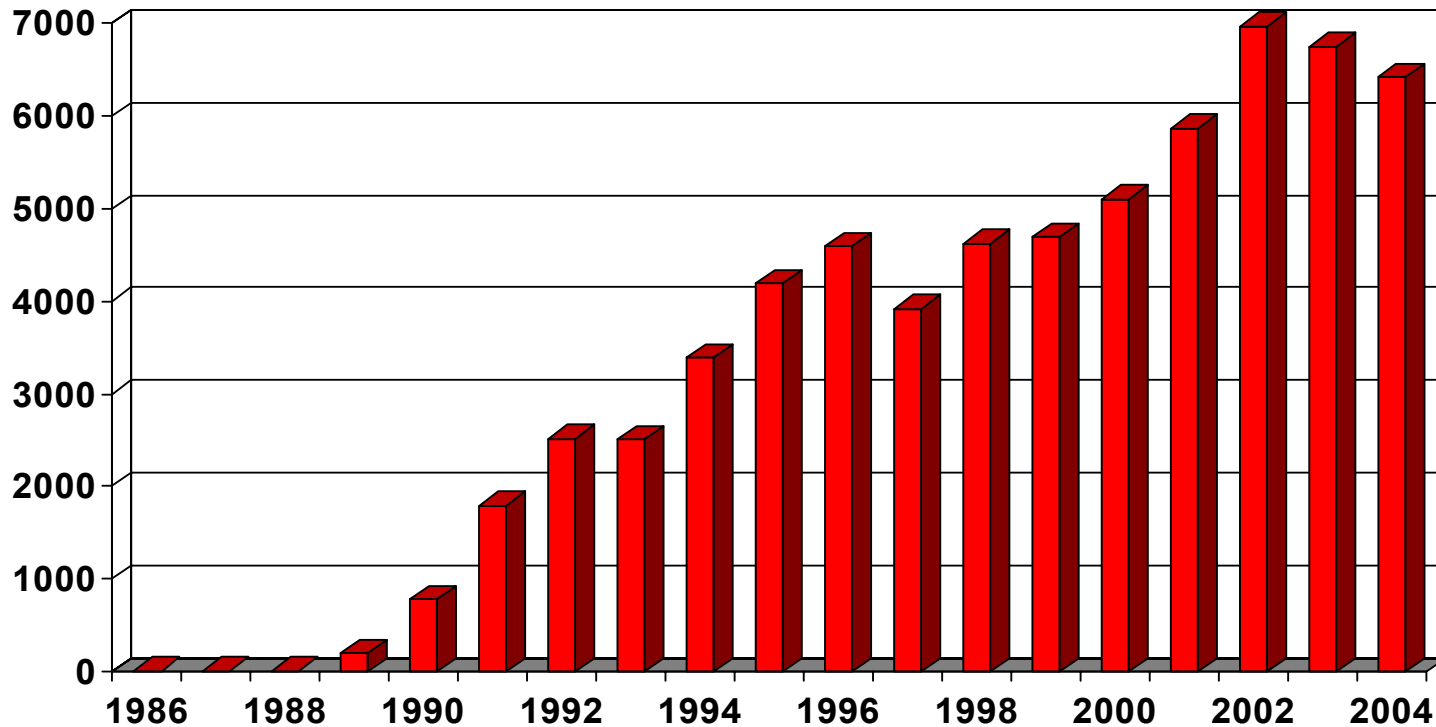
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**2004**

**8:1**

**DU**

**75%**



# HIV Infections by Age Groups 1986 – 2005

<b>Age Groups</b>	<b>HIV</b>	<b>AIDS</b>
< 2 years	147	41
2 - 12 years	360	105
13 - 19 years	916	193
20 - 29 years	22,097	1,827
30 - 39 years	25,896	3,955
40 - 49 years	8,772	2,021
> 50 years	1,736	661
No Data	697	37
<b>TOTAL</b>	<b>60,621</b>	<b>8,840</b>

# **The Impact of HIV/AIDS and Orphaning on Children**

# Phases and Forms of Impact

- **Illness**

(First signs, disclosure, illness and departure)

- Undisclosed emotional pain
- Shock, Disbelief and Anger
- Anxiety
- Stigma
- Disorganized economic priorities

# Phases and forms of Impact

- **Post bereavement**
  - **Short-term**
    - Psychological and socioeconomic adjustments
    - Standard and Quality of Life Drops or Compromised as Access to basics of care is denied or foregone;



# Phases and Forms of Impact

## Long term

- Psychosocial distress.
- Loss of inheritance
- Family disintegration
- Homelessness/ street
- Increased responsibilities for child household heads
- Risk of abuse, exploitation and neglect

# Phases and Forms of Impact

## Gender based impact - *Girl children*

- Loss of role model
- More likely to fall out of school to provide care to sick parents and sibling
- Economic exploitation
- Child marriages, child pregnancies and further deprivation

# Forms of Impact

## *Boy children*

- Loss of role models
- Most likely to become household heads
- May get dispossessed or displaced

# Forms of Impact

## – *Impact related to Extended Family Support*

- Children with supportive extended family
  - Better grief management processes
  - Higher chances of continuing with education
  - Better adjustment to new lifestyle
  - Social integration and acceptability
- Children without supportive extended family  
(Struggle with all the above)

# What does this mean for the children?

## – *Long Term impact*

- Premature loss of childhood
- Loss of Vision, Direction and often the Means
- Lost opportunities, skills and competitive abilities
- Disjointed attempts to survive and develop
- Perplexity and Questions that will never be answered (Why me, what next, what happened?)

## Grandmothers Mothering Orphans



**OLD-AGE PARENTING:** Najjuuko carries her orphaned twin grandchildren

By Joan Mugenzi

..With parents dying of HIV/AIDS, the role of parenting has shifted to grandparents who are most times helpless

# Beyond this generation

- *Impact on the children of these Children*
  - People parent their children according to how they were parented
  - The breakdown in the Value building and Traditional knowledge transfer systems----  
Generational gap
  - Possibilities of infected children, for whom there might never be adequate health care

# Impact on Local Business

- Growth and productivity of local companies eroded
- Loss of skilled adults
  - Kinshasa textile – Managers had higher rates than foremen who had higher rates than the workers
  - Work unit productivity is disrupted as turnover rates increase
- Cost of replacing skilled labour is very high
  - It is estimated that it will cost Tanzania US\$ 40M by 2010
  - Productivity low as replacements are recruited and trained



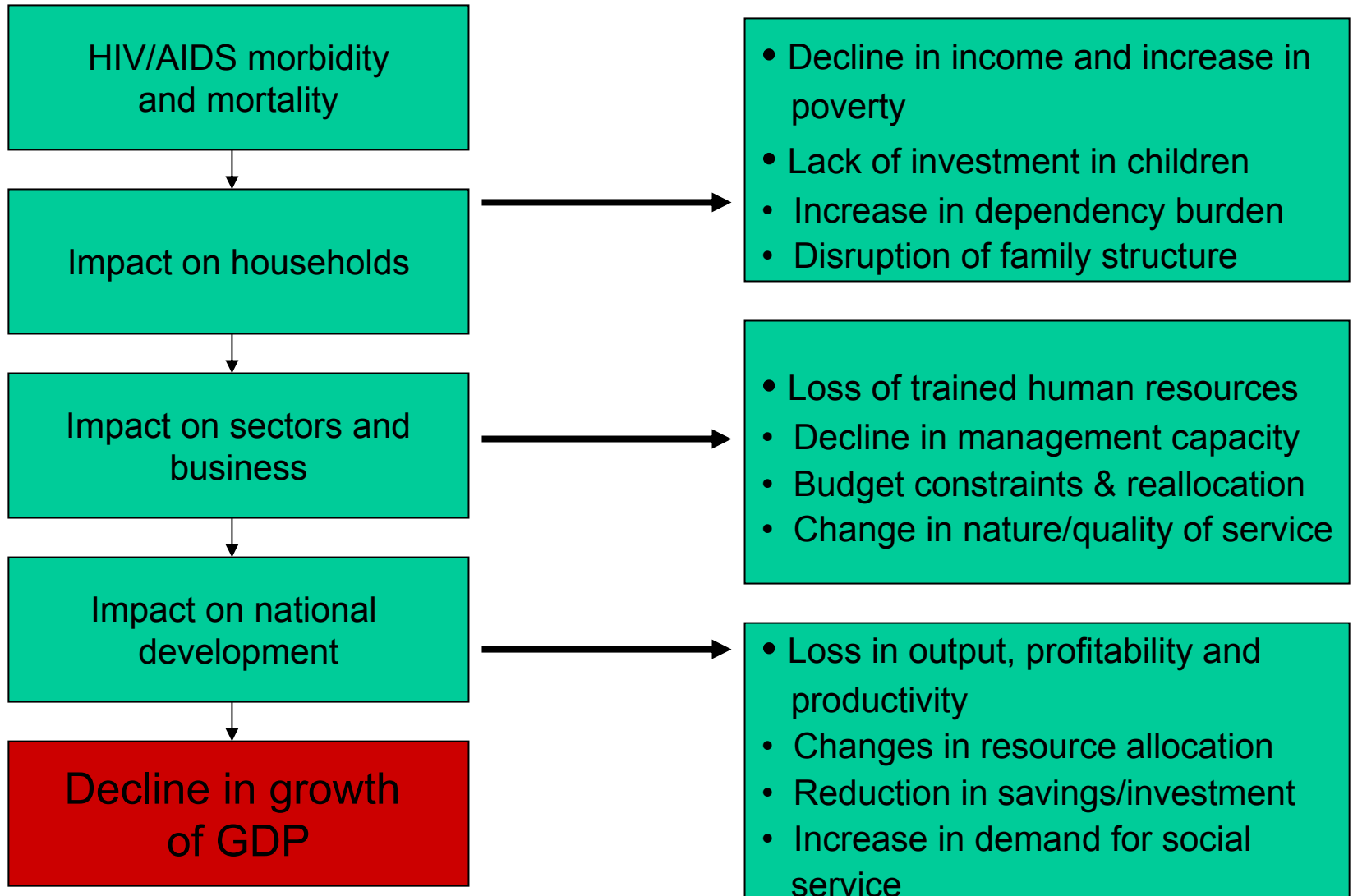
# HIV/AIDS on Health Systems

- High costs of treating HIV and related infections & cancers
- Health care for AIDS crowds out the needs for other patients
- Increased bed occupancy by HIV related problems
  - Patients stay longer in hospitals
- Loss of previous health gains:
  - Increasing child mortality
  - Resurgence of tuberculosis

# Impact on Families and Social Structures

- Risk of a lost generation:
  - Poor socialization
  - Social upheaval
  - Economic underclass
- Effect of losing an adult persists into the next generation
  - Children withdrawn from school
  - School attendance of 15-20 year olds reduced by 50% if female parent is lost in the previous year in Tanzania

# Economic Impact of HIV/AIDS



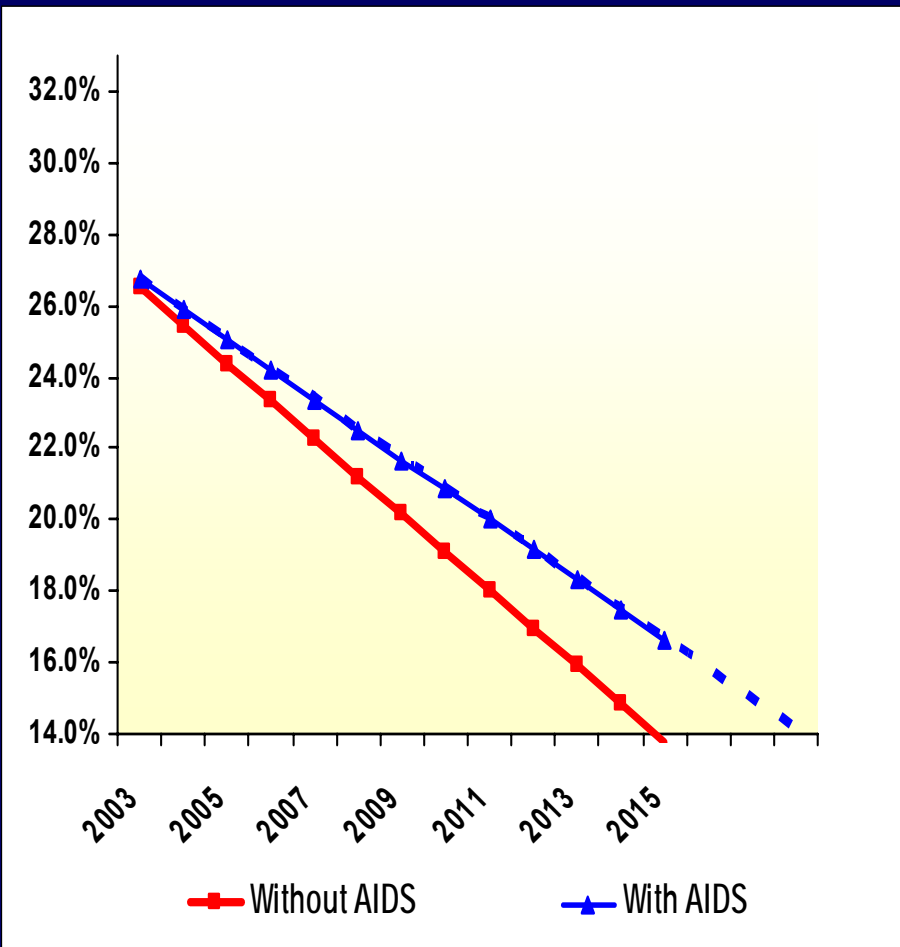
# Determinants of the Epidemic in Resource-Limited Countries

- Poverty
  - At family/individual levels
  - At community levels
  - At national level
- Poor or inadequate HIV related knowledge
  - Slow sensitization of the public
- Inadequate response to the epidemic
  - Failure to involve everybody
  - Limited resources – financial and human

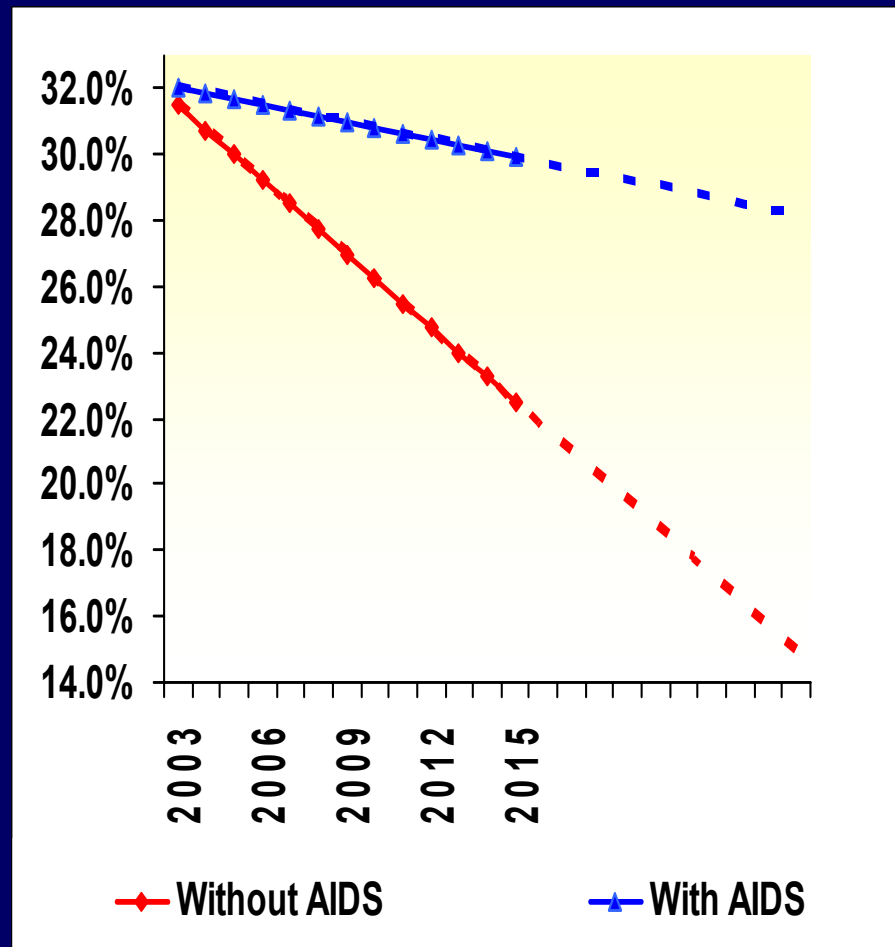
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*No let up in the relentless  
progress of the epidemic  
and time is running out to  
deal with this epidemic at a  
relatively low cost.....*

# Poverty reduction: projected MDG 1 erosion



India

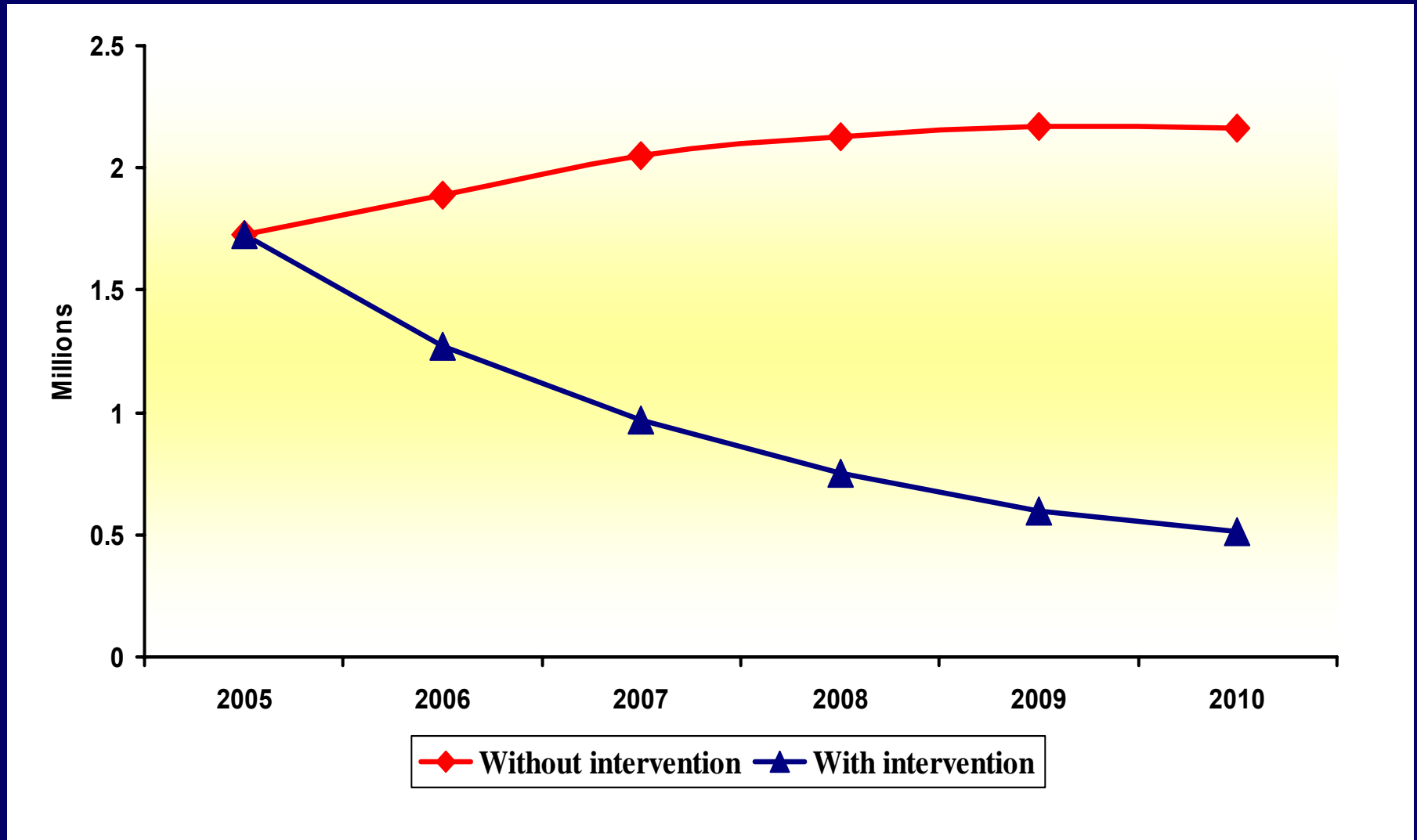


Cambodia

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# What should be done?

# Annual new HIV infection in Asia and the Pacific with and without intervention, 2005-2010



Source: UNAIDS estimates (derived from Lancet article, July 6, 2002 with data for 2004)



# Core Minimum Package

- ▶ Delay of sexual intercourse, monogamy and condom use for young people - ✓ / ✗
- ▶ Promotion of condoms, lubricants and treatment of STIs for male and female sex workers and their clients - ✗
- ▶ Clean needles, substitution treatment for IDUs - ✓ / ✗
- ▶ Voluntary counselling and testing - ✓
- ▶ Prevention of mother-to-child transmission - ✓
- ▶ Access to ART and other treatment - ✓

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# Coverage

*No impact can be achieved without reaching the critical threshold*

- ▶ 60% Behaviour change of vulnerable communities
- ▶ 80% of ART for eligible HIV positive ( 50% by 2005)

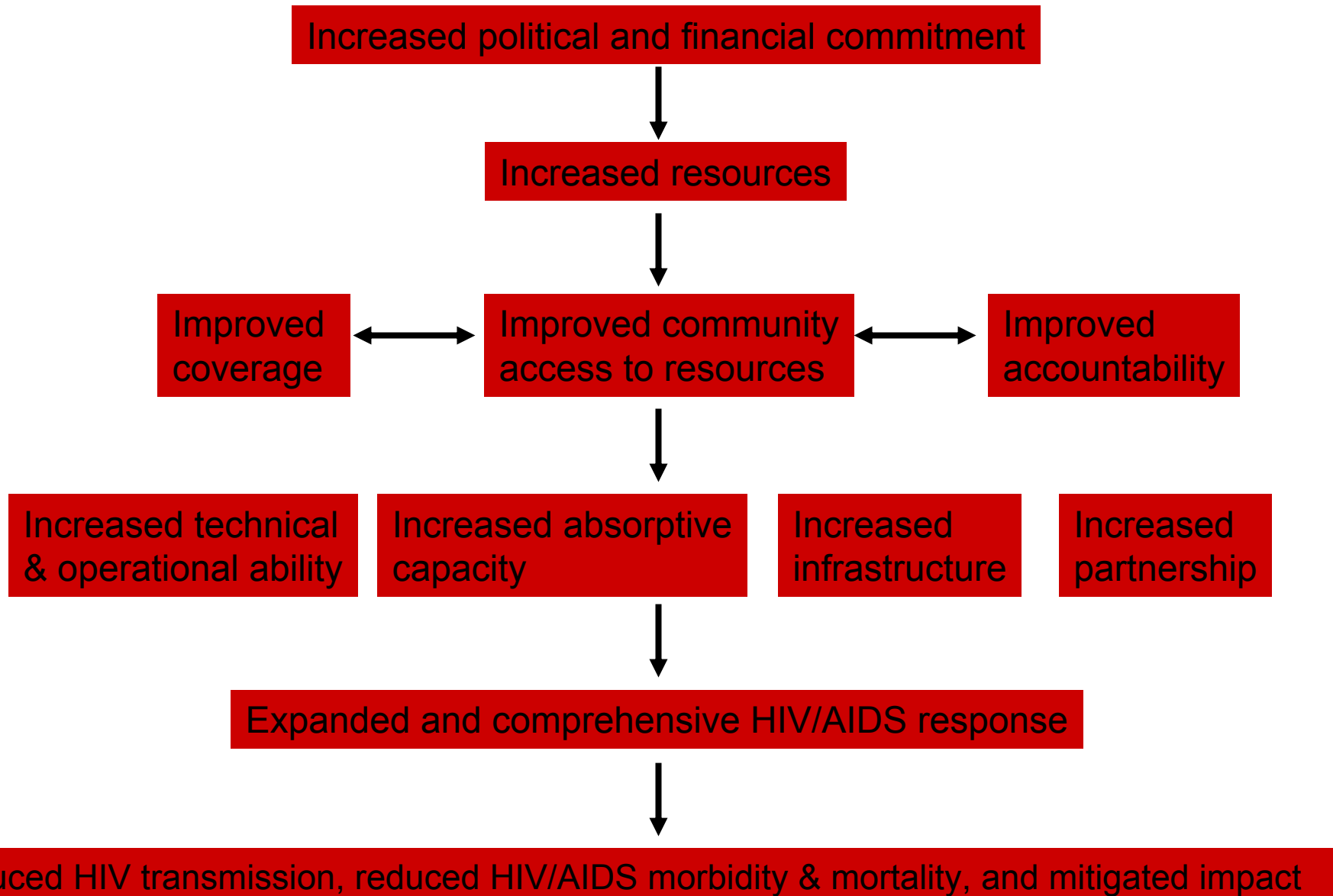
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Are we doing  
enough?

# What can a parliamentarian do to make a difference on the response to the HIV epidemic

- Engage in policy dialogue to ensure that the epidemic remains high on the agenda
- Support prevention and intervention programmes of NGOs and other community based organizations
- Promote intersectoral cooperation “engage public security justice persons, religious leaders!”
- Use a position of influence to oppose discrimination against HIV infected persons

# Framework for Expanded Response



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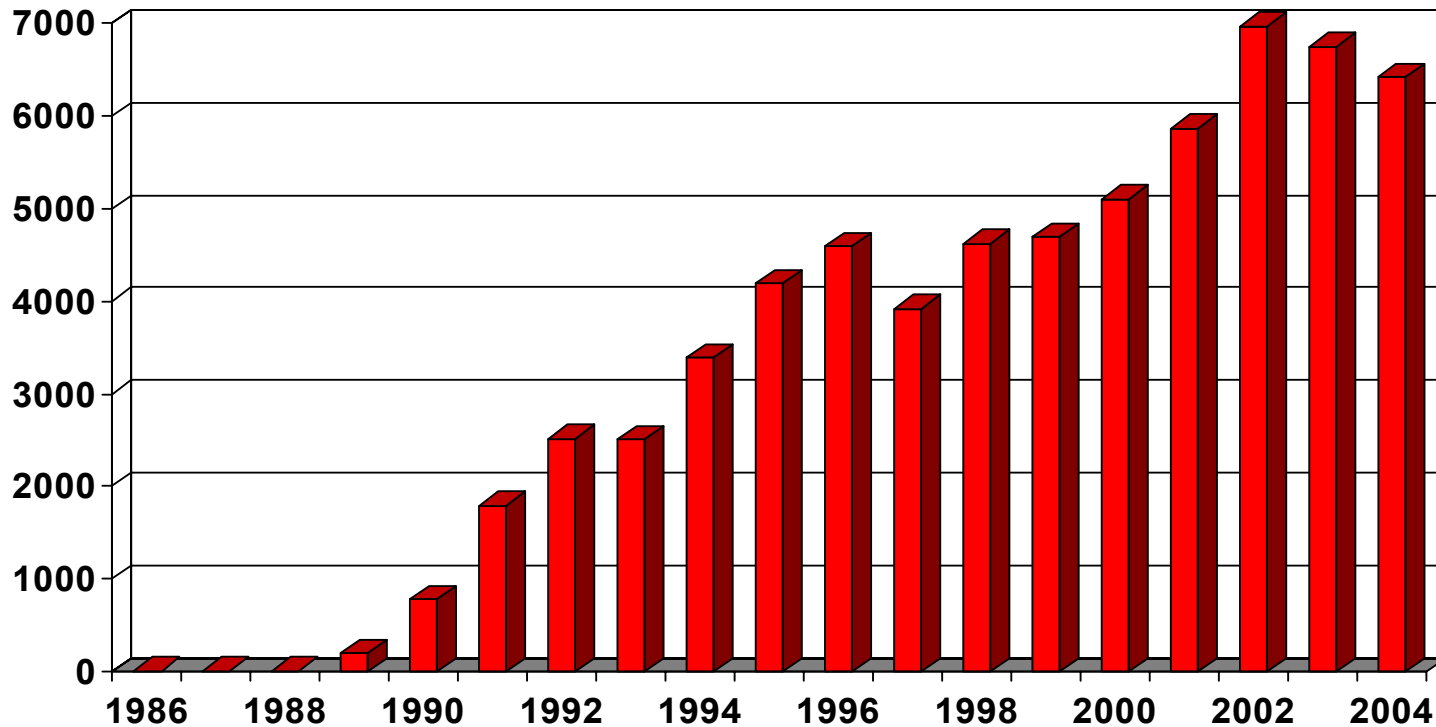
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# Real people not statistics

**Why penalise my son? This is the cry of housewife Jamaliah Sulaiman, 39, whose six-year-old son has been barred from studying in a government-aided pre-school because he is HIV-positive.**

"Is my son being penalised because I was truthful enough to declare to the authorities that he is HIV-positive?" asked Jamaliah, who is also HIV-positive.

She said she informed the school with good intentions but it turned out that the school was stigmatising those with HIV/AIDS.

Jamaliah, who also has two adopted daughters aged 11 and 10 (both free of HIV), was diagnosed with HIV in 1998, a year after her husband died.

"I did not know my husband had HIV until he died."