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*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

***Australia***

THE NATION, THE YOUTH AND THE HEALTHCARE SYSTEM

An Australian Focus: HIV down under

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During the HIV epidemic, Australia has been effective in keeping both the prevalence and incidence low through an evidence-based collaboration involving government, nongovernment organisations, health professionals and the communities most affected, including



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

people living with HIV infection. There were an estimated 16,692 people living with HIV in Australia at the end of 2007. Young people aged 13-29 make up 16% of those AIDS cases. Despite the early successes in Australia's HIV response, concern has been raised over a recent increase in the annual number of HIV diagnoses, following more than a decade of decline. This paper illustrates some of the unique challenges with regard to HIV infection prevention and treatment in Australia, and presents successful strategies implemented by diverse Australian communities. Using the organisation Youth Empowerment against HIV/AIDS (Y.E.A.H.) as a template, the challenges to youth-led initiatives in the fight against HIV/AIDS are outlined. Four groups of youth are singled out for evaluation, namely:

- Youth from socio-economically disadvantaged backgrounds
- Youth living in rural/remote areas
- Indigenous youth
- Overseas-born Australians

Indigenous and overseas-born Australians are examined using community case studies of the Nganampa Health Council aboriginal STI/HIV program and the Vietnamese Diaspora. The porous northern border of Australia, which neighbours the HIV explosion in Papua New Guinea, risks seeding the Torres Straits Islanders' sexual "network" with index cases of HIV. Given that STI's which predispose to HIV infections are rampant in these Indigenous



# ***East Asian Medical Students’ Conference 2009***

## ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

communities, the danger of an epidemic looms in a similar way to the pivotal position previously occupied by Intravenous Drug Users. Overseas-born Australians with full residency status visiting their countries of origin can potentially bring HIV back to Australian shores through casual sexual relations. An example described is young Vietnamese-born Australian men in Sydney. We conclude that effective, youth-led initiatives require cultural sensitivity and the “destigmatisation” of young people living with HIV/AIDS. An example is the storybook project that has been carried out by medical students in Borroloola at the Northern Territory, providing young Aboriginal women in rural communities safer sex advice. Although the prevalence of STI/HIV is low in overseas-born Australians, many of whom are young, a special approach should be developed to address this group. The potential for medical student involvement clearly exists and should continue to be nurtured. Young people are at the centre of the global AIDS pandemic, and present an energetic resource for change and opportunities for the fight against HIV/AIDS.



***East Asian Medical Students'  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

***Indonesia***

Scaling Up Indonesia's HIV/AIDS Prevention Strategy: Utilizing Student Organization for Better Management and Evaluation of College Peer Education Program

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The overall condition of Indonesia's HIV/AIDS epidemic continues to paint a very worrying picture. The increasing surge of outbreaks and death rates due to HIV/AIDS is still one of the most pressing healthcare needs at the present time in Indonesia, and one that must be immediately addressed. But one problem that Indonesia is not facing alone is the concentrated trend of HIV/AIDS among youth between the age group 15-24, which is a common pattern found in countries all over the world. It is important to note that even though youth are one of the most vulnerable components of society in the context of HIV/AIDS, they are also one of the most potential and active. Through programs like peer education, young people are able to make a difference by promoting HIV prevention among others.

In this paper, we reviewed literatures in order to analyze the current state of the HIV/AIDS epidemic in Indonesia and also efforts made to control it. But the focus is to find out the problems related to peer education implementation in Indonesia and then hypothesize the effectivity of



***East Asian Medical Students’  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

student organizations as mediators in peer education programs. This paper also includes the results of our PRE-EAMSC project, which we have used to support our literature review.

As a result we found out that the youth of Indonesia, in this case college students, still hold some misconceptions about HIV/AIDS and despite the outreach programs the government has held, there are still some students completely unaware of HIV/AIDS. We have suggested how the utilization of student organizations in Indonesian universities can enable peer education programs to reach other parts of Indonesia and how it allows for better sustainability and better management as well as evaluation systems. As a recommendation, we would like to carry out a post-EAMSC project as a continuation of this paper.



***East Asian Medical Students’  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

*Japan*

What Should We Do Against Swelling Youths’ HIV In Japan?  
—The trends of young HIV carriers in Japan—

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Shimane University,

3<sup>rd</sup> year

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2<sup>nd</sup> year

Currently, the number of HIV carriers and AIDS patients in Japan is increasing dramatically, unlike in any other developed country. According to a survey by the Ministry of Health, Labor and Welfare, Japan had 1082 newly HIV-infected people and 418 new AIDS patients in 2007. Around 85% of them were Japanese men, and about half of those cases were reported from Tokyo and other prefectures in the Kanto and Koshinetsu areas around Tokyo. The metropolitan area is still the most seriously affected, but nowadays HIV infection and the onset of AIDS have been becoming more common in other areas, too.



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

Now in Japan, the age groups to be targeted are mainly the 25 to 34-year-old group and the middle-aged group. However, we can also see the obvious increase of new HIV infections in young people as well, especially among boys. The number of HIV infections in young people has doubled from 5 years ago, showing similar trends to the whole, and more than 85% are infected through sexual contact. This increase is mainly because more young people have casual sex with many unspecified people than in the past. In particular, the number of boys engaging in homosexual activity has been swelling year by year, now estimated to be the cause of HIV infection in over 75% of the young people. This may mean that many young people regard condoms as just a contraceptive; thus, they think that they don't have to use them when they have sexual intercourse with a person of the same sex.

Are any measures against HIV/AIDS being taken in Japan? In fact, there are free and anonymous HIV antibody tests offered at local health centers all over Japan. This is supposed to help people detect HIV infection early, but it has not been effective so far. Few have undergone the test because most people still do not know that the test is offered. Moreover, there are so many people who are unconcerned with HIV. So recently, some singers, actors, and actresses have been encouraging young people through their concerts, posters, TV commercials, and so on to become interested in HIV and to receive free examinations at local health centers.

At present, young people get sex education at elementary, junior high, and senior high schools. Through it, they can recognize that there are high risks for HIV infection through sexual contact, but the use of condoms still does not seem to be common among them. As can be seen from this example, the most serious problem in Japan is that many youths think of HIV/AIDS as being someone else's problem.



***East Asian Medical Students'  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

***Korea***

***How old is our Attitude toward HIV/AIDS?***

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Seung Pil JANG,  
Yong Gyu KWON,  
Hyung Rae LEE,  
Jee Soo LEE,  
Ung LEE,  
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Se Hee MIN,  
Jung Hyun PARK,  
Ye Gyu SUNG,

1. HIV infection in South Korea on the rise

South Korea's 50 million inhabitants have one of the lowest HIV infection rates in Asia, and many health experts say society's renunciation of promiscuity is a major reason for that. However, things are changing. 17% of high school students are sexually active and the attitude toward sex is becoming much more open in Korea. This trend affects HIV transmission, and as a result, the





# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

number of Koreans who are infected with HIV have risen very steeply during the past 10 years, according to a study released by Korea Center for Disease Control and prevention (KCDC) in 2007. Last year, 744 people were found to have newly been infected with HIV, making the total number of living HIV patients in Korea 4,323. All of the people whose route of infection was ascertained were found to have been infected through sexual contact.<sup>1)</sup>

#### 2. Social attitude towards AIDS

As for the social attitude towards AIDS, there has been some progress.<sup>2)</sup> General knowledge about AIDS has improved about 10~20% compared to 2005, and the social attitude towards AIDS has also shown some improvement. Also, 88.5% of the respondents agreed that the budget for AIDS patients should be increased.<sup>3)</sup>

However, the general knowledge and social attitude towards AIDS still fall behind those of countries such as US or England. For instance, to the question of whether a person can be infected with HIV through kissing, 82.9% of Americans<sup>4)</sup> and 94.0% of English<sup>5)</sup> replied correctly while 67.0% of Korean were right. Also, the attitude AIDS patients seems to be more negative in Korea compared to other countries. To the question whether you would work at the same workplace as an AIDS patient, 18.6% and 8.0% of Americans and English said no, while 26.7% of Koreans said no. Also, while only 8.5% of Americans said they weren't okay with their child attending the same school as the child of an AIDS patient, no less than 44.4% of Koreans said they were not okay. It shows there is still room for improvement in the Koreans' attitude towards AIDS.

#### 3. Strategy of Government



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

In the aspect of preventing the spread of HIV infection, the Korea government is doing very good job. Korea's National Institute of Health plans to install 18,000 condom vending machines at major nightspots throughout the country and at "every possible location we can.". The government now also offers a Web site with AIDS information, a 24-hour hotline and free HIV tests. A government campaign encourages middle school and high school teachers to lead candid discussions with their students about the consequences of unprotected sex. This seems to have effect, since the number of newly diagnose HIV patients last year was approximately the same as that Of 2006, making 2007 the first year that the spread of AIDS has not accelerated.

However, in this policy, there is no considering of patient's right. The most prominent example is 1987's AIDS prevention law. Though it has since been amended several times, the law still considers the patients to be contagious disease carriers and the "control and quarantine" paradigm has not been discarded.

#### 4. What can we do?

If that is so, we need to focus on improving the social attitude toward AIDS in Korea. The public receives most of the information about AIDS through the media.<sup>6)</sup> 67.1% of Koreans get their information about AIDS through the TV or newspaper, and 15.8% through the internet.<sup>7)</sup> So it is important to continually launch campaigns through TV and the newspaper to spread correct information about AIDS, and promote social acceptance and practice of prevention methods. In US, famous former NBA player Magic Johnson is acting as an ambassador of AIDS. In the same way, famous people suffering from AIDS, instead of hiding away, could come forward and act to decrease prejudice about AIDS.



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

Also, in order to increase social acceptance of AIDS, it is important to start attacking prejudice at an early age. In sex education classes, children should be taught about major sexually transmitted diseases, especially AIDS, and how to prevent them. Only 31.4% of Koreans have partaken in classes teaching prevention of sexually transmitted disease at school or work.<sup>8)</sup> Some important facts that people don't know well about AIDS are these: only 0.1~1% of people get infected through one sexual intercourse with an HIV carrier<sup>9)</sup>; you have to wait at least 12 weeks after sexual contact to get a sufficiently accurate AIDS test(it takes that long for detectable antibodies to form), and so on.

#### 5. Conclusion

In conclusion, HIV infection in Korea has risen sharply in the past ten years. In contrast, the social attitude of Koreans towards AIDS is improving, but still behind that of other developed countries. Government strategies mostly focus on preventing the spread of AIDS and not on the rights of AIDS patients. Therefore, we should try to combat prejudice and wrong knowledge about AIDS and AIDS patients through media campaigns and sex education classes.

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2) 'HIV/AIDS related behavioral surveillance survey in Korea' from KCDC(Korea Centers for Disease Control and prevention)

3),7),8) by Korea Center for Disease Control and prevention (KCDC), 'HIV/AIDS related behavioral surveillance survey in Korea', 2007

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***East Asian Medical Students'  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

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***East Asian Medical Students’  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

***Malaysia***

**The Battle Against HIV/AIDS: Malaysia’s Efforts in Control and Prevention of the Rising Epidemic**

CK Tan,

JJ Lee,

YC Tham

Malaysia’s first three cases of HIV infection was detected in 1986, three years after HIV was recognized as the causative agent for AIDS. Annually, there are approximately 6,500 people newly diagnosed with HIV in Malaysia with the profile of HIV-positive person predominantly young, heterosexual, male and of Malay ethnicity. Although the present numbers in Malaysia appear relatively small globally, the size and population most affected pose a serious impact for a sustainable, developing country that is aiming for developed status by 2020. Furthermore, as most HIV infections in Malaysia occur among heterosexual men, the risk is extended by means of sexual transmission to women and, by vertical transmission, to infants. The increasing trend of HIV/AIDS in Malaysia despite multi-sectoral efforts and the resultant threat to our country’s economic and social development demands our immediate attention. This paper aims to recognize the trend of HIV/AIDS in Malaysia, risk factors for HIV transmission and the current portfolio against HIV/AIDS. This paper also intends to address existing issues and emergence of new challenges like the



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

prospective shift of government's focus in view of the world financial crisis in the prevention and control of AIDS as well as investment in youth to curb the issues. We reviewed reports, books, journals, websites, and interviews were conducted with local health experts to obtain relevant information. Despite the government effort, HIV/AIDS prevalence is on the rise. The commonest risk factors for HIV transmission in Malaysia is intravenous drug use (IDU) where it accounts for 77% of HIV cases detected while 15.3% of cases were transmitted via heterosexual intercourse. Collaboration between government and NGOs is aimed at primary prevention like educating youth via PROSTAR, secondary prevention like screening and surveillance and tertiary prevention via HAART and harm reduction programs. Despite the increase in knowledge, the depth of knowledge needs to be raised, misconceptions clarified and measures to ensure that behavioral changes takes place. The obstacles hampering the government's effort includes political will, stigma and discrimination, the legislation and lack of conducive environment arising from the shortage of skilled manpower, limited funding and insufficient local research. Some recommendations to garner support in the control and prevention of HIV/AIDS especially among youth includes utilization of Internet to disseminate information, tax exemption, implementing AIDS prevention in the curriculum and organizing nationwide competition. Multilateral mechanisms need to act through a more comprehensive approach among relevant organizations in the fight against HIV/AIDS.



# ***East Asian Medical Students'*** ***Conference 2009***

## ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

## *Nepal*

We have some power, we have the knowledge and we can share it with those who don't have it and we don't need to get paid to do that.

Since the identification of first HIV case in 1988, Nepal has been running various programs to control the epidemicity of the disease through various communities based, international and governmental organizations. Still the prevalence of the disease has increased overwhelmingly in the last 2 decades and now Nepal is considered as a concentrated epidemic in the world as some of the subpopulation groups have more than 5% prevalence of the disease. As of 2007, national estimates indicate that approximately 70,000 adults and children are infected with the HIV virus in Nepal, with an estimated prevalence of about 0.49% in the adult population (Annual Health Report, 2007). A total of 9756 cases of HIV, 1454 AIDS cases and 423 AIDS deaths had been reported to the National Centre for AIDS and STD control (NCASC)( Annual Health Report, 2007). The sex ratio among HIV positive cases is 2:1. Most cases of HIV occur among labor migrants (46%) and increasing number occur among their wives (a combined 21% of HIV cases in low-risk women in rural and urban areas). Of all adults estimated to be living with HIV, a major proportion of HIV infections has consistently been among migrant workers travelling to India for work. In 2005, 46% of estimated HIV infections in Nepal were among seasonal labour migrants and similar pattern is found in 2007. Clients of sex workers account for 19% of HIV infections in 2005 and 16% in 2007. Spouses or female partners of migrant workers and clients of sex workers, now account for 21% of



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

all adult infections. The trend analysis of data between July 2000 to July 2007 shows that reported cases of HIV increased over the years with average annual rate of 44%.

The epidemic areas in Nepal have been divided into four major zones. They are Kathmandu Valley (3 districts), Far western districts (7 districts), Terai highway districts (26 districts) and other districts (39 districts). The major epidemic groups are FSWs, MSWs (all over the country), clients of sex worker (along the highways and Terai highway belt), returned migrant workers (far western districts and whole over the country) and IDUs and MSMs in Kathmandu Valley and other major cities across the country. Moreover, the clients of sex workers who are mostly married, transfer the disease to their spouses and their to be born children too. Therefore, the disease burden has increased in the non-active population of the country is going to increase in future.

About one fifth is youth, (15-24) (19.4%) and about one third (10-24) (32.5 %) is young population in Nepal which indicates a high number of young people in Nepal's population composition. All the high risk population groups have higher percentage of youths who have been infected by HIV. Though a concrete data about the percentage of youth being affected in each sub group is not available the overall estimates of the youth being infected is high. Migrant workers, who usually go to India or other foreign countries for work import the disease from those countries, Intravenous drug users, sex workers, contain a high percentage of the youth.

These young people are increasingly vulnerable to HIV due to changing values and group norms and ignorance. Girls, even if they have knowledge about HIV and other STIs, often do not have the means of protecting themselves due to their traditionally lower social status. Teenagers, although apparently highly aware of the HIV risk, do not always translate this awareness into safe sex practices. A study done in one district of Nepal showed that 78% of respondents had heard about





# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

HIV/AIDS and 58% had heard about STDs, In regards to HIV transmission, 10% believed that HIV can be transmitted by shaking hands and/or by mosquito or insect bite, 6% believed that being infected by HIV is the result of sin committed in a previous life, 29% attributed HIV infection to the consequence of adultery, 6% had symptoms of a STD but 85% of them had not sought any treatment.

For this the Government of Nepal has developed various strategies to combat the disease burden at preventive, treatment and policy making levels and youths have been voluntarily involved in various levels to provide education, emphasize the use of preventive measures, counsel the affected to take prophylaxis and other treatment and sensitize them for health seeking behavior. Sex education is being provided at school levels and the teachers have been trained as the government strongly believes that education to improve knowledge and safe behavioral practices, to increase acceptance of HIV/AIDS and enhance non-discriminatory practices, sensitize the people to have health seeking behavior can bring a change in the society as well as decrease the incidence of the disease in future.

Around one quarter of the population of Nepal is young and their role in the transmission as well as prevention of HIV/AIDS and STIs can not be underestimated. The direct involvement of youth in the processes of modifying knowledge, attitude and practice of peers; policy making and planning will have a bearing in the trends of the disease transmission and prevalence. It therefore becomes necessary to promote youth activities and their involvement in various aspects of risk modification, leadership building and motivation.



# ***East Asian Medical Students'***

## ***Conference 2009***

### ***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

## ***Thailand***

Thai people have been living under the constant threat of HIV/AIDs for more than twenty years. Through all the ups and downs, Thailand has been in a state where HIV/AIDs infection rate increased steadily that it worried the whole world; therefore, Thailand fought up against it with the AIDs Program said to be the world's most successful. This study is directed towards the overview of the HIV/AIDs situation in Thailand, the significance of youth as the target and as the solution to the problem, and lastly, the role of medical students in the AIDs situation. HIV/AIDs infection has affected Thailand socially, economically, and culturally. The government and the private sector had, in turn, initiated schemes and projects for prevention and also treatment and care. The Prevention of AIDs drive in populous communities, conducted by The Thai Red Cross AIDs Research Center, is one example of success. It ultimately built a strong network of youth who play a significant role in educating and raising awareness of HIV/AIDs prevention in communities. The 'Condom Promoting Campaign', funded by the Global Fund, is another project that awakens youth in the significance of condom usage for safe sex. However, there are still problems remaining to be tackled. The main obstacle to fighting against HIV/AIDs is the risky behaviors and the lack of awareness. The study shows that young people engage in risky behaviors because they believe that the short-term benefits outweigh the long-term costs. These habits and behaviors developed at this stage in life become key determinants of health outcomes as they grow older. To avoid serious health problems which will affect productivity and leads to early death, these unhealthy behaviors at the critical transitional stage in life must be abolished. This study concerns youth not only for the reason that they are targeted at, but also because they are the ones who can solve this problem. To see how youth can help prevent HIV/AIDs and help the infected people, the youth plan of action is



***East Asian Medical Students’  
Conference 2009***

***Abstracts***



*Australasian Medical Journal 2009, 1, 4, 1-19 Doi 10.4066/AMJ.2009.60*

proposed. The steps needed to be taken in order to reach the ultimate goal, living together in a strong community, are not completely fulfilled. Medical students are a part of Thai youth who are capable of fulfilling the plan. They can bring their cachets in to use for leading the community and create a stronger network of youth to help the situation of HIV/AIDs in Thailand.