

Free hiv aids and stis research paper sample

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The Guttmacher Institute has been providing research and policy analysis in the areas of sexual and reproductive health since the late 1960s. A major area of the organization's research is in HIV/AIDS and Sexually Transmitted Infections. The Institute's research is diverse and focuses on such disparate issues as education, sociology, and economics that interplay in cases of sexually transmitted diseases. Analyzing international and local attitudes towards sexual health, The Guttmacher Institute paints a comprehensive picture of the AIDS epidemic and how it is affecting the world.

There are many viruses, bacteria, and other parasites that can cause sexually transmitted disease, however, the Center for Disease Control only requires the mandatory reporting of several specific causes of these infections. The decision to place a disease on the mandatory reporting list is a consequence of how contagious the disease is, and the long-term health impact that it has. Most of these diseases do not have any major impact on health if the infected individual completes a treatment protocol. Some of the most well known STI's such as human papillomavirus, which causes genital warts, or chlamydia and gonorrhea, which can cause pelvic inflammatory disease, can be treated with oral medications and ultimately cured. This contrasts with an HIV infection, which is a lifelong infection that can be managed successfully, but is never cleared.

A major problem in diagnosis of these diseases is the length of time that infections can remain seemingly dormant and asymptomatic. Specifically, the symptoms of HIV infection can take a very long time to become apparent. The initial symptoms of the disease may appear to be a flu-like period shortly after initial infection. Once the malaise and fatigue go away, it

could potentially take a long time for immune factors in the human body to become so depressed that the diseases known as AIDS defining illnesses become apparent. In this period of apparent health, it is possible to transmit HIV to other people through contact with blood, sexual fluids, or breast milk. Given the morbidity that results from the disease it is important to review the demographic groups most at risk for acquiring the infection. More than half of infections occur amongst men engaged in homosexual sex. Nearly one-third of infections occur as a result of heterosexual contact. Slightly more than ten percent of infections will occur as a result of abuse of injectable drugs, and about five percent occur in men who have sex with men and inject drugs. Women make up one-fourth of all new HIV diagnoses, and the vast majority of cases that occur as a result of heterosexual sexual transmission. African Americans seem to be at a disproportionate risk of contracting the virus as they make up nearly half of the new infections reported, despite being only thirteen percent of the total population in America.

AIDS was first identified in 1981 and since then has taken a steady toll on the world population. Nearly two million Americans have been infected with the disease and approximately one-third of that population has already died of the disease. Since the year 2000, the incidence rate of the disease has remained fairly constant with approximately fifty-six thousand new cases reported each year. About forty percent of all HIV patients will have full-blown AIDS by the end of the year after diagnosis. Of note, a large number of patients only get an HIV test after the disease has ravaged their systems and are already ill with a so-called AIDS defining illness.

Given the toll the disease can take on a population federal guidelines were created that state that an HIV test is part of the standard medical care for Americans between the ages of thirteen and sixty four. Despite this recommendation, only half of the population between the ages of fifteen and forty-four have ever been tested for the disease, and only some fifteen percent of the population was tested within the last twelve months. While the federal government has published guidelines with these broad recommendations, the implementation on the state level is not as cleanly defined. Every state in the union allows minors to consent to Sexually Transmitted Infection services, however, only thirty-one specifically include HIV tests and treatments within the scope of STIs that the minor may consent to. Furthermore, there are eighteen states that allow a physician to breach the minors' confidentiality and inform parents or guardians that they are seeking services related to infection. One state mandates that parents be informed of any positive HIV test performed on a minor, in contrast to the rest of the states that don't have such a reporting requirement.

An important element of the bulwark halting the spread of STIs generally, and HIV specifically, is Sex Education. Currently, twenty-two states require sex education. Of these states, twenty require HIV education to be included in the sex education course work. There are thirty-three states that require that sex HIV education be taught in the curriculum, however, they don't dictate where within the curriculum the education must go. The courses regarding HIV vary greatly from state to state, depending on the laws enacted by the state. There are only thirteen states that require the instruction on HIV be medically accurate, twenty-six states require that

information be appropriate to the student's age, and eight states require the education be appropriate to the pupil's cultural background.

Sexually transmitted infections have high direct medical costs and immeasurable indirect costs. However, the human cost of the infections is by far the greatest toll. The Guttmacher Institute's website contains a lot of excellent information regarding HIV/AIDS and STIs. The information that was most surprising on the website is the disparate levels of education that occur in the United States. Sex education and reproductive health education varies depending on the specific state or authority controlling the education system. While the level of education is low, it is thankfully better than the status of AIDS education internationally as there are appallingly low levels of education present in some African and East Asian countries. I was particularly shocked that there are eight states that limit the education regarding these devastating diseases by a student's 'cultural background.' While I appreciate that sex education necessarily comes up against specific cultural sensitivities, the disease itself is very well reported and researched in the scientific literature and that there should be any limitation on the transmission of objective facts is strange. Furthermore, it is equally inexcusable that there are only thirteen states in the United States that require that the education regarding HIV be medically accurate. In sum, the Institute's website has a treasure trove of information, with some surprising facts and interesting conclusions.

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