

Hiv aids policies in the us

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Today, the 26 year old HIV/AIDS is becoming one of the major challenges facing health-care policymakers worldwide (HIV/AIDS Policy in the US, 2006). According to Collins (2007), there are over 1.5 million HIV infections and more than half a million deaths into HIV/AIDS afflicted in the United States.

The acronym AIDS stands for acquired immunodeficiency syndrome and describes the collection of symptoms and infections resulting from the severe damage of immune system caused by the HIV in humans.

On the other hand, HIV stands for human immunodeficiency virus, a retrovirus that infects cells of the human immune system, and destroys or impairs their function (Fast facts about AIDS, n. d.; AIDS 2006).

The introduction of HIV infection into the human body results to progressive depletion of the immune system, leading to immune deficiency. People who are described as immune-deficient are highly vulnerable to a wide range of infections known as opportunistic infections that take advantage of a weakened immune system.

Hence, it is vital to measure the level of HIV in the body and the appearance of certain infections as these are used as indicators that HIV infection has progressed to AIDS (Fast facts about AIDS, n. d.; AIDS 2006). With these, there are numerous policies and guidelines published to fight against HIV/AIDS.

EVIDENCE OF THE PROBLEM

According to the Center of Disease Control (CDC), the cumulative number of estimated deaths in the U. S. of persons with AIDS through 2005 are 525,

442, including 4, 865 children under the age of 13 and persons living with AIDS are 437, 982 (HIV/AIDS in the United States, 2007).

In the past two decades, the demographics of HIV/AIDS have changed, moving from an illness that initially affected white gay men to a disease that increasingly affects men of color or African men who have sex with the same sex, women and older adults (Gorin, 2004).

The prevalence rates of AIDS among African American men and women rose up by 150 percent between 1993 and 2001 compared with a 68% rate increase among white people.

The rates of HIV/AIDS among communities of color were notably higher than those for white people when considering their percentage of the total population. For instance, the African Americans only make up 12% of the U. S. population, however account for 76. 3% of individuals with AIDS.

In addition, African American teenagers ages 13 to 19 make up only 15% of U. S. teenagers, but account for 61% of new AIDS cases reported among teenagers in 2001 (KFF, 2003a). This shows that African American or communities of color have high incidence of HIV/AIDS compared to white people both in the teenage or adult population.

On the other hand, women represent an increasing proportion of new AIDS cases. The epidemiology shows that African American women represent a greater number of AIDS cases than white women.

There were 7, 113 newly reported AIDS cases among African American women in 2001 compared with 1, 981 among white women. These correlates

suggest that women in communities of color have a higher probability of contracting HIV/AIDS than white people (KFF, 2003b).

In addition, majority of women in all groups are most likely to have been infected by heterosexual contact and injection drug use. The results shows that 67% African American are infected by heterosexual contact compared with 59% white women while 30% African American are infected through drug injection compared with 38% white women.

This shows that HIV/AIDS contracted with heterosexual contact is higher in African American women while HIV/AIDS contracted with the use of drug injection is greater in white women. Furthermore, heterosexual contact accounts for 75% of HIV infection among women 13 to 24 years of age (KFF, 2003b).

These show that teenage or young adults are engaging to sexual intercourse at an early age give them higher risk of being afflicted with the disease.

Among older adults, the CDC estimates 42, 104 people ages 55 and older were living with AIDS in 2002, including 8, 902 people 65 and older (CDC, 2003). Among older adults, the risk is particularly high for gay men who abuse drugs or engage in anonymous sexual encounters and for women above 60 years of age, who is due to normal bodily changes, face higher risk for HIV infection during intercourse.

Even though little attention has been given to preventing HIV and AIDS in older adults, there are numerous older adults that do not understand the importance of condom usage or other precautions when engaging in sexual contact.

In addition, many physicians fail to provide the information on the related risk factors of HIV/AIDS or discuss the necessary information to help older adults protect themselves against infection (Laurence & Luciano, 2000).

Hence, this reflects the general perception that the older adult population is not at risk of HIV and society's reluctance to discuss at-risk behaviors. For these and other reasons, older adults have been called a "hidden HIV risk group" (Gorin, 2004).