

Example of defining hiv aids research paper

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Introduction

HIV is lentivirus that causes AIDS. Three decades after it was discovered, HIV/AIDS has been a consistent challenge. Whether developed or undeveloped, all countries have experienced the worst of the pandemic. In the recent past, third world countries have suffered the most despite numerous efforts put in place to curb its prevalence. This pandemic has been a community based problem (Schuster, Bornovalova, & Hunt 2011). If an individual is infected, his friends and family members are also indirectly affected. The reason is, after the individual is infected, it is for the family members to cater for his medical bills, care for them if weak and look after their children if sick and unfortunately if the infected succumbs to his illness.

Relevance of HIV/AIDS to Social Work

Social work is the activities carried out to reduce the common citizen against a challenging problem. People living with HIV/AIDS engage in health and social assistance (Cain & Todd 2009). Improved treatments have helped infected individuals deal with controlling the condition but there are many more chronic issues that affect them socially. Such issues include poverty, insecurity, drug abuse, and unemployment (Cain & Todd 2009). The need for healthy diet and good mental health leave the social workers with a colossal gap to fill. Social agencies have had to conform to new ideology and technique in order to contain the ever pressing situation in the world.

Epidemiology and Etiology

Current incidence and prevalence

The rate of infection had dramatically reduced in the world at large. This has led to the stabilization of the pandemic. Developed countries like the United States have a considerable low level of infection compared to Africa and other under developed countries. New infection percentage has dramatically declined by more than 50% in the past year (Fact Sheet 2012). However, there are still 2.5 million new infections (Fact Sheet 2012). 40% of the new infections are of people between ages 15-24. Research indicates that young women face a double risk of infection compared to their male counterparts. In 2011, 3.3 million children were living with HIV/AIDS which was a decrease of 24% (Fact Sheet 2012). In addition, over 16million children were orphaned by HIV/AIDS with 89% being from Africa (Fact Sheet 2012).

Risk and protective factors of HIV/AIDS

Most people who get infected are those that engage in irresponsible sexual behavior and drug abuse. Social workers have tried to reduce the risk of infection by offering condoms to sexual workers and new needles to drug addicts. This has raised a moral debate but it ultimately reduces the risk of transmission (Schuster, Bornovalova, & Hunt 2011). In the recent years, blood due for transmission has had to undergo rigorous screening in order to avoid transmission as it was in the past. In addition, men in Africa and all over the world are advised to undergo circumcision since it has been proven to reduce the risk of infection. Nations have engaged in distributing free condoms to increase the chances of using them during sexual intercourse.

Disparity in gender, age and sexual orientation

As discussed earlier, women have a higher chance of transmission if engage in sexual activity with an infected partner as compared to men. This can be attributed to the sexual anatomy of women. Their sexual organs offer a large surface area for surface entrance as compared to men. In addition, the sex working industry is almost exclusively for women increasing the chances for female increased infection. Age is another predominant factor in the rates of HIV/AIDS transmission (Schuster, Bornovalova, & Hunt 2011). Statistics show that the youth contribute to a higher infected percentage compared to the older generation and children. The youth are more sexually active and often have random sexual partners as compared to the older generation. Sexual orientation is the final grouping factor in HIV/AIDS infection. Notably, homosexuals attribute to a higher transmission rate abroad as compared to heterosexuals.

Experience of HIV/AIDS

Knowledge on HIV/AIDS

HIV/AIDS is a venereal disease that has no cure yet. Preventive measures have been put on place to avoid its rapid transmission. Retrovirus drugs (ARV) and retrovirus therapy (ART) are used to control the effects of the disease.

Hughes & Admiraal (2012) note that knowledge of HIV/AIDS is indiscriminately distributed regardless of the population needs. Different populations have different understanding or regard to HIV/AIDS. For instance in developed countries, it is viewed more of a chronic disease than in Africa. In Africa for example, the people especially in the rural areas need a general

understanding of the disease compared to the more educated sector which has an educated perspective of the disease. Therefore, despite the adequate research that has been performed throughout the years regarding the disease, it should be wisely distributed to avoid irrelevance.

Short case study

Schuster, Bornoalova, & Hunt (2011) argue that poor social and mental health lead to higher prevalence. They review factors like poverty, depression and substance abuse and how they influence transmission. Depression sparks a psychological pathway that leads to immunosuppression which when combined with behavioral and psychological complication, it improves the risk factor. Depressed individuals often portray hopelessness and pessimism thus engaging in risky sexual behavior. For the already infected patients, depression leads to hopelessness thus they stop using their ARVs and engage in substance abuse therefore elevating their cortisol levels.

HIV/AIDS on a clinical level

The first stage is the acute infection. This happens when an individual is first infected. It comprises of acute illness whereby one gets a very bad flu. It can appear between the first two weeks to the third month of infection. The second stage is the clinical latency. This stage is commonly known as the chronic HIV infection (Schuster, Bornoalova, & Hunt 2011). This stage is characterized by very low levels of the virus that it could be undetectable. The CD4 cell count is normal at this stage. AIDS is the final level of this disease. The CD4 count decreases and the viral load increases (Schuster,

Bornovalova, & Hunt 2011). The immune system is destroyed at this level and this gives way to opportunistic infections. At this stage, life expectancy is at one year at most.

Boundary spanning issues associated with HIV/AIDS

Boundary spanning issues that are associated with HIV/AIDS are the factors that hinder the development of adequate data in the subject matter. Poverty is the leading spanning factor especially in the undeveloped countries. Since the higher population that is affected by HIV/AIDS is poor, they find it hard to engage in activities that may lead to proper research development.

Ignorance is the other leading spanning factor. Ignorant people refuse to get tested thus waiting till the final stage of the disease to control the already escalated situation (Cain & Todd 2009). Failure to get tested poses as a challenge for data collection since the data collected does not give a real number for documentation.

Implications of HIV/AIDS for policy and social work

This topic as discussed in this paper gives the realistic, technical, and critical view of HIV/AIDS as a worldwide pandemic. Social workers could benefit of the problem from this view as it could give the desired direction to help the people leaving with the disease and also avoid further infections (Cain & Todd 2009). To face such a worldwide challenge social workers must understand that they must conform to stringent methods in order to achieve success in this field. In addition, governments should issue policies and funding to curb the situation especially in the undeveloped countries. Policy

makers should understand that they are the heart of the fight in this battle and only their pure dedication will help control the situation.

References

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