

Sexually transmitted infections health and social care essay



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Nursing Personal Tutor Susan Anderson Module Title Understanding Health and

Health care Delivery Module Code: NU1641/NU1067 Module Leader Sue

Quayle Module Supervisor Yasmin Perry Assignment Title HIV Prevalence Word

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HIV Prevalence

We will look at the effects this communicable disease has on the wellbeing and health of individuals infected and their family members. You will see regional, national and global issues, we will be able to identify the causes of HIV and look at what steps have been put into place to help reduce and prevent levels of HIV cases. There are encouraging signs that show changes in the epidemiological direction of this maturing pandemic. I met my client through a friend whose father had died from Aids. For the purpose of confidentiality I will follow the Nursing and Midwifery Council code of conduct

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(NMC, 2008) I will not use my client's real name and will refer to them as Mavis. I will discuss how HIV had an effect on Mavis and how this disease changed her life. When I first met Mavis she was aged 43 but her story started when she was aged 29. Mavis was a young South African women, she was happily married with one daughter. Mavis and her husband were both successful in business, this job took her husband away from home quite a lot; he would travel to various locations across Europe and Asia. Tragically in December 2002 Mavis's husband was killed in a car crash, at this stage Mavis was not aware how her life would change drastically. It was arranged for Mavis to marry her deceased husband's brother, she explained to me that her family suggested this was best for her and her daughter financially, Mavis was shocked and appalled, she did not want this marriage to go ahead. Mavis fled her native Botswana and arrived at an Airport within the United Kingdom in January 2003, immediately Mavis was stopped by immigration control, Emotions were running high for Mavis throughout the day, how she could return after fleeing, what could she say; what would happen to her. At around 4pm that day Mavis collapsed and was taken to hospital where a series of tests were taken, she was later diagnosed with suffering from Tuberculosis. After two weeks of being on medication more tests were taken, at this point her life would change forever. Mavis was later tested and diagnosed with HIV which stands for: Human Immunodeficiency Virus (Weller, 2009) which affects the human being; the virus attacks and terminates the immune system. The virus targets the immune system and weakens the defence system (Ross. Wilson, 1990). HIV can be passed on immediately after becoming infected, symptoms vary depending on the stage of the infection, many people are most infectious in the first few

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months of contracting the virus, and at this stage many infected individuals are unaware that they have HIV. In the first few weeks after the initial infection individuals do not experience any symptoms but some may experience flu-like symptoms and possibly develop a rash, The only way for an individual to find out if they are infected with the virus is for them to be tested (Bupa, 2010). Mavis cried out, how this could be, I was a good faithful wife, the only explanation for her contracting HIV was from her husband, but she could not ask him for answers as he was now deceased. Doctors explained to Mavis what drugs were available and that this would be for life, they suggested a combination she should try, Mavis's immune system became resistant to the first combination; doctors then put her on a second combination which she also became resistant to. With the third combination Mavis suffered serious side effects and was eventually put on a fourth combination. Social determinants of health relate to the conditions in which affect individuals such as, Lifestyle, gender, sexuality, income, age and employment as well as the healthcare we receive. Our health and wellbeing is shaped by the distribution of money, power and resources at global, national and local levels, Health inequities occur from social determinants of health (Centers for Disease Control and Prevention, 2013). In Sub Saharan Africa HIV is known as AIDS, this is down to lack of education with this virus, this region carries the greatest burden of the epidemic. The World Health Organization claims that advanced stages of HIV is AIDS, once an individual's immune system has broken down it progresses to AIDS; AIDS is the later stages of HIV. AIDS stands for Acquired Immune Deficiency Syndrome; progressing from HIV to AIDS can take between 10 and 15 years to develop (WHO, 2011). Many believe that individuals affected by poverty are more

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likely to be infected with HIV, especially in sub Saharan Africa, but this is not the case Botswana for instance has some of the highest HIV prevalence rates in the world this region considered to be a middle-income country and one of the richest countries in Africa, my client was from Botswana and was classed as middle class, sexual behaviour is a big contributor, such as multiple sex partners and lack of condom use (ncbi. nlm. nih. gov, 2007). Men having sex with men is a very taboo subject, but the second highest group for HIV prevalence is same sex partners, many individuals don't realise that's its easier for HIV to be transmitted through unprotected anal sex than it is through having unprotected vaginal sex. Men who have sex with men have been known to hold back revealing their same-sex relation due to discrimination and the fear of persecution, homosexuality is not tolerated in all countries, Many are married and have sex with women as well as men. In 2010 1. 8 million people died globally from AIDS the figures were 1. 5 million adults and 250, 000 children (Avert, 2011) Currently the highest levels of individuals affected are black African migrants, Section 21 (1) (a) of the 1948 National Assistance Act required Local Authorities to provide support and accommodation to those who are in need of care and attention (National Assistance Act, 1948). In 2009 the House of Lords changed this ruling, if individuals do not need care and attention they are not entitled to extra support this will cause issues for the individuals diagnosed with HIV leading to poverty, unemployment and further health complications (Nat. org. (2009). Stigma associated with HIV/AIDS is a worldwide issue and can have a huge impact on the social determinants of the individuals health through prejudice, abuse, maltreatment and negative attitudes directed at people living with HIV and AIDS they may receive poor treatment in healthcare and <https://assignbuster.com/sexually-transmitted-infections-health-and-social-care-essay/>

education settings, be shunned by family, peers and the local community (Avert, 2013), individuals are afraid to see a doctor or seek treatment leading it to be a silent killer, the fear of stigma allows the epidemic the ability to devastate societies around the world (un. org, 2008). This can often be fuelled by ignorance of HIV transmission routes (Nelson, 2012). Everyone is entitled to a fair and respectful treatment of healthcare, treating someone less favourably because they have HIV it is illegal this is identified in 2010 Equality Act (Equality Act, 2010). HIV is amongst the world's leading infectious killer which has claimed around 25 million lives over the last three decades. USAID states that since the pandemic began more than 60 million people have been infected with HIV (USAID, 2011). In countries such as, Africa, HIV rates are significantly high. In the Republic of South Africa around 11 per cent of the population are HIV positive (Delvin, 2010), the magnitude of this pandemic is shocking. Although the global prevalence of people infected with HIV is stabilising the actual percentage of people living with the virus is increasing yearly. At the end of 2010 33. 3 million people were estimated to be living with HIV worldwide this represents a 27% increase over the last decade when rates were 26. 2 million individuals. (Avert, 2011). Globally the number of new infections has been decreasing over the last few years, this is due to developments in treatment and testing of the virus especially in developing countries as testing and treatment is becoming more of a reality, nevertheless there are still parts of the world where new diagnoses are increasing (WHO, 2011), progressively more people are living with HIV. These numbers have risen in every region of the world over the last 10 years displaying a decrease in mortality rates. In 2010, 91, 500 people were living with HIV in the UK, thirty years after the start of the epidemic, <https://assignbuster.com/sexually-transmitted-infections-health-and-social-care-essay/>

according to the Health Protection Agency at least 21, 000 people were unaware that they had the infection. It is predicted that over 100, 000 people will be living with the infection by 2012 (HPA, 2011). Globally 34 million individuals were living with HIV, 3. 4 million were children and 13. 3 million were men the highest rate at 16. 8 million was women. Diagnosis of heterosexual individuals in 2010 was reported at 37% (190) cases and these individuals stated they had acquired HIV through sexual intercourse. Out of the 190 people, 44 stated that they had become infected in the UK (23%) and 66 (34%) said they contracted the virus in Africa. (THT, 2011).

Homosexual diagnosis in the UK in 2010 was 244 cases which were acquired through men having sex with men, 176 stated that they had become infected in the UK. In the North West in 2010 People aged 30-34 were the most common age group to be diagnosed with virus. (THT, 2011) In the UK homosexual men who have sexual intercourse with other men are the highest risk group for contracting the virus the second group most affected is those that have migrated from regions such as sub Saharan Africa, 1. 3 million People died in Africa from HIV in 2009. This is a decrease of 17% since 2004; this is due to better access to treatments. In Eastern Europe and central Asia HIV prevalence currently has the largest regional increase.

Overall the epidemic in these regions continues to rise. The highest rate of cases is amongst adults, globally, the rate of adults living with HIV is 0. 8% (WHO, 2011). In 2010 there were 6, 660 individuals diagnosed with HIV in the UK. According to the Terrance Higgins Trust at least 680 people died in the UK from HIV in 2010; however these figures are well below the peak year of 1995 when figures reached to 1, 723. Dr Valarie Delpech a consultant

epidemiologist stated that HIV can be treated and that early diagnosis can <https://assignbuster.com/sexually-transmitted-infections-health-and-social-care-essay/>

lead to longer life expectancy (WHO, 2011). Figures of people contracting HIV in the UK now exceed those of people who contracted it abroad. In the UK at least 43% of people diagnosed with HIV live in south, this figure was previously higher, the biggest increase in the last 10 years occurred in the East of England, the West Midlands and the North East. The HIV virus is growing in North West England, the region population is approximately 6.9 million people according to Online Statistics (ONS, 2011). In the US and Europe there are currently more than 20 antiretroviral drugs which are approved for the treatment of HIV infection, there are also many new HIV drugs undergoing trials. (Avert 2011). Access to antiretroviral treatment in some parts of the world is still limited due to a lack of funding, antiretroviral drugs keep the levels of HIV low in the body, this allows the immune system to recover and work more effectively. Antiretroviral drugs allow HIV positive people to live a healthy life and increases life expectancy. The drugs provided need to be taken daily, individuals who are infected will need to take the drugs for the rest of their lives. Avert (2011) suggests that individuals should Adhere to HIV treatment as it is highly important for their health and wellbeing; if individuals do not follow the guidance given they increase the chances of the drug becoming resistant (Avert, 2011). NHS Primary Care trusts (PCTs) currently have a responsibility for HIV healthcare, according to the Department of Health; PCTs will be abolished in April 2013 (DH, 2012). Once the PCTs are abolished these will be replaced by locally clinically led commissioning groups (CCGs) and will be overseen by a new national NHS commissioning board. The local government will commission HIV prevention and sexual health promotion, STI testing and treatment, sexual health services including HIV testing, community contraception and <https://assignbuster.com/sexually-transmitted-infections-health-and-social-care-essay/>

family planning and the NHS commission will run HIV prevention campaigns and take care of HIV treatment and care (Kelaart, 2012). The latest report from WHO, UNICEF AND UNAIDS in November 2011, suggests that sustaining investment in HIV/AIDS over a longer period will have global benefits and progress will be made with prevention and treatment of the virus the report indicates that there was a 15% reduction of new infections over the past decade and a 22% decline in aids related deaths in the last five years due to better access of services. Gottfried Hirnschall, Director of the World Health Organization's HIV Department believes it is now very possible to get ahead of the epidemic, he states the level of momentum we are at has taken the world ten years to achieve (WHO, 2011). Globally there is improved access to HIV testing and counselling. Antiretroviral therapy (ART) helps to improve the health and wellbeing of infected individuals; however there is still work which needs to be done. Many countries are already showing a substantial level of efficiency in managing HIV programmes; such as South Africa who reduced their drugs costs by at least 50%, this was achieved by an initiative that was implemented by WHO and UNAIDS in 2010 which launched; Cheaper, simpler and easier HIV treatment and diagnostic tools. They intend to Develop new guidance on the use of Antiretroviral drugs for prevention and treatment, Use a range of different approaches to reduce the risk of infection. An improvement of women's rights and ensure adequate access to contraception will all be vital in tackling the female HIV epidemic. (WHO, 2011). A report produced by the Health Protection Agency (HPA, 2011) called for a universal testing on HIV after it identified that one in five people who visited an STI clinic did not accept a HIV test, the HPA want to ensure that no one leaves the STI clinic without being tested. The HPA ask that in areas <https://assignbuster.com/sexually-transmitted-infections-health-and-social-care-essay/>

where the virus has a high prevalence patients registering new with GPs and entering Hospitals should be tested using the universal testing this would help with late diagnosis and ensure that patients receive the treatment and care they require (HPA, 2011). Public Health Minister Anne Milton announced that over the next three years there will be an £8 million investment to help build on previous work by the Terrence Higgins Trust and Family Planning Association (FPA) (DH, 2012), this investment is aimed to drive down HIV infections and help improve people's sexual health. HIV prevention is vital, This investment will be split between Terrance Higgins trust who will receive £6. 7 million to continue their campaign and work on HIV prevention which saves lives and money, social determinants of health can be addressed, national campaigns for gay men and African communities can have a vital impact and access to HIV testing can be expanded and the FPA will receive £1. 13 million which will be used to reach the public and health workers through there specialist comprehensive sexual health information service.

Conclusion

Most sexually transmitted infections can be avoided by practicing safer sex (e. g. using a condom); also by having fewer sexual partners will help lower the risk of infection. HIV can have a huge impact on patients who live with this virus, there are many factors that affect the patients quality of life; not only their physical health, it also affects mental health and social wellbeing. The label HIV can influence the way others act towards the infected individual. HIV is included in the Equality Act 2010; this Act protects people living with HIV against discrimination in employment, education and housing as well as access to services and goods (aidsmap. com, 2012). Contracting a

sexually transmitted infection has a large psychological, physical and social impact on infected individuals and their families; this can be down to discrimination and stigma especially towards adolescents, drug users, homosexuals and asylum seekers. This can cause problems when it comes to prevention and treatment. In low and middle income countries at least half of the infected people are still unable to access ART; this is down to lack of information and education and the fact that many of these individuals are unaware that they even have the HIV virus.