

Details of hiv and aids health and social care essay

[Health & Medicine](#)



The intent of composing this paper was to farther educate myself, and any other readers, on the inside informations of HIV and AIDS. As a kid turning up in the 1980s, I vividly remember the beginning of the HIV/AIDS epidemic here in the United States. The media was saturated with information ; so much so that even at a comparatively immature age I remember being reasonably good informed about (and terrified of) the disease. The positive was that that fright, and the sum of information that I had accumulated, stuck with me through life. I practiced safe sex (every bit much as possible) non merely to forestall gestation, but largely to avoid catching HIV or any other STI.

Recently something occurred to me. I can non remember the last clip I 've heard reference of HIV or AIDS in the media. While it 's non surprising the topic is n't the hot subject it was about 30 old ages ago, this deficiency of attending may be a hurt to younger coevals 's cognition of the disease. I ca n't talk about the Public School system, but in my ain (private, spiritual school) instruction from K - 12th class, I can mensurate the sum of sexual instruction I received in mere hours. It 's difficult to be concerned about a subject you may cognize following to nil approximately. My ain cognition of these diseases has non grown since high school. This was the inspiration to take this subject to compose on.

I feel this subject is particularly relevant to college age pupils. At this clip in their lives, they may happen many chances to prosecute in hazardous behaviours that may take to exposure to HIV/AIDS. Without proper cognition, it may be easy to disregard the disease as non being unsafe any longer.

After all, why worry about it if no 1 talks about it any longer? It must non be <https://assignbuster.com/details-of-hiv-and-aids-health-and-social-care-essay/>

that large of a trade, right? Students this age demand to cognize that the disease is still prevailing, still incurable, and still really lifelessly. Being informed agencies they have the tools to protect themselves and do better picks to remain safe.

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) are classified as a retrovirus, intending that it replicates by occupying a normal organic structure cell, destructing the cell 's Deoxyribonucleic acid and so copies its ain Deoxyribonucleic acid into the cell 's chromosomes. By reiterating this procedure over and over the virus spreads through the host. Infections begin by geting HIV. As the virus spreads, it begins to assail and destruct the organic structure 's immune system cells, specifically CD4+ T-cells. Once a individual 's measured CD4+ falls below half of the normal sum and they have developed one or more timeserving infections, they are diagnosed as holding AIDS. (Johnson, 2008) (The effects of the virus on the organic structure will be detailed in a ulterior subdivision)

To convey the HIV virus, bodily fluids such as seeds, vaginal fluids or blood of an septic individual must come in the blood stream of another. As such, some of the most common paths of infection include unprotected sex and sharing acerate leafs used for endovenous drug usage, tattooing or organic structure piercing. Other methods include blood transfusions (though current testing techniques have reduced this to virtually nil) or mother-to-infant transmittals through blood during gestation or bringing, or through breast milk whilenursing. (Hunter, 2005)

The first instance of HIV/AIDS was non discovered until around 1981, in the United States. Within one twelvemonth, 1500 new instances of what would finally go known as AIDS were diagnosed. (Patton, 2002) Since that clip the figure of people known to be populating with HIV/AIDS worldwide has skyrocketed. Harmonizing to statistics from the WorldHealthOrganization, as of 2008 about 33. 4 million people across the Earth are presently populating with HIV. (World Health Organization [WHO] , 2008)

How common is the problem/issue in the United States?

For the first several old ages of the epidemic the reported instances of AIDS in the United States continued to lift, hitting a high point of 79, 752 new instances being reported in the twelvemonth 1993. From the beginning of the epidemic in 1981 through the twelvemonth 2000, and estimated sum of 733, 374 people had been diagnosed with AIDS. (McElrath, 2002) Since so the figure of new instances has decreased and become reasonably changeless, with the new estimation being about 37, 991 new instances reported and a cumulative sum of 1, 106, 391 people diagnosed with the disease since the start. The figure of people populating with HIV in the United States has continued to lift over the old ages, and it is estimated that as of 2006 over 1 million people are infected with the disease, with 42, 439 new instances reported in 2008. (Center for Disease Control and Prevention [CDC] , 2010)

The disease seem to be more prevailing among work forces. 73 % of all new HIV/AIDS instances diagnosed in 2006 were work forces. (Hock, 2007)

Certain cultural groups are disproportionately affected by the disease every

bit good. African Americans make up about 12 % of the U. S. population, but history for about half of the entire population life with the disease every bit good as half of the new infections reported per twelvemonth. Likewise, Hipics/Latinos comprise 17 % of the state 's population but history for for 17 % of those populating with the disease and the same per centum of new infections per twelvemonth. (CDC, 2010) The rate of new infections among both sexes of these minorities is several times that of Caucasians.

HIV/AIDS is besides more prevailing amongst the immature, specifically striplings and immature grownups. Of the sum reported instances of AIDS through 2008, merely about 9, 349 were diagnosed in kids under the age of 13. The age scope of 20 - 40 seems to be the hardest hit, and comprises about 2/3 of the entire figure of instances reported in the U. S. through 2006. (CDC, 2008)

How common is this problem/issue in other states?

Sub-saharan African states have been hit the hardest by HIV/AIDS. Of the 33. 4 million people in the universe life with the disease, over two tierces of them (22. 4 million) reside in this country of the universe. It is estimated that in 2008 entirely, 1. 9 million new people were infected with the disease. South Africa itself is place to an estimated 5. 7 million people infected with HIV/AIDS. (Joint United Nations Programme on HIV/AIDS [UNAIDS] , 2009)

Prevalence rates of the disease vary from state to state, but about all are above 10 % . The state with the highest degree of prevalence is Swaziland, with 26 % of its grownup population infected with HIV. (WHO, 2008) The chief method of transmittal of the disease in this part is via heterosexual

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sexual contact, although the `` usual " hazard groups are besides represented. In blunt contrast to the United States in respect to prevalence rates between sexes, Sub-saharan adult females are the bulk of the septic. As of 2008, 60 % of the entire HIV infections in the part were female. This is thought to be largely due to the sex trade in the part ; nine states have reported that over 30 % sex trade workers are confirmed HIV positive. (UNAIDS, 2009)

There is good intelligence sing the epidemic in the part. Many states have been sing diminutions in prevalence rates and new infections over the past old ages. For illustration, Zimbabwe, which in 1997 reported an grownup prevalence rate of merely under 30 % has seen a steady diminution since so. It 's current rate of 15 % , while still high, shows unbelievable advancement in decelerating the spread of the disease. The figure of entire people populating with the disease is really high, but portion of the figure is due to the fact that septic people of the part are get downing to populate longer thanks to better intervention options. (WHO, 2008) This, coupled with better consciousness and instruction of the disease and a general displacement towards better sexual patterns is get downing to convey a step of control of the epidemic Tho the part, but much more work demands to be done to truly acquire a grip on the job.

What are the negative effects of this job on the person, household, and society?

The most obvious consequence of the disease on the person is, to be blunt, decease. As HIV continues to destruct a individual 's immune system, they become susceptible to timeserving infections. This means that sicknesses

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that a normal immune system could contend off with easiness become serious jobs in those with the disease. It is these infections that cause decease due to AIDS ; the organic structure becomes more and more worn down by invariably combating the disease and its infections until it merely can non go on to contend. (Hunter, 2005)

There are other effects non limited in range to the septic individual 's organic structure. In the earlier old ages of the epidemic when cognition of the causes and transmittal methods of HIV/AIDS was ill-defined, there was a definite fright of those populating with the disease. This increased as it was made clear that the disease was non entirely limited to homosexual work forces or injection drug users, the two groups who comprised the bulk of initial diagnosings. Some provinces enacted Torahs to divide septic individuals from the remainder of the population. (Siplon, 2002) People populating with the disease lost their occupations and medical insurance due to their septic position. They besides found themselves alienated by friends and household who merely did n't cognize how to get by. (Patton, 2002) There was a definite feeling of a divide in society between those with the disease and those without.

A illustration of such a divide could be seen in the instance of Ryan White in 1985. Ryan was 13 old ages old at the clip he was diagnosed with AIDS received via a blood transfusion. When his infected was discovered he was barred by school functionaries from returning to category. After taking the affair to tribunal and winning he was allowed to return to category merely to confront more favoritism. Even though wellness governments assured the

populace that the disease could not be transmitted casually, people did not like the thought of a kid infected with a fatal disease around their kids. Protests occurred outside the school daily, and the full household was capable to menaces and other signifiers of torment until they were finally forced to relocate to a more accepting community. (Siplon, 2002)

Today, with better apprehension of the disease and its transmittal methods there is far less fright of those infected with the disease. However, there still seems to be a spot of a stigma attached to being infected with the disease, possibly likely due to the fact that it is still at this clip incurable. (McElrath, 2002)

Describe how another civilization or state view this job.

One interesting instance to analyze is that of Kenya. While other states acted to seek to control the spread of HIV/AIDS, Kenya did not. Alternatively, Kenya continued to deny the significance of the disease, both politically and socially. A strong stigma was attached to what the state viewed as "a disease of homosexuals and aliens". No Torahs exist to protect septic people from favoritism. HIV trials are platitudes in the employment procedure, and negative consequences are required to measure up for most life and wellness insurance policies. (McElrath, 2002) There has even been talk of implementing a policy of compulsory presentment of sexual spouses by people infected with HIV. (Patton, 2002) The community as a whole seems loath to face the possibility that they may be infected. As such, the sum of people who choose to voluntarily be tested for the disease is really low.

Peoples are besides really loath to uncover their HIV positive position to others due to the ostracization that may happen.

Kenya has been slow in its attempts to battle the disease. Attempts have been made but seem to ever hit opposition, or merely a dreamy attitude toward the job. Plans to include information about generative wellness and HIV/AIDS into the school course of study were met with heavy resistance from parents and the spiritual elements of the authorities, and were finally abandoned. In 1997 Parliament passed a sessional paper detailing the state 's program to stem the disease, but it did non hold the power of jurisprudence. Since so few of the commissariats that were set Forth in the paper have come to fruition ; the authorities still seems to be dragging its pess to turn to the issue caput on. A National Aids Control Program was established, but placed really low in political importance and has been mostly ineffective. (McElrath, 2002)

Describe at least two ways how 1 might get by with this sexual job or issue.

It is true that there still is no remedy for HIV/AIDS, but medical interventions of the disease have improved greatly over the old ages. In the early old ages, there was merely one drug known to battle the HIV virus: AZT (azidothymidine) . Before that drug existed, physicians were limited to handling the timeserving infections that developed in their patients (Patton, 2002) Nowadays there are upwards of 30 different drugs. The most common drug intervention therapy is called HAART (Highly Active AntiRetroviral Therapy) , more normally known as the `` AIDS cocktail " . In this therapy a patient will take a combination of several different anti-HIV drugs. This slows

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the patterned advance of the disease into full blown AIDS (by several old ages, in some instances more than 20) , evidently increasing the endurance rate of the patient. Even after the oncoming of AIDS, HAART intervention can assist forestall timeserving infections from developing. This comes at a monetary value ; long term usage of this therapy could take to other serious wellness hazards such as coronary bosom disease. A patient may besides construct an unsusceptibility to a type of drug over clip. (Hock, 2007)

Many policies sing HIV/AIDS have besides been instituted. One of the biggest is the Ryan White Comprehensive AIDS Resources Emergency (CARE) act enacted in 1990. This provided federal support to plans that provide attention and other support for people infected with the disease. There are plans aimed at bar of the disease, such as (voluntary) HIV/AIDS instruction in schools, doing AIDS information available to the general public every bit good as aiming specific high hazard demographics, to controversial plans such as needle exchange plans for endovenous drug users and doing rubbers readily available in high schools. The Americans with Disabilities Act included people populating with HIV/AIDS, protecting them by jurisprudence from favoritism. (Siplon, 2002) All of these techniques have helped to increase the quality and length of life for septic people.

Choose the attack you feel best addressed and/or solves the problem/issue and depict why this method is better.

WhileI believe research to forestall and perchance bring around the disease is a worthy outgo of resources, modern medical specialty is still a long manner from happening a remedy. To truly extinguish the disease, the first measure should be to seek to extinguish the causes of it. Therefore, it is my sentiment
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that the better header method would be to concentrate on policies and plans to battle HIV/AIDS, specifically plans on bar.

There is grounds that such plans work. In one survey done in New York between 1990 - 2001, after needle exchange plans were implemented HIV prevalence dropped from a high of 54 % to a depression of 13 % . (Patton, 2002) An Australian study stated that during 1990 - 2000, an estimated 25, 000 HIV infections had been averted due to needle exchange plans. (McElrath, 2002) Although these plans are controversial, they produce consequences.

Possibly the strongest instance point is Uganda, located in Sub-Saharan Africa. The authorities responded caput on to the disease when the range of the epidemic became clear. It implemented policies for attention of the septic, plans to distribute instruction and consciousness of the disease and its methods of transmittal, and better sex instruction for the population. It besides better educated people of the methods for safer sex, and made rubbers widely available and provided direction on proper usage. (McElrath, 2002) The consequence of these policies is amazing ; prevalence of HIV in Uganda has dropped from a high of 15 % to an unbelievable 5 % . (UNAIDS, 2008) This shows that decently funded and executed plans and policies can hold a profound affect on the prevalence of the disease. While it 's non a remedy, decelerating and possibly halting the spread of HIV/AIDS is the best class of action to prosecute while scientific discipline continues to seek for a lasting remedy.

Describe at least one get bying technique or method utilized by another civilization or state.

The state of Brazil 's National AIDS plan (PN-DST/AIDS) has instituted legion policies for intervention of those with HIV/AIDS every bit good as instruction and awareness plans aimed to stem the spread of the disease since its origin in 1985. Possibly the most extremist policy is that of supplying free drug intervention therapy (including HAART) to anyone necessitating it.

Numerous (but still non all) infirmaries are equipped and able to supply equal attention for septic people. Surveies of the epidemic in the state are performed on a regular basis every two old ages to track incident rates and roll up other statistics. Millions of dollars have been spent on telecasting and wireless runs to assist educate and distribute consciousness of the disease in the population. Educational stuffs were made widely available to the people (with specific stuffs distributed to the high hazard public) and a monthly paper detailing the disease and bar techniques is distributed to rate school pupils. Programs advancing rubber usage and distribution were besides created. Several hundred nongovernmental organisations formed with partial support from PN-DST/AIDS and have been priceless helping in the executing of these plans. (Okie, 2006)

While an project of this magnitude is a baronial attack to contending the disease, it comes at a steep monetary value. Funding for PN-DST/AIDS came about entirely from an tremendous loan granted by the World Bank (about \$ 650 million) Obviously this debt entirely is a monolithic hurdle for the state to get the better of in the coming old ages. It must besides non merely acquire out from under the debt, but continue to fund the plans without

incurring heavier debt. The drugs provided free to patients are highly expensive to purchase, and at that place have been jobs maintaining the supply filled adequately (this is frequently made the duty of province or other municipal services) . (McElrath, 2002) Even with these jobs the state has made definite headroom in contending the disease.

Decision

HIV/AIDS is still as lifelessly today as it was when it was foremost discovered. However, much advancement has been made in contending the disease. We now have drug interventions that greatly increase the length of life of septic people, and are more educated world-wide on the inside informations of the disease and how to avoid it.

I believe these are the grounds why at that place seems to be less attending paid to the disease in current times. With better cognition and interventions, the fright that the disease one time spread has dramatically decreased. Many new infections occur every twelvemonth, but the Numberss are far less than they used to be. There is besides less of a stigma placed on persons populating with the disease.

While this surely is a good thing, we (talking globally) can non go lazy in our attempts. Education and bar plans must go on to see that future coevals are able to properly protect themselves. HIV/AIDS is non a disease that is typically acquired through sheer opportunity ; certain behaviours open us up to changing degrees of hazard. Until the clip comes (if it of all time does) that we find a complete remedy, forestalling new incidents of the disease is where our attempts need to be focused.

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