

The history about hiv health and social care essay



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HIV is an ever growing health concern for people in this country. Health promotion in this area is needed in order to deal with this growing problem. According to the World Health Organization, " Health promotion is the process of enabling people to increase control over, and to improve, their health" (2013). In order to address the HIV issue health promotion can be seen at three different levels. Primary promotion consists of education. Prevention is best done by way of education. The more people that are aware of HIV and its dangers the more people who will know what they need to do to prevent it. Secondary promotion focuses on treatment. For those who have already been exposed to the disease it is important to have good treatment programs in place to take care of those infected. Tertiary promotion deals with rehabilitation. For those who are suffering through the later stages of HIV it is important for there to be good rehabilitation programs to aid in enhancing the patients quality of life.

Article Review

When looking at the three levels of health promotion in regards to HIV it is interesting to see how each stage is unique and yet each one overlaps the other. In an article by Frye, Bonner, Williams, Henny, Bond, Lucy, Cupid, Smith, & Koblin (2012), the authors describe the process they used to design a theory-based HIV prevention intervention program. This program was intended to increase condom use, reduce concurrent partnering, and increase HIV testing among heterosexually active African-American men. This program is an example of a primary health promotion. The intervention program focused on four major areas of interest: HIV/AIDS education; condom application and skills training; key relational and behavioral turning

points; and masculinity and fatherhood. The intervention offered a no-holds-barred presentation of the harsh realities of environmental risk and the consequences of personal behaviors in a safe, non-judgmental space. It sought to provide African-American heterosexual men with the knowledge, skills, and opportunity to consider, practice, and adopt new practices to increase their well-being and promote sexual health (Frye et al, 2012). An example of secondary health promotion in the area of HIV can be seen in an article by Peterson, Miner, Brennan, & Rosser (2012). In this article the authors looked at the relationship between treatment optimism and unsafe sexual behavior. The results of this study suggest that overall optimism that more effective treatments render HIV a chronic manageable illness do not appear to increase risk behavior. Rather, it is the specific beliefs about how treatment alters a participant's infectiousness and about the need to use condoms that distinguished men engaging in risk from those not engaging in risk. This study concluded that it is necessary to provide warnings about the problems with such beliefs in order to further prevent HIV transmission among African American MSM. Specifically, HIV prevention for African American HIV-positive MSM needs to reinforce that while HIV has become a more manageable, less severe illness because of advances in treatment, HIV-positive men on treatment remain infectious and need to continue to use condoms. (Peterson et al, 2012). An example of tertiary health promotion in the area of HIV can be seen in an article by O'Brien, Wilkins, Zack, & Solomon (2011). The purpose of this research was to develop process recommendations and guiding principles for future clinical practice guidelines in HIV rehabilitation. Clinical guidelines are designed to improve patient outcomes by translating or implementing evidence-based medicine

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into actionable best practices. Clinician participants who work with those having HIV have highlighted the need for specific guidelines to address the different types of disablement that plague those with HIV. As people age with HIV they often experience the premature onset of simultaneous health conditions. It is often difficult to separate HIV-related symptoms from those related to simultaneous health conditions associated with aging. " In the absence of research evidence on rehabilitation interventions specific to HIV and aging, opportunities exist to consider whether guidelines established in other health conditions that share similar impairments, activity limitations and participation restrictions are applicable or modifiable for people living with HIV" (O'Brien et al, 2012).

Discussion

The one theme that emerges amongst all three of the health promotion stages regarding HIV has to do with education. Education is important to prevention, treatment and rehabilitation. Prevention education will lower the incidence rate of HIV, while treatment education will help those who are already suffering and rehabilitation education will aid in increasing ones quality of life while living with HIV. It is this area of education that depends heavily on nurses. Since nurses often have the most contact with patients in clinical settings it is important that they take on a major role in health promotion. Traditionally the focus of health promotion by nurses has been on disease prevention and changing the behaviour of individuals with respect to their health, but that role is evolving more and more (Kemppainen, Tossavainen, & Turunen, 2012). Recent trends have found nurses incorporating and instilling broader societal, economic, ecological, and

political dimensions in health promotion (Whitehead, 2006). Health promotion practice encompasses a wide range of approaches that are united by the same goal, to enable people to increase control over and improve their health. It is important for nurses to identify the full scope of health promotion work and to see how this fits with the work that they are currently doing. Practice nurses work predominantly in health education and preventive health services, requiring a high level of competence in communication and education. However, they also need other competencies in order to plan and evaluate their work, market health promotion programs to their patients, facilitate change in their patients and be able to refer them to a network of helpful contacts. They will also need to be able to influence the development of health promotion policy in their practice, in order to reach the ultimate goal of healthier people.

Conclusion

HIV is an issue in this country that can benefit greatly from health promotion by nurses. Education is the key to prevention, treatment and rehabilitation. With the ultimate goal of health promotion being improved health, who better to take on this role than nurses. Nurses work with patients in clinical settings with patients everyday. They have the best opportunity to educate patients along with directing people in getting the help that they need to deal with their health issues. The more that people know the better equipped they are to take control of their own health and improve their condition. Nurses play the most important role that there is in health promotion since they have the best opportunity to share their knowledge with the greatest amount of people who really need it.