
The Problem Of HIV And AIDS In The World

“Sexuality has long been a taboo subject, but it has undergone sweeping changes over centuries. On top of that, the emergence of HIV-AIDS has overwhelmed the entire world. The specific issue of AIDS is definitely a problem that has no short-term solution.” There are approximately 36.7 million people suffering from HIV/AIDS world wide. HIV (human Immunodeficiency virus) is a lentivirus which can lead to AIDS (acquired immunodeficiency virus.) The disease is described as a gradual and persistent decline and failure of the immune system. With a declining immune system this puts you at a higher risk for life-threatening infection and cancers. This disease is spread through blood or bodily fluids of someone who has the disease. Majority of the cases of HIV/AIDS is sexually transmitted, while HIV can also be transmitted from a mother to her child, during pregnancy or childbirth or during breastfeeding. A non-sexual transmission of this disease can also occur through the sharing of injection equipment such as needles. In the 1990s there was a substantial increase in the number of people infected with HIV and people dying of AIDS. Almost 3.5 million people were diagnosed with HIV in 1997. Thankfully after 1997 numbers of this disease had decreased. The diagnoses began to decline and in 2015 it was reduced to 2.1 million per year. Throughout the 1990s the AIDS-related deaths increased and reached its peak in 2004 with over 2 million deaths. A decade later AIDS related deaths declined to almost half, in 2015 1.1 million people died. In this paper I will be discussing the prevalence of this disease, transmission, treatment plans and most importantly how this disease affects societies and life in general, discrimination and a key point education.

I briefly described what HIV and AIDS are there are two types of HIV, HIV-1 and HIV-2. Both are transmitted through direct contact with HIV-infected body fluids, such as blood semen, and vaginal fluids or from a mother who has HIV to her child during pregnancy, labor and delivery or breastfeeding-through the breastmilk. This type of HIV is the majority of the cases worldwide. Also in the United States just the term HIV refers to this type, HIV-1. The second type of HIV is HIV-2, this type is an epidemic to West Africa. HIV-2 is spread the same way as HIV-1. The main difference between HIV-1 and HIV-2 is that HIV-2 infection generally takes longer to progress than HIV-1. Both HIV-1, and HIV-2 lead to a disease of the immune system, leaving the body vulnerable to life-threatening infections and cancers, HIV destroys the CD4 T lymphocytes, the main cells of the immune system. AIDS is the most advanced stage of HIV infection. The criteria for being diagnosed with AIDS is a person with HIV and a CD4 count less than 200 cells/mm³.

HIV and AIDS in America, there are around 1.1 million people living with this disease in America. “Nearly one in seven of these people are unaware they have HIV.” (Avert) The size of the epidemic in America is considerable small compared to the population. The groups more heavily affected by HIV/AIDS in America are men who have sex with other men, also by race and ethnicity, people of color have significantly higher rates of HIV/AIDS over Caucasians. With the main cause of HIV/AIDS being men having sex with other men, this population is only about 2% of the United States population, but 70% of this population is the percentage of new annual HIV infections. Overall the HIV infections among men having sex with men has been stable about 26,000 a year of new cases. The percentages have fluctuated within categories of age, and race. Such as the age group of 13-24 the percentage of HIV infections of men having sex

with other men has decreased by 16%. The age group 25-34 of men having sex with other men and developing HIV has increased by 23%. White men having sex with other men developing new infections has declined by 11%, whereas hispanic/lation has increased by 14%. A shocking statistic is “African American/black men who have sex with men, among younger populations (between the ages of 25-34) African American/black men who have sex with men they have risen by 30%”

With the HIV/AIDS in America infections usually resulting from men having sex with other men this brings out a lot of other issues like social issues such as homophobia, gender inequality, stigma and discrimination and human rights. Homophobia is described as hatred, intolerance and fear of lesbian, gay, bisexual and transgender people. There are many ways that homophobia is shown though one aspect that affects HIV is on a legal level such as a doctor refusing to help care for a homosexual person with HIV. If any person has been wrongly treated in health care setting it makes them hesitant to seek health care. This could potentially lead to a miss diagnosis of HIV and if HIV is diagnosed late it is much harder to treat. It is not surprise that there is stigma with HIV or any sexually transmitted disease of that matter. The same with homophobia a health care professional may not be homophobic but still have negative opinions about someone with HIV, this again could lead to barriers in care. A health care professional could refuse to treat or treat patients poorly because of their disease. This all could potentially lead to developing HIV, psychological issues and fear of all healthcare. The main reason for discrimination and stigma of HIV is fear, plain and simple. It is such an epidemic that people are fearful and there is reason to that. People that lived in the 1980s are specifically fearful because so little was known about this disease and they almost always associated it with death. “This fear, coupled with many other reasons, means that lots of people falsely believe:

HIV and AIDS are always associated with death

HIV is associated with behaviours that some people disapprove of (such as homosexuality, drug use, sex work or infidelity)

HIV is only transmitted through sex, which is a taboo subject in some cultures

HIV infection is the result of personal irresponsibility or moral fault (such as infidelity) that deserves to be punished

inaccurate information about how HIV is transmitted, which creates irrational behavior and misperceptions of personal risk” (avert.org)

This stigma comes in many forms such as self stigma, governmental stigma, healthcare stigma employment stigma and community and household level stigma. I believe that self stigma is the hardest to come by. This is an internal conflict situation which has negative effects on ones mental health. They have this because of the disease they are suffering from and are afraid of what the outcomes are as well as what their future relations will be like. Government stigma is “A country’s discriminatory laws, rules and policies regarding HIV can alienate and exclude people living with HIV, reinforcing the stigma surrounding HIV and AIDS.” (avert.org) Healthcare stigma is so hard to hear about when I plan on becoming a healthcare professional, this is when a health care provider has a negative attitude or energy towards someone with HIV

infection and treating them differently. Treating the HIV infected person differently could mean lower quality treatments of this disease and maybe violation of patients privacy and confidentiality meaning that the employee may disclose information about disease status without authorization. Employment stigma is pretty self explanatory, it is when employers judge or mistreat their employee with HIV infection. Fellow employees may mistreat or discriminate someone with HIV they work with by social isolation and ridicule. The last stigma is community and household stigma this is discrimination against people with HIV an example of this would be forcing people to leave their homes and change their daily activities. This could also be judgement within a family for the disease. This could lead to isolation that social rejection brings can lead to low self-esteem, depression and even suicidal thoughts.

HIV/AIDS is a global epidemic, Botswana is still the highest effected country in the world. This country's highest affected population is women and young women. The reasoning behind this is because of the female sex workers. "Most of Botswana's current data on female sex workers is based on a 2012 study of Francistown, Gaborone and Kasane. It found HIV prevalence to be 61.9% among estimates 4,000 female sex workers in three districts." I found it interesting that in this study half of the women reported condom use, and the ones that did not use them were paid not to. Another huge reason for the high prevalence of HIV in women in Botswana is intimate partner violence. Unlike America Botswana faces stigma's like gender inequality. Time and time again women and young girls are highly affected by HIV because men do not respect them and expect them to do as they please, this is particular in places like Botswana and other parts of Africa. The financial reliability and intimate partner violence makes it hard for the women be able to protect themselves. The inequality of gender and lack of education these women receive hinders their autonomy and access to sexual health services, like HIV testing and treatment. Although this society has made strides to help with the inequality towards women more needs to be done to help with the social injustices and violence against women. In Africa cultural and social norms are sometimes used to over look what is right. An example of this is intimate partner violence in these cultures masculinity overpower women rights. Gender inequality results in violence against women, intimate partner violence and sometimes rape.

An article I found described the first steps made from an anthropological view for HIV/AIDS epidemic in Africa. There were four phases when first figuring out how to deal with the overwhelming amount of infected people. The anthropologists worked with medical doctors to share ideas to figure out what to do about the global HIV/AIDS epidemic. Both the medical doctors and anthropologists had two very helpful sides the medical doctors were biological whereas the anthropologists understand the sexuality, gender, risk groups and behavior changes that come along with any disease but specifically with HIV/ADIS. This article was based on the HIV/AIDS epidemic in sub-saharan Africa. The four phases were "

1. Anthropologists as Handmaidens: The Biomedical Paradigm;
2. Anthropologists as Cultural Experts: The community Paradigm;
3. Anthropologists as Political Economists: The Structural Violence Paradigm;
4. The Future: An Anthropological Synthesis"

In the handmaiden phase the anthropologists respected and supported the biomedical research and did not challenge. The cultural expert phase they moved away from a individual idea of HIV/AIDS. It moved to a wider perspective and realized it is a "complex set of social, structural and cultural factors mediate the risk in every population group." ((Ramin) During the Political economists phase it like the previous phase was big picture, the anthropologists began to focus

on the connection between risk of infection and global political economy. As for the future phase this was the phase where both the medical doctors and anthropologists felt they had a better understanding and now are working towards helping this epidemic on a global level by knowing how and where it comes from.

Throughout medical anthropology we have watched many films, reading and discussions. Ultimately almost all of these sources would be relatable to HIV/AIDS stigmas. The three most relatable that stood out to me the most were; Circumcision: To Snip or Not to Snip? Podcast, The Stoop: the Birth of Solomon podcast and a story in Modernizing Medicine in Zimbabwe. The podcast Circumcision: To Snip or Not to Snip was relatable to HIV/AIDS because like circumcision the child does not have a choice in the matter. The same as HIV circumcision happens at birth or shortly after and the child does not have a choice and once the disease is transmitted or the circumcision is done it will be forever done. I know that circumcision and HIV are two totally different things but both could lead to psychological issues. In the podcast we learned that some men in the future that are circumcised are not happy with the choice and are sometimes have body image disturbance because they do not like the choice made for them. HIV infected people most defiantly suffer from depression because of this disease and especially in children that had no choice in getting the disease but got it from their mother and now have to deal with the social stigmas that come with the disease. The Stoop: The Birth of Solomon podcast relates to HIV/AIDS because of the health care discrimination that the women in this podcast discussed. In this podcast there was a specific story that was told about when a woman went for a health check up with henna tattoos on and she was treated with disrespect and felt judged for having this thing her culture did to celebrate her marriage. This is relatable because I discussed that it is common for HIV/AIDS infected people to be discriminated against in healthcare settings by getting poor treatment, treated differently and sometimes their confidential information spread. In Modernizing Medicine in Zimbabwe there was a specific story about a girl with really long hair that she was proud of that had HIV and as her disease progressed her hair started to change both color and texture and she was afraid of what people might think or that they would think she had HIV so she cut it off. This is an example of social stigma because this girl was so worried about people finding out she had HIV and being judged for disease that she cut off her beloved hair.

Overall it was interesting to research about this disease although it was sad to know all the stigmas relating to this disease. Although people are getting treated differently for having the disease it was hard to read about that people are still getting judged for their sexuality and how common inequality is in other countries and that it leads to disease. It is great to read strides being taken to decrease this epidemic of HIV/AIDS but there is a way to go. I am thankful for this research because I know will be able to try and make a difference as a future health care professional. "Education, awareness and prevention are the key, but stigmatization and exclusion from family is what makes people suffer most." -Ralph Fiennes