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HIV/AIDS : Stigma, Discrimination and Prevention

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Content

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Sample Preview of the Solved Sample Question Papers

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QUESTION PAPER

June – 2023

(Solved)

HIV/AIDS: STIGMA, DISCRIMINATION AND PREVENTION

M.S.W.E.-1

Time: 3 Hours] ***[Maximum Marks: 100***

Note: *Answer all the five questions. All questions carry equal marks.*

Q. 1. Discuss the impact of HIV on agricultural, education and health sector.

Ans. Ref.: See Chapter-2, Page No. 18, 'Sectoral Impact of HIV'.

Or

Explain the initiatives by the United Nations in HIV/AIDS prevention and control.

Ans. Ref.: See Chapter-9, Page No. 58-59, 'Initiatives By the United Nations' and 'UNAIDS'.

Q. 2. Define counselling. What are the stages of counselling in the context of HIV/AIDS?

Ans. Ref.: See Chapter-13, Page No. 84, 'Introduction' and Page No. 86, 'Stages of Counselling'.

Or

Elaborate on the 'Awareness, Acceptance and Action' Model for responding to HIV/AIDS stigma.

Ans. Ref.: See Chapter-19, Page No. 126, 'Awareness, Acceptance and Action: Mindfulness Principles Applied to Practice'.

Q. 3. Answer any *two* of the following questions:

(a) **Discuss the ways in which one can be infected with HIV.**

Ans. Ref.: See Chapter-6, Page No. 37, Q. No. 1.

(b) **'Gender roles and relations directly and indirectly influence the vulnerability to HIV infection.' Discuss.**

Ans. Ref.: See Chapter-3, Page No. 18, Q. No. 2 and Page No. 15, 'Gender Issues, Biological Vulnerbality' and 'Marriage Vulnerbality'.

(c) **Explain the vulnerability of street children and Devdasis vis-à-vis HIV infection.**

Ans. Ref.: See Chapter-7, Page No. 43, 'Street Children' and Page No. 44, Devdasis'.

(d) **Describe the stigma and discrimination among health care providers.**

Ans. Ref.: See Chapter-18, Page No. 122, 'Implications for Social Workers' and Chapter-19, Page No. 126, 'Implications for Social Work Roles in HIV/AIDS Service Delivery'.

Also Add: Social workers have a critical role in combating HIV/AIDS stigma and discrimination. Stigma is perceived as a major limiting factor in primary and secondary HIV/AIDS prevention and care, and has interfered with voluntary testing and counseling, and access to care and treatments. All things considered, AIDS stigma becomes yet another life obstacle in the path of many of the very people who are already faced with social and economic obstacles. Combating stigma remains an important task for social workers around the globe. The National Association of Social Workers' Policy Statement on HIV/AIDS outlines the profession's role in addressing service delivery, primary and secondary education and prevention, political action, and research. The policy statement notes that HIV/AIDS has become a "mainstream disease," with social workers across fields of practice working with clients with HIV or clients who are at risk of becoming infected with HIV. Given the high incidence of HIV, the global social work profession must take an active stance to mitigate the overwhelming psychological and social effects, including the inequality of access to medical care and the lack of education and prevention

in the United States and internationally." (NASW, 2012). The International Federation of Social Workers' International Policy on HIV/AIDS addresses the importance of respectful partnerships with persons living with HIV/AIDS, and the profession's ongoing advocacy. and support to the global implementation of comprehensive anti-discriminatory policies for people affected by HIV/AIDS. The NASW Code of Ethics addresses stigma, prejudice, and discrimination on several different levels. The Code of Ethics specifically outlines ways in which social workers can deal with discrimination, and clearly states that social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

Q. 4. Answer any *four* of the following questions:

***(a)* What are the three types of HIV tests?**

Ans. Ref.: See Chapter-4, Page No. 24, Q. No. 2.

***(b)* List any two issues related to mother to child transmission.**

Ans. Ref.: See Chapter-6, Page No. 35, 'Issues Related to Mother to Child Transmission'.

***(c)* Elaborate briefly on the IEC strategic plan for AIDS prevention and control programmes in India.**

Ans. Ref.: See Chapter-9, Page No. 56, 'IEC Strategy'.

***(d)* List out the laws useful to prevent the spread of HIV/AIDS and to enforce the right of PLHAs.**

Ans. Ref.: See Chapter-15, Page No. 104, 'Laws Useful to Enforce the Right of PLHAs Criminal Procedure Code–Sections 133 to 143'.

***(e)* What is the difference between primary and secondary prevention?**

Ans. Ref.: See Chapter-20, Page No. 129, 'A Brief History of the Prevention Progress in the United States'.

***(f)* According to NACO, what are the prevention efforts with MSM?**

Ans. MSM are stigmatized, discriminated and criminalized in India. Complex cultural, religious, moral and political structures influence the lives of MSM. According to NACO prevention efforts with MSM include counselling, treatment and support. NACO suggests targeted interventions to MSM should aim at minimizing the spread of infection to the general population. Prevention interventions should give importance to peer educators, promotion of behaviour change, access to and the use of condoms. A highly effective intervention is male circumcision.

Q. 5. Write short notes on any *five* of the following:

***(a)* The contaminated Needle theory.**

Ans. Ref.: See Chapter-1, Page No. 3, 'The Contaminated Needle Theory' and Page No. 8, 'The Contaminated Needle Theory'.

***(b)* Palliative care.**

Ans. Ref.: See Chapter-5, Page No. 67, Q. No. 3.

***(c)* Workplace policy on HIV/AIDS.**

Ans. Ref.: See Chapter-8, Page No. 50, 'Workplace Policy on HIV/AIDS'.

***(d)* Hospice and palliative care.**

Ans. Ref.: See Chapter-10, Page No. 64, 'Hospice and Palliative Care'.

***(e)* Communication strategies for special populations.**

Ans. Ref.: See Chapter-11, Page No. 74, 'Communication Strategies for Special Populations'.

***(f)* AIDS Risk Reduction Model (ARRM).**

Ans. Ref.: See Chapter-12, Page No. 80, 'AIDS Risk Reduction Model (ARRM)'.

***(g)* Counselling, stress and coping.**

Ans. Ref.: See Chapter-14, Page No. 98, 'Counselling, Stress and Coping'.

(h) Prevention with youth.

Ans. Ref.: See Chapter-20, Page No. 132, 'Prevention with Youth'.

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Sample Preview of The Chapter

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HIV/AIDS: STIGMA, DISCRIMINATION AND PREVENTION

AIDS : Nature and Demography

1

INTRODUCTION

Acquired Immuno Deficiency Syndrome (AIDS) has been the most dreaded disease of the century because of the stigma and social ostracism attached to it. Human Immuno Deficiency Virus (HIV) causes AIDS. It is one of the most serious public health problems in the country. It was first reported in 1986. Commercial sex workers in Mumbai and Chennai and injectable drug users in Manipur initially got infected. Andhra Pradesh, Tamil Nadu, Maharashtra and Manipur now account for two-third of the total AIDS cases in the country. About 34.3 million adults and children worldwide have been infected with HIV. According to UN AIDS and WHO, 63.2% people infected with HIV are in sub-Saharan Africa, 21.4% in Asia, 5.2% in Latin America, 4.1% in North America/ Europe, 3.9% in Eastern Europe/Central Asia and 2.2% in the rest of the world. In this chapter we will be discuss the nature of HIV and AIDS, its history and origin, the epidemiology and demography of HIV/AIDS.

CHAPTER AT A GLANCE

NATURE OF HIV/AIDS

AIDS is one of the biggest problems facing the world today. AIDS has already killed millions of people and millions more have been infected with HIV. People should be aware about the disease and its impact.

Understanding HIV/AIDS

AIDS was first detected in 1981. AIDS is caused by HIV, belonging to a family of retroviruses and lentiviruses. HIV passes through the bodily fluids including blood, sexual fluids, and breast milk. A person infected with HIV is called 'HIV+' or 'HIV positive'. Once infected with HIV, the person's immune system never fully gets rid of it.

HIV is detected in the blood test. An infected person is likely to be more and more ill until, he becomes ill with one of a number of particularly severe illnesses. The number of immune system cells left in the body drops below a particular point. AIDS is an extremely serious condition, and the body has very little defence against any infection. A person gets the infection when he comes in contact with an infected person's body fluids.

Stages of Infection

After a person is infected with HIV, it takes about 3 to 6 months for the antibodies to show in a blood test. This period is called the 'Window Period'. After the presence of antibodies is detected, the person tested is called 'seropositive' or 'anti-body positive'. During the 'window period', an infected person can unknowingly infect others. The HIV infection does not have a definitive cycle. However, the key elements of the clinical stages of HIV infection can be identified. The elements can be broadly divided into three categories:

***(i)* Initial Symptoms of HIV Infection**

Within weeks of infections, the person may have flu like illness, like glandular fever with symptoms of body ache, rash and swollen lymph glands. The person may get well after a few days. However, all infected people may not show this kind of illness in the initial stage.

***(ii)* Asymptomatic HIV Infection Latent Period**

In this stage, the infected person shows no apparent symptoms. This period is called the latency period. It may range from several months to several years. It differs from individual to individual. The person may look and feel healthy for many years and can pass on the virus to another person.

***(iii)* Symptomatic HIV Infection**

An HIV-infected person begins to feel sick with minor illnesses such as rashes, infections of the mouth like oral thrush, loss of about 10% of the body weight, continuous fever, night sweats, loss of energy and extreme tiredness, easy bruising and bleeding and prolonged Diarrhoea. This period is called AIDS Related Complex (ARC) as active HIV infection.

Transmission of HIV

HIV is transmitted through body fluids. Blood, semen and vaginal secretions contain substantial concentrations of HIV. Sweat, tears and saliva have very low concentrations of the virus and they do not present a risk of transmission.

A person can get the HIV infection in the following ways:

***(i)* Unprotected sexual intercourse with an infected person:** Sexual intercourse with an infected person without a condom can infect. Vaginal sex and anal sex are more risky than oral sex which poses a lower risk.

***(ii)* Contact with an infected person's blood:** If the blood from an infected person enters a healthy person's body, then it can pass on the virus.

***(iii)* Mother to Child transmission:** An infected woman can pass the virusto her baby during pregnancy, delivery and breastfeeding.

***(iv)* Use of infected blood products:** HIV can be transmitted during transfusion of blood or blood products. Many people have been infected with HIV by the use of blood transfusions and blood products.

***(v)* Injecting Drugs:** A tiny amount of blood can transmit HIV when using syringe.

It is not possible to become infected with HIV through:

- Touching, hugging or shaking hands
- Eating food prepared by someone with HIV
- Sharing crockery and cutlery
- Insect/animal bites
- Toilet seats

Test for HIV

Different tests have been developed to detect HIV antibodies in the blood. Two of the most widely used tests are ELISA (Enzyme Linked Immuno Sorbent Assay) and the Western Blot Kit Test. A new method of detecting and identifying the virus in the blood called Polymerase Chain Reaction (PCR) has also been developed.

HIV Facts and Myths

There are different myths about HIV and AIDS. Some of the most common are:

***(i)* 'You would have to drink a bucket of infected saliva to become infected yourself':** HIV is found in saliva, but there is only one recorded case of HIV transmission via kissing. In this case, both partners had extremely badly bleeding gums.

***(ii)* 'Sex with a virgin can cure HIV':** This myth has resulted in the rape of many young girls by HIV+ men.

***(iii)* It only happens to gay men/black people / young people, etc.:** It can happen to anybody.

***(iv)* 'HIV can pass through latex':** The fact is that latex blocks HIV and sperm, preventing pregnancy also.

HISTORY AND ORIGIN OF HIV/AIDS

The origin of AIDS and HIV and the First Cases of AIDS

AIDS and HIV first came to light in the early 1980s. The four of the earliest recorded cases of HIV infections are:

(i) A plasma sample taken in 1959 from an adult male living in Congo.

(ii) A lymph node sample taken in 1960 from an adult female, also from Congo.

(iii) HIV found in tissue samples taken from an American teenager who died in St. Louis in 1969.

(iv) HIV found in tissue samples from a Norwegian sailor who died in 1976.

The first recognised cases of AIDS found in the USA in the early 1980s. May gay men in New York and California suddenly found to have developed rare opportunistic infections and cancers that were stubbornly resistant to any treatment. All the men were suffering from a common syndrome.

HIV, or the Human Immunodeficiency Virus, was discovered soon after that. A study led by Paul Sharp of Nottingham University and Beatrice Hahn of the University of Alabama made the discovery during the course of a 10-year long study into the origin of the virus.

They claimed that chimpanzees were the source of HIV-1, and that the virus had crossed species from chimpanzees to humans. They concluded that wild chimps had been infected simultaneously with two different Simian Immunodeficiency Viruses (SIV) which had "viral sex" to make a third virus that could be passed on to other chimps and that was capable of infecting humans and causing AIDS.

These two different viruses were traced back to a SIV that infected redcapped mangabeys and one found in greater spot-nosed monkeys. They believed that the hybridization occurred inside chimps that had got infected with both strains of SIV after they hunted and killed the two smaller species of monkey.

It was known for a long time that certain viruses can pass between species. Indeed, the very fact that chimpanzees obtained SIV from two other species of primate shows just how easily this crossover can happen. Humans are also just as susceptible. When a viral transfer between animals and humans happens, it is called zoonosis.

There are some common theories about how 'zoonosis' happened, and how SIV became HIV.

CONTROVERSIAL THEORY ON THE ORIGIN OF HIV/AIDS

The 'Hunter' Theory

According to the 'hunter' theory, SIV was transferred to humans after chimp were killed and eaten or their blood getting into cuts or wounds on the hunter. The hunter's body would have fought off SIV, but on a few occasions it adapted itself within its new human host and became HIV-1. There were several different early strains of HIV, each with a slightly different genetic make-up (the most common of which was HIV-1 group M).

The Oral Polio Vaccine (OPV) Theory

Some theories contended that HIV was transferred iatrogenically or via medical interventions. One idea is that polio vaccines played a role in the transfer. In his book, *"The River"*, the journalist Edward Hooper mentioned that HIV can be traced to the testing of an oral polio vaccine called Chat, given to about a million people in the Belgian Congo, Ruanda and Urundi in the late 1950s.

To be reproduced, live polio vaccine is cultivated in living tissue, and Hooper believes that Chat was grown in kidney cells taken from local chimps infected with SIV. This would have led to the contamination of the vaccine with chimp SIV, and a large number of people got infected with HIV-1.

The Contaminated Needle Theory

It can be called an extension of the 'Hunter' theory. It is likely that one single syringe would have been used by health professionals to inject multiple patients without any sterilization in between and that would have transferred any viral particles existing (within a hunter's blood for example), from one person to another, creating huge potential for the virus to mutate and replicate in each new individual it entered.

The Colonialism Theory

The colonialism or 'Heart of Darkness' theory is also based on the basic 'hunter' premise. It believes that in the late 19th and early 20th century, when much of Africa was ruled by colonial forces, SIV could have infiltrated the labour force and taken advantage of their weakened immune systems to evolved into HIV. A stray and perhaps sick chimpanzee with SIV might have been a source of food for the workers in French Equatorial Africa and the Belgian Congo.

The Conspiracy Theory

The conspiracy theory believes that it is 'man-made' and HIV was manufactured as part of a biological warfare programme, designed to eliminate large numbers of black and homosexual people. Many believe that this was done under the auspices of the US Federal 'Special Cancer Virus Program' (SCVP), possibly assisted by the CIA. It is also believed that the virus was spread to thousands of people through the smallpox inoculation programme, or to gay men through Hepatitis B vaccine trials.

The Pattern of the Spread of HIV Infection: Global Scenario

Various factors may have led to the sudden spread of HIV, most of which happened in the latter half of the 20th century. Some of them are discussed below:

Travel

Both national and international travel has a major role in the initial spread of HIV. In the US, travel by young men making the most of the gay sexual revolution of the late 1970s and early 1980s would certainly have spread the virus.

In India, the virus has spread along truck routes and between towns and cities within the country itself. An inadvertent growth of sex related tourism in destinations such as Goa, Thailand and Kovalam is also a reason for the spread.

The Blood Industry

Initially doctors were unaware of how easily HIV could be spread and blood donations remained unscreened. The blood was then sent worldwide and unfortunately most people who received infected blood got the HIV infection.

Drug Use

Drug use is said as a reason for the spread of HIV. The 1970s saw an increase in the availability of heroin. Later on the Vietnam War, the civil war in the African sub-continent and later the Middle East conflicts stimulated a growth in intravenous drug use. This increased availability of disposable plastic syringes and

the establishment of 'shooting galleries', where people could buy drugs and rent allied equipment, made the infection easy to spread.

Urbanisation, Migration and Alienation

The rapid industrialization made large populations to migrate from the rural to urban area and settlement in slums in cities. It also has resulted in alienation. Such moving away from the family and the inability to gain sexual gratification made individuals vulnerable to prostitution. The unprotected and indiscriminate sex caused the HIV to spread.

EPIDEMIOLOGY

Definition of AIDS case

WHO and National AIDS Control Organization (NACO) define AIDS on the criteria given below:

Clinical AIDS in an adult

Positive test for HIV antibody detected by two separate tests using two different antigens and any one of the criteria below:

1. *(a)* Weight loss of more than 10% of body weight or cachexia.

(b) Chronic diarrhoea or chronic coughs for more than 1 month duration.

2. Neurological impairment that restricts daily activities.

3. Kaposi's Sarcoma.

4. Disseminated, military or extra–pulmonary tuberculosis.

5. Candidiasis of the esophagus diagnosable, Dysphagia with oral candidiasis.

Clinical Stage Progression

Stage I: HIV infection–asymptomatic/acute primary infection (sero conversion)

Stage II: Early (asymptomatic) disease (CD4 count > 500/mm 3)

Stage III: Intermediate HIV infection (CD4 200-500/mm 3)

Stage IV: Late stage HIV disease (CD4 50-200/mm3)

Stage V: Advanced HIV Disease (CD4<50/mm3)

Clinical case definition for AIDS in Children

At least two major signs associated with at least two minor signs in the absence of known cases of immunosuppression.

Major Signs

(i) Weight loss or abnormal slow growth

(ii) 1. Failure to thrive;

2. Recurrent Bacterial Infections, e.g., lower respiratory infection.

3. Recurrent/persistent diarrhoea of over one month;

4. Recurrent fever of over one month duration

(iii) 1. Candidiasis

2. Herpes Zoster

3. Tuberculosis

Minor Signs

(i) Generalized Lymphadenopathy

(ii) Repeated Common Infection

(iii) Oropharyngeal Candidiasis

(iv) Confirmed Maternal HIV Infection.

(v) Constant Cough for over a month

(vi) Generalized Dermatitis

Risk of Transmission

Understanding the transmission dynamics, or how HIV-1 spread, helps in designing control program. The average number of infectious contacts by one infected person is called the basic reproductive rate RO. For an epidemic to happen, each infected person on an average makes infectious contacts with more than one person (RO must exceed 1). RO = B(C+D), where C is rate of partner change, and D is the infectiousness. This equation is affected by individual, social and psychological factors (partner selection, sexual and social network), community factors (type of neighbourhood, social capital, health services, etc.), and national and international factors (war, development and health policies).

Injectable drug use through needles is a serious problem in North-Eastern states and cities like Mumbai, Chennai, Kolkata and Delhi. Sharing of injection equipment for narcotic drug use is one of the most efficient routes of HIV transmission and riskier than unprotected sexual contact. Most of the Injecting Drug Users (IDUs) are male and their female partners get infected from HIV–infected IDUs without their knowledge. Majority of the IDUs are in the age group of 15–25 years. Thus, the government should adopt effective strategies for preventing the risk of transmission through drug abuse.

DEMOGRAPHY AND PREVALENCE OF HIV/AIDS

BURDEN OF HIV/AIDS

India has the second largest population in terms of numbers of HIV positive cases. South Africa ranks first. The UNAID in 2006 said that India had 3.7 million HIV cases instead of 5.7 million. The Indian government stated that it was 2.5 million.

The following are the estimates of the AIDS epidemic in the country: