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# HIV/AIDS: Social, Psychological And Economic Issues

## INTRODUCTION

HIV, Human immunodeficiency virus is one of the worlds most consequential public health challenges. People infected or at risk of being infected with this virus are largely found in low- and middle-income countries. Since the start of the pandemic, over 70 million people have been infected with HIV and about 35 million people have died from it. According to the World Health Organization, 36.9 million people globally were living with HIV in 2017. Of these, 1.8 million were children under the age of 15. (Unaid.org, 2019). In 2017, there were 940,000 deaths from HIV related causes worldwide. The WHO African region is the most affected region with 25.7 million people living with HIV in 2017 and accounting for over two thirds of new HIV infections globally. (World Health Organization, 2019).

In 1999, scientists discovered a virus that was contained in chimpanzees called Simian immunodeficiency virus, SIV. SIV spread to humans from chimpanzees in 1930 as a result of humans eating chimpanzees for meat and contact with their infected blood. The virus adapted itself to the new human host and developed into HIV-1. HIV-2 originated from Sooty Mangabey Monkeys in a similar way as HIV-1. It is not as prominent and is less infectious than HIV-1. The first confirmed case of HIV was in 1959. HIV-1 was detected in a blood sample taken from a man in Kinshasa in the democratic republic of Congo. Over decades HIV spread across Africa and to other parts of the world.

HIV attacks a type of white blood cell called the CD4 cell. The CD4 cells are components of the immune system that help fight off infections and diseases. Infection with HIV makes it harder for the immune system to fight off infections and diseases and therefore it progressively deteriorates and eventually becomes deficient. HIV can progress into Acquire immune deficiency syndrome (AIDS), its most advanced stage. Adults with a healthy immune system are said to have a CD4 count of 500 to 1500 cells/mm<sup>3</sup>. When the CD4 count decreases below 200 cells/mm<sup>3</sup>, the person is said to have AIDS. (Healthline, 2019). The most common way of transmitting HIV is through unprotected sex. There are other ways HIV can be transmitted. These include: sharing of contaminated needles and sharp objects and transfer from an infected mother to her child during child birth and breastfeeding. HIV can be maintained using antiretroviral therapy, however, there is currently no cure for it. In 2017, 21.7 million people were accessing antiretroviral therapy.

## ANALYSIS

HIV affects all dimensions of the life of infected individuals and their community. There are social, cultural, psychological and economic impacts.

People living with HIV often experience neglect, discrimination and stigmatisation from society. They are denied certain healthcare benefits, they are excluded or treated poorly by family, friends and co-workers and at its extreme, might even experience physical violence as a result of their status. There are many myths and misconceptions made up about people living with HIV. HIV is thought to be associated with behaviours like homosexuality, sex-work, drug

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use, etc that some cultures or religions may perceive as wrong. Stigma could also come from people whom may not understand how HIV is transmitted and so assume and fear that it may be transmitted through social interactions or contact. HIV related stigma could bring about certain consequences like job loss, loss of reputation, estrangement from loved ones, loss of marriage and childbearing, denial of insurance and discrimination. People living with HIV could be denied access to health care, equal opportunities for employment and children living with HIV could be denied education. The stigma around HIV discourages people from getting tested and being aware of their status due to fear of rejection and so they continue to engage in unprotected sex without any knowledge of their status. This could also lead to late diagnosis and HIV could possibly progress into AIDS which makes treatment more difficult and therefore could cause death.

HIV is more prevalent in low- and middle-income countries where diagnosis and treatment may be less accessible due to lack of resources and insufficient funds. In 2017, only 75 percent of all the people living with HIV were aware of their status. The lack of diagnosis is one of the biggest challenges for this pandemic as this hinders the early knowledge of one's status and therefore treatment is not provided at an early stage which could lead to the progression of HIV into AIDS and can lead to further transmission of the virus. Socioeconomic standing often affects the likelihood of contracting HIV and determines access to HIV treatment. People of higher socioeconomic status can afford to pay for treatments while those of lower status, might not be able to afford these treatments. HIV affects those of lower socioeconomic standing and those living in poverty-stricken areas at a higher rate.

Homelessness and poverty have been associated with risky sexual practices like trading sex for money. Unprotected and unsafe sex is the most common way to transmit HIV.

Lack of education can result in a higher HIV rate because people are not made aware of the various ways HIV can be contracted, ways to prevent contraction and the possible outcomes of having unprotected sex.

Women living in low-income households may not have accessibility to prenatal care that could test them for HIV.

HIV status could also have a negative impact on socioeconomic status by hindering infected individuals from being able to work and earn pay. There is a high unemployment rate amongst people living with HIV due to stigmatisation and discrimination. This cause a lower standard of living and quality of life for not only the people infected with HIV but their partners and children or anyone they might be taking care of. This will also make them more vulnerable to other infections and would leave them without a way to access treatment. Infected people are also at a loss of education due stigmatisation or lack of funding.

HIV affects the psychological coping of the people infected and their loved ones. People with HIV could experience depression due to exclusion and discrimination and may develop mental health issues and begin to abuse drugs or may even be pushed to attempt suicide. Family members of the infected could face repeated trauma of possibly losing a loved one. Family members could also face social pressure and discrimination.

## **CONCLUSION**

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HIV has brought about some social, psychological and economic issues. This study has highlighted these problems and their possible solutions. It identifies the Importance of support from the government and the community for individuals infected with HIV and also highlights the importance of education amongst the people in the community and people living with the pandemic.

## REFERENCES

1. AIDSinfo. (2019). HIV/AIDS: The Basics Understanding HIV/AIDS. [online] Available at: <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids--the-basics> [Accessed 8 Mar. 2019].
2. AIDSinfo. (2019). HIV/AIDS: The Basics Understanding HIV/AIDS. [online] Available at: <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids--the-basics> [Accessed 8 Mar. 2019].
3. AVERT. (2019). Global HIV and AIDS statistics. [online] Available at: <https://www.avert.org/global-hiv-and-aids-statistics> [Accessed 7 Mar. 2019].
4. AVERT. (2019). HIV Stigma and Discrimination. [online] Available at: <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination> [Accessed 8 Mar. 2019].
5. Healthline. (2019). HIV and AIDS: Causes, Symptoms, Treatments, and More. [online] Available at: <https://www.healthline.com/health/hiv-aids> [Accessed 8 Mar. 2019].
6. HIV.gov. (2019). Other Health Issues of Special Concern for People Living with HIV. [online] Available at: <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/other-health-issues-of-special-concern-for-people-living-with-hiv> [Accessed 17 Mar. 2019].
7. <https://www.apa.org>. (2019). HIV/AIDS and Socioeconomic Status. [online] Available at: <https://www.apa.org/pi/ses/resources/publications/hiv-aids> [Accessed 7 Mar. 2019].
8. nhs.uk. (2019). HIV and AIDS. [online] Available at: <https://www.nhs.uk/conditions/hiv-and-aids/> [Accessed 7 Mar. 2019].
9. Theaidsinstitute.org. (2019). Where did HIV come from? | The AIDS Institute. [online] Available at: <https://www.theaidsinstitute.org/education/aids-101/where-did-hiv-come-0> [Accessed 7 Mar. 2019].
10. Unaids.org. (2019). Global HIV & AIDS statistics — 2018 fact sheet. [online] Available at: <http://www.unaids.org/en/resources/fact-sheet> [Accessed 8 Mar. 2019].
11. Wasti, S., Simkhada, P., Randall, J. and Teijlingen, E. (2009). Issues and Challenges of HIV/AIDS Prevention and Treatment Programme in Nepal. *Global Journal of Health Science*, 1(2).
12. Web.stanford.edu. (2019). Entertainment - Product Page. [online] Available at: <https://web.stanford.edu/group/virus/retro/2005gongishmail/hivsocial.html> [Accessed 9 Mar. 2019].
13. Who.int. (2019). HIV/AIDS. [online] Available at: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids> [Accessed 19 Jul. 2018].
14. World Health Organization. (2019). HIV/AIDS. [online] Available at: <https://www.who.int/gho/hiv/en/> [Accessed 8 Mar. 2019].