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SOCIAL DETERMINANTS AND IMPACT ON HIV

Australian and Indian Children Profiling

SUBMITTED TO
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Introduction

Human immunodeficiency virus (HIV) is a term that is heard a lot since the advent of social media. HIV is a virus that attacks an individual's body immune system while making it difficult for the body to fight off the disease. HIV is very common in children due to weak immune system. HIV in children is as old as 1993 when around 25% to 39% of African women transmitted HIV to their off springs (Taraphdar et al., 2011). The main cause of HIV in children are the infected mothers as in 2016 almost 160,000 children became infected due to infected mother either in pregnancy or during breast feeding i.e. mother to child transmission (MTCT) (Avert, 2017). The children get affected while a mother is pregnant, during the birth process which could be caused through blood or through breast feeding. For many children infected with HIV, the survival chances are slim. Throughout the world, HIV now accounts for 3% of deaths in the children under five years of age. One in seven people dying of HIV related illness worldwide are under 15 years old (WHO, 2015).

Australia has maintained a low ratio of HIV/Aids as compared to the rest of the world. Children in Australia who became infected with HIV in 1985 or earlier acquired virus through contaminated blood products. Since 1985, all the blood products are screened for HIV and now the HIV infections in Australia amongst children are the result of heterosexual sex (Carter, 2011). India, as compared to Australia, has higher ratio of HIV in children. The main causes are the low level of literacy rate and migration in the country. The high level of HIV in India is also because of unstable economic environment and several social issues. Apart from social issues, the living environment can also increase number of HIV infected mothers that then transmit the disease into children. The living environment include the working environment and social environment of a country.

Impact of Social Determinants

Living environment that makes the unprotected sex with multiple partners a compelling behavior, can cause HIV in mothers who can then transmit the disease further into their off springs. When there are few opportunities for leisure, the inhabitants of a country can spend more time into drinking and sex (Yang, Z, & Duan, 2006). This can increase the chances of HIV in the females that can then transmit the disease into their off-springs.

Economics is inextricably linked to HIV/AIDS. Economic conditions can affect HIV/AIDS that in turn affects an economy at both micro and macro level. Similarly the bad economics of a country

i.e. low education levels, low literacy rates, no awareness, high migration rates etc. can cause the females to catch HIV from their partners and then transmit into off-springs. The socio-economic status of an individual or a group to others within a hierarchical social structure is based on education, income, occupation, wealth and place of residence. Better living conditions such as "safe housing: and the ability to buy sufficient food can impact the health status of a country (Channing & Lewis, 2000).

The issue of Economics in Australia

Australia has maintained the virtual elimination of HIV through MTCT through its specialist services, innovative programs and primary care. Continued level of investment has incurred in clinical area which improved the monitoring and surveillance of HIV in Australia. Since the rates of HIV are highest amongst the gay men in Australia, so HIV rate amongst children in Australia is very low (Wilkinson & Dore, 2015). Higher rates of heterosexuality acquired HIV amongst the communities of people from Africa and Asian countries translates into the higher overall HIV rates in Australia. The economy of Australia is strong and the response systems to diseases is effective and efficient. According to Robinson (2017), Australia's response to HIV crises has been recognized as one of the best in the whole world. The volunteering groups are revered in Australian economy and culture. The volunteer groups modeled several organizations and aided in fighting with HIV in the economy (Islam & Minichilleo, 2014).

The issue of Economics in India

Challenging economic circumstances in some parts of India lead to men migrating mainly to the cities for work where HIV infection prevalence is higher than in the rural areas (UNICEF, 2016). Due to being away from their families, these men engage in unprotected intercourse that can trigger HIV into a significant proportion of women of child-bearing age who are monogamous. In 2013-14, around 74% of the pregnant women were tested for HIV. Despite of several efforts, the HIV infection rates amongst pregnant women or lactating mother is high in some states of India due to complex social and cultural issues that limit the effectiveness of the prevention programmes (Esktrand & Garbus, 2010). Women in India feel powerless and are unable to protect themselves as they are in no position to negotiate for safe intercourse within or outside of their marriage. Due to bad economic conditions in India, 3.5% of the 2.5 million HIV-positive individuals are children (under 15 years of age) (Paranjapee, 2016). In India, the women living with HIV are denied off

their right to health care and are subjected to discrimination from the health professionals including refusal to coerced abortion, sterilization and antenatal care.

Bad economic conditions cause children to work instead of going to school without any access to healthcare. Bad nutrition and no access to health care has caused the HIV infected children to grow in India. The hetrosexual activity has continued to be the major route of transmission of HIV into women. Amongst pregnant women of 15-24 years, the prevalence has declined from 0.86% in 2010 to 9.49% in 2016 (World Bank, 2014). The adverse impact of HIV is discrimination and stigma amongst the children that can result in the denial of basic economic rights to the affected children, especially the health and education services. The impact of economic injustice and social imbalances in Indian economy has given rise to unprotected sex in child-bearing age women. Furthermore, the lack of education and awareness about the protected sex has also increased the chances of receiving HIV from their partners and transmitting it into the off-springs. Lack of post-secondary education and high percentage of poverty in an economy are related with HIV-related mortality (Government of Canada, 2016).

The Living Environment in Australia

The ability of HIV infected people to manage their health and cope up with the challenges of living with HIV depends upon the social environment. Children, because of the association of the virus with the sexual behavior and drug usage, have often been overlooked in the public health discourses associated with HIV (Carman, Grierson, & Hurley, 2016). The social circumstances have an impact on the outcomes of HIV-positive patients that gives rise to infected infants. The failure to address the social disadvantages will undermine the strategies for managing the HIV epidemic in Australia. In general, the rate of HIV infections in children has reduced because MTCT is very rare in Australia as only 2% of HIV infections due to MTCT in children were diagnosed in 2010 (Carman, Grierson, & Hurley, 2016). The HIV/AIDS in Australia is mostly transmitted due to unprotected sex without condoms and sharing needles and other injecting equipment. The living environment in Australia is supportive in which there is better education options, high level of awareness amongst people regarding HIV and protected sex, supportive community and better health incentives (Carman, Grierson, & Hurley, 2016).

Since the living environment is better in Australia as compared to India, this is why MTCT rates in children in Australia regarding HIV are very low. 25% of all HIV infections are attributed to

heterosexual transmission in Australia (Tawia, 2016). The major successes of Australia in fighting HIV are the needle and syringe programmes that keep HIV rates low among the drug users thereby reducing the transmission in child-bearing age females. Access to information resources, social networks and social support can influence the health outcomes (Tawia, 2016). Lack of social support or barriers to access the social resources have negative health consequences for people with HIV.

The issue of Living Environment in India

Due to the large population size, India has been recognized as the third largest HIV epidemic in the world. The main key affected populations include sex workers and men who have sex with men. As sex work is not strictly illegal in India along with associated activities like running a brothel, so there are large number of sex workers available for intercourse without any protection. Due to such living environment, 2.2% of female sex workers in India were living with HIV in 2016 (Esktrand & Garbus, 2010). Furthermore, the stigma and discrimination against the sex workers have restricted their access to healthcare. This has given rise to the birth of HIV infected children in India. Many of the people live on streets in India out of which many of them have migrated from rural areas. According to NACO (2016), there are an estimated 7.2 million migrant workers in India, of whom 0.19% are living with HIV (higher than the national prevalence of 0.26%) (Paranjapee, 2016).

Conclusion

A reliable AIDS vaccine can be made into a public good along with subsidized use of condoms. Sex education and zero-priced condoms can also allow the inhabitants of a country to remain more informed about the consequences of unprotected sex; thereby causing HIV in child-bearing aged women who give birth to HIV infected infants or transmit HIV during the breastfeeding process. Through several programmes in Australia, the HIV rates have been lowered. Australia's five national strategies have set the direction for a more coordinated, national response to HIV, hepatitis B, hepatitis C and sexually transmissible infections. Similarly, India needs a national strategy that identifies the priority actions that can support achievement of the targets across the areas of testing, management and prevention of HIV.

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