



**THE HAZARD OF HIV/AIDS ON THE SOCIETY
GLOBALLY**

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Abstract

AIDS is one of the most destructive and hazardous diseases of modern times, ravaging families and communities globally. Since the beginning of the epidemic more than 15 million Africans have died from AIDS. Nearly two-thirds of all people living with HIV are found in sub-Saharan Africa, although this region contains only about 10% of the world's population. This disease is big challenge to healthcare scientists and researchers. A lot of researches have been carried out worldwide for treatment of it, however no therapy or medicine guarantees for fully eradication and treatment of it. The patient is not only affected by AIDS/HIV but the other persons and sectors of society such as healthcare professionals, children, enterprises and workplaces etc. are also greatly affected by it. In the present review it has been focused how this disease is affecting the people worldwide and how much population of the world is enforced to live with this disease.

Keywords: - : HIV, AIDS, Epidemic, Impact

INTRODUCTION

Human immunodeficiency virus infection / acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). The term HIV/AIDS represents the entire range of disease caused by the human immunodeficiency virus from early infection to late stage symptoms. This is typically followed by a prolonged period without symptoms. As the illness progresses, it interferes more and more with the immune system, making the person much more likely to get infections, including opportunistic infections and tumors that do not usually affect people who have working immune systems.

HIV/AIDS has had a great impact on society, both as an illness and as a source of discrimination. The disease also has significant economic impacts. In 2011, 1.7 million people worldwide died from AIDS. An estimated 4 million people were newly infected with HIV in 2005, 95 % of them in sub-Saharan Africa, Eastern Europe, or Asia.

THE IMPACT OF HIV ON THE SOCIETY:

The HIV epidemic has had a number of impacts on the different regions () of society. In 2012, there were 1.6 million new HIV infections and 1.2 million AIDS-related deaths. HIV/AIDS has impact on health sector,

households, education sector, labor and productivity and the wider economy.

(A). The Impact on the Health Sector:

- This epidemic has an extraordinary burden on already troubled health sector. As the epidemic matures, the demand for care for those living with HIV rises, as does the toll of AIDS on health workers.
- In sub-Saharan Africa, the direct medical cost of AIDS has been estimated at about US\$30 per year for each person infected. Overall public health spending is less than US\$10 per year in most African countries.
- In sub-Saharan, Africa, people with HIV-related disease occupy more than half of the hospital beds.
- HIV positive patients stay in the hospital four times longer than other patients and it's predicted that patients by HIV and AIDS will soon account for 60-70% of hospital expenditure in South Africa.
- To save space, people aren't being admitted until they are in the later stages of illness, reducing their chances of recovery.
- There has been an increased shortage of healthcare professionals due to infection and death, as well as excessive workloads, poor pay, and the temptation to migrate to richer countries once trained.

- Although the recent increase in the provision of antiretroviral drugs (ARVs, which significantly delay the progression from HIV to AIDS) has brought hope to many in Africa, it has also put increased strain on healthcare workers because providing ARVs requires more time and training than is currently available in most countries.

(B). The Impact on Households:

- Often the poorest sectors of society are most vulnerable to the epidemic and for whom the consequences are most severe.
- In many cases, households dissolve because of AIDS, because parents die and children are sent to relatives for care and upbringing.
- Data suggests that households in which an adult had died from AIDS were four times more likely to disband than those in which no deaths had occurred.
- In Botswana, it is estimated that, on average, every income earner is likely to acquire one additional dependent over the next ten years due to the AIDS epidemic.
- A dramatic increase in destitute households, those with no income earners, is also expected.
- Children may be forced to abandon their education and in some cases women may be forced to turn to prostitution which can in turn lead to a higher risk of HIV transmission.
- A study in Burkina Faso, Rwanda, and Uganda, has calculated that AIDS will not only reverse progress made in poverty reduction, but will also increase the percentage of people living in extreme poverty (from 45% in 2000 to 51% in 2015).
- Already poor households coping with members who are sick from HIV or AIDS are forced to mounting medical fees push affected households deeper into poverty. It is estimated that, on average, HIV-related care can absorb one-third of a household's monthly income.
- Almost invariably, the burden of coping rests with women. When a family member becomes ill, women are often forced to begin work outside their homes. In parts of Zimbabwe, for example, women are moving into the traditionally male-dominated carpentry industry, which often results in women having less time for housework.
- Tapping into available savings and taking on more debt are usually the first options chosen by households struggling to pay for medical treatment or funerals. As debts mount, precious assets such as livestock and even land are sold, and as debt

increases, the chance to recover and rebuild diminishes.

(C). The Impact on Children

- As parents and family members fall ill, children take on more responsibility to earn an income, produce food, and provide care for family members.
- It is harder for these children to access adequate nutrition, basic health care, housing, and clothing.
- Often both parents are HIV positive in Africa, consequently more children have been orphaned by AIDS in Africa than anywhere else.
- One of the more unfortunate responses to a death in poorer households is removing the children (especially girls) from school, as uniforms and fees become unaffordable. A good basic education ranks among the most effective and cost-effective means of preventing HIV.

(D). The Impact on Enterprises and Workplaces

- The vast majority of people living with HIV in Africa are between the ages of 15 and 49 - in the prime of their working lives. As a result, labor is dramatically affected, creating a set-back in economic and social progress.
- Company costs for health-care, funeral benefits, and pension fund commitments are likely to rise as the number of people taking early retirement, or dying, increases.
- As the impact of the epidemic on individual households grows severe, market demand for products and services consequently fall.
- The epidemic hits productivity through increased absenteeism, which can account for as much as 25-54% of company costs according to comparative reduce spending on necessities like clothing, electricity and even food.
- The death of males appears to reduce the production of 'cash crops' (e.g. coffee, tea, and sugar), while the death of females reduces the production of grain and other crops necessary for household survival.
- Loss of income, additional care-related expenses, the reduced ability of caregivers to work, and studies of East African businesses.
- In southern African countries, these AIDS-related effects could cut profits by at least 6-8%. 40% of companies reported a negative effect caused by HIV and AIDS.
- Only 13% of the companies (with fewer than 100 workers) surveyed had a company policy in place to deal with HIV and AIDS.

(E). The Economic Impact:

- HIV and AIDS cause a reduced labor supply through increased mortality and illness. Amongst those who are able to work, productivity is likely to decline as a result of HIV-related illness.
- Government income also declines, as tax revenues fall and governments are pressured to increase their spending to deal with the expanding epidemic.
- AIDS limits the ability of African countries to attract industries that depend on low-cost labor, and because of the level of risk, investments in African businesses are less desirable.
- The impact that AIDS has had on the economies of African countries is difficult to measure but scholars estimate that there is a loss of 1% in sub-Saharan Africa's gross domestic product (GDP). This may seem small, but it has the potential to grow over time.

However, since 2001, the annual number of new HIV infections in sub-Saharan Africa has decreased by 34 percent. This is largely due to the scaling up of antiretroviral treatment (ART) across the region, which reduces the chance of onwards transmission.

For the first time, in 2011, over half of all sub-Saharan Africans in need of ART were receiving it (56 percent), 4 in 2012, this increased to 68 percent. 5 It is widely acknowledged that increasing access to ART will dramatically decrease the impact of HIV in this region. 6

THE GLOBAL EPIDEMIC AT A GLANCE:

Globally, 34.0 million [31.4 million–35.9 million] people were living with HIV at the end of 2011. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide. Although the regional prevalence of HIV infection is nearly 25 times higher in sub-Saharan Africa than in Asia, almost 5 million people are living with HIV in South, South-East and East Asia combined. After sub-Saharan Africa, the regions most heavily affected are the Caribbean and Eastern Europe and Central Asia, where 1.0% of adults were living with HIV in 2011. Roughly 70 percent of all people living with HIV live in sub-Saharan Africa, despite accounting for just 13 percent of the world's population.

Comparative regional HIV/AIDS statistics between 2001 and 2011:

S. No	Region	Year	Adults and children living with HIV	Adults and children newly infected with HIV
1	Sub-Saharan Africa	2011	23.5 million [22 100 000–24 800 000]	1.8 million [1 600 000–2 000 000]
		2001	20.9 million [19 300 000–22 500 000]	2.4 million [2 200 000–2 500 000]
2	Middle East and North Africa	2011	300 000 [250 000–360 000]	37 000 [29 000–46 000]
		2001	210 000 [170 000–270 000]	27 000 [22 000–34 000]
3	South and South-East Asia	2011	4.0 million [3 100 000–4 600 000]	280 000 [170 000–370 000]
		2001	3.7 million [3 200 000–5 100 000]	370 000 [250 000–450 000]
4	East Asia	2011	830 000 [590 000–1 200 000]	89 000 [44 000–170 000]
		2001	390 000 [280 000–530 000]	75 000 [55 000–100 000]

5	Oceania	2011	53 000 [47 000–60 000]	2 900 [2 200–3 800]
		2001	38 000 [32 000–46 000]	3 700 [3 100–4 300]
6	Latin America	2011	1.4 million [1 100 000–1 700 000]	83 000 [51 000–140 000]
		2001	1.2 million [970 000–1 500 000]	93 000 [67 000–120 000]
7	Caribbean	2011	230 000 [200 000–250 000]	13 000 [9600–16 000]
		2001	240 000 [200 000–270 000]	22 000 [20 000–25 000]
8	Eastern Europe and Central Asia	2011	1.4 million [1 100 000–1800 000]	140 000 [91 000–210 000]
		2001	970 000 [760 000–1 200 000]	130 000 [99 000–170 000]
9	Western and Central Europe	2011	900 000 [830 000–1 00 000]	30 000 [21 000–40 000]
		2001	640 000 [590 000–710 000]	29 000 [26 000–34 000]
10	North America	2011	1.4 million [1 100 000–2 000 000]	51 000 [19 000–120 000]
		2001	1.1 million [850 000–1 300 000]	50 000 [35 000–71 000]
11	Global	2011	34.0 million [31 400 000–35 900 000]	2.5 million [2 200 000–2 800 000]
		2001	29.4 million [27 200 000–32 100 000]	3.2 million [2 900 000–3 400 000]

India recorded around 60,000 fewer deaths due to HIV in 2011 compared to 2007 while the overall number of people living with HIV has fallen by almost 1.7 lakhs during the same period. There has been a 57% reduction in new HIV infections in India during the last decade with HIV prevalence among adults (15-49 years) dipping to 0.27% (2011) compared to 0.33% (2007). The total number of people living with HIV/AIDS (PLHIV) in India is estimated at 21 lakhs last year. Children (below 15 years) account for 7% of all infections, and 86% are in the 15-49 age bracket. Worryingly, of all the HIV infections, 39% (8.16 lakhs) are among women, most of whom being housewives.

DEMOGRAPHIC AND HEALTH EFFECTS OF HIV/AIDS

Countries that have been hard hit by the AIDS epidemic have seen mortality surge and life expectancy drop in the last decade. But because the severely affected countries in sub-Saharan Africa also have high fertility (average births per woman) and

most have relatively small populations, the epidemic has not led to population decline in the region. In a few countries, such as Botswana, Lesotho, and South Africa, population growth has slowed dramatically or stopped due to AIDS, but overall growth in the region surpasses that of other world regions. Even accounting for AIDS-related mortality, sub-Saharan Africa's population is projected to grow from 767 million in 2006 to 1.7 billion in 2050.2.

AIDS has nevertheless taken a devastating toll on societies. It ranks fourth among the leading causes of death worldwide and first in sub-Saharan Africa.

EFFECTS ON MORTALITY AND LIFE EXPECTANCY

People living with HIV and AIDS are prone to developing other illnesses and infections because of their suppressed immune systems and result, the AIDS epidemic has fueled an upsurge of pneumonia and tuberculosis in many world regions. In sub-Saharan Africa, mortality rates among children under age 5 are substantially higher than they would be

without HIV. Without lifesaving drugs, one-third of children who are born infected with HIV (transmitted through their mothers) die before their first birthday, and about 60 percent die by age 5.³

The surge of AIDS deaths has also halted or reversed gains in life expectancy in many African countries. For example, in Lesotho, where one-fourth of adults were estimated to be living with HIV/AIDS in 2005, life expectancy was nearly 60 years in 1990-1995, but plummeted to 34 years by 2005-2010, primarily because of AIDS-related mortality. The UN projected that Lesotho's life expectancy would have improved to 69 years by 2015-2020 if not for excessive AIDS mortality.⁴ Outside Africa, countries expected to see a drop in life expectancy include the Bahamas, Cambodia, Dominican Republic, Haiti, and Myanmar.

EFFECTS ON AGE AND SEX STRUCTURE:

AIDS-related deaths are altering the age structure of populations in severely affected countries. In developing countries with low levels of HIV and AIDS, most deaths occur among the very young and very old. But AIDS primarily strikes adults in their prime working-ages—people who were infected as adolescents or young adults—shifting the usual pattern of deaths and distorting the age structure in some countries. Because of increasingly high AIDS-mortality in southern Africa, for example, people ages 20 to 49 accounted for almost three-fifths of all deaths in that region between 2000 and 2005, up from just one-fifth of all deaths between 1985 and 1990.⁶

Because AIDS deaths are concentrated in the 25 to 45 age group, communities with high rates of HIV infections lose disproportionate numbers of parents and experienced workers and create gaps that are difficult for society to fill.

Women are more vulnerable than men in some regions, and their deaths rob families of the primary caregivers. In sub-Saharan Africa and in the Caribbean, where the virus is spread predominantly through heterosexual contact, HIV infections are higher among women than among men.

THE EFFECT ON BUSINESS AND AGRICULTURE:

Business and agriculture have also been seriously affected by HIV/AIDS. Employers are hard hit by a loss of workers, absenteeism, the rising costs of providing health-care benefits (including the expensive AIDS drugs), and the payment of death

benefits. The economic viability of small farms and commercial agriculture is also compromised by a loss of farm workers. A study by the Food and Agriculture Organization found that in the 10 African countries most severely affected by HIV/AIDS, the agricultural workforce will decline between 10 percent and 26 percent by 2020. Another study found that in countries such as Kenya, Malawi, Tanzania, and Zambia, slow growth in agricultural production could result in growing food insecurity by 2010.⁷

THE NEED FOR COMPREHENSIVE RESPONSES

As there is no remedy or vaccine available of HIV so prevention is the key strategy for curbing the epidemic. The most common mode of HIV transmission is sexual contact; thus, HIV prevention is closely linked to men's and women's sexual behavior and reproductive health. Effective prevention programs include interventions that promote abstaining from sex,

THE IMPACT OF HIV AND AIDS ON WOMEN

The impact of HIV and AIDS on the lives of women is one of the most critical reproductive health concerns of our times. In sub-Saharan Africa, where the epidemic has spread to the general population mainly through sexual contact, women make up 59 percent of adults living with HIV. Young women ages 15 to 24 in that region are between two and six times as likely to be infected as young men their age.

Women are especially at risk of contracting HIV because of the interplay of biological, economic, and cultural factors. Physical differences make it more likely that a woman will contract the virus from a man than vice versa. Perhaps more important, powerlessness, dependence, and poverty tend to diminish women's ability to protect themselves from unsafe sex. A woman's choices are often limited by her inability to negotiate when or with whom to have sex or whether to use a condom; by society's acceptance of men having sex before or outside marriage; and by the need for economic support from men.

In addition, because most infected women are of childbearing age, they risk infecting their children and thus face difficult choices about childbearing. And, as caregivers in their immediate and extended families, women usually care for dying family members and for children orphaned by the disease. All of these factors make the empowerment of women a critical component of programs aiming to curb the epidemic and mitigate its consequences.

PREVENTION OF AIDS/HIV:

Prevention is the backbone of AIDS control programs, even where treatment is available;

- Improve health infrastructure and the capacity.
- Reduce poverty, illiteracy and other social, economic, and political factors that increase people's vulnerability to HIV infection; and
- Reduce the discrimination against those living with HIV.

HIV is increasing dramatically more in developing countries than the developed countries from an estimated \$300 million in 1996 to \$9 billion in 2006. Yet, funding for AIDS treatment often competes with funding for prevention, and funding for both can crowd out other spending for reproductive health. Shortchanging reproductive health programs providing knowledge may be counterproductive, because increasing women's and men's knowledge about sexuality, family planning, and safe pregnancies can reinforce HIV prevention efforts. Better access to contraception and counseling can reduce maternal and child deaths and enhance efforts to empower women. Thus, well-designed programs that link HIV prevention to other reproductive health programs have the potential to strengthen all of these programs—and ultimately to save more lives.

CONCLUSION:

AIDS/HIV is an epidemic which is spreading widely and a large proportion of the society is affected by it around the globe. In the present review the impact of this disease on the society, its hazards and steps to prevent it has been mentioned. Prevention is the key rather than treatment of AIDS because no medicine fully treat it and the treatment simplify involves only symptomatic relief. Households, healthcare workers, children, women and enterprises etc. are also greatly affected by this disease. The patient with HIV should not be discriminated and there should be sympathy with these patients. Creating awareness among peoples can prevent and control its hazard to a large extent and can enable the patient to survive longer if properly diagnosed and treated at right time.

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