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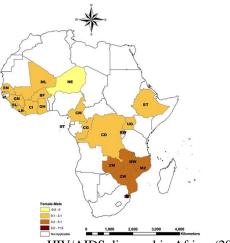
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HIV/AIDS

General Information about the Public Health Problem

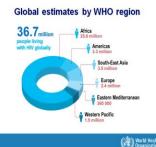
AIDS (acquired immune deficiency syndrome) is a syndrome that is caused by a specific pathogen known as HIV (Human Immunodeficiency Virus). It is not a disease by itself, but it weakens the immune system of the human body by attacking the t-helper cells, specifically the CD4+ cells, which causes people to be affected by other diseases easily (Whiteside, 2008). HIV is a communicable virus that is transmitted from person to person mainly through sexual intercourse. Other means of transmission include sharing needles for drug use, contact with fluids like blood, semen, rectal fluids, and breast milk (Whiteside, 2008). A person is diagnosed with HIV by testing blood for active antibodies, not the virus. It might take a little longer for a person to develop those antibodies, so doctors advise that a person who has tested negative do the test again approximately 12 weeks after the first one (World Health Organization, 2012). Symptoms include but are not limited to fever, rash, and night sweats. (Whiteside, 2008).

Location Where the Issue is Significant



HIV/AIDS dispersal in Africa. (2015)

As stated in *Africa Today* roughly 25 million people have died of HIV/AIDS since its discovery (Rodney et al., 2010). Studies show by the end of 2016 roughly 36.7 million people lived with HIV/AIDS globally (World Health Organization, 2017).



Data and statistics. (2018, March 08) Sub-Saharan Africa has 22.5 million people living with HIV, making Africa the continent with the highest number of HIV positive people (Rodney et al., 2010). Of 23.8 million approximately 1.2 million are from Ethiopia. The first case of HIV in Ethiopia was reported in 1986 and it has been spreading rapidly ever since (Gurmu & Etana, 2005). HIV has led to a seven-year decrease in life expectancy in Ethiopia (Gurmu & Etana, 2005).

Basic Epidemiology (Rural Vs Urban)

The very strict traditional cultures of Ethiopia, mainly in the rural areas, has caused the urban prevalence rate to be much higher than the rural prevalence rate (Molla et al., 2009). This difference is primarily because of the unyielding attitude of families from the rural areas towards abstinence from sex before marriage. This traditional culture together with other gender inequalities such as lack of education for young girls, rape, and the refusal of men to use a condom during sex, has led women to be vulnerable to this disease (Gurmu & Etana, 2015).

If a girl is raped, her family will force her to marry the man who raped her, even if she is very young. This is because men would not marry a female who is not a virgin and having a single daughter after a certain age is considered humiliating for their parents. Although HIV is an STI, sexual intercourse is not the only means of transmission. (Centers for Disease Control and Prevention, 2016). However, people immediately associate it with sex and tend to discriminate people living with the virus. As the African Journal of AIDS Research (AJAR) states "49.3% of rural women have adequate knowledge about HIV/AIDS as opposed to 74.7% of urban women. (Gurmu & Etana, 2015, p.195). This has a direct link to stigmatization. Three-fourth of the rural women had stigmatizing attitudes while it was a third in urban areas" (Gurmu & Etana, 2015, p.195).

Social Determinants Impact on HIV Housing Not having stable and constant housing leads to either homelessness at tim or dependency on other people that we might not know so well which increases the risk of assau Education Lack of education results vulnerability to the disease Work What is your job? Who is your boss? Female employees tend to be assaulted by their bosses Transportation Be aware of your surroundings. Subways ter to have high crime rates What kind of neighborhoo Place are you in? Is it secure enough to confidently wall alone? Access to Health Services If we don't have access to health services we might have no choice but to go to low-income traditional healers who have a high chance of sharing the same needle with different patients Food Good sources of food are essential for improving the nutritional and immune status. They increase the la expectancy of people livin with the disease

Influential Social Determinants

Attempted Intervention

Public health officials have gone around schools educating young adults about the virus and its protective factors such as sex education, limiting the number of sexual partners and use of condoms. The government has made underage marriage illegal and is trying to break the silence on assaults.

Personal suggestion

Parents should have open conversation with their children regarding safe sex. I also suggest that non-profit organizations partner with governments to educate the people on HIV/AIDS and its effects.

References

	Buggey, T. (2007, Summer). Storyboard for Ivan's morning
	routine. Diagram. Journal of Positive Behavior
	Interventions, 9(3), 151
nes	Gurmu, E., & Etana, D. (2015). HIV/AIDS knowledge and stigma among women of reproductive age in Ethiopia. <i>African Journal Of AIDS</i> <i>Research (AJAR)</i> , 14(3), 191-199.
lt	doi:10.2989/16085906.2015.1051066 Himmelgreen D, Romero-Daza N, Turkon D, Watson S, Okello-Uma I, Sellen D.
•	Addressing the HIV/AIDS-food
in	insecurity syndemic in sub-Saharan
e	Africa. African Journal Of AIDS
	Research (AJAR) [serial online].
	December 2009;8(4):401-412.
	Molla, M., Emmelin, M., Berhane, Y., &
	Lindtjørn, B. (2009). Readiness of
	youth in rural Ethiopia to seek
	health services for sexually
nd	transmitted infections. African
	Journal Of AIDS Research
od	(AJAR), 8(2), 135-146.
Ju	doi:10.2989/AJAR.2009.8.2.2.854
	Rodney, P., Ndjakani, Y., Ceesay, F. K., &
lk	Wilson, N. O. (2010). Addressing the
	Impact of HIV/AIDS on Women and
	Children in Sub-Saharan Africa:
	PEPFAR, the U.S. Strategy. Africa
	<i>Today</i> , 57(1), 64-76.
0	Data and statistics. (2018, March 08).
	Retrieved from <u>http://www.who.int/hiv/data/en/</u>
	Whiteside, A. (2008). <i>HIV/AIDS a very short</i>
e	<i>introduction</i> . Oxford: Oxford University Press,
C	UK.
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