

Causes of HIV/Aids – A Legal Perspective

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Abstract: *HIV/AIDS* is a threat to social and economic development.. *HIV/AIDS* can lead to poverty, affecting particularly women and young people. Weakened family and societal support systems, decreased participation in formal education of young people as a result of AIDS in the family, along with depleted family income due to loss of work, and poor disease management present additional vulnerabilities¹. Treatment of *HIV/AIDS* patients must be accompanied with other social measures to enhance their physical, mental, and social wellbeing.

Keywords: poverty, young people, AIDS, patients, work

INTRODUCTION

AIDS (acquired immunodeficiency syndrome) is a syndrome caused by a virus called HIV (human immunodeficiency virus). The disease alters the immune system, making people much more vulnerable to infections and 2 .

HIV is a virus that attacks immune cells called CD-4 cells, which are a subset of T cells. AIDS is the syndrome, which may or may not appear in the advanced stage of HIV infection.HIV infection can cause AIDS to develop. However, it is possible to contract HIV without developing AIDS. Without treatment, HIV can progress and, eventually, it will develop into AIDS in the vast majority of cases.

HIV can be passed from one person to another through blood-to-blood and sexual contact. Factors that influence this sexual transmission include (1) promiscuity, with a high prevalence of sexually transmitted disease; (2) sexual practices that have been associated with increased risk of transmission of AIDS virus (homosexuality and anal intercourse); and (3) cultural practices that are possibly connected with diseases. This susceptibility worsens if the syndrome progresses.HIV is found throughout all the tissues of the body but is transmitted through the body fluids of an infected person (semen, vaginal fluids, blood, and breast milk)

increased virus transmission (female "circumcision" and infibulation).

HIV is a retrovirus that infects the vital organs and cells of the human immune system. The virus progresses in the absence of antiretroviral therapy (ART) a drug therapy that slows or prevents the virus from developing. The rate of virus progression varies widely between individuals and depends on many factors.

These factors include the age of the individual, the body's ability to defend against HIV, access to healthcare, the presence of other infections, the individual's genetic inheritance, resistance to certain strains of HIV, and more.

Sexual transmission — it can happen when there is contact with infected sexual fluids (rectal, genital, or oral mucous membranes). This can happen while having sex without a condom, including vaginal, oral, and anal sex, or

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sharing sex toys with someone who is HIV-positive.

Perinatal transmission — a mother can transmit HIV to her child during childbirth, pregnancy, and also through breastfeeding.

Blood transmission — the risk of transmitting HIV through blood transfusion is extremely low in developed countries, thanks to meticulous screening and precautions. However, among people who inject drugs, sharing and reusing syringes contaminated with HIV-infected blood is extremely hazardous.

Other nonsexual cultural practices that do not fit the age distribution pattern of AIDS but may expose individuals to HIV include (1) practices resulting in exposure to blood (medicinal bloodletting, rituals establishing "blood brotherhood," and possibly ritual and medicinal enemas); (2) practices involving the use of shared instruments (injection of medicines, ritual scarification, group circumcision, genital tatooing, and shaving of body hair); and (3) contact with nonhuman primates.

The symptoms of HIV infection are the result of infections caused by bacteria, viruses, fungi, and/or parasites. These conditions do not normally develop in individuals with healthy immune systems, which protect the body against infection. Some people with HIV infection have no symptoms until several months or even years after contracting the virus. However, around 80 percent may develop symptoms similar to flu 2-6 weeks after catching the virus. This is called acute retroviral syndrome.

The symptoms of early HIV infection may include:

- chills
- joint pain
- muscle aches
- sore throat
- sweats (particularly at night)
- enlarged glands
- a red rash
- tiredness
- weakness
- unintentional weight loss
- thrush

It is important to remember that these symptoms appear when the body is fighting off many types of viruses, not just HIV. In many cases, after the initial symptoms disappear, there will not be any further symptoms for many years. During this time, the virus carries on developing and damaging the immune system and organs. Without medication that stops HIV replicating, this process of slow immune depletion can continue, typically for an average of 10 years. The person living with HIV often experiences no symptoms, feels well, and appears healthy.

If left untreated, HIV weakens the ability to fight infection. The person becomes vulnerable to serious illnesses. This stage is known as AIDS or stage 3 HIV.

Symptoms of late-stage HIV infection may include:

- blurred vision
- diarrhea, which is usually persistent or chronic
- dry cough

fever



- fever of above 100 °F (37 °C) lasting for weeks
- night sweats
- permanent tiredness
- shortness of breath (dyspnea)
- swollen glands lasting for weeks
- unintentional weight loss
- white spots on the tongue or mouth

During late-stage HIV infection, the risk of developing a life-threatening illness is much greater. Serious conditions may be controlled, avoided, and/or treated with other medications, alongside HIV treatment.

There are many misconceptions about HIV and AIDS. The virus cannot be transmitted from:

- shaking hands
- hugging
- casual kissing
- sneezing
- touching unbroken skin
- using the same toilet
- sharing towels
- sharing cutlery
- mouth-to-mouth resuscitation
- or other forms of "casual contact"

Diagnosis is made through a blood test that screens specifically for the virus. If HIV has been found, the test result is "positive." The blood is re-tested several times before a positive result is given. If a person has been exposed to the virus, it is crucial that they get tested as soon as possible. The earlier HIV is detected, the more likely the treatment will be successful. A home testing kit can be used as well. After infection with HIV, it can take from 3 weeks to 6 months for the virus to show up in testing. Re-testing may be necessary. If the moment an individual was most at risk of infection was within the last 6 months, they can have the test immediately. However, the provider will urge that another test is carried out within a few weeks.

There is currently no cure for HIV or AIDS. Treatments can stop the progression of the condition and allow most people living with HIV the opportunity to live a long and relatively healthy life. Early HIV antiretroviral treatment is crucial as it improves quality of life, extends life expectancy, and reduces the risk of transmission, World according to the Health Organization's guidelines issued in June 2013.

Currently, there is no vaccine or cure for HIV, but treatments have evolved which are much more effective and better tolerated; they can improve patients' general health and quality of life considerably. HIV is treated with anti retrovirals (ARVs). The treatment fights the HIV infection and slows down the spread of the virus in the body. Generally, people living with HIV take a combination of medications called (highly active antiretroviral HAART therapy) or CART (combination antiretroviral therapy).

There are several other contributing factors that influence the spread of HIV/AIDS in developing countries, which are as follows:

Promiscuity

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- Ignorance
- Illiteracy
- Poverty
- Drug and alcohol use
- HIV/AIDS stigma
- Cultural factors
- Lack of access to maternal services
- Tribal conflicts and civil wars
- Immigration and movement of people

Promiscuity is now the leading cause of the spread of HIV in the developing regions. Many people are having more than one sexual partner, and also prostitution is common in the regions^{3 4}. Promiscuity is being practiced by both young adults and married people. A big number of people in relationships are practicing infidelity without caring about its consequences. Surprising studies show that more than 60% of new infections are occurring in married people⁵. Similarly most people living in high prevalence regions are fully aware of the disease, but they continue to get involved in practices that fuel its transmission. This is ignorance, and it is adversely driving the HIV/AIDS epidemic in the whole world, not just the developing countries⁶. HIV transmission can be prevented by condoms, but many people are reluctant to use them even when getting intimate with new partners.

The Third World countries have a large percentage of people who know very little about HIV/AIDS. Most people know the disease exists, but they lack information about its aspects⁷. Generally, the illiterate people don't know anything about the HIV transmission ways and preventative measures, and they continue

to engage in unsafe practices that spread the virus. These people are also easily influenced by the beliefs, myths, and misconceptions about the disease.

The developing world has a large population of people living in poverty. Most poor people are forced to do anything to earn a living, including engaging in sexual activities which are a high-risk factor for the disease.

There have been many cases of young people getting involved in commercial sex in these countries. This activity has been studied to tremendously increase the disease prevalence. Poor people also have limited access to education which means that illiteracy is common among them⁸.

Legal help for women: In 1989, AID prevention bill was introduced in the Parliament this had 12 clauses and preamble. It was the first to define the prevention and spread of AIDs. At present article 15(3), article 23 of fundamental right say that state will make special provision for women & children.

- Suppression of Immoral Traffic (prevention) act of 1956 exists for penalizing work doers .However this act has never been properly enforced due to the poverty of the sex workers.
- Legal suggestions have been made regarding license system for the commercial sex workers. This license can be renewed according to the health of the particular person.
- Article 38 of the constitution requires the state to the direct the policy for improving livelihood of all the citizens. Article 47 further stresses on the government duty of health care. Alternate jobs could be provided to the commercial sex workers. The



patients surely deserve financial and help.

Drug and alcohol use is quite common among the youth in the developing regions. According to studies, there have been consistent new HIV infections resulting from sharing of injectors among the drug users in these regions⁹. There are also other ways in which alcoholism and drug use affects the spread of the disease in these countries. For example, the alcohol users find themselves not being able to make wise decisions when getting involved in sexual activities. On the other hand, people who are addicted to drugs are turning to careless sexual behaviours to relieve the pain and stress caused by the addiction.

People living with the virus are still stigmatized in the developing world, and this is causing many people to avoid HIV testing. Most people who manage to get tested do not reveal their status if they have been found to have the virus. They also find it difficult to get antiretroviral (ARV) drugs or to use them in the presence of other people¹⁰.

Those who do not know their status continue to get involved in high-risk behaviors and activities. According to HIV/AIDS specialists, people who are Discrimination against people with HIV is a deep and evasive problem exacerbated by the fact that many of the people who have been and will be affected by the epidemic are people in a socially and Economically disadvantaged position. No programme to address the epidemic can afford to ignore the fact that HIV threatens human rights are profoundly as it threatens public health.

The principles that should guide legal policy on HIV are very simple.

infected with the disease and are not using ARVs are spreading the virus more easily compared to those who are using them.

Those who do not know their status continue to get involved in high-risk behaviors and activities. According to HIV/AIDS specialists, people who are infected with the disease and are not using ARVs are spreading the virus more easily compared to those who are using them.

The most common cultural factors fuelling the spread of HIV/AIDS in the developing world include polygamy and wife inheritance. These cultural practices are specifically common in Africa¹¹. In the case of polygamy, if one partner gets infected, he or she is highly likely to spread the virus to all the other partners. In these countries, most partners in a polygamous marriage are usually unfaithful which means that many of them introduce the virus to their marriages. In wife inheritance, HIV spreading occurs if the new husband or the widow has the virus. According to researches, a large percentage of the widows are usually HIV positive¹².

a) The law can and must be used to establish a protective and supportive framework for people affected by the epidemic and not a punitive one.

b) careful and informed ethical debate can guide the direction of the evolution of law in this area.

c) The law can be used actively as an instrument to bring about change in behavior

d) only by having an informed group of engaged lawyers will the legal and human

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rights issues associated with the epidemic be properly tackled.

Legal issues that arise in the hiv context Discrimination

Several cases of discrimination in the workplace were noted in the following

Conclusion Badan Singh vs Union of India (2002) - Delhi high court Case First, HIV/AIDS was introduced in most of these developing regions by people from other countries (i.e., the developed ones). And even today, there is a big number of new infections that are caused by immigrants. Second, the movement of people within these regions has been increasing the spread of the disease. Infected people spread the virus when they move to work or study in areas that are free from the disease. This is one of the reasons for the high prevalence rates in urban centers that are located along the major highways.

References

² Population, reproductive rights and reproductive health with special reference to HIV/AIDS – A concise report, United Nations. New York: Department of Economic and Social affairs, Population Division. 2004. [Accessed on 24.01.2008]. Available from: <u>http://www.amazon.com/Population-Reproductive-Rights-Special-Reference/dp/sitb-next/9211513731</u>

³ Hilary Heuler (via VOA). "Uganda's Soaring HIV Infection Rate Linked to Infidelity". voanews.com. (2013).

⁵ Choi K.H., Gibson D.R., Han L., Guo Y. "High Levels of Unprotected Sex with Men and Women: A Potential Bridge of HIV Transmission in Beijing, China". dx.doi.org. *AIDS Educ Prev.* (2004).

⁶ Kelly M. J., Bain, B., CHAPTER 2: "*The HIV/AIDS Epidemic in the Caribbean*". In, Education and HIV/AIDS – UNESCO. (2004).

against state band of India (2002) Bombay high court. A Case against New India Assurance co (2004) Bombay high court. A Case against The chairman, state level 2006 police recruitment board & others. South Indian inhabitant of number vs Director general of polices, CISF & others (2004) Bombay High court

⁷ Ibid

⁸ Scott E., Simon T., Foucade A., Theodore K., Gittens-Baynes K. (2011). "Poverty, Employment and HIV/AIDS in Trinidad and Tobago". International Journal of Business and Social Science. (2011)