1) Discuss the different route of HIV infection. List down any 06 myths and misconceptions regarding HIV infection.

Ans: The effective routes for transmission to occur are:

- Directly into the blood (parenterally) through a wound; through a cut or sore or damaged skin; an injection using contaminated and unsterilised injecting equipment; an invasive surgical procedure such as an organ transplant or blood transfusion
- Through particular ‘interior’ sections of skin called mucous membranes in the rectum, the vagina and cervix; the urethra (which is in front of the vagina in women and the tube of the penis in men); mucous membranes in the eyes and mouth in rare circumstances.

It should be noted that in these cases, trauma or damage to the tissue is not always necessary for infection to occur. These mucous membranes will allow HIV to be absorbed into cells which facilitate infection. In the early years of the epidemic it was thought that damage to these tissues might be the precondition of infection. We now know that infection occurs without such damage, although damage will certainly increase the chances of infection.

There are only four proven, substantial routes of transmission:

- Unprotected intercourse with someone who is infected.
- Sharing unsterilised injecting equipment which has been previously used by someone who is infected.
- Injection or transfusion of contaminated blood or blood products, and donations of semen (artificial insemination), skin grafts and organ transplants taken from someone who is infected.
- From a mother who is infected to her baby (this may be during the course of pregnancy, at birth and through breastfeeding).

For nearly 30 years, HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) have been shrouded in many myths and misconceptions. In some cases, these mistaken ideas have prompted the very behaviors that cause more people to become HIV-positive. Although unanswered questions about HIV remain, researchers have learned a great deal. Here some of the myths about HIV, along with the facts to dispute them.

Transmission

Myth: You can get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass as someone who is HIV-infected, or being close to an infected person who is sneezing or coughing).

Fact: HIV is not transmitted by day-to-day contact in social settings, schools or in the workplace. You cannot be infected by shaking someone’s hand, by hugging someone, by using the same toilet or drinking from the same glass as an HIV-infected person, nor by being exposed to coughing or sneezing by an infected person.

Myth: Any person living with HIV can transmit the virus sexually.

Fact: Evidence shows that people who are taking antiretroviral therapy and maintaining an undetectable viral load for at least six months cannot transmit HIV to their sexual partners.

Myth: Sports pose a risk for HIV infection.

Fact: There is no evidence that HIV can be transmitted while playing a sport.

Myth: HIV can be transmitted through mosquito bites.

Fact: HIV is not spread by mosquitoes or other biting insects. Even if the virus enters a mosquito or another sucking or biting insect, it cannot reproduce in insects. Since the insect cannot be infected with HIV, it cannot transmit HIV to the next human it feeds on or bites.

Myth: You don’t need to use protection if you have had a sexually transmitted infection (STI) because you can only have one sexually transmitted infection at a time/you are immune.

Fact: You can have more than one sexually transmitted infection (STI) at the same time. Each infection requires its own treatment. You cannot become immune to STIs. You can catch the same infection over and over again. Many men and women do not see or feel any early symptoms when they first become infected with an STI, but they can still infect their sexual partner.

HIV-positive Status

Myth: If you test HIV-positive, your life is over.

Fact: In the early years of the disease epidemic, the death rate from AIDS was extremely high. But today, antiretroviral drugs allow HIV-positive people — and even those with AIDS — to live much longer, normal, and productive lives.

Myth: HIV only affects gay, bisexual, and other queer men and drug users.

Fact: Anyone who has unprotected sex or shares injecting equipment containing contaminated blood can become infected with HIV. Infants can be infected with HIV from their mothers during pregnancy, during labour or after delivery through breastfeeding.

Myth: You can tell someone has HIV just by looking at them.

Fact: You cannot tell if someone has HIV by just looking at them. A person infected with HIV may look healthy and feel good, but they can still pass the virus to you. A blood test is the only way a person can find out if he or she is infected with HIV.

Or

Describe the role of social workers for HIV+ patients through advocacy and Policy planning?

Ans: Consumerism, conservatism, youth unrest and unemployment, advocacy for the cause of the underprivilege in relation to SOCIAL DEVELOPMENT should now form the major concern for social work in the changed social context”. In short, with regard to strategy following change were required:

1) Shifting from welfare to developmental and social rights orientation, thus shifting focus from only attending to problems of pathology to addressing to the needs of development… and promoting the empowerment of the vulnerable.