AIDS in Childhood: Current Contexts

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There are many demands on the care of children living with AIDS. Anti retro viral treatment allows them a dignified and quality life to reach adulthood without complications related to health. The trend studies of indicators of survival and quality of life allow advances in control programs for STD / AIDS through increasingly effective diagnostics that detect vulnerabilities of the infection process the virus early, investigate access to services and the quality of care. (Melo, Ferraz, Nascimento and Donalisio, 2016).

It is known that free survival rate of HIV is higher among babies whose mothers received zidovudine as anti retro viral therapy in pre natal care, resulting in significantly lower rates of early transmission of HIV than zidovudine alone, but there is a higher risk of adverse events in mothers and neonates. (Fowler et al., 2016).

At the same time that the disease is the target of public policies, before even knowing its serological status in children, on the other hand, a child hood of living with HIV / AIDS ceases to be the target of these same policies. The in visibility of the child produces effects in the scope of social practices in public health directed to this population segment, being valid, therefore, studies that are destined to the analysis of such policies. It is considered that the discourses that enunciate child hood and AIDS also make public policies in the area of health and reverberate practices and knowledge. (Calais and Perucchi, 2015).

There are also children and young people with HIV / AIDS who live with their families, being a population largely invisible and highly vulnerable at times through the family relationship, pre judiceor stigmas of society. To recognize this vulnerable group for whom objective, a lienated health interventions will be neededas social work develops in middle- and lower-income countries. To quantify this population are needed more in-depth studies of this undocumented group. (Collins et al., 2016).

Emphasis is placed on the involvement of the private sector in the follow-up of pediatric HIV with positive results (ZafarUllah et al., 2012). The Universal Health Coverage has also reaffirmed the need for private sector involvement in improving access and financial risk protection for health care users. Secondly is the need for resilient health systems that respond to the needs of children and adolescents living with HIV in case of manmade or natural disasters (Sachs, 2012; Gwatkin and Ergo, 2011).

Agencies such as UNICEF are currently developing key considerations for risk-informed programming and resilience mechanisms. In a competitive environment, children living with HIV will likely be neglected in the absence of evidence on the burden or equities in access and out comes to justify their prioritization (Kisesa and Chamla, 2016).
References


