PUBLIC HEALTH AND HIV/AIDS

ASSIGNMENT

Course Code: - BSW 127
Total Marks – 100

Note:

(i) Answer any **five** of the following questions in about **500 words** each.
(ii) All questions carry equal marks.

1. Write a note on the changing concepts of public health. 20

2. Who are the vulnerable populations at risk of being infected with HIV/AIDS? Explain. 20

3. Describe how one can live positively with HIV/AIDS with relevant examples. 20

4. What are the socio-cultural factors present in our society that make women vulnerable to HIV infection? 20

5. Answer the following: 20
   a) Why is AIDS different from other diseases?
   b) Write about any five myths regarding HIV/AIDS.

6. Give reasons for the need for counseling a HIV positive person. 20
   Write a short note about pre-test and post-test counseling.

7. Define Life Skills Education. Discuss the various categories of Life Skills Education. 20

8. Who are known as sexual minorities? Discuss the physical, mental, and social well-being of sexual minorities. 20

1. Write a note on the changing concepts of public health. 20

Answer

Public health refers to organised efforts by society to protect and improve the health of people as a whole. Unlike individual medical treatment, it is concerned with communities, prevention of illness, healthy surroundings and fair access to essential services. The meaning of public health has changed with scientific discoveries, social development and new patterns of disease. Its history shows a gradual movement from controlling epidemics to promoting complete physical, mental and social well-being.

From sanitation to organised disease control

In earlier societies, health was often understood mainly as the absence of visible disease. Illness could be associated with bad air, unsafe water, poor surroundings or supernatural explanations. However, people also recognised that clean drinking water, disposal of waste and separation of the sick could help communities. As cities became crowded during industrialisation, outbreaks of cholera, typhoid and other infections revealed the importance of drainage, housing and sanitation. Governments began to accept responsibility for clean water supplies, waste disposal, food inspection and the prevention of epidemics.

This sanitary approach was a major advance because it recognised that health is not simply an individual's private matter. For example, one household may practise cleanliness, but everyone remains at risk if sewage contaminates a shared water source. Yet the approach was limited because it concentrated mainly on the physical environment and communicable diseases.

Biomedical and preventive approaches

During the nineteenth and twentieth centuries, scientific discoveries strengthened the biomedical concept of health. The germ theory of disease helped explain the role of microorganisms in infections. Vaccination, laboratory testing, antibiotics and organised hospitals improved the control of many illnesses. Public health work expanded to surveillance, immunisation, maternal and child care, nutrition programmes and the early detection of disease.

At this stage, prevention became an important organising principle. Primary prevention attempts to stop illness before it begins, for example by vaccination, safer drinking water and health education. Secondary prevention involves early diagnosis and timely treatment, such as screening for tuberculosis or high blood pressure. Tertiary prevention reduces disability and complications after disease has developed, for example through rehabilitation and continued treatment. These levels help health workers plan action instead of depending only on hospital care.