

SECTION: SOCIOLOGICAL SCIENCES.

SEKCJA: NAUKI SOCJOLOGICZNE.

How to cite: Cosmin, S. (2024). Social protection of people affected by HIV-AIDS in Romania. *International Conference on Science, Innovations and Global Solutions*. (pp. 246-250). Futurity Research Publishing. <https://futuraity-publishing.com/international-conference-on-science-innovations-and-global-solutions-archive/>

Social protection of people affected by HIV-AIDS in Romania

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Accepted: July 13, 2024 | **Published:** July 28, 2024 | **Language:** English

Abstract: The pandemic generated by the HIV infection and AIDS disease has over the course of four decades affected a significant number of the global population, with more than 80 million cases reported since the beginning of the pandemic to date. Across Europe, HIV infection continues to affect the health and well-being of millions of people. It must be stated that since the beginning of the HIV-AIDS pandemic, the importance of the multidisciplinary approach has been highlighted. Thus, not only the medical community faces challenges given by the HIV infection, to the same extent the social assistance services must adapt to the new challenges.

Keywords: HIV, social protection, support, social inclusion

Introduction

Henry Sigerist, a distinguished historian of medicine, argued in 1928 that every society has the epidemic that best suits its social circumstances, or that it deserves. The Middle Ages were dominated by the plague, a disease that strikes without any particular selection. The individualist renaissance ends up being plagued by syphilis, and the disease has moral implications for society. AIDS in turn comes to be seen as an outward manifestation of imbalance and inner disturbance. The social bonds created by associating sexual contact with homosexuality, drugs and premature death caused a metaphorization of what AIDS originally meant (Baldwin, 2005).

The threat of HIV infection and AIDS has generated many responses, from hysteria to collective apathy. The social risks posed by HIV infection were understood depending on the manner these risks were internalized in relation to the construction of identity in everyday life by people affected by it. Of course social risk can vary according to social factors such as class, gender, ethnicity and age. However, the response of the population to the HIV-AIDS issue is similar in many situations. Most of the time public discourses about HIV-AIDS focus more around AIDS than HIV infection, which in the collective mind will make the term AIDS more often used. Although the terms are not synonymous, we must not forget that AIDS is based on HIV infection (Green, 2002). Beyond the medical implications, the social impact of the HIV-AIDS pandemic remains present globally more than 40 years after its onset. In the history of public health, the problems generated by HIV-AIDS have a unique character both in terms of how it spreads as a long-term chronic disease, but also because of the social, economic and political impact. The pandemic caused by HIV-AIDS can be viewed from the perspective of the generated effects that end up being felt by entire generations, creating an unprecedented international response in terms of allocated resources (Smith, 2010).

When we talk about HIV infection we inevitably come to the concept of globalization and the dynamics of this global epidemic (Michael, 2012). Social and economic changes have influenced people's lives and social interaction. These changes end up negatively influencing the way HIV-AIDS spreads globally. Identifying the ways in which this happens helps us understand how we can reduce the negative impact of HIV infection, AIDS or other diseases. The history of the HIV epidemic helps us understand these large-scale social and economic processes in order to intervene for reducing the damage brought about by epidemics (Friedman, 2009). Due to the stigma and fear generated by the disease, the high costs of health care and the policies regarding the long-term treatment associated with HIV infection, in the end they negatively affecting the family system as well. Frequently enough, social protection systems were confronted at the beginning of the AIDS pandemic with situations in which whole families excluded their members stricken by the disease (Anderson, 1989).

In Romania, the HIV-AIDS epidemic evolved in a different way compared to other European countries due to the distribution within the existing pediatric population at the level of the 1990s. The prevalence of pediatric cases was also influenced by the limited resources existing in the health system at that time, the lack of disposable syringes and the use of untested blood for HIV infection (Buzducea, Lazăr & Mardare, 2010). The stigma produced by the disease may affect the social life of people affected

by HIV-AIDS especially in small communities. The lack of alternatives with an inclusive role can lead to the creation of a dependency on the social protection system (Sicrea & Androni, 2021).

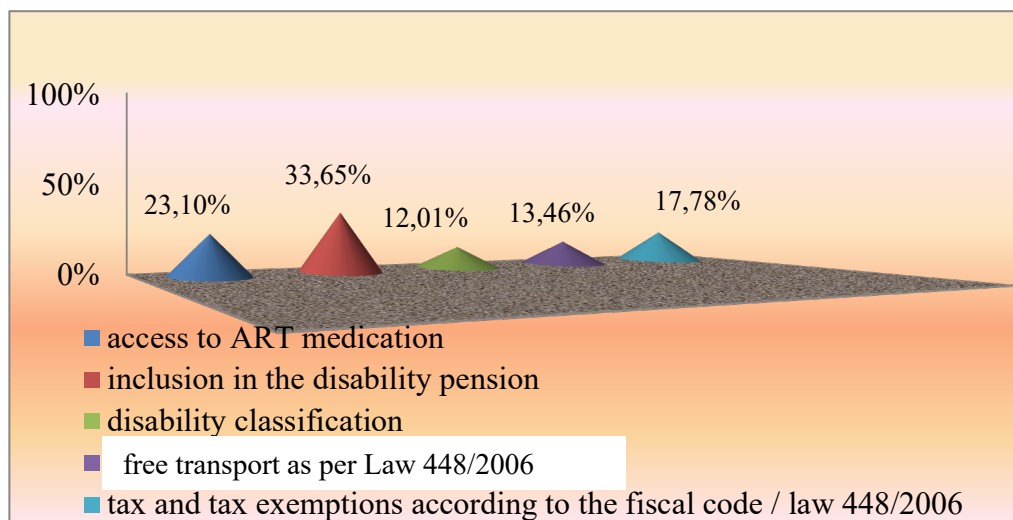
Research Results

Between July and February 2023, more than 200 HIV-positive people participated in this study. Within this dimension, we shall analyse the situations in which the fundamental rights of PLHIV people were violated within the medico-social protection services. HIV-AIDS legislation primarily has an international context that refers to the set of agreements, treaties, conventions and declarations adopted globally to address this issue. These international laws and norms aim to protect the rights and health of HIV-positive people, as well as to prevent the spread of the infection. International legislation has as its main objective the creation of mechanisms capable of combating discrimination and stigmatization of PLHIV, benefiting from equal rights in the field of health, education and employment.

In 2002 Law no. 548 was adopted, which provides measures for the management of HIV-AIDS in Romania. Also in the 2000s, more precisely in 2006, Law no. 448 provided for social protection measures intended for people with disabilities in Romania. Law no. 448 is complementary to Law 584 of 2002 regarding people affected by HIV-AIDS, with a series of additional protection measures being added.

Figure 1

Rights of PLHIV people frequently violated (%)



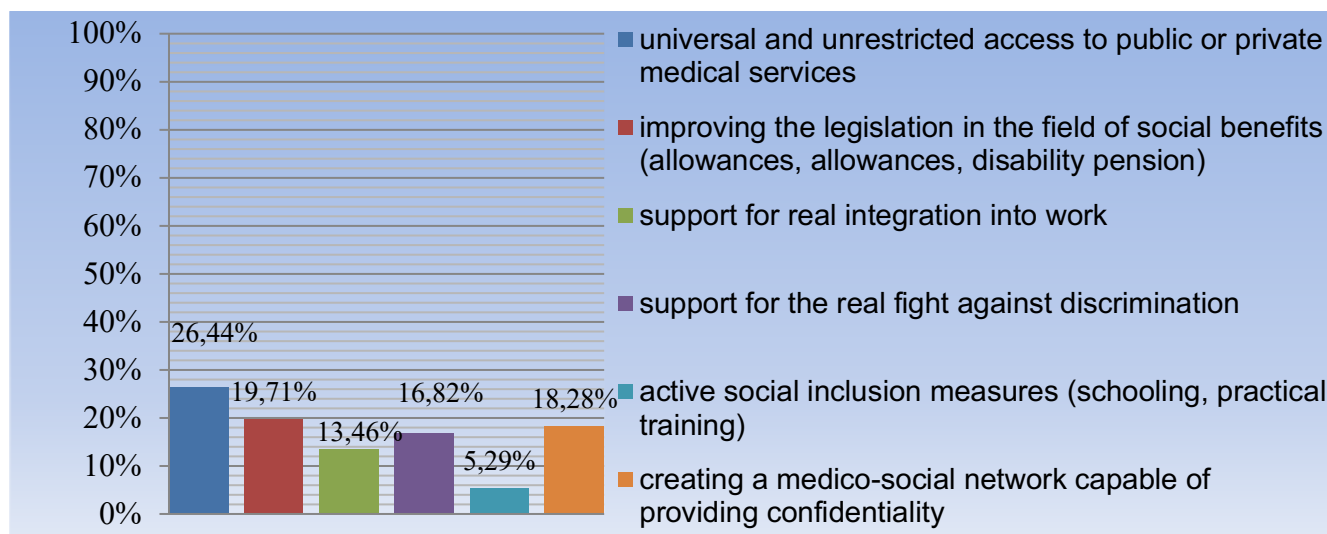
Source: generated by the author

Violation of the right to disability pension is the most frequently reported by PLHIVs lately. More than 33% of the subjects encountered difficulties in being able to benefit from this right even though it is legally regulated. After the latest changes in the criteria for including HIV infection in the pension system, many people have lost their pensioner status. Thus, after more than 15 years in which PLHIVs have benefited from the disability pension, they ended up being recalled within the expert commissions of the work capacity for the reassessment of their health condition. Access to antiretroviral therapy is another aspect reported by 23% of respondents. Antiretroviral treatment has several directions of action. First of

all, ART reduces the mortality associated with HIV-AIDS, but also limits the transmission of the disease . The indisputable benefit remains that of prolonging the lives of HIV-positive people.

Figure 2

Social inclusion measures proposed by PLHIV people (%)



Source: generated by the author

Access to state or private medical services without restrictions for PLHIV people represents over 26% of the subjects' responses. In the opinion of PLHIV, the current trends of the health system are more directed towards limiting the access of seropositive people, especially in the specific medical-surgical fields, due to the possibilities of exposure to illness of the health care personnel. Thus, PLHIVs experienced discrimination and stigmatization when they called on medical services and disclosed their diagnosis. The beneficiaries are of the opinion that a first step towards the normalization of the disease consists in removing the existing barriers in the public and private health system by educating the health personnel in knowing how to manage such situations.

The creation of medical-social care networks in which confidentiality is respected represents the desire of more than 18% of PLHIV participating in the study. The breach of confidentiality along with the inaccessibility to certain medical services creates integration difficulties for these people who often choose to hide their diagnosis from medical or social specialists. Improving the legislation in the field of social benefits (food allowance, disability pension, disability allowance) is more than necessary for over 19% of respondents.

The absence of alternatives regarding the source of income makes most beneficiaries dependent on social benefits which often become insufficient for daily living. Dependence on these benefits is based on several causes such as early school leaving, lack of professional qualifications and lack of integration into the labour market.

Conclusions

During the study, frequent violations of rights were reported, especially in accessing forms of social protection or social benefits according to Law 448/2006, and the Pension Law no. 263 of 2010. These practices are becoming more common in recent years in Romania due to the loopholes created in the legislation regarding the rights of people affected by HIV-AIDS. Thus, the modification of some criteria regarding the diagnosis, the disease code, or the immunological evolution become defining to limit the access to a series of social benefits left at the discretion of the evaluating person (doctor, psychologist, civil servant). Situations were reported in which the HIV-positive person benefited from a series of rights in the western region of the country, while in the Moldova area social benefits were suspended for a person with the same disease code. Due to the lack of alternatives in the professional environment, many PLHIV people actually end up depending on these benefits.

References

1. Anderson, E. A. (1989). Implications for public policy. *Marriage & Family Review*, 13(1-2), 187–228. https://doi.org/10.1300/J002v13n01_06
2. Andrioni, F., Sicrea, C. C., & Filip, O. L. (2021). The social inclusion of HIV-affected persons – A challenge for today's society. *Year XVII*, 3, 248.
3. Baldwin, P. (2005). *Disease and democracy: The industrialized world faces AIDS*. University of California Press.
4. Buzducea, D., Lazar, F., & Mardare, E. I. (2010). The situation of Romanian HIV-positive adolescents: Results from the first national representative survey. *AIDS Care*, 22(5), 562–569. <https://doi.org/10.1080/09540120903280927>
5. Friedman, S., Rossi, D., & Phaswana-Mafuya, R. (2009). Globalization and interacting large-scale processes and how they may affect the HIV/AIDS epidemic.
6. Green, G., & Sobo, E. J. (2002). *The endangered self: Managing the social risk of HIV*. Taylor & Francis.
7. Law no. 448 of December 6, 2006 on the protection and promotion of the rights of persons with disabilities. Retrieved from <https://legislatie.just.ro/Public/DetaliuDocument/77815>
8. Law no. 584 of October 29, 2002 on measures to prevent the spread of AIDS in Romania and to protect people infected with HIV or suffering from AIDS. Retrieved from <https://legislatie.just.ro/Public/DetaliuDocumentAfis/39744>
9. Michael, M., & Rosengarten, M. (2012). HIV, globalization and topology: Of prepositions and propositions. *Theory, Culture & Society*, 29(4-5), 93–115. <https://doi.org/10.1177/0263276412443567>
10. Smith, J. H., & Whiteside, A. (2010). The history of AIDS exceptionalism. *Journal of the International AIDS Society*, 13(1), 47. <https://doi.org/10.1186/1758-2652-13-47>