Marginalized Women

Student’s Name

Institutional Affiliation

Evaluation of Marginalized Women Paper

**Introduction**

Today, there are many marginalized groups of people and societies whose needs require to be addressed. Marginalization refers to various groups of people that are faced by disadvantages that reduce the quality of life that they lead. There are different groups of marginalized women in the country including women living with HIV, female veterans, women sex workers, and women immigrants. The group that I selected for this essay is women living with HIV. These are women who have been infected with the virus and are disadvantaged as a result of the disease. HIV has over time been observed to have a negative impact on the people who are affected or infected. The aim of this paper is to conduct an assessment of women who are living with HIV in country. Some of the areas that will be covered include economic aspects, social issues, ethical issues, and ways to address the raised issues among the members of this marginalized group.

**Background**

There are approximately 1.1 million in the country who live with the disease (O'Sullivan, & Thomson, 2016). About 15% of them are unaware that they have been infected by the disease. Out of the diagnoses that have been conducted in the recent past, 16% of them were heterosexual women. Since the epidemic was first noticed, women across the United States have been affected in many ways. Today, women account for one out of five of the new HIV infections that happen. The women who are worst-hit by HIV in the United States are women of color and this is evident among the new infections and women who are living with the disease. Most women in the country who live with the disease do not get regular care whereas only 25% of them are virally suppressed.

However, there has been significant progress in the number of new infections between 2010 and 2018. The proportion of new infections among women decreased and this means that there were less women who were infected. In Florida, HIV infection among women rose to 29% by the start of 2005. However, the rate had reduced to 20% by 2016 (Rao, Andrasik, & Lipira, 2018). As earlier mentioned, the most hard-hit group of women in the country are women of color and this is also the same in Florida. Women of color account for 62% of the population of women who are infected by HIV. White women are second 19% and Hispanic follow at 17%. Multiple races account for the remaining 1% of women living with HIV in the region. The risk of infection of HIV among women is highest through heterosexual sex whereas injection drug use is second.

**Economic Aspects**

Women living with HIV in the United States country are considered to be a marginalized groups due to the harsh economic realities that face them in their lives. Women who live with HIV are bound to be faced by many difficulties specifically because the disease affects their productivity. The effects of HIV are grave and can affect the mental and physical functioning of a woman living with the disease (Mcdonnell, Gielen, Wu, O'campo, & Faden, 2015). Many women have been unable to maintain their jobs after they have learned that they have been infected by the disease. Women living with HIV find it difficult to maintain their work responsibilities and duties since they have to pay keen attention to their health and well-being. Such conditions make it easy for a woman who has been affected to lose their employment at their places of work. When this happens, their economic status is affected since they depend on the income from their jobs to sustain their livelihoods.

Workplace discrimination due to their HIV status is also something that can affect their economic status. Many women living with the disease would rather quit their place of work than to work with the discrimination that they may face due to their HIV status. Some of the women are also unable to access employment opportunities due to their HIV condition. Research indicates that the level of unemployment among women living with HIV is more than 40% in the United States. This affects their economic status since many have to now depend on their family and relatives for support to lead a meaningful and fulfilling life. Women who suffer from advanced HIV and AIDS are also limited from the amount of income that they make since they are on benefits. These disadvantages tend to have a negative impact on their economic ability at the societal level.

**Social Justice and Health Disparities**

Social justice refers to justice in a given society based on the manner in which different resources, opportunities, and wealth is distributed among the people. Women living with HIV are faced by many social injustices such as the economic hurdles that are discussed above. Such injustices bring about health disparities between women infected by HIV and other members of the society who are not affected by the ailment. Since women living with HIV do not have access to income as other people, many are unable to properly maintain a healthy diet which is a prerequisite when living with HIV (Enriquez, Kelly, Witt, & Rodriguez, 2015). Some of the women are forced to leave their jobs due to discrimination due to their HIV status. This means that they can no longer afford a living as they did when they were working. Lack of equal opportunities among women living with HIV is thereby something that needs to be addressed so that social justice may be achieved.

**Ethical Issues of Women living with HIV in the United States**

One of the major ethical aspects that faces women infected with HIV in the country is discrimination. Discrimination has been observed in the places of work and in the healthcare system. There are some employers who may deny or refuse to employ a woman due to her HIV status. This is a violation of the Fourth Amendment of the United States Constitution which bars employers from discriminating against employees based on factors apart from their qualifications and expertise. Discrimination has also been observed in the healthcare system where some medical practitioners intentionally refuse to treat and look after the health needs of this marginalized population (Narasimhan, Orza, Welbourn, Bewley, Crone, & Vazquez, 2016). Discrimination not only reduces the opportunities for women infected with HIV but also affects their health and well-being. Stigmatization is also another issue that faces this population the United States. Stigmatization fuels even worse discrimination and this can led to unjust outcomes for women living with HIV.

**Solutions to address the raised Issues**

The first strategy that can be used to improve the healthcare outcomes of women living with the disease is to ensure that women are not discriminated against due to their status. This can be enforced through encouraging women living with the ailment to report any cases of discrimination. Such a goal can only be attained if proper education and awareness is created among this marginalized group. Providing information to women with HIV about their rights would help women to stand up against any form of social injustice that is present in the American society today.

The second solution that could be used is to provide information to women about HIV. As a nurse practitioner, I would provide information that would be aimed at allowing them to access medication so that they can live a healthy and productive life. HIV is a condition that is manageable through various ARV medication that are offered across different healthcare systems. Doing this may help improve their ability to lead a successful and fulfilling life in the society.

The third solution that could be implemented by a nurse practitioner is to ensure that patients who are living with HIV are not discriminated in the various healthcare facilities. In the past, there have been many cases of discrimination against women living with HIV when they are receiving various medical services at various medical institutions (Inungu, Mumford, & Younis, 2017). As a nurse practitioner, I would ensure that women living with HIV are treated and offered all the medical services that they require when they visit the medical institution.

**Conclusion**

Women in the United States are faced by many conditions that reduce their welfare and well-being. These conditions such as discrimination and stigmatization continue to affect them in a great manner. Accessing employment opportunities in the country has also become difficult and this means that their economic position and income is reduced to their medical condition despite the fact that HIV does not affect the effectiveness of an employee at their place of work.

References

Enriquez, M., Kelly, P. J., Witt, J., & Rodriguez, L. (2015). Silence is not golden: Invisible Latinas living with HIV in the Midwest. *Journal of Immigrant and Minority Health, 12*(6), 932-9. doi:http://dx.doi.org/10.1007/s10903-010-9346-4

Inungu, J., Mumford, V., & Younis, M. Z. (2017). HIV testing among women in the United States. *Public Administration and Management, 14*(1), 145-155. Retrieved from <https://search.proquest.com/docview/236510093?accountid=45049>

Mcdonnell, K., Gielen, A., Wu, A., O'campo, P., & Faden, R. (2015). Measuring health related quality of life among women living with HIV. *Quality of Life Research, 9*(8), 931-40. doi:http://dx.doi.org/10.1023/A:1008909919456

Narasimhan, M., Orza, L., Welbourn, A., Bewley, S., Crone, T., & Vazquez, M. (2016). Sexual and reproductive health and human rights of women living with HIV: A global community survey. *World Health Organization. Bulletin of the World Health Organization, 94*(4), 243-249. doi:http://dx.doi.org/10.2471/BLT.14.150912

O'Sullivan, S., & Thomson, K. (2016). *Positively women: Living with AIDS*. London: Pandora.

Rao, D., Andrasik, P, & Lipira, L. (2018). HIV stigma among black women in the United States: Intersectionality, support, resilience. *American Journal of Public Health, 108*(4), 446-448. doi:http://dx.doi.org/10.2105/AJPH.2018.304310