HIV: disability pensions and years of productive life potentially lost in Mexico, 19 years of study.

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The Global Health Network

URL: https://tghncollections.pubpub.org/pub/8qtlu83b
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Introduction:

Human immunodeficiency virus (HIV) is an infection that attacks the body’s immune system, specifically the white blood cells (CD4) weakening a person’s immunity against opportunistic infections.

It is estimated that as of 2020, 37.7 million [30.2 million–45.1 million] people were living with HIV worldwide, 1.4 million people are living with HIV in Latin America and that these cases are concentrated in the most vulnerable populations, only 65% have access to antiretroviral therapy, Mexico is the third most affected country in the region.

Objective:

Estimate the magnitude of the state of disability for HIV reported by the Coordination of Health at Work (Mexican Social Security Institute) from 1996-2008 and 2015-2020.

Methods:

Descriptive, observational, retrospective study (Pearson's correlation, Student’s “t”).

Results:

In the period from 1996 to 2008 and 2015 to 2020 they were generated 346,246 disability pensions of which 4,832 was for HIV (2%). In the period 1996 to 2008 76,869 years of productive life were lost (3985 pensions) compared to 21,105 in the second period (847 pensions). There are statistically significant changes in the number of pensions with a notable decrease since 2006 ($r^2 0.7067$), during 1996; 15,998 years were lost (560 pensions) being the highest number, the lowest corresponds to the year 2015 with 2,846 years lost (122 pensions).

During the total period 4,832 pensions generated, 4,419 were for men and 413 for women (Pearson correlation 0.83 in men’s and 0.69 in woman’s). The group with the highest number of cases was 35 to 39 years old (994 cases), the group that generated the greatest loss of productive years was 30 to 34 years old with 31,119.

In 1996, 1997 and 2001 the highest number of years lost were presented (15998, 12448, 9128) and during 2020, 2015 and 2016 the lowest figures (2858, 3565 and 3723). The total productive years potentially lost was 116,927 (24.1 years per worker).

Conclusions:

Preventive programs aimed at the entire population should be continued with emphasis on risk groups. Generating jobs that guarantee access to social security (medical care) to improve quality and life expectancy is a latent challenge in developing countries.
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