Assignment

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Health inequity is defined as a difference in the health outcomes of different populations. Health inequities have a significant economic and social effect on both individuals and societies. Whereas, health disparity is defined as a preventable differences in the injury, disease burden, opportunities and violence, to achieve the optimal health that is experienced by different populations. The groups are characterized by age, race, ethnicity, social status, income and education. These types of health disparities are one of the main reasons due to which HIV/AIDS and sexual diseases are more common among black people. In my opinion, sexually transmitted diseases are higher among black and Hispanic youth than white youth due to health disparity (Belizán et al., 2007).

In 2014, it was estimated that in America, the estimated rate of HIV diagnosis was 13.8/100,000 population and 49 among the black and Hispanic youth. In 2013, black Americans represented 47.0% of all deaths from HIV. It is reported in different studies that HIV/AIDs diagnostic rates among black and Hispanic youth are 3 to 4 times more as compare to white youth. Studies have also shown that black women are 4 times more likely to die from pregnancy-related complications as compared to white women. This is because black women are undervalued. Studies have shown that black people that are diagnosed with HIV/AIDs are less likely to receive treatment, care and adequate viral suppression. Many social and cultural barriers hinder HIV diagnosis, treatment and prevention, especially among groups of black people. Secondly, black people are more likely to engage in high-risk sexual behavior as compared to white youth. Black Americans are more at risk of HIV and other sexually transmitted diseases because they do not use condoms or protection. They abuse drugs and alcohol, which leads to increased risk of HIV/Aids and other sexually transmitted diseases among them. Another factor that is associated with the increase in HIV among black people is the lack of knowledge regarding HIV and low socioeconomic status (Sharma et al., 2017).

**References**

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Sharma, A., Wang, L. Y., Dunville, R., Valencia, R. K., Rosenberg, E. S. & Sullivan, P. S. 2017.