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Analysis of HIV Awareness in Tashkent City

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Abstract- The problem of public awareness about the ways of transmission of HIV (including from mother to child), as well as ways to prevent infection is extremely relevant. Despite the efforts of scientists around the world, a vaccine against HIV has not yet been invented, and prevention remains the only means of containing the epidemic. Information on ways to spread and how to protect against HIV infection is available to the public. Nevertheless, the epidemic is growing. Currently, medicine does not have the means to cure an HIV-infected person. This article analyzes the awareness of the population of Tashkent city on HIV infection, which showed a low level of awareness. In this regard, HIV awareness-raising activities are of particular importance in order to raise awareness and develop a tolerant attitude towards people living with HIV.

Objective: To assess the level of public awareness about HIV infection.

Material and Methods: The survey was conducted among the population of Tashkent city by online survey. We created a site (<https://www.surveymonkey.com/survey/d/E2X5D2G7Q8H3L1K9C>) where we put our questionnaire and invited people to take the survey using social networks like Telegram, Facebook and LinkedIn. A total of 100 people were interviewed during the month, of whom 29 were men and 71 were women.

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Results: The main method of dealing with new cases is primarily the education of population, but it is necessary to assess the level of awareness of different groups on this issue.

Conclusions: The majority of respondents have a correct idea about the contagion and ways of transmission of infection, while there is a sufficient number of people who are confident in the possibility of infection by vector, contact-household and alimentary routes. High rates were obtained in the analysis of public awareness of measures to prevent infection. The population recognizes the urgency of the problem of HIV infection and is interested in information about it. However, there are still misconceptions about HIV related to myths and discrimination. It is necessary to continue to actively inform the population on the prevention and control of HIV / AIDS, using all available resources.

Keywords: HIV, awareness, tolerance, survey, general population.

I. INTRODUCTION

The problem of the spread of HIV infection remains the most urgent problem for the whole world and for our health care in recent years. regions on the epidemiological situation of HIV infection. The first cases of registration of HIV infection among the population in Uzbekistan were noted in 1987 and until the beginning of the new century, experts observed only isolated cases of infection among citizens of the country. So for

the first 12 years, only 76 cases of human immunodeficiency virus infection were registered. The increase in new HIV registrations began in 2000, when the number doubled. The highest number of newly diagnosed HIV cases, according to the latest available data, was in 2013. According to unconfirmed data from official sources, the trend of decline in new HIV cases is observed in 2015 and 2016. According to the electronic media in 2016, the Republican AIDS Center recorded a decrease in the level of new cases of infection among citizens of the country[1].

One of the reasons for the spread of HIV infection in our country, there are low levels of awareness about HIV/AIDS, ways of HIV transmission and prevention. In order to raise public awareness about HIV infection, we have developed a questionnaire to assess the level of knowledge on HIV infection. The questionnaire is anonymous, consists of sixteen questions. The first block contains information about the Respondent: gender, age. The second block contains questions about the ways of transmission, measures of protection against infection. The third block is the question of tolerance. The survey was conducted among the population of Tashkent city by online survey. We created a website (<https://www.surveio.com/survey/d/E2X5D2G7Q8H3L1K9C>) where we put our questionnaire and invited people to take the survey using social networks like Telegram, Facebook and LinkedIn. A total of 100 people were interviewed, of whom 29 were men and 71 were women (Fig. 1).

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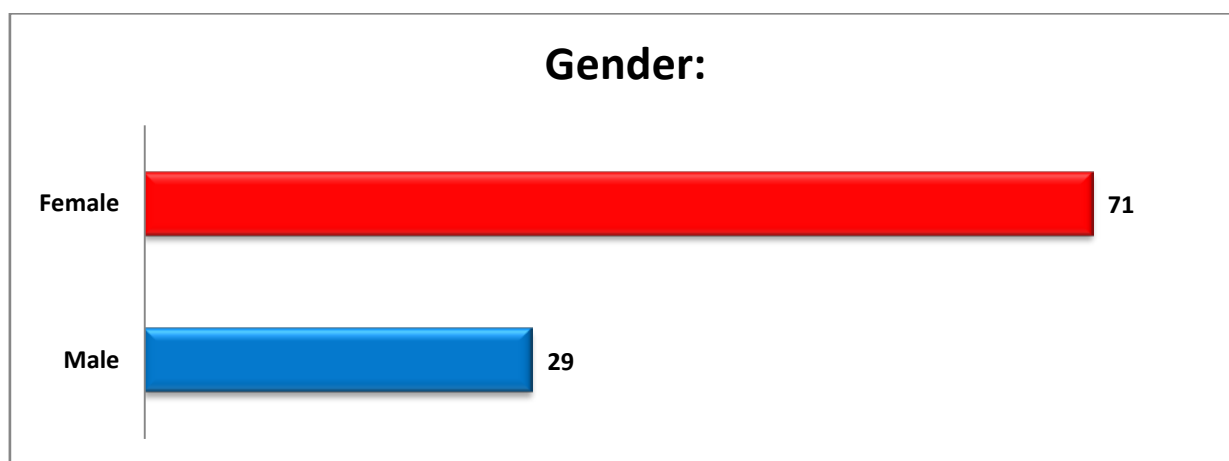


Fig. 1: Distribution of respondents by gender.

Most of the respondents belong to the group of 18-30 years old (32 people). (fig. 2).

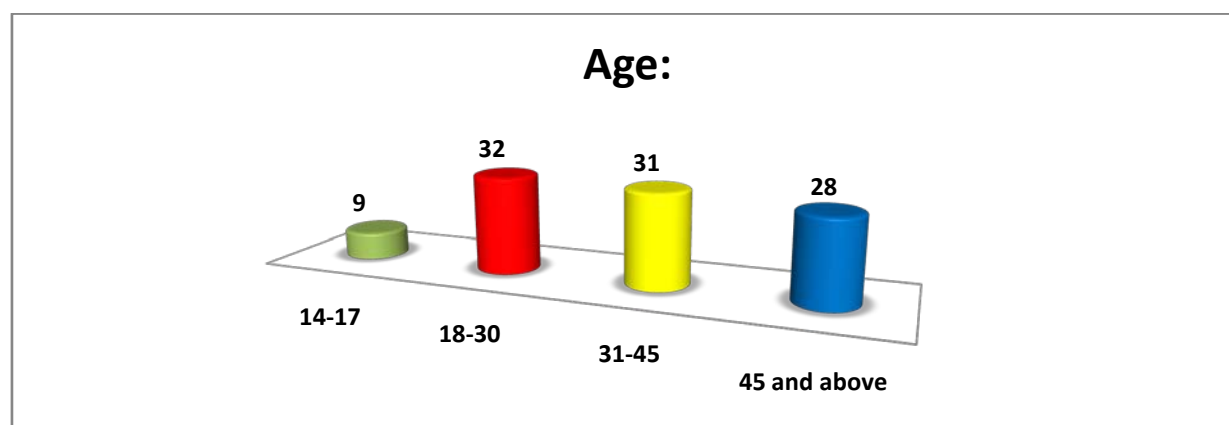


Fig. 2: Age of respondent.

67% of respondents responded positively to the question about giving blood for HIV testing. The distribution of answers to the question is shown in Fig. 3.

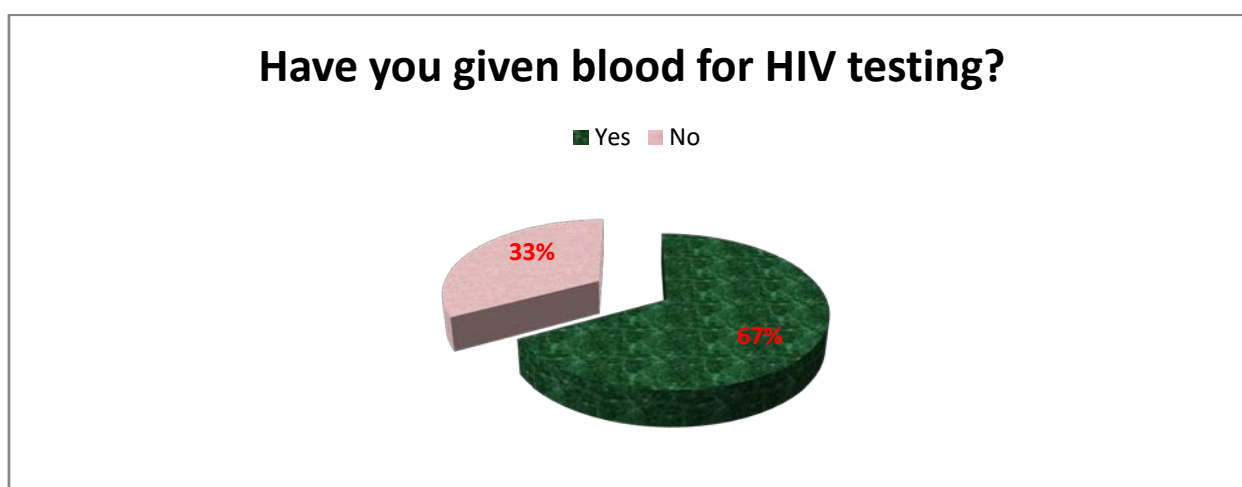


Fig. 3: Distribution of answers to the question: «Have you given blood for HIV testing?»

The main part of our respondents are in a registered marriage-50% of the total. The distribution of answers to the question is shown in Fig. 4.

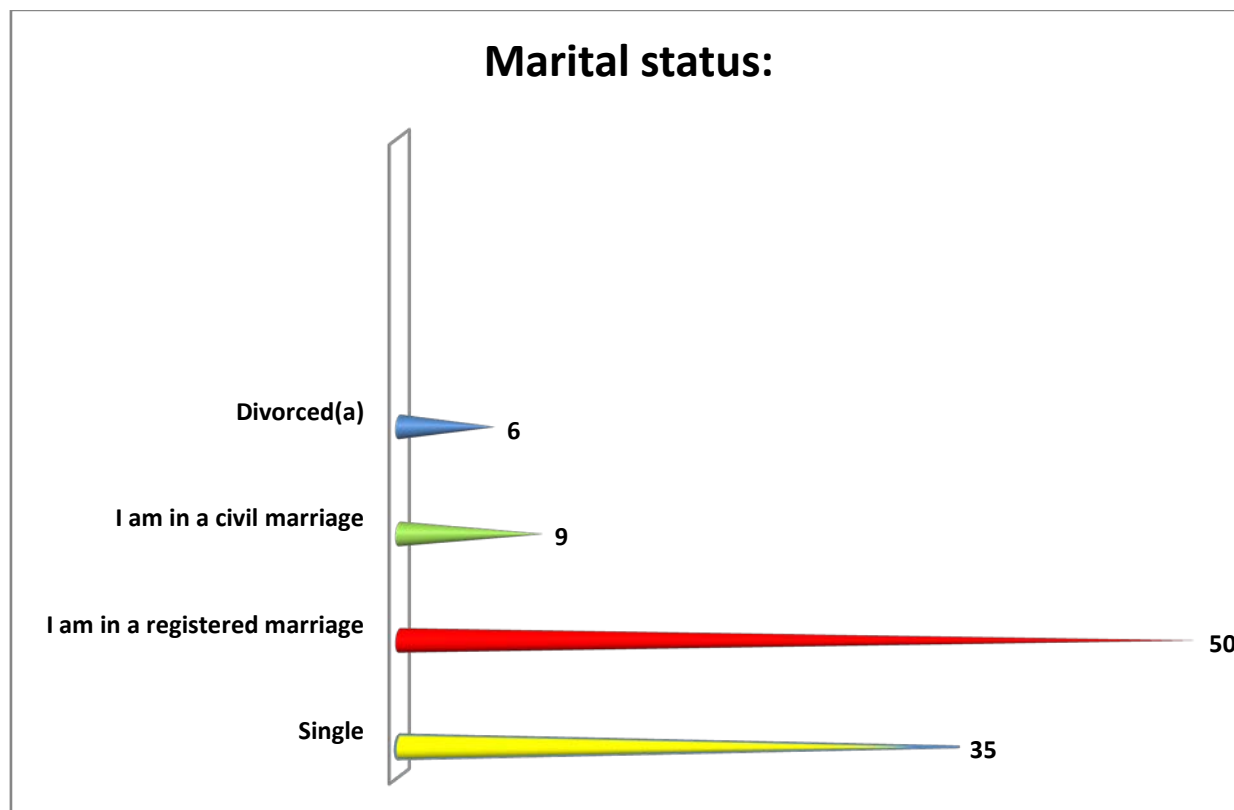


Fig. 4: Marital status.

The majority of respondents are employees (28%) and workers (20%). (fig. 5).

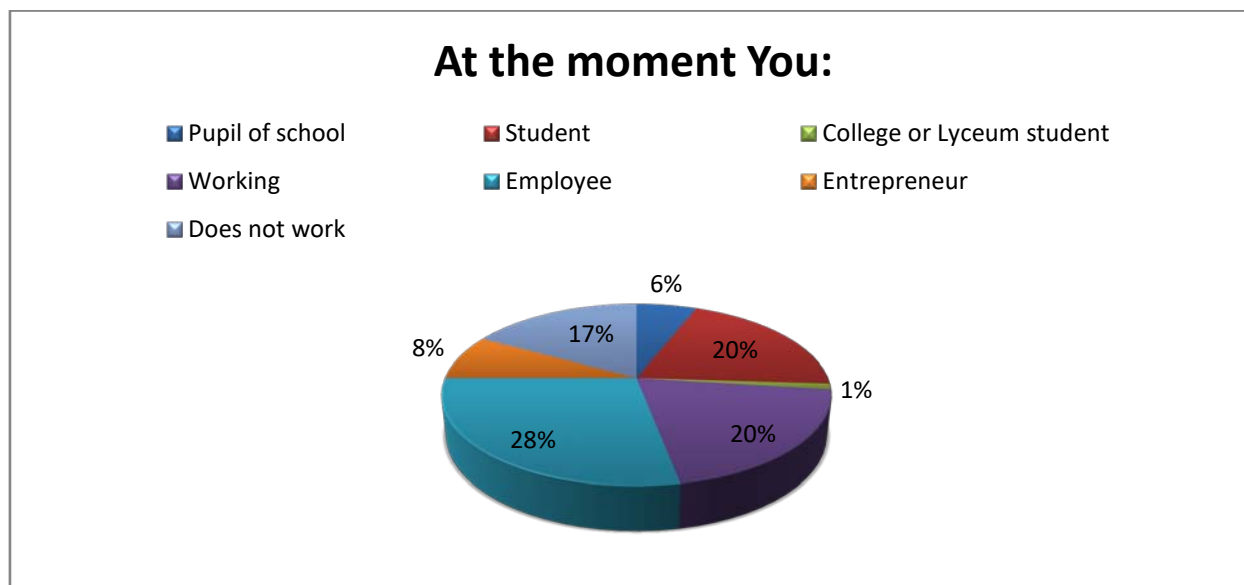


Fig. 5: Distribution of answers to a question about activity.

The majority of those surveyed (85%) believe that HIV infection is an urgent problem for our city. (fig. 6).

Do you think the problem of HIV infection is relevant for Your city?

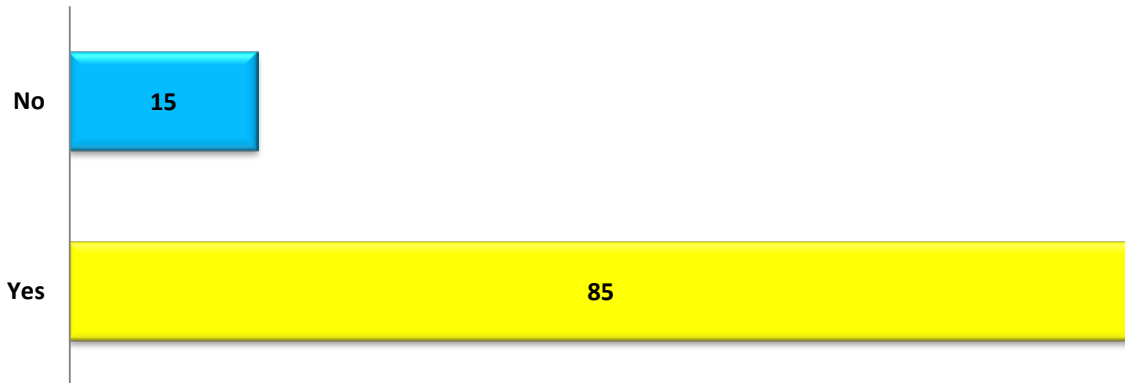


Fig. 6: Distribution of answers to the question «Do you think the problem of HIV infection is relevant for your city? ».

Doctors have proven that only four human body fluids contain sufficient concentrations of HIV to infect another person. These are: blood, semen, vaginal discharge and breast milk. If one of the listed fluids of an HIV-positive person enters the body of a healthy one, the probability of Contracting HIV will be very high. Our respondents had the opportunity to choose several options for the answer and many of them (95%) chose

the correct answer blood, 54%-sperm, 46% - vaginal secretions and 34% chose breast milk.

The rest of the body fluids, such as urine, sweat, saliva - contain very little or no virus, so they are safe. But our respondents believe that it is possible to get infected with saliva(14%), urine (1%) and could not answer this question at all 3%.(fig.7)

Through what biological fluids can HIV be contracted ?

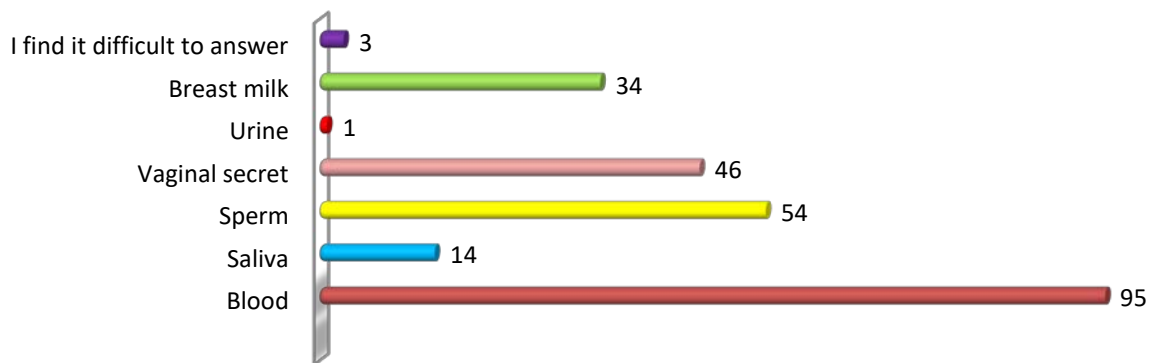


Fig. 7: Distribution of answers to the question: «Through what biological fluids can you get HIV?».

The main routes of transmission of HIV infection are unprotected sexual contact with an HIV-infected person, sharing with HIV-infected injection equipment (syringes, needles) as well as the vertical route of transmission of HIV from an HIV-infected mother to a child (during pregnancy, childbirth or after childbirth, through breast milk).

Other transmission paths are much rarer. Among them, HIV infection from blood transfusions or

blood products in countries where all donor blood samples are not tested for HIV. Extremely rare cases of infection when infected blood enters an open wound or mucous membrane. HIV is not transmitted through daily household contact, such as sharing a bathroom and toilet or drinking from the same Cup. There have been no reported cases of a health care worker becoming infected after the saliva, urine or blood of an HIV-infected patient has been exposed to intact skin. Our

respondents were able to select multiple response options and many of them(80%) believe that unprotected sex with a person HIV status is unknown may be at risk of infection and mother-to-child (during pregnancy, childbirth, 48%, through breast milk-25%),

use of unsterile equipment for body piercing and tattoos(72%), the use of common razor or manicure sets(43%) and 6% underwent questionnaire survey believed that HIV can be transmitted by insect bites. (Fig.8)

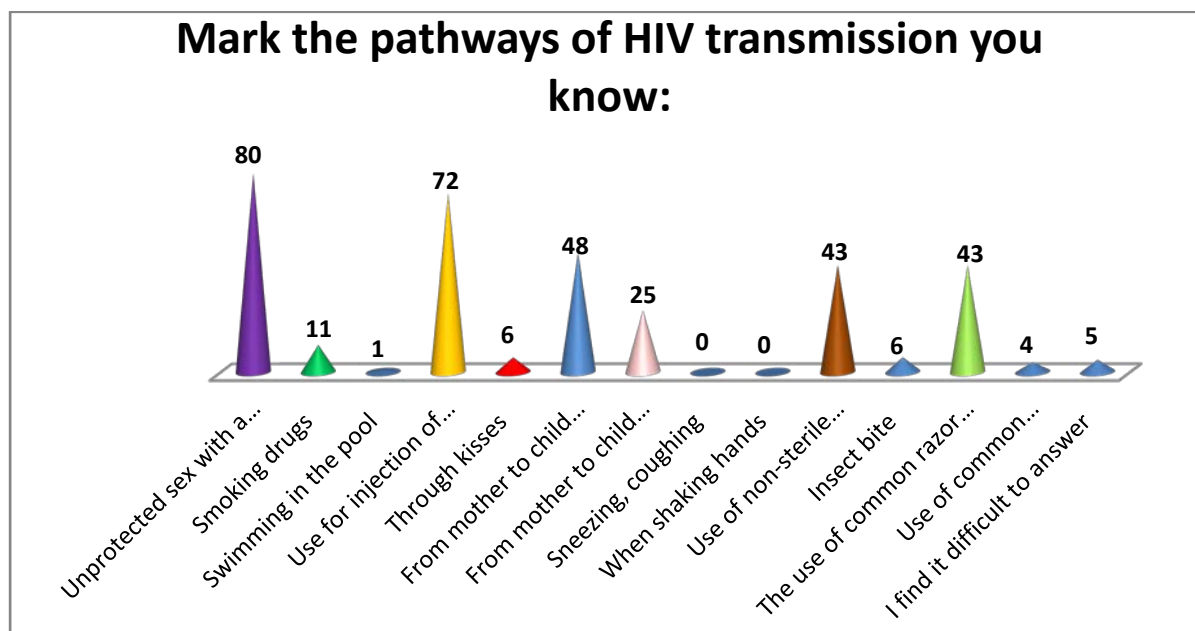


Fig. 8: Ways of HIV transmission.

HIV can be detected in the human body by examining human blood. Usually a blood sample is taken from a vein and sent for analysis to a special laboratory, where studies are carried out by appropriate methods. Since the primary positive result in some isolated cases may be false-positive (for example, if a person has had an acute infectious disease or simply because no test gives an answer with 100% accuracy), then each primary positive result is rechecked by a more accurate method in the laboratory. The testing procedure is quite simple for a person. For example, in

an AIDS consultation room, a blood sample and consultation take approximately 20 minutes. Usually the test result can be found out within 3 working days. The test is conducted anonymously. It is impossible to determine HIV infection by external signs, neither in men nor in women. HIV is determined only by a special blood test. 95% of our respondents know that HIV can be detected by blood donation for the presence of antibodies. 3% of respondents mistakenly believe that there are specific external signs that can distinguish a person with HIV infection (Fig.9)

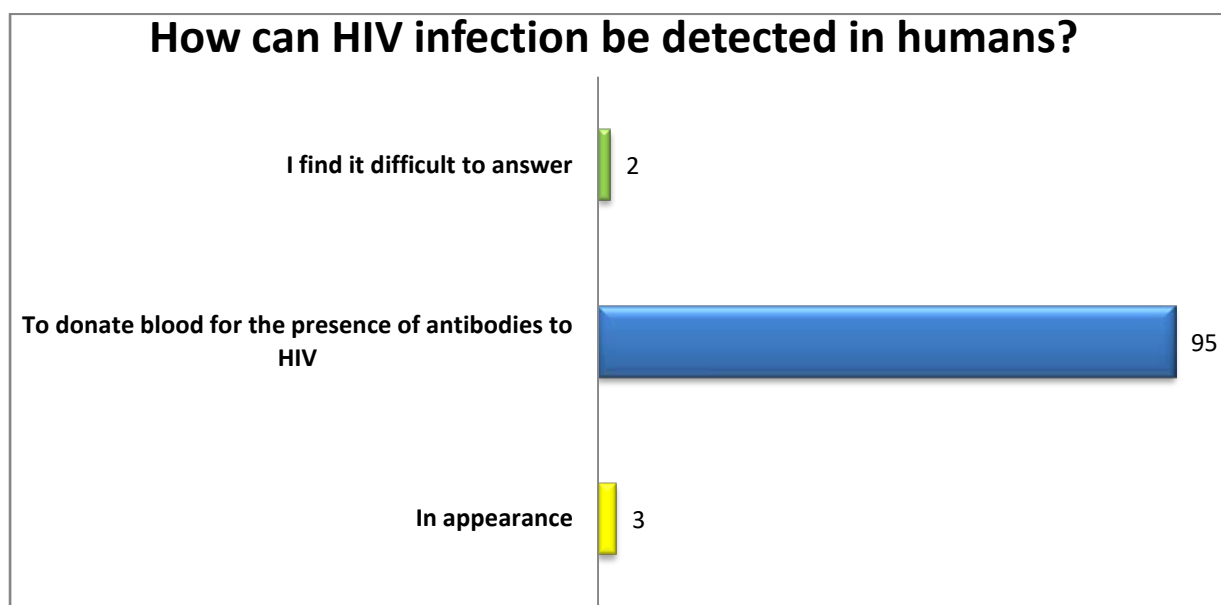


Fig. 9: Distribution of answers to the question: «How can you detect HIV infection in humans?».

In each region of our Republic, in the Republic of Karakalpakstan and Tashkent there are centers to combat AIDS, as well as in 59 districts there are Interdistrict laboratories for HIV diagnosis, where you can get tested and get the necessary additional information. After the diagnosis of "HIV infection"

patients get up on dispensary registration in the centers for combating AIDS in the place of residence. AIDS Centers have laboratories for testing patients' blood for clinical, biochemical and immunological (CD4 cells) parameters. The majority of participants (82%) said that blood should be donated to AIDS Centers. (fig.10)

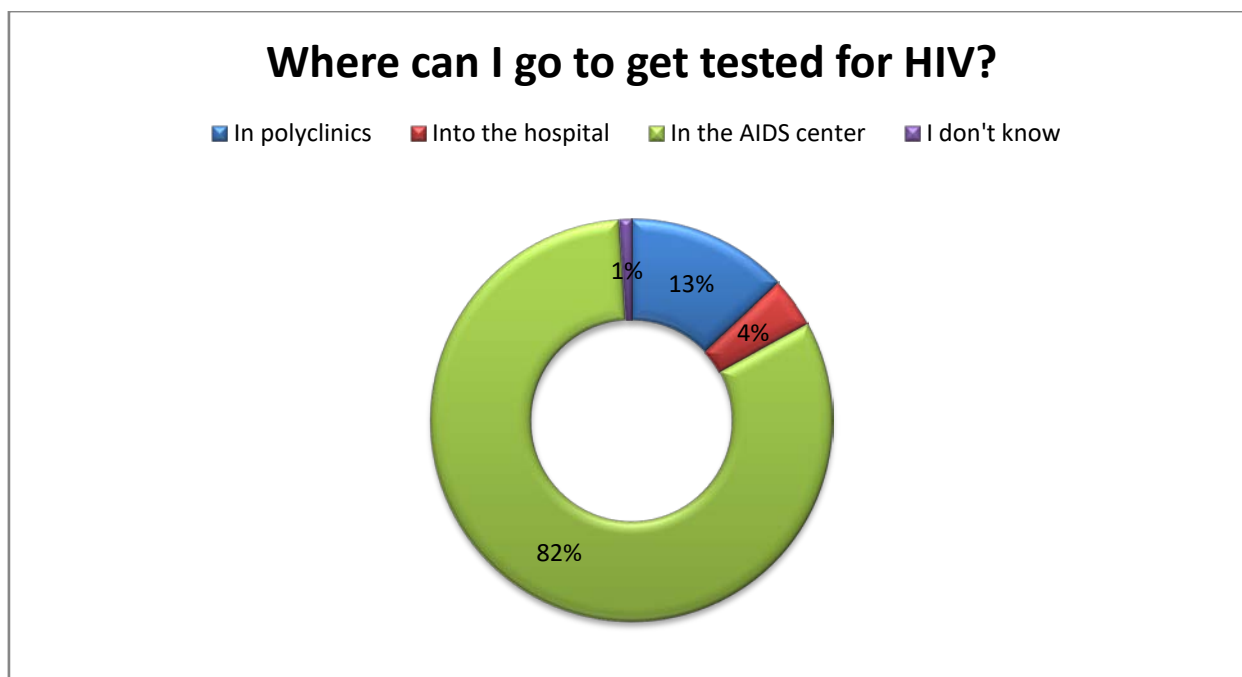


Fig. 10: Distribution of answers to the question: «Where can I go to get tested for HIV?».

An HIV-positive mother can transmit HIV to her baby in during pregnancy, childbirth (also called labor and delivery), or breastfeeding. If you are a woman living with HIV and you are pregnant, treatment with a combination of HIV medicines (called antiretroviral therapy or ART) can prevent transmission of HIV to your baby and protect your health.

a) Reducing the risk of passing HIV on to your baby

Antenatal testing for HIV (for women not yet diagnosed), early diagnosis and taking HIV treatment all help to reduce the risk of a woman passing HIV on to her baby.

There are two ways in which HIV treatment reduces the risk of passing HIV on to your baby.

Firstly, HIV treatment reduces your viral load so that your baby is exposed to less of the virus while in the womb and during birth.

Secondly, some anti-HIV drugs can also cross the placenta and enter your baby's body where they can prevent the virus from taking hold. This is also why newborn babies whose mothers are HIV positive are given a short course of anti-HIV drugs (this is called infant post-exposure prophylaxis, or infant PEP) after they have been born.

A number of factors can increase the risk of passing on HIV to your baby. These include:

During pregnancy

- Having an HIV-related illness, such as an opportunistic infection like pneumocystis pneumonia.
- Having a high HIV viral load.
- Having a sexually transmitted infection. You should have a sexual health screen if you are diagnosed with HIV when you are pregnant, or when you first become pregnant if you have already been diagnosed with HIV.
- Developing resistance to your HIV treatment through not taking it as prescribed.
- Using recreational drugs, particularly injected drugs, during pregnancy.

During delivery

- Your waters breaking four or more hours before delivery if you do not have an undetectable viral load (that is, your viral load is over 50 copies/ml).
- Having an untreated sexually transmitted infection when you give birth. Other conditions, such as bacterial vaginosis, can also increase the risk of passing on HIV to your baby.
- If you have a vaginal delivery (rather than a caesarean delivery) when you have a detectable viral load.
- If you have a premature baby.

After delivery

- If you breastfeed your baby. To avoid passing HIV to your baby, it is safest to formula feed because breast milk can contain virus. Help should be available with getting formula milk and feeding

equipment. Ask your healthcare team about this and how to protect your confidentiality if a friend or family member asks why you are not breastfeeding.[2,9,11]

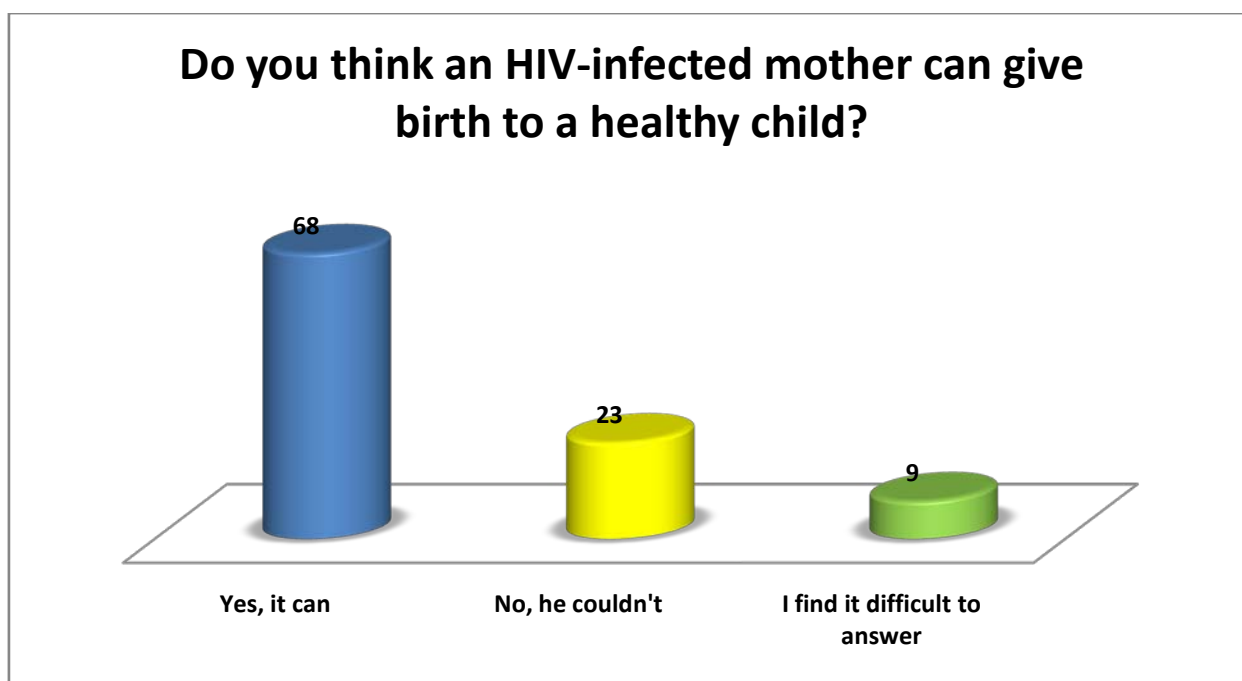


Fig. 11: Distribution of answers to the question: "Do you think an HIV-infected mother can give birth to a healthy child?".

You get HIV through direct contact with certain kinds of body fluids -- blood, semen, pre-seminal fluid (also called pre-cum), vaginal fluids, rectal fluids, and breast milk. The biggest risks are having vaginal or anal sex without a condom or sharing needles with someone who has HIV. But other things can increase your odds of having it, too.

The CDC recommends that everyone in the United States between the ages of 13 and 64 get tested for HIV at least once as a precaution. In addition, you should ask yourself the following questions, and if you answer yes to any of them, you should get tested:

- Have you had unprotected sex with someone who has HIV or a person whose HIV status you don't know?
- Have you injected drugs (including hormones, steroids, and silicone) and shared needles or syringes with others?
- Have you been diagnosed with an STD?
- Have you been diagnosed with tuberculosis (TB) or hepatitis?
- Have you had sex with anyone who would answer "yes" to any of the questions above?
- Have you been sexually assaulted?[3]

Do you think you can be affected by the problem of HIV / AIDS?

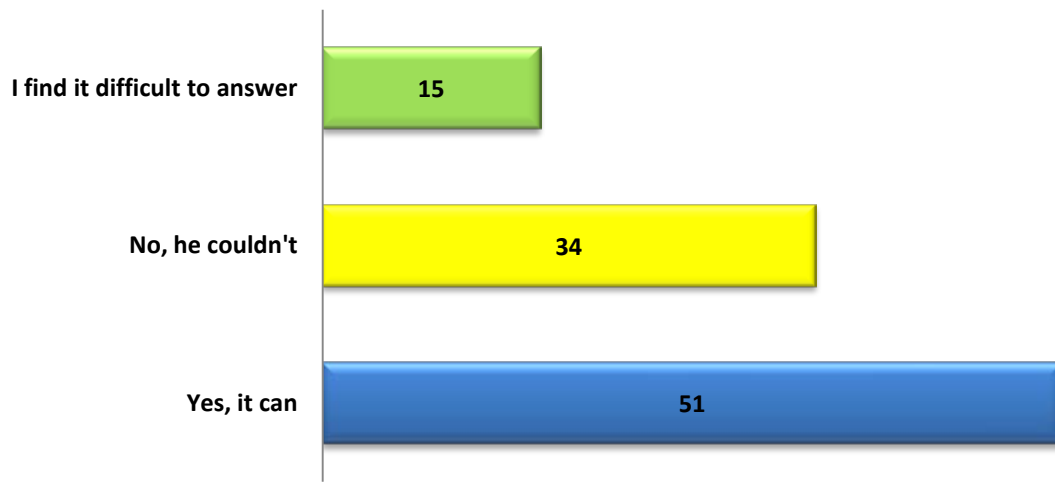


Fig.12: Distribution of answers to the question: "do you think you can be affected by the problem of HIV / AIDS?".

In a society where no discrimination on the basis of actual or imputed HIV status, more open dialogue about HIV, the citizens are not afraid to be screened for HIV, have a wide access to information on methods of protection from HIV infection, treatment, care and support for HIV.

The questionnaire included a question on tolerance towards people living with HIV (PLHIV). More

than half of the respondents showed willingness to accept PLHIV.

The low level of tolerance and uncertainty in the reliability of legal protection indicates the absence of a discrimination-free and safe atmosphere in society.[21,22]

If you find out That your friend has been diagnosed with HIV, then

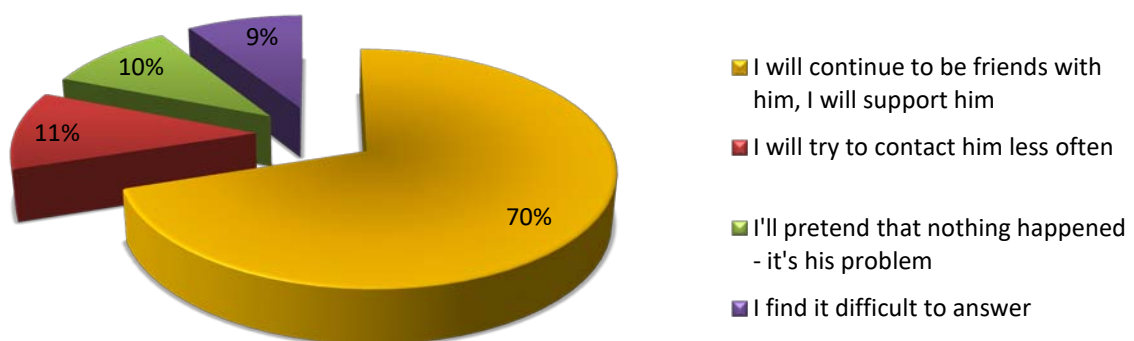


Fig.13: Distribution of answers to the question: "If you find out that your friend has been diagnosed with HIV, what would you do?".

Since the beginning of the HIV / AIDS epidemic, stigma and discrimination have created a breeding ground for HIV transmission and have greatly increased the negative impact of the epidemic. HIV stigma and discrimination continue to manifest itself in all countries and regions of the world, creating serious obstacles to preventing the spread of infection, providing adequate care, support and treatment, and mitigating the impact of the epidemic. Stigma associated with HIV / AIDS hinders an open discussion of the causes of the epidemic and the implementation of appropriate countermeasures. Open recognition of HIV / AIDS is a prerequisite for successful mobilization of the state, communities and individuals to counteract the epidemic. The silence of this problem can lead to the denial of its existence and hinders the adoption of urgent measures to solve it. Because of this, people living with HIV / AIDS are treated only as a source of problems, although they can take part in curbing the epidemic and establishing control over it. Stigma associated with HIV / AIDS is based on numerous factors, including

misunderstanding of the disease, misconceptions about the ways of HIV transmission, lack of access to treatment, irresponsible media reports on the epidemic, the incurable nature of AIDS, prejudices and fears for a number of delicate Social issues such as sexual relations, disease and death, illegal drug use. Stigma can lead to discrimination and other human rights violations, which has a very negative impact on the well-being of people living with HIV / AIDS. In all countries of the world, there are many cases when people living with HIV / AIDS were denied access to medical services, were not employed and deprived of their rights to education and freedom of movement.[4,12,17]

Based on this we can say that we should not separate people living with HIV from society. This means that they have the right to study and work. But unfortunately among our respondents many discriminate and do not want to have contact with people living with HIV.

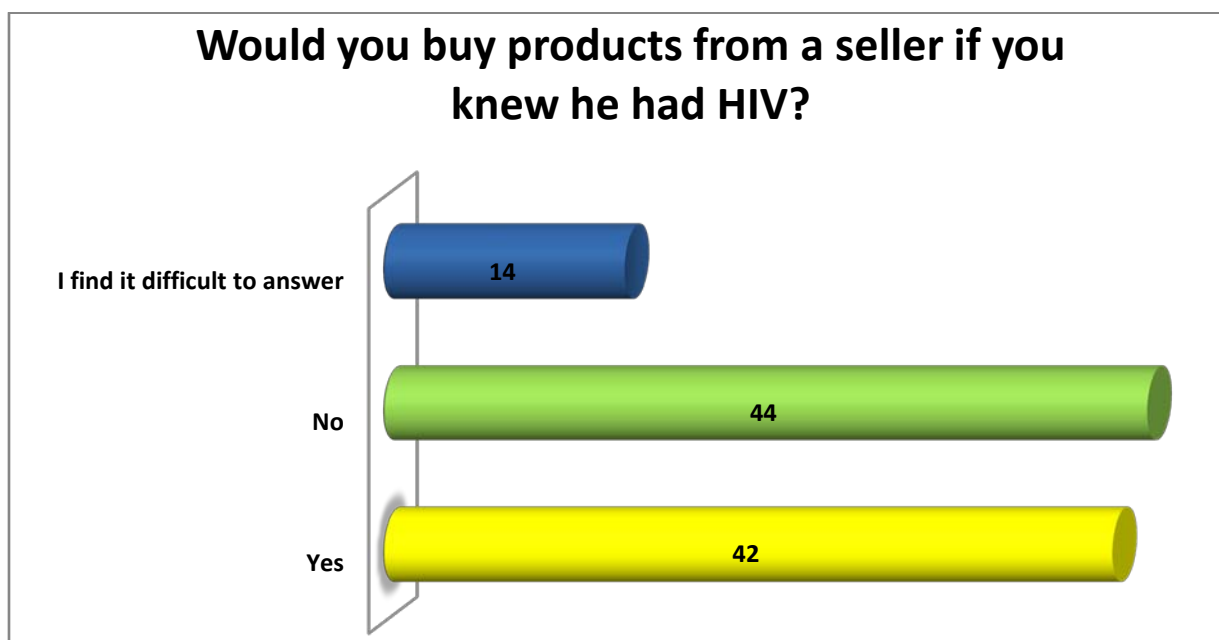


Fig.14: Distribution of answers to the question: "Would you buy products from the seller if you knew that he had HIV infection?".

Most children who have been diagnosed with HIV have received it from their mother. Already at 1-2 months of age, a child born to an HIV-positive mother is given a special analysis. The result of this analysis does not remove or diagnose, but with a high probability (95-98%) helps to determine whether the child is sick with HIV or not. It is important to remember that a child can get HIV from the mother through breast milk. Such cases occur when a woman was HIV-negative during pregnancy, became infected before or after childbirth and began to breastfeed. In these cases, HIV infection in children can be detected at a later age, sometimes as

early as 10-14 years, usually when the child is hospitalized in a serious condition. Some underage adolescents may become infected with HIV through drug use or sexual contact. HIV infection is a disease for which timely diagnosis is important. This is why early screening of children born to HIV-positive mothers and adolescents who may have had experiences of drug use and/or unprotected sex is necessary![6,7,19]

HIV-positive children have the right to attend regular kindergarten and to attend regular public schools, and their parents are not obliged to notify anyone of their diagnosis. But unfortunately some

respondents (22%) believe that they should separate and some respondents (16%) do not know how to act in such cases.(fig.15)

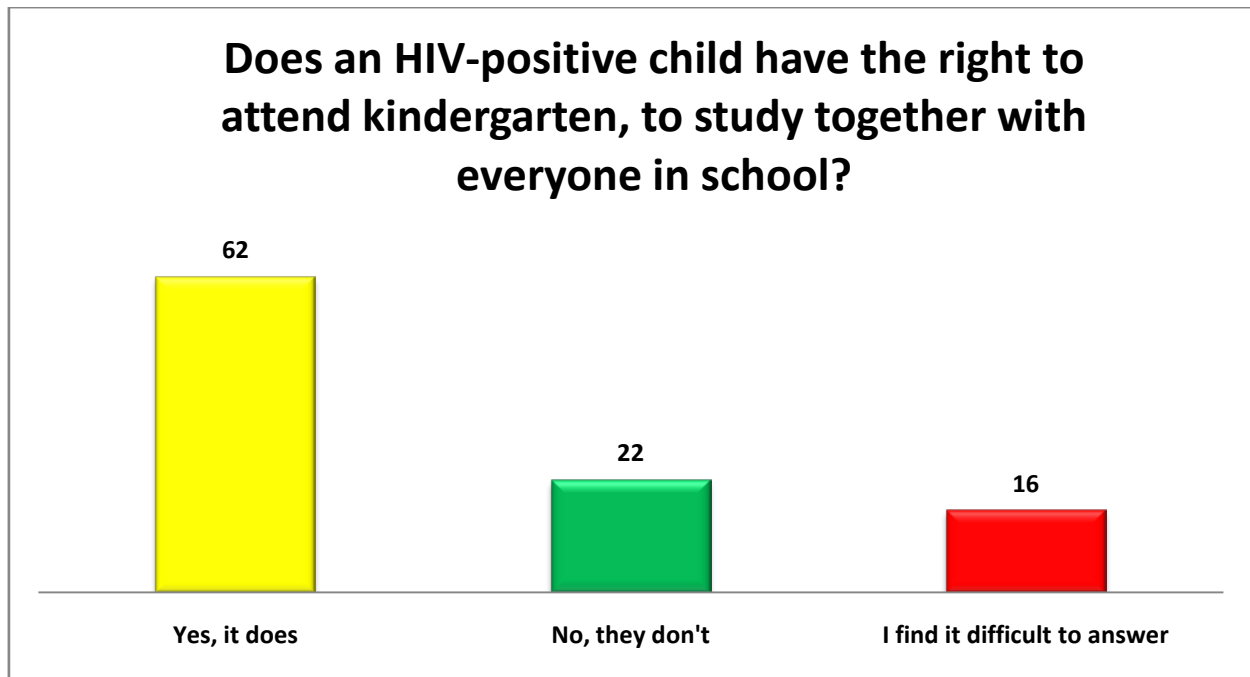


Fig.15: Distribution of answers to the question: "Does an HIV-infected child have the right to attend kindergarten, to study together with everyone in school?".

According to the results of the survey, it can be concluded that respondents are insufficiently tolerant of HIV-infected comrades and teachers. Today, it is still important to form a tolerant attitude towards HIV-infected people and the inadmissibility of discrimination, the promotion of principles based on human rights. In

this regard, one of the priorities to ensure the targeted use of resources and a coordinated response to this problem should be to work out the coordination of efforts and the development of inter-sectoral social partnership between the state and society.[4,5,18,20]

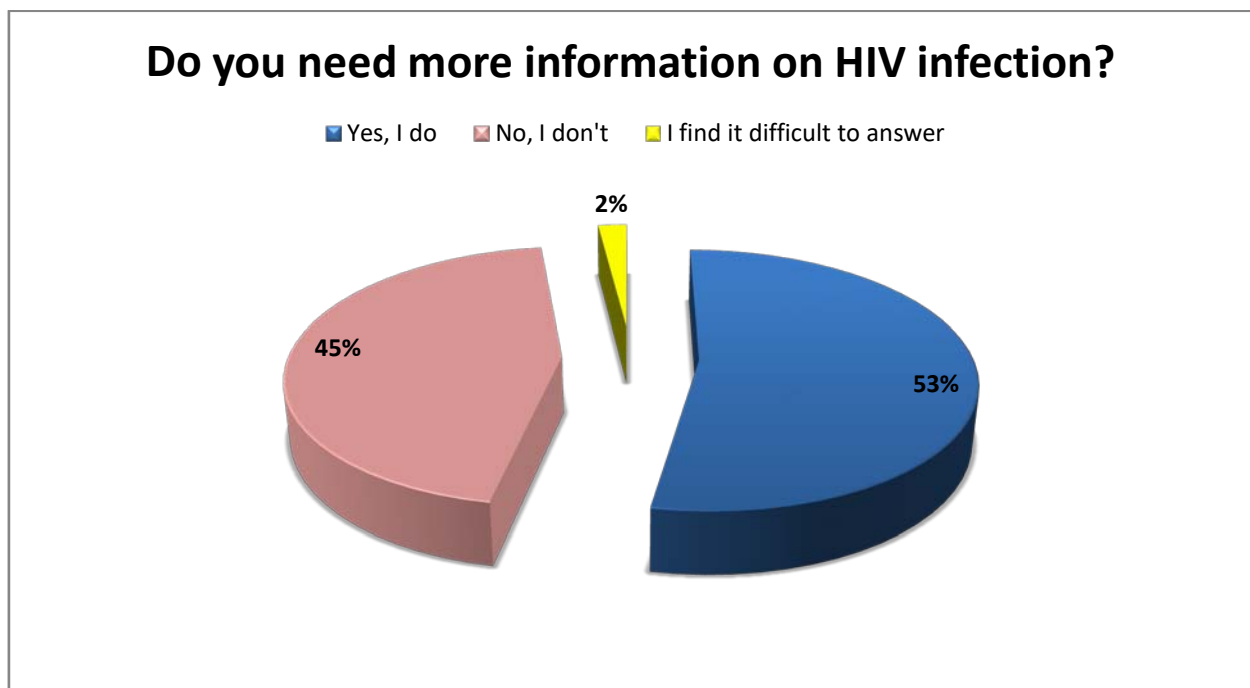


Fig.16: Distribution of answers to the question: "Do you need more information on HIV infection?".

II. CONCLUSIONS

People who don't carry themselves to these groups, consider that danger doesn't threaten them and don't safeguard the behavior. They think: "It can't happen to me" But AIDS is not about "us" and about "them". One don't catch HIV because they "bad", and others aren't protected from HIV because, they are "good". The person catches HIV as a result of the acts, but not as a result of that whom he or she is. Any person making the acts adjoining on risk of infection of HIV can get sick with AIDS. Nobody is insured from illness if puts itself at risk. Nobody deserves to receive this illness. And until we don't realize that any can catch HIV, epidemic will continue to extend.

Results of a research showed not only the insufficient general level of knowledge of prophylaxis of HIV, but also low level of knowledge of legal questions, the legislation, moreover, it was noted among professionals who owing to the duties have to possess this information.

Stigmatization of this disease began with the moment of emergence of epidemic of HIV and its distribution in the world and generated a pavor before this illness. Especially the pavor of infection is expressed in need of rendering services for the HIV infected in particular from health workers. Now as a result of carrying out researches and implementation of target programs, many stigmata and forms of discrimination ceased to be shown. Considerably the relation (especially not physicians) to infected improved.

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