SOCIAL, SOCIO-CULTURAL AND BEHAVIORAL RISK FACTORS FOR THE SPREAD OF HIV INFECTION

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Abstract. *Potentially many negative factors can be alerted or corrected, and factors that have a preventive effect can be exacerbated. The creation of additional barriers that increase the requirements for migrants by the state should indirectly have a positive effect on the quality characteristics of migrants and, accordingly, reduce the spread of HIV infection and other socially significant diseases.*

Keywords: *social factor, socio-cultural factor, HIV infection.*

Introduction. Thus, foreign labor migrants are a" task force " within which it is difficult to assess the prevalence of HIV infection, dangerous behaviors associated with HIV infection, extensive, low-level access to test for HIV infection. Therefore, it is very important to understand at what level of awareness of foreign citizens to Russia, in particular to the Moscow region, with the established diagnosis of HIV infection prevention and safe behavior, including HIV infection [1-3].

The knowledge disorder hypothesis (knowledge gap hypothesis) is widely used as a theoretical basis for studying population awareness of HIV / AIDS. The authors of the hypothesis, Philip Tichenor, George Donohue, and Clarissa Olien, describe it as follows: "as media penetration into the social system increases, population groups with higher socioeconomic status receive this information faster than groups with lower socioeconomic status. knowledge among these groups tends to increase rather than decrease" [4-7].

Decoding this definition, Tichenor, Donohyu and Olien cite 5 reasons for the emergence of a break in knowledge in modern society:

1) communication skills (people with high status have a high level of information that improves reading, understanding and memorizing skills); 2) collected information (people with high status probably know something about news topics due to information previously found in the news or to their formal education); 3) relevant social contacts (persons with high status have a wider field of activity, a wider directing group and interpersonal contacts, and therefore often discuss news topics with other people; 4) selective exposure (people with low status may be less interested in certain news topics and therefore less influenced by relevant information); 5) targeted media markets (media meet the tastes and interests of their audience) [8-11].

During the first decade of the spread of HIV infection, researchers found that certain groups of the US population, the first country where the AIDS epidemic occurred, had disproportionately

affected the epidemic, including: men, blacks, Spanish speakers, young people. In different populations, a pattern was found that linked differences in the spread of infection to differences in the level of knowledge about the disease in the same groups. In these years, the knowledge disparity hypothesis among the different population groups included as a theoretical basis in AIDS research allowed the results of empirical studies to be substantiated, showing that those with little knowledge lag behind other groups in the transmission of scientifically based knowledge about HIV/AIDS, methods of transmission of HIV infection, etc. [12-16].

Knowledge of HIV/AIDS is a necessary, but not sufficient, condition for changes in behavior aimed at preventing HIV/AIDS in at-risk populations. Nevertheless, research shows that people who are well informed about HIV/AIDS correctly assess the virus threat and follow a behavioral strategy that protects health. Accordingly, within the framework of a socio-psychological theoretical model linking information, motivation and behavioral skills, information directly related to HIV transmission and Prevention and easily applied in a person's social environment is a key condition for HIV-related preventive behavior [17-22].

Given their enormous potential and economic effectiveness, the media was one of the main tools used to inform and educate at-risk residents about the dangers of the global HIV epidemic. From the early days of the pandemic, the media (ranging from traditional print and broadcast media such as radio and television to new online media) disseminated preventive information in various locations around the world. While the general data on media impact on HIV/AIDS-related outcomes is not always fully consistent, it has been found that at least in developing countries, media can have a significant impact on the spread of HIV/AIDS knowledge [23-26].

If, in general, applied to all the diverse processes in modern societies, the hypothesis of interruptions in knowledge was not always empirically strengthened, then its consequences in health information campaigns and the fight against the HIV/AIDS epidemic were, in particular, very effective, according to many researchers. This hypothesis remains a powerful conceptual tool for many researchers trying to make comments in the media about the fact that health information campaigns have differentiated effects in different segments of society [27-31].

Less theoretical influence on the study of phenomena related to the spread of information about HIV was exerted by cultivation theory (), which in the early versions mainly focused on the influence of television, competing with George Gerbner's cognitive impairment hypothesis. According to this theory, the influence of television, which forms the dominant complexes of beliefs and values that affect the behavior of people in modern mass society, has the same consequences for individuals with high media consumption, regardless of demographic and other differences. In contrast to the knowledge break hypothesis, culture theory suggests that if different people have habits and levels of media consumption (especially electronic media), the initial discrepancy in their knowledge, including knowledge about maintaining health, decreases regardless of educational level differences and other statuses. by specification [32-36].

The purpose of the study: a step-by-step assessment of Biosocial risk factors for the spread of HIV infection among labor migrants, taking into account medical, socio-cultural and political determinants.

Materials and methods. Using the situation control method, a multi-level assessment of the social, socio-cultural and Behavioral Risk Factors of the spread of vichinfection among migrant workers from the near abroad was carried out. For information on these risk factors, an interview was conducted with labor migrants who had undergone a medical examination to obtain a work

permit. The results of the interview with 191 immigrants with HIV infection ("cases" Group) and 190 immigrants with no HIV infection (control group), similar in age and ethnic characteristics, were analyzed. Descriptive statistics and logistic regression methods are used for analysis.
Methodology and methods (methodology and methods). An important role in the theoretical understanding of the attitude towards people living with HIV in society is played by the concept of social stigma, introduced into social science by the American sociologist Irving Hoffman. In Hoffmann's theory, a stigma is an attribute (an important trait), behavior, or reputation that in a certain way disrespects the social. Stigma is the reason other people classify identity, making more use of the stereotype associated with something socially unacceptable, rejected rather than generally accepted, socially normal.

Hoffman identified stigma as a specific type of discrepancy between virtual social identity (based on known assumptions) and actual social identity: 2). Stigmatization can lead to discrimination of a group under certain circumstances, restrictions on its rights.

Hoffman's stigma theorization was effectively adapted in socio-psychological research, his subject being the study of how people structure categories and associate these categories with stereotypical beliefs. Within the framework of this work, special attention was paid to the origin of stigma in human perception and the consequences of stigma that lead to social interaction. When applied to HIV/AIDS, the socio-cognitive framework has limited HIV-related concepts/stigma before considering people living with AIDS-HIV / AIDS (PLWHA) is defined and stereotyped by people based on their own false beliefs and views. Such a socio-cognitive concept of stigma played an important role, but its significant drawback is that it does not involve a detailed consideration of the socio-structural aspects of stigma – dynamic socio-economic and socio-political processes that cause and enhance stigma and discrimination. This limited proposed measures to reduce stigma to strategies aimed at increasing empathy and altruism towards PLWHDS in society, reducing PLWHD anxiety and fear among the population. Many studies in different countries show that although health systems are very diverse in different countries, HIV/AIDS stigma prevents the spread of HIV testing services everywhere. Thus, in particular, there is evidence that, in many cases, late HIV testing is associated with stigma fear. At the same time, it makes sense to assume that this is a wide coverage of the population with the testing of HIV/AIDS and the timely start of treatment, which can turn HIV/AIDS Infection into a curable infection, which reduces the stigma of people living with HIV / AIDS.

The above-mentioned theoretical approaches determine the current state of the methodology and methodology for studying the spread of knowledge about HIV infection and the attitude of the population to PLHVS. Existing methodological tools are designed to study aspects of the HIV/AIDS stigma mainly in two dimensions. First, they are used to study stigmatization agents, which include both the general public strata and specific groups such as health system employees; second, people with HIV/AIDS are being studied, as well as stigmatized individuals who are high-risk individuals such as injectable drug users (PIN), sex workers, homosexuals, etc. To determine the relationship of stigmatization agents, indicators measuring practical social distance are used – to assess the readiness of respondents to interact with PLWHA in various situations and the level of support of mandatory measures of respondents in relation to people with HIV/AIDS (isolation, quarantine, Prohibition of entry into the country).

Research results and discussion. The effects of mobility and migration on HIV have been studied from different sides. The literature states that, in general, mobility can affect the spread of

HIV infection through two different mechanisms: 1) mobility can increase the rate of interaction between people and, in particular, introduce people to sexual partners from regions with high rates of HIV/AIDS prevalence; 2) mobility and migration itself may have certain characteristics as events, leading to higher levels of dangerous sexual behavior in migrating individuals. The second mechanism, which considers migration as a risk factor for people with HIV infection, can be studied by comparing mobile and non-mobile populations, as noted in the literature, conclusions about the relationship between mobility, migration and HIV risk or the absence of such a connection. processes combined into the concepts of "mobility" and "migration", which depend on significant heterogeneity.

In this context, the type of Migration described as "labor migration" is more uniform. In the review work (labor migration and high risk: a systematic review of literature) American authors S. Wayne & amp; A Kashuba has reviewed numerous quantitative, qualitative, and mixed published studies on the risk of HIV/AIDS spread associated with labor migration. The risk of the spread of HIV among labor migrants studied in the publications included in this review is due, according to the authors, to four levels of factors: policy level, sociocultural, sexual practice, and health. In the literature, the factors determining the level of policy are called the absence of more often than others, the financial situation, difficult working conditions, living conditions. Socio-cultural factors associated with the risk of contracting HIV are certain cultural norms, family separation, low social support and social control. Medical or health factors include drug use, other sexually transmitted diseases (in addition to HIV infection), mental health problems, lack of HIV testing. Among labor migrants, the factors that determine the level of sexual practice most associated with the spread of HIV are limited condom use, high number of partners, low knowledge of HIV infection, and low risk of contracting HIV. According to the researchers, the factors of the last two levels, the level of Health and the level of sexual practice have a wider impact than policy or socio-cultural factors. The researchers concluded that the systematic and multilevel nature of the existing factors indicates the need for systematic and multilevel intervention strategies in the situation to prevent the spread of HIV infection among labor migrants.

It has been found that factors associated with risky sexual behavior are leading in the formation of the risk of HIV infection. In addition, disinfected migrants were more likely to be the object of Vania, lower wages, lower subjective health assessments, xenophobia, with worse working conditions and living conditions, and more likely to have previous trips to the host country. Factors that reduce the risk of contracting and spreading HIV infection have been identified: awareness of HIV infection, adherence to the religion and legal requirements of the host country.

Conclusions. About a fifth of immigrants do not know at all what HIV infection is. Respondents do not know that they have not heard of Vichinfection, have difficulty answering the simple question of what HIV infection is as a disease, do not know how and by what means it spreads, do not know ways to protect against infection, do not know how the disease is diagnosed and what therapy is available.

A large percentage of immigrants are prejudiced about the disease, do not see the risk of infection where this threat is present, and see where it is not, such as when kissing or smoking. Seven out of ten (70.3%) of Migrant respondents know that using condoms can effectively reduce the risk of contracting HIV infection.

Within the group we have studied, in general, the least educated and, accordingly, the weakest are those from the villages of their country, as well as those respondents who are not in a marriage relationship.

Thus, it is necessary to take additional measures aimed at increasing the awareness of HIV of labor migrants from Central Asian countries. In this work, it is necessary to take into account the culture and worldview characteristics of this group, the features of its lifestyle.

Potentially many negative factors can be alerted or corrected, and factors that have a preventive effect can be exacerbated. The creation of additional barriers that increase the requirements for migrants by the state should indirectly have a positive effect on the quality characteristics of migrants and, accordingly, reduce the spread of HIV infection and other socially significant diseases. Labor migrants, according to a number of researchers, should be given the opportunity to use the medical resources available to the local population in the host country. Another approach involves the creation of special medical, educational and other social programs for migrants. Regardless of the immigrant assistance model, effective monitoring of their health and social activities is necessary.

REFERENCES

1. Abdurazakova Robiya Sheraliyevna,Turaev Bobir Temirpulatovich 2023. Characteristic features of affective disorders in children with autism. Iqro jurnali. 2, 2 (Apr. 2023), 722–727.
2. Allambergenov A. J. et al. Postcovid syndrome and its neuropsychiatric consequences after covid-19 in patients with alcoholism //European Journal of Interdisciplinary Research and Development. – 2023. – T. 11. – C. 42-46.
3. Asliddinovich M. O. et al. Psychological characteristics of patients with gastrointestinal diseases //IQRO. – 2023. – T. 3. – №. 1. – C. 225-230.
4. Hamidullayevna X. D., Temirpulatovich T. B. Clinical and psychological features of alcoholism patients with suicidal behavior //IQRO. – 2023. – T. 1. – №. 2. – C. 711-720.
5. Holdorovna I. M., Murodullayevich K. R., Temirpulotovich T. B. Problems of consciousness disorder in modern psychiatry //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 20-27.
6. Holdorovna, I.M. and Temirpulatovich, T.B. 2023. Features of Psychopharmacotherapy in Patients with Severe Mental Disorders. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 40–46.
7. Holdorovna, I.M. and Temirpulatovich, T.B. 2023. Optimization of complex methods of treatment of patients in schizophrenia. Journal of education, ethics and value. 2, 8 (Aug. 2023), 59–67.
8. Holdorovna, I.M. and Temirpulatovich, T.B. 2023. The Role of the Family in the Formation of Internet Addiction. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 10–15.
9. Murodullayevich K. R., Holdorovna I. M., Temirpulotovich T. B. The effect of exogenous factors on the clinical course of paranoid schizophrenia //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 28-34.
10. Murodullayevich K. R., Temirpulatovich T. B., Holierovna K. H. Social assistance in patients with phobic anxiety disorders //Iqro jurnali. – 2023. – T. 2. – №. 2. – C. 408-413.

11. Ochilov U. U., Turaev B. T., Zhumageldiev N. N. Peculiarities of the formation and course of alcoholism in persons with character accentuations and personality disorders //Bulletin of Science and Education. – 2020. – №. 10-4. – С. 88.
12. Temirpulatovich T. B. Depressive disorders in alcohol recipients and its socio-economic consequences during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – Т. 4. – №. 1. – С. 162-168.
13. Temirpulatovich T. B. et al. Clinical Manifestations of Suicidal Behaviors as a Result of Depressive Disorders During Adolescence //Eurasian Medical Research Periodical. – 2022. – Т. 8. – С. 55-58.
14. Temirpulatovich T. B. et al. Prevalence of borderline personality disorder among people addicted to alcohol and drugs //IQRO. – 2023. – Т. 2. – №. 2. – С. 395-400.
15. Temirpulatovich T. B. et al. Study of the dominant signs of a manifest attack of schizophrenia with the use of psychoactive substances //IQRO. – 2023. – Т. 2. – №. 2. – С. 388-394.
16. Temirpulatovich T. B. Optimization of psychopharmacotherapy of affective disorders during the covid-19 pandemic in alcohol-dependent patients //IQRO. – 2023. – Т. 2. – №. 1. – С. 175-180.
17. Temirpulatovich T. B. Patients With Alcoholism Functional Changes in the Liver After Covid-19 Disease //The Peerian Journal. – 2023. – Т. 15. – С. 38-47.
18. Temirpulotovich T. B. Somatoform variant post-traumatic stress disorder //Journal of healthcare and life-science research. – 2023. – Т. 2. – №. 9. – С. 45-52.
19. Turaev B. the course of the disease during the covid-19 pandemic in patients with alcoholism //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 130-134.
20. Turaev B., Velilyaeva A. Formation and course of alcoholism in young women with alcoholic psychosis //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 6. – С. 226-232.
21. Turaev Bobir Temirpulatovich 2023. Socio-demographic, personal and clinical characteristics of relatives of alcoholism patients. Iqro jurnali. 1, 2 (Feb. 2023), 685–694.
22. Turaev Bobir Temirpulatovich 2023. Ways to prevent negative disorders in schizophrenia. Iqro jurnali. 1, 2 (Feb. 2023), 35–44.
23. Turaev Bobir Temirpulatovich. “Clinical manifestations of anxiety depressions with endogenous genesis”. Iqro jurnali, vol. 1, no. 2, Feb. 2023, pp. 45-54,
24. Turgunboyev Anvar Uzokboyevich, Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna 2023. Clinical and psychological analysis of the risk of second admission of patients with psychoses of the schizophrenia spectrum to a psychiatric hospital. Iqro jurnali. 2, 2 (Apr. 2023), 380–387.
25. Usmanovich O. U. et al. Detection of adrenaline and stress conditions in patients using psychoactive substances with hiv infection //CUTTING EDGESCIENCE. – 2020. – С. 42.
26. Usmonovich, O.U. and Temirpulatovich, T.B. 2023. The influence of the presence of mentally ill children in the family on the psyche of parents. Journal of education, ethics and value. 2, 8 (Aug. 2023), 68–75.
27. Xushvaktova Dilnoza Hamidullayevna ,Turaev Bobir Temirpulatovich 2023. Clinical and psychological features of alcoholism patients with suicidal behavior. iqro jurnali. 1, 2 (Feb. 2023), 711–720.

28. Xushvaktova Dilnoza Hamidullayevna ,Turaev Bobir Temirpulatovich 2023. Factors of pathomorphosis of alcoholic delirium. Iqro jurnali. 1, 2 (Feb. 2023), 721–729.
29. Очилов У. У. и др. Диагностические особенности у пациентов с эндогенными психическими заболеваниями //Проблемы современной науки и образования. – 2020. – №. 10 (155). – С. 50-52.
30. Очилов У. У. и др. Клинические особенности психопатического поведения у подростков с психическими расстройствами //Вестник науки и образования. – 2020. – №. 23-3 (101). – С. 71-74.
31. Очилов У. У. и др. Проблемы современной науки и образования //проблемы современной науки и образования Учредители: Олимп. – №. 1. – С. 64-67.
32. Тураев Б. Т., Икромова П. Х., Жабборов Х. Х. Тревожно-депрессивные расстройства в период беременности //Volgamedscience. – 2021. – С. 460-461.
33. Тураев Б. Т., Очилов У. У., Алкаров Р. Б. Socio-demographic characteristics of somatized depression //Новый день в медицине. – 2020. – №. 2. – С. 231-233.
34. Тураев Б. Т., Очилов У. У., Икромова П. Х. Частота и структура неврологических нарушений у больных подросткового возраста с психическими расстройствами //Volgamedscience. – 2021. – С. 462-463.
35. Тураев Б. Т., Очилов У. У., Кубаев Р. М. Распределение тревоги и депрессии при аффективных расстройствах соматизированной депрессии //Medicus. – 2020. – №. 3. – С. 58-60.
36. Тураев Б. Т., Очилов У. У., Хаятов Р. Б. Клинические особенности премобидного течения депрессивных расстройств и алкогольной зависимости //# Эндогенные психические расстройства. – 2020. – С. 64-68.