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The Impact of Family Communication Styles on HIV/AIDS Prevention Efforts

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Introduction

It is estimated that 7.7 million people in South Africa (SA) are infected with HIV, making it the most populous nation on the planet; HIV is still the most common cause of death. HIV incidence has remained high, particularly among Adolescent Girls and Young Women (AGYW), despite highly effective and cost-effective HIV prevention tools. In sub-Saharan Africa, AGYW matured 15-24 years represent one of every five new HIV contaminations, notwithstanding being only 10% of the populace. Gender-based violence has been linked to the high HIV infection rates among AGYW limited access to health services geared toward youth; stigma and, more generally, to a social setting in which AGYW are disadvantaged by gender inequality and lack of access to education. Additionally, risky behaviors like age-difference partnerships, cultural norms that are discriminatory, inconsistent use of condoms, and increased alcohol consumption continue. Additionally, economic, political, and structural factors make this group more susceptible to HIV infection and hinder efforts to prevent and treat it [1].

Description

The Determined, Resilient, Empowered, AIDS free, Mentored, and Safe (DREAMS) partnership used a multi-level HIV prevention intervention to implement an emergency HIV public health response for AGYW in this setting. The "layered" evidence-based social and biomedical interventions that the DREAMS approach provided to AGYW addressed the structural drivers that directly and indirectly increase AGYW HIV risk, strengthened their families, mobilized communities for change, and reduced the risk from men who are AGYW's sex partners. A logic model that represents the DREAMS Theory of Change (ToC) is connected to the DREAMS core package of interventions [2]. The ToC was based on the idea that multiple, layered interventions from the core package that address a wide range of AGYW's needs have a greater impact on risk behaviors than single interventions. In uMkhanyakude area of KwaZulu-Natal in South Africa, the fantasies mediation was executed between April 2016-September 2018 [3]. The layering approach required multiple Implementing Partners (IPs) to collaborate in order to provide a package of services, according to previous studies conducted in this setting. The DREAMS partnership and the United States Agency for International Development (USAID) contracted with IPs, and a competitive bid process was used to select them. The IPs collaborated with a number of South African government agencies: The department of education, the Department of Health (DoH), and the department of social development local Community-Based Organizations (CBOs) subcontracted by the IPs provided some of the interventions. In this setting, a study by Gourlay, et al., examined awareness and utilization of any and all ('layered') DREAMS interventions. 2019 found that among AGYW, DREAMS interventions were widely adopted at the population level, particularly layering of core interventions. Younger AGYW who was still in school was particularly affected by this [4]. The study found no decrease in HIV incidence or sexually transmissible HIV, despite the fact that this was linked to an increase in HIV testing. The DREAMS approach uses multilevel domains to describe the socio-ecological model to learn about participants' experiences with the DREAMS intervention components and their perceptions of them. According to the global fund, multilevel interventions acknowledge that individual behavior, families, institutions, programs, and policies all have an impact on AGYW's vulnerability to HIV. Utilizing the socio-ecological model: We investigate individual perceptions and experiences regarding HIV services and social support safe spaces; examine family-centered perceptions and experiences regarding interventions meant to improve communication between parents and children and foster healthy relationships; in the context of DREAMS interventions, investigate experiences with DREAMS programs and the larger local setting, and describe intersections between structural processes and interventions aimed at promoting societal norms that prevent AGYW from contracting HIV. Setting for the DREAMS intervention [5]. This study's data came from a larger impact evaluation that was carried out by the Africa Health Research Institute (AHRI) to comprehend DREAMS intervention components. AHRI is a long-running reconnaissance site situated inside the rustic Hlabisa sub-locale in uMkhanyakude region. When DREAMS was introduced in 2016, approximately 19% of AGYW and 5.6% of Adolescent Boys and Young Men (ABYM) (aged 15–24 years old) lived with HIV in this setting. According to Hlabano, only 10% of the households at the DREAMS implementation site were within 15 minutes of primary health care facilities and had 20 municipal wards and 17 primary health care facilities. According to Camlin, et al., the study area has

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high rates of both inbound and outbound migration for housing, employment, and educational reasons. According to Mkhize, the majority of people keep their jobs by receiving grants and subsidies from the government. More than half of the population is under the age of 35, and women make up the majority of the population.

Conclusion

Gender-based violence has been linked to the high HIV infection rates among AGYW limited access to health services geared toward youth; stigma and, more generally, to a social setting in which AGYW are disadvantaged by gender inequality and lack of access to education. Additionally, risky behaviors like age-difference partnerships, cultural norms that are discriminatory, inconsistent use of condoms, and increased alcohol consumption continue. Additionally, economic, political, and structural factors make this group more susceptible to HIV infection and hinder efforts to prevent and treat it.

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