

The Effect of Putting HIV Prevention Policies, Therapies, and Control Strategies into Practise on the Number of HIV and AIDS Cases in Malaysia

Heidar Sharafi*

Department of Medical, Oral and Biotechnological Sciences, University G. D'Annunzio, Chieti, Italy

Introduction

Individual characteristics of FSWs, such as demographics, knowledge, attitudes, and practices, as well as the efficacy of intervention strategies to control HIV/AIDS spread, have been the subject of research [1]. The use of condoms, the methods of having sexual intercourse, and the number of sexual partners are the primary characteristics of FSWs' high-risk sexual behaviors. Utilization of counseling and testing services (VCT) by FSWs [2], affective disorders [3], economic circumstances, and drug abuse [4] are all associated with HIV infection. Researchers discovered that the FSWs with drug addiction and/or at low end entertainment venues (such as shampooing rooms, beauty salons, or saunas) are the focus of intervention by examining the HIV prevalence in FSWs at various workplaces and the risk factors for transmission [5]. Those FSWs are bound to taint HIV. Their social background, work environment, and knowledge all have an impact on the spread of HIV/AIDS. One strategy is to improve FSWs' related knowledge, encourage safe sexual behavior, and adhere to correct medical practices in order to cut down on the spread of HIV/AIDS among FSWs and their partners or clients. Social connections among FSWs may also aid in HIV/AIDS transmission. Scientists have concentrated on the components of HIV/AIDS anticipation in FSWs' social collaboration networks. Members of the FSW social interaction network choose how to interact with one another based on their social preferences and interests. People prefer to be friends with people who share their values.

Description

In this manner, somewhat, FSWs' way of behaving could be reflected by the propensities of their colleagues. The relative contributions of individual characteristics and the structural characteristics of social interaction networks to HIV/AIDS transmission and prevention have been evaluated and contrasted by scholars and. In light of an assortment of organization structure pointers, (for example, briefest way, grouping coefficient and degree conveyance of interpersonal organizations in HIV contaminated individuals), mediations might be presented.

Community based intervention can also assist in raising awareness and lowering the HIV infection rate. Such intercession might incorporate taking full advantage of web to construct an agreeable and amicable public climate; increasing people's risk awareness; establishing a culture of HIV/AIDS prevention. Thusly, concentrating on the social connections of high risk individuals of helps and understanding the qualities of their informal community structure are import for actually forestalling the spread of HIV/AIDS. Nonetheless, the organization design of FSWs is imperceptible. Utilizing the network structure directly in practice is difficult. As a result, examining the relationship between observable individual characteristics and network characteristics may be beneficial. In order to determine where FSWs stand within the HIV/AIDS intervention network, we begin this paper with their responses to the AIDS KAP questionnaire. Through FSWs' responses to an AIDS knowledge, attitudes, and practices (AIDS KAP) questionnaire, we are able to determine the individual characteristics of FSW. The AIDS KAP questionnaires are widely used for information collection, feature exploration, and HIV/AIDS transmission control as one of the key components of the fight against the disease. Our AIDS KAP questionnaire includes questions about demographics, knowledge, attitudes, and practices, with a focus on education and AIDS prevention. It was adapted from the AIDS indicator survey model and previous AIDS KAP questionnaires for our target population of FSWs. 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. 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. 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 socioecological 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

*Address for Correspondence: Heidar Sharafi, Department of Medical, Oral and Biotechnological Sciences, University G. D'Annunzio, Chieti, Italy, E-mail: hidars@gmail.com

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AGYW's vulnerability to HIV. Utilizing the socioecological 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.

Conclusion

Setting for the DREAMS intervention 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 (2013), 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 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.

An ethnographic qualitative study design was used. Methods of data collection combined: In order to comprehend the factors that influence young people's participation in DREAMS interventions, Group Discussions (GDs), longitudinal In-Depth Interviews (IDIs) with adolescents and young people, IDIs with government stakeholders and DREAMS implementing partners, and rapid community mapping and observations were carried out in four communities one semi-urban (township) and three rural areas.

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