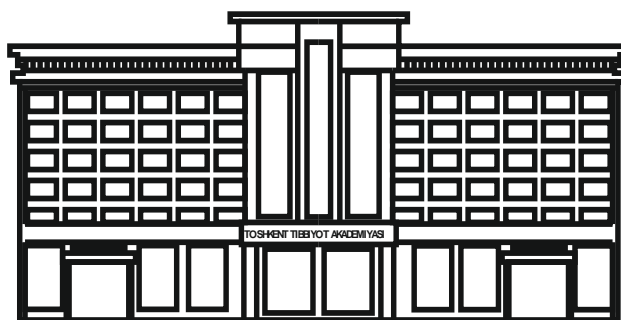


ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
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LEVEL OF DISCRIMINATION AGAINST HIV-POSITIVE PEOPLE

Mirkhamidova S.M.

УРОВЕНЬ ДИСКРИМИНАЦИИ ПО ОТНОШЕНИЮ К ВИЧ-ИНФИЦИРОВАННЫМ

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OIV INFEKTSIYASI BILAN KASALLANGAN ODAMLARNING JAMIYATDA KAMSITILISH DARAJASI

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Цель: изучение форм проявления стигматизации и дискриминации людей, живущих с ВИЧ-инфекцией, в обществе. **Материал и методы:** с целью оценки уровня информированности некоторых контингентов населения о ВИЧ-инфекции социологический опрос проводился среди учащихся школ Шайхантахурского района, лицея при Ташкентской медицинской академии и студентов ТМА. **Результаты:** большинство респондентов имеют правильное представление о заражении и путях передачи инфекции, однако многие уверены в возможности заражения переносчиками, контактно-бытовыми и пищевыми путями. Высокие показатели получены при анализе осведомленности населения о мерах профилактики заражения. Население осознает актуальность проблемы ВИЧ-инфекции и заинтересовано в информации о ней. Однако до сих пор существуют неправильные представления о ВИЧ, связанные с мифами и дискриминацией. **Выводы:** необходимо продолжать активно информировать население о профилактике и борьбе с ВИЧ-инфекцией, используя все доступные ресурсы.

Ключевые слова: ВИЧ, информированность, опрос, дискриминация.

Maqsad: OIV bilan kasallangan odamlarning jamiyatda kamsitilishi va kamsitilishining namoyon bo'lish shakllarini o'rganish. **Material va usullar:** aholining ayrim kontingentlarining OIV infeksiyasi to'g'risida xabardorlik darajasini baholash maqsadida Shayxontohur tumanida joylashgan maktablar, Toshkent tibbiyot akademiyasi litseyi o'quvchilari va TTA talabalari o'rtasida sotsiologik so'rov o'tkazildi. **Natijalar:** respondentlarning aksariyati infeksiya va yuqish yo'llari to'g'risida to'g'ri tushunchaga ega, ammo ko'pchilik tashuvchilar, maishiy-aloqa yo'llari va oziq-ovqat orqali yuqish ehtimoli borligiga ishonishadi. Aholining infeksiyani oldini olish choralarini to'g'risida xabardorligini tahlil qilishda yuqori ko'rsatkichlarga erishildi. Aholi OIV infeksiyasi muammosining dolzarbligini biladi va bu haqda ma'lumotga qiziqadi. Biroq, OIV haqida afsonalar va kamsitishlar bilan bog'liq bo'lgan noto'g'ri tushunchalar mavjud. **Xulosa:** mavjud barcha resurslardan foydalangan holda aholini OIV infeksiyasining oldini olish va unga qarshi kurashish to'g'risida faol ravishda xabardor qilishni davom ettirish zarur.

Kalit so'zlar: OIV, xabardorlik, so'rovnoma, kamsitish.

In many countries and communities, HIV-related stigma and subsequent discrimination can lead to the same devastating consequences as the disease itself: separation from a spouse and/or family, social ostracism, loss of employment and property, exclusion from school, denial of health services, lack of care and support, and violence. These consequences, or the fear of them, mean that people are not very willing to be tested for HIV, disclose their HIV status to others, practice behaviors that prevent HIV infection, or seek treatment, care, and support. If they do, they may lose everything. Low access to HIV prevention and testing and counseling services worldwide, stigma and discrimination are associated with low access to HIV prevention services, including insufficient or non-participation in HIV awareness meetings and consultations. Currently, stigma and discrimination are serious problems directly related to HIV/AIDS [2,3]. Stigma in relation to HIV-infected people means a social stereotype that reflects the biased attitude of others towards carriers of HIV infection [1]. These people, because of their infection, are unfairly attributed qualities that are not really present. Thus, at the emotional level, stigmatization is accompanied by a prejudice against HIV-infected people in the population as indecent, unworthy and depraved people. On a rational level, stigmatization means that HIV-positive people risk the health of others and their ability to in-

fect them [3]. Stigma leads to feelings of shame, guilt, and isolation in HIV-positive people (self-stigmatization), and extremely negative attitudes (discrimination) push these people to do nothing or take actions that can harm other people [1,3]. They can negatively affect the health, quality of life, social support, and well-being of HIV-positive people [3]. In recent years, Uzbekistan has taken a number of measures aimed at creating a legislative framework to counter the spread of HIV infection and reduce the level of stigma and discrimination against people living with HIV. However, the level of stigmatization and discrimination in society remains quite high. The issues of stigma and discrimination against people living with HIV and AIDS need further research and broader discussion.

The purpose of this work is to study the forms of stigmatization and discrimination towards people living with HIV infection in society.

Object and methods of research

To achieve this goal, a sociological study was conducted in schools of the Shaikhantakhur district, in the Lyceum at the TMA and in the TMA. Data was collected using a standardized questionnaire containing both closed and open questions.

A "Questionnaire for the population containing questions on stigma and discrimination of HIV-infected people" was used. Mathematical and statistical processing

was performed using descriptive statistics and correlation analysis. The sample size of respondents was determined in the Epi-info computer program developed for population epidemiological analysis (Population Survey, CDC Atlanta, USA). Data collection was carried out using a standardized questionnaire containing both closed (with pre-formulated answers) and open questions. Statistical processing of the material was performed using the Statistica for Windows application software package (Version 6.0).

Research result

The survey was conducted among schoolchildren, Lyceum students, students and teachers. 347 respondents were surveyed (School students – 158, Lyceum – 50, Institute – 139, Teachers – 22), including 145 men and 224 women living in the city of Tashkent. The age of the surveyed people was from 14-17 years 207, from 18-30 years 143, 31-45 years 9, 45 and above 10 people (Fig. 1). Of them: Single-323, Are in a registered marriage-39, Are in a civil marriage-6, divorced-1 (Fig. 2).

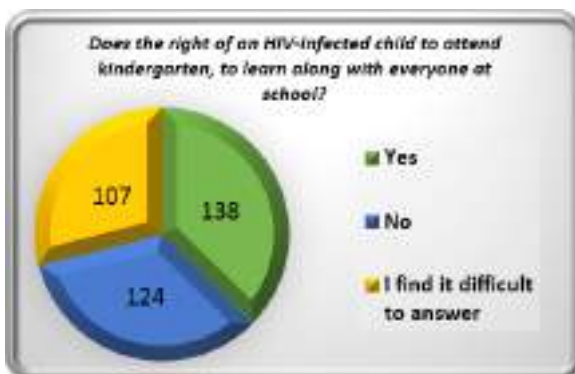


Fig. 1. Age of respondents.

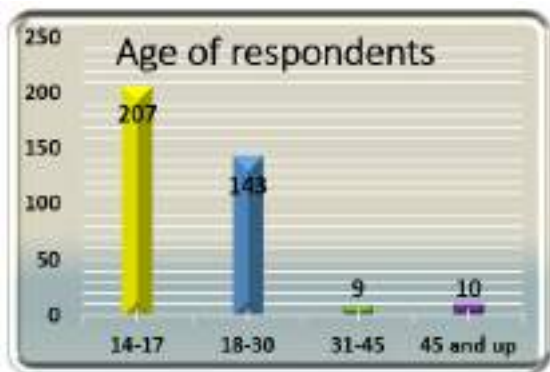


Fig. 2. Marital status.

The majority of respondents said that they will support their friend if he is diagnosed with HIV infection (49%). But there were also responses that show the level of stigma towards HIV-infected people (Fig. 3).

The 61% of respondents will not buy products from a store clerk if they find out that they are infected with HIV (Fig. 4). This shows that respondents do not know enough about this disease and the ways of infection. According to the survey 34% of respondents believe that people with HIV should be isolated from the society, 29% did not know what to do in such cases and 37% believed that HIV infected children have the right

to attend kindergarten, to learn along with everyone at school (Fig. 5).

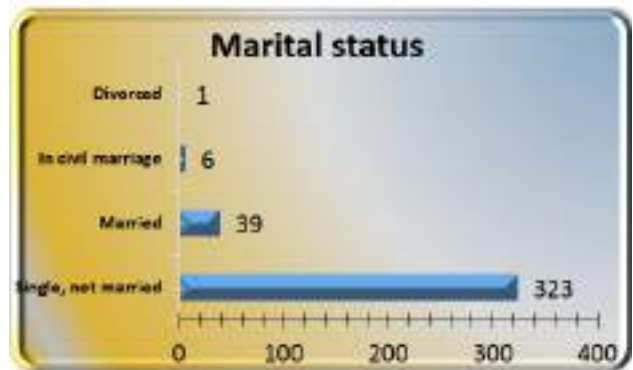


Fig. 3. Distribution of responses to the question: "If you find out that your friend has been diagnosed with HIV, what would you do?"

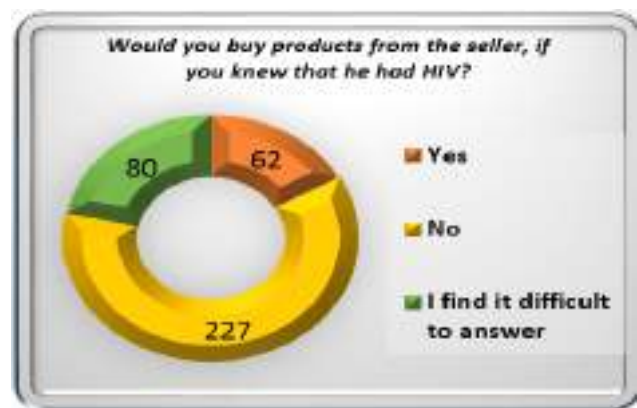


Fig. 4. Distribution of answers to the question: "Would you buy products from the seller, if you knew that he had HIV?"



Fig. 5. Distribution of answers to the question: "Does the right of an HIV-infected child to attend kindergarten, to learn along with everyone at school?"

As in most countries of the world, in Uzbekistan, people living with HIV are forced to hide their diagnosis from others, neighbors, work colleagues, friends, including from the people closest to you. For fear of disclosing the child's HIV-positive status, parents often prefer not to send them to kindergarten. And they do not think about the fact that in this way they themselves limit the child's communication with peers, and this negatively affects his development and socialization.

The laws of the Republic of Uzbekistan guarantee HIV-positive adults and children the same rights as all other citizens, without any restrictions. The legislation of our country has provisions regulating the admission and education of HIV-positive children in preschool institutions and in General education schools. Such acts are based on the right of parents not to disclose their diagnosis and the child's diagnosis when enrolling them in an educational institution. The law also insists that kindergarten or school staff observe confidentiality, i.e. that they do not disclose information about the child's health status that they received from their parents or otherwise became known.

The presence of HIV infection in a child can not be a reason for refusing to accept him in kindergarten or primary school, as well as exclusion from them. Whether a child attends kindergarten or school is decided by their parents together with their doctor. With a satisfactory state of health, HIV-positive children can attend regular educational institutions, children's clubs, sports clubs on a General basis, since they do not pose an infectious risk to other children or to staff. If it is difficult for an HIV-positive child to attend school for health reasons, then the issue of temporary or permanent home-based education is resolved.

No official has the right to demand a certificate from parents about the presence or absence of HIV infection in a child or to force parents to declare the child's diagnosis. Informing the head and staff of an educational institution about the presence of HIV infection in a child is only possible on a voluntary basis. Parents can inform the staff of the educational institution of the child's diagnosis, for example, if the child is prescribed ARV drugs and they are taken during the child's stay in kindergarten or school. Medical and other employees of educational institutions who become aware of the HIV-positive status of a child are subject to disciplinary, administrative, and in some cases criminal liability for disclosing information that constitutes a medical secret, which includes the diagnosis of the child and his parents.

There are families that try to hide the positive HIV status of the child. But the need to keep a secret and the constant fear that it will be revealed can negatively affect the child's mental and physical health. He can withdraw into himself, stop being friends with children, become nervous, Moody. While the relevant legislation, including confidentiality of diagnosis, as well as active educational work among managers, educators and teachers, has already allowed many HIV-positive children to go to kindergartens and schools with their peers, to relax with other children in resorts and summer camps.

An employee of an educational institution who knows about the child's HIV-positive status should help parents and the child adapt to the children's team. The task of the teacher is to make sure that the child learns successfully

and does not succumb to depression. A professionally Mature, sensitive and competent caregiver or teacher can and should become a partner of parents in the fight for the health and psychological well-being of the child.

Conclusion

Thus, the study showed that there is a negative attitude among some population groups to HIV-infected people. In addition to health care, discrimination affects the areas of education, social welfare, etc. Negative ratings are associated with relatively low awareness of HIV infection, especially among school students, to some extent-with negative emotions, lack of knowledge about HIV infection. It is necessary to introduce topics about this disease in the curriculum, to deepen and broaden the horizons of young people on HIV / AIDS. Close attention should be paid to the practical implementation of knowledge about stigma, ethics and deontology among teachers. This should be done primarily through training programs and other active learning tools.

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LEVEL OF DISCRIMINATION AGAINST HIV-POSITIVE PEOPLE

Mirkhamidova S.M.

Objective: To study the forms of manifestation of stigmatization and discrimination against people living with HIV in society. **Material and methods:** In order to assess the level of awareness of some contingents of the population about HIV infection, a sociological survey was conducted among schoolchildren of the Shaykhantakhur district, the lyceum at the Tashkent Medical Academy and students of the TMA. **Results:** The majority of respondents have a correct understanding of infection and transmission routes, but many are confident in the possibility of infection by vectors, household contact and food routes. High rates were obtained when analyzing the population's awareness of infection prevention measures. The population is aware of the urgency of the problem of HIV infection and is interested in information about it. However, there are still misconceptions about HIV linked to myths and discrimination. **Conclusions:** It is necessary to continue to actively inform the population about the prevention and control of HIV infection, using all available resources.

Key words: HIV, awareness, survey, discrimination.



PECULIARITIES OF DIFFERENTIAL DIAGNOSTICS OF MALFUNCTIONS OF ROTATION AND COLONIC FIXATION IN THE CHILDREN

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ОСОБЕННОСТИ ДИФФЕРЕНЦИАЛЬНОЙ ДИАГНОСТИКИ НАРУШЕНИЙ РОТАЦИИ И ФИКСАЦИИ ТОЛСТОЙ КИШКИ У ДЕТЕЙ

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БОЛАЛАРДА ЙЎҒОН ИЧАКНИНГ АЙЛАНИШ ВА ФИКСАЦИЯ БУЗИЛИШЛАРИНИНГ ДИФФЕРЕНЦИАЛ ДИАГНОСТИКАСИ ХУСУСИЯТЛАРИ

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Цель: изучение особенностей дифференциальной диагностики пороков ротации и фиксации толстой кишки (ПРФТК) у детей. **Материал и методы:** под наблюдением были 134 ребенка с ПРФТК в возрасте от 1-го месяца до 15 лет. При выборе метода обследования учитывали его информативность в определенной последовательности по принципу от простого, общедоступного, к сложному. **Результаты:** пороки ротации и фиксации толстой кишки у мальчиков (59,7) встречались чаще, чем у девочек (40,3%). Частота отдельных нозологических форм в различных возрастных группах неравномерна. 72 (53,7) ребенка поступили в клинику по экстренным показаниям с признаками острой хирургической патологии. У 57 (42,5% больных боли в животе были приступообразными или носили постоянный характер. **Выводы:** тщательно проанализированный анамнез с последующим объективным исследованием позволяют диагностировать изучаемые аномалии до развития осложнений и проведения необоснованной аппендэктомии.

Ключевые слова: дети, нарушений ротации и фиксации толстой кишки, дифференциальная диагностика.

Мақсад: болаларда йўғон ичакнинг айланиши ва фиксацияси нуқсонларини дифференциал диагностикаси хусусиятларини ўрганиш. **Материал ва усуллар:** 1 ойликдан 15 ёшгача бўлган ПРФТК билан касалланган 134 болаларни ўрганиш натижалари таҳлил қилинди. Касал болаларни ўрганиш усулини танлашда оддий, оммавийдан мураккабгача бўлган принципга кўра маълум бир кетма-кетликда қўлланилган диагностика усулининг ахборотлиги ҳисобга олинган. **Натижалар:** йўғон ичакнинг айланиши ва фиксация нуқсонлари ўғил болаларда (59,7), қизларга қараганда (40,3%) кўпроқ учраган. Турли ёш гуруҳларида индивидуал нозологик шаклларининг частотаси нотекис. 134 беморнинг 72 нафари (53,7%) клиникага ўтқир жарроҳлик патологияси белгилари билан шошилинч кўрсатмалар учун мурожаат қилишди. 57 нафар беморларда (42,5%) қорин оғриғи пароксизмал ва доимий эди. **Хулоса:** пухта таҳлил қилинган анамнез кейинги объектив тадқиқотлар билан ушбу аномалияларни асоратлар ва асосиз аппендэктомия ривожланишининг олдини аниқлашга имкон беради.

Калит сўзлар: болалар, йўғон ичакнинг айланиши ва фиксацияси, дифференциал диагностика.

Colon rotation and fixation defects (CRFD) are common pathology. Diagnosis of this defect is relevant, in view of the fact that this anomaly has not been manifested for a long time, but complications or difficulties in the event of an acute disease in the abdominal cavity and different views in such cases regarding the volume of surgical intervention indicate the need for a more in-depth study of this defect in issues of early diagnosis [4, 7].

The main clinical symptoms of the disease manifest themselves in childhood, gradually reaching a maximum by 7-14 years of life, further contributing to the occurrence of secondary inflammatory diseases of the gastrointestinal tract, presenting diagnostic difficulties in making a final diagnosis [1, 6].

CRFD arise mainly in the neonatal period and usually manifest at an early age, but, according to the literature, can be detected as random findings during surgery or at autopsy, or later manifest clinically in older children and adults. Sometimes a combination of several anomalies of the small and large intestines does not bother patients or has a chronic course with pain and chronic constipation [2, 5].

Chronic recurrent abdominal pain is observed in 10-15% of children and adolescents. It is now known that the causes of chronic abdominal pain may be impaired fixation of the colon (C). Pediatricians and pediatric surgeons pay little attention to this disease. Despite the fact that this pathology has been known for a long time, there are very few publications devoted to this issue in both domestic and foreign literature. This is especially true of childhood [3-7].

The purpose of the work is to study the features of the clinical manifestations of rotational defects and colon fixation, simulating acute appendicitis in children.

Methods

The results of a study of 134 children with CRFD from the age of 1 month up to 15 years were to be analyzed who were admitted in departments of clinics bases of the Department of Hospital Pediatric Surgery of the Tashkent Pediatric Medical Institute.

The following were carried out: a) clinical and laboratory tests of blood and urine; b) survey radiography of the abdominal cavity; c) X-ray contrast research meth-