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Perspective

# **Global Awareness and Protection against HIV/AIDS**

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## **INTRODUCTION**

In the era of antiretroviral medication, patients with the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) had longer lifespans. However, have examined how the environment affects how long someone with HIV/AIDS will live. Numerous findings have looked into the relationship between air pollution and mortality, but there is still very little proof that HIV/AIDS patients' prolonged use of particulate matter causes them to die. Pandemics are a part of everyday life and have significantly influenced the course of human evolution. The scientific components of pandemics have historically received more attention than other factors, however there is rising understanding of how socially and culturally ingrained pandemics are emphasising that Virus perception is influenced by politics and society.

## **DESCRIPTION**

Young men who are older (50+) and have lived through the HIV/AIDS and COVID-19 global pandemics form a population. Gay men are an important source of information on the epidemic and their observations have much to offer to physicians and politicians, despite the fact that both governments and healthcare officials failed gay men throughout the HIV/AIDS pandemic in major part. The experiences of gay men during the two pandemics have thus been compared in a limited but growing corpus of literature. Twenty gay males in Canada who were 50 years or older took part in semi-structured interviews over Zoom. Three major processes emerged from the analysis: managing constantly changing information, seeing pandemic disparities and experiencing ambiguity and a sense of loss.

Despite the obvious benefits of using patient decision AIDS to aid in this process and the clear case for using a shared decision-making approach in the framework of the preference-sensitive decision on or against antipsychotics, it is still unclear which specific features are essential for in the treatment of schizophrenia. The following seven areas for are: Categories of decision AIDS, values, decision guidance, product of the decision aid, target group, publication effectiveness and decision aid evaluation are the first five categories. Eleven techniques that addressed six different decision AIDS were considered eligible. Both the design and the creation of the choice of AIDS showed significant variances.

The development of such instruments for antipsychotics should pay particular attention to three aspects: the proof used by the selection aid, the procedure for converting the evidence onto a decision aid and lastly the way it is presented of the evidence. Recommend using data that has an adequate amount of evidence and combining it with individualized care by considering patient preferences and past experiences and comparing these to clinical evaluations. Fully automated decision AIDS with complex algorithms, such as those that combine patient characteristics with treatment outcomes to advise the best course of action at the end, have a paternalistic tendency and are therefore not suitable for SDM, in our opinion.

### **CONCLUSION**

Additionally, while presenting the results of decision aid for antipsychotics, any cognitive deficiencies must be taken into account. In order to stop the spread of HIV/AIDS, the mechanism behind the random HIV/AIDS model with protective awareness is being studied. First, demonstrate that any starting positive values allow for a global favourable

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Prophylaxis (PEP) within 72 hours to help the individuals avoid infection to meet the 90%-90%-90% plan of the WHO, as well as increasing protection efficiency of the susceptible with protection awareness.