

HIV/AIDS as a social problem: Russian perspectives



Photo courtesy of www.pixelio.de

O.I. Borodkina, St. Petersburg (Russia)

Russia is the home of Europe's largest HIV/AIDS epidemic.(6) The first cases were registered in 1987 and prior 1996 only 1090 were recorded by the Ministry of Health. (5) Since 1996 the main characteristic property of the Russian epidemic became apparent: the injection way of HIV transmission. At the end of the 1990s there was a rapidly growing HIV epidemic in Russia associated with injecting drug-use. The Federal Center of AIDS reported in 1998 – 10 889 HIV cases, in 1999 – 30 647; in 2000 – 89 808; in 2001 – 177 579 HIV cases. On the 30th of June 2007 338 871 cases of HIV were registered in Russia.(5) But these are only reported cases. According to expert evaluation the real number of people living with HIV is much higher. In the contemporary stage of the development of the HIV/AIDS epidemic there are two main interrelated tendencies taking place: increasing heterosexual transmission of HIV and feminization of the epidemic. The injecting drug use is as before a key issue.

From the very outset the HIV/AIDS epidemic has manifest social characteristics connected with a transformation of the social and demographic structure of the Russian society as well as with a transformation of basic social institutions, such as public health, civil society, church, education, social work and others. In Russia the AIDS epidemic has been taking place in the situation of a demographic crisis and according to the evaluation of the International Labor Organization AIDS could lead to a reduction of the Russian population of 1-5 % depending of scenario. Beside that HIV has an impact mostly on the young generation; among Russians living with HIV there are 72% persons who revealed their HIV positive status in the age of 15-30 years, that is the most reproductive and able to work age. In that way HIV/AIDS has influence on the labor market by decreasing the segment of those in the population capable of working and reducing the productivity of labor.



Photo courtesy of www.pixelio.de

Photo courtesy of [pixelio.de](http://www.pixelio.de)

In Russia like in many others countries social excluded or marginalized groups are in the center of HIV/AIDS epidemic. The epidemic initially affected populations whose sexual practices and identities are different; the first HIV cases were reported among male homosexuals. For the rapid growth of cases in the latest 1990s the HIV/AIDS epidemic associated primary with injecting drug users. Commercial sex workers, prisoners, homeless people are also in the highest risk groups. The belief that homosexuals and drug-users are to blame for the epidemic or that homosexuals, prostitutions and drug-users are the only group at risk of HIV is still very common. The way of regarding AIDS as a “disease of outsiders” was probably one of the causes for the lack of community based preventive programs during the first years of the epidemic in Russia.

Now we can see that AIDS as a social phenomenon has changed in many aspects of human life, including sexual life: it reduced the taboo of discussing safe sexual relations. But the heated debates about forms and methods of sexual education particularly in schools are continuing.

The Russian Church shows its position in “The conception of the Russian Orthodox Church on HIV/AIDS”. Here, as the prime cause and source of the epidemic the loss of the substantial cultural wealth and moral principles in society is regarded. But in the same time in this new situation the church has to work with drug-users and people living with HIV. The important point in this conception is the partnership of church, government and society as a necessary condition for a successful struggle against the HIV/AIDS epidemic. (4)

Questions of human rights and HIV/AIDS – related stigmatization and discrimination are a part of the complexity and diversity of the AIDS phenomenon. J. Mann (the former director of the World Health Organization Global Program on AIDS) has identified three phases of the HIV/AIDS epidemic: the first phase is the epidemic of HIV, the second one is the epidemic of AIDS, and the third one is the epidemic of stigmatization and discrimination. And this third stage is “as central to the global AIDS challenge as the disease itself” (2). HIV/AIDS-related

stigmatization and discrimination are vital issues for Russia also. They interact with pre-existing stigmatization and discrimination associated with sexuality, gender and poverty. Early AIDS expression as plague of the twentieth century has exacerbated the fears about HIV and reinforced stigmatization and discrimination against people living with HIV. Overcoming stigmatization is one of the main tasks of the social movement, so called, "HIV –activism", which is now is also rather strong in Russia. Besides there is a lot of NGOs starting their important HIV/ AIDS prevention work, but not many of them were active without government support and are working on the base of grants and charitable donations.

In March of 1995 the Federal Law 'About the prevention of spreading the disease caused by human immunodeficiency virus' was passed. But it had not really changed the situation because it was mainly just a declaration. (1) The year of 2006 could be considered as a crucial year, the turning-point to a new quality of the preventive work against AIDS in Russia. First of all AIDS was recognized as an extremely important medical and social problem on the highest political level, and as a consequence of that progressive political and economical decisions were adopted.

In 2006 the Russian government marked 3,1 billions Rubles (approximately 89 millions Euro) for AIDS prevention that went to the most social vulnerable groups which are below minimal social standards. In 2007 30 000 people should receive an anti-retroviral therapy.(3)

The Ministry of Health is directly responsible for HIV/AIDS programs. The state AIDS centers turned into specialized care to provide networks applied to HIV/AIDS control programs, including social work. But most of them have their priorities in diagnostics and medical treatment while preventive care still stays less financed, has fewer human resources and lacks well-qualified social workers. There is no effective coordination between government and non-governmental organizations, the social agencies are not far enough involved in the governmental HIV/AIDS preventive programs. In conclusion it is necessary to say that at the present time Russia has changed to stop the epidemic, but it demands a deep understanding of the social context and the social aspects of the HIV/AIDS epidemic and much more involving of social institutions such as social work in the preventive programs.

References

- (1) Federal Law 'About prevention of spreading the disease caused by human immunodeficiency virus' " 1995 (in Russian).
 - (2) Mann, J.: Statement at an informal briefing on AIDS to the 42nd Session of the United Nations General Assembly, 20 Oct. 1987, New York.
 - (3) Onitshenko G.: The interview to Interfacs.2006 <http://www.civilg8.ru/6816.php> (in Russian)
 - (4) The conception of the Russian Orthodox Church on HIV/AIDS. 2005//www.ifar.ru/pr/2005/050126a.htm (In Russian)
 - (5) The official site of the Federal Center on prevention and struggle of AIDS//Statistics/<http://hivrussia.org/stat/>:
- 6/ UNAIDS. Report on the global HIV/AIDS epidemic. Geneva .2006

Olga Borodkina is Associate Professor at the Faculty of Sociology of the St. Petersburg State University.

Tags: [AIDS](#), [health-care](#), [Russia](#), [social policy](#)