Cultural Approach to HIV/AIDS Prevention and Care in Russia

The world community and national governments recognize that the HIV/AIDS epidemic is not just a medical problem but rather a many-sided issue demanding a many-dimensional strategy.

If we restrict this problem to purely medical recommendations or cognitive information, modern computer science, education and communication popularizing safe sexual relations we will never reach the expected results.

In reality this problem represents a complicated social-economic, public and cultural phenomenon that needs to be considered in the perspective of a stable development of human society. Prevention and treatment of this epidemic thus needs a culture-oriented approach aimed at grasping all aspects of this problem.
Cultural Approach to HIV/AIDS Prevention and Care in Russia
Contributors:

Osadcheva I.I.
Khodzhemirova N.D.
Kuchma V.R.
Alisov D.A.
Kulagina Y.V.
Kuznetsova Y.S.

Research Institute of Hygiene and Protection of Health of Children and Teenagers of Russian Academy of Science

Scientific editor – Kolkov V.V.

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INTRODUCTION

Creation of the UN Joint Program for HIV/AIDS (UNAIDS) in 1994 gave birth to a new approach to prophylactics and treatment of this disease. The program emphasized the necessity of a wider coordination of work of various organizations. It also stressed the necessity of both prophylactics and the treatment of the disease, taking into consideration various important social factors connected with this. As a result UNAIDS participated in a number of research programs focusing on new methodic strategies designed to solve this problem.

In accordance with a suggestion made by the UNESCO Cultural Section to UNAIDS and on the basis of culture-oriented approach toward prophylactics and treatment of HIV/AIDS aimed at stable development, in May 1998 the two organizations started carrying out a joint project called "Culture-Oriented Approach Toward HIV/AIDS: Prophylactics and Prevention of Spreading". This project was designed to stimulate new thinking, a wide discussion, and a revision of existing mechanisms.

A culture-oriented approach means registration of characteristic features of the population, including a style of life and values that should be taken into consideration as a reference point while working out action plans. It is very important if we want to change typical behavior on a long-term basis, a most important condition for slowing down or stopping the epidemic.

Collected experience tells us that more and more people recognize that the HIV/AIDS epidemic is not just a problem of doctors but rather a many-sided issue demanding a many-dimensional strategy. If we restrict this problem to purely medical recommendations or cognitive information, modern computer science, education, and communication popularizing safe sexual relations (for example promotion of preservatives) we will never reach the expected results. In reality this problem represents a complicated social-economic, public, and cultural phenomenon that needs to be considered in the perspective of a stable development of human society. Prevention and treatment of this epidemic thus needs a culture-oriented approach aimed at grasping all aspects of this problem.

In outline this approach should meet two conditions:

• **Base development** on intellectual capacities, traditions, views, and values to such an extent so that they could speed up necessary changes or slow them down should they be determined in a wrong way and will prevent implementation of carried out measures.

• **Mobilize cultural resources** of these groups of the population in order to use their support through common definition of needs and activities as well as necessary changes in thinking and behavior designed to carry out a stable development of communities of the native population.

During the past 15 years there were implemented a great number of various approaches designed to stop the increase of HIV and minimize its negative consequences for individuals, families, and the society. Now it is clear that there is no simple formula that will work in all countries. The most effective national reactions are those that were worked out taking into consideration specific needs of each particular country. They concern particular situations fraught with HIV infection and dealing with its consequences and taking into consideration the real potential of the population and institutions of a given country.

This report was created within the framework of a joint project UNESCO/UNAIDS in 2002–2003.

**THE AIM OF THE REPORT** is to make a comprehensive analysis of the spread of HIV in Russia at the current moment, evaluate the influence of cultural specifics on the spread of the virus, point out main cultural specifics, and outline directions of work.

The experience of international organizations in prevention and treatment of HIV/AIDS in various countries is used by Russian organizations in this or that form. In order to implement programs for prevention and treatment of AIDS in Russia in the most effective way, Russian governmental and nongovernmental organizations need real assistance from their colleagues from other countries.
Outline of the problem

The number of HIV-positive people in Russia is growing geometrically every year, and in 2003 according to official statistics there were registered over 253,000 HIV-positive Russian citizens. On average in Russia about 0.17–0.18% of the total population is infected, but these figures are higher in some regions. According to head of Russian federal center for prevention and fighting of HIV/AIDS academician of the Russian Academy of Medical Science V. Pokrovsky, the real number of HIV-positive people in Russia is much higher and may reach about one million people.

Experts analyzing the spread of HIV/AIDS in the Russian Federation point out its epidemic nature. Numerous studies, including materials disseminated by the media, indicate that currently AIDS-related problems are in the scope of attention of a narrow circle of professionals and people ill with AIDS, HIV-positive people, and their relatives.

Social aspects of the spread of HIV in the Russian Federation have a cultural character, including a specific attitude of citizens toward AIDS; a low level of information; specific, childish attitudes toward measures of personal safety; inclination to risky behavior, etc. In addition, such social problems as drugs, prostitution, homosexuality, and insufficient preparedness (both psychological and professional) of the majority of medical workers to deal with the HIV/AIDS-positive and ineffective preventative work of AIDS centers contribute to the spread of the infection in all post-Soviet countries.

An important factor contributing to the spread of the HIV/AIDS epidemic not only in Russia but in all post-Soviet countries are the changes resulting from the collapse of the Soviet Union and a transition to the market economy. The dramatic changes in the country led to a sharp difference in the quality of life of various layers of society, disintegration of the old health care system that covered former Soviet republics, and a sharp decrease of financing of state medical and educational institutions. With new priorities for the majority of adults, raising youth took place under new economic, political, and social conditions: unemployment, increased social inequality, alcoholism, increased usage of drugs, etc. In fact 25% of the population lives in utter poverty. All these factors were bound to contribute to the spread of the AIDS epidemic in Russia.

The social and economic situation in Russia is generally very complicated. During the past decade of reforms in the Russian Federation, social and political upheavals, unstable economic development, and insufficient legal resources and informational and financial support of measures aimed at protecting the public health and development of the health care system led to dramatic deterioration of the public health. Cultural traditions in the field of preventative and protection of individual’s health were to a great extent lost. The majority of factors of environmental development have negative dynamics. Its effect on the public health, especially women, is having more and more awful manifestations.

According to the Russian census of 2002, the Russian Federation has 145.2 million permanent residents, including 106.4 million (or 73%) city-dwellers and 38.8 million (or 27%) people living in the country. Russia is the world’s seventh most populated country after China (1,285 million people), India (1,025 million people), the United States of America (286 million people), Indonesia (215 million people), Brazil (173 million people) and Pakistan (146 million people). Compared to the census of 1989, the population shrank by 1.8 million people, including 1.6 million city-dwellers and 0.2 million country residents. In Russia, as in the majority of developed countries, urbanization stopped with the balance of city-dwellers and countrymen remaining unchanged since 1989. Almost one-fifth of the country’s population lives in 13 million cities, including Moscow, St. Petersburg, Novosibirsk, Nizhny Novgorod, Yekaterinburg, Samara, Omsk, Kazan, Chelyabinsk, Rostov-on-Don, Ufa, Volgograd, and Perm.

For each 1,000 men there are 1,147 women (in 1989 — 1,140). Prevalence of women starts at the age of 33. Like the majority of European countries, Russia suffers from aging of the population. Since the 1989 census the average age of the country’s population has grown by three years to reach 37.7 years. Almost one-third of the population (43.5 million) is dependent on individuals. The vast majority of dependents (over 80%) are children and people younger than 25 years.

The number of married couples accounts for 34 million (in 1989 — 36 million). Three million out of the total number of married couples had an unregistered marriage. The structure of marriages is the following: Out of 1,000 people older than 16 years, 210 people were never married (in 1989 — 161); 572 people are married (in 1989 — 653); 114 people are widowed (in 1989 — 110); and 94 people are divorced (in 1989 — 72). Traditionally the number of married women is larger that the number of married men (in 2002 — by 65,000 women, in 1989 — by 28,000 women.

Russia’s cultural specifics derive from its multinational population. The 2002 census let residents select their
nationality. The census showed that the Russian Federation is home to representatives of over 160 nationalities. Seven peoples, living in Russia, including Russians, Tatars, Ukrainians, Bashkirs, Chuvashes, Chechens and Armenians, have over 1 million people each. The Russians are the most numerous, accounting for 116 million people (80% of the country’s population). The main religion is Orthodoxy (90%). The majority of non-Slavic peoples living in Povolzhye and North Caucasus are Muslim. Part of the population professes Judaism and Buddhism.
1. CULTURAL SPECIFICS OF THE SPREAD OF HIV/AIDS IN THE AREA OF THE RUSSIAN FEDERATION FORMED DURING THE SOVIET ERA

1.1. The evolution of the HIV/AIDS epidemic in the USSR

The first HIV-positive person was discovered in the USSR in 1987. Mainstream newspapers wrote about "a homosexual who got infected in Africa where he had worked as a translator." This formed a public image of a sick person as "an exhausted homosexual dying from a shameful illness." At that time the society had a very negative attitude toward people with AIDS. The Soviet people despised and feared the ill and HIV-positive.

This can be illustrated with a letter to newspaper Trud published in the summer of 1987: "Dear editor, we found out that 20 people sick with AIDS were secretly released from Moscow’s 2nd Infection Hospital. They made a signed statement that they will warn their partners that they are sick with a contagious and very dangerous illness. The hospital thus made people's health and life dependent on somebody's decency or indecency. The released ill themselves got infected as a result of their promiscuity. We know from the press that in the U.S. the majority of the ill freely live among healthy people. Millions of people are ill as a result. Please raise this issue in your newspaper and take measures."

The letter clearly shows a hysterical reaction to a new situation. A reaction of tearing away, a negative attitude, and complete aversion toward the HIV-positive is vividly demonstrated by sayings that emerged in mid ‘80s, such as "If a guy sleeps with a guy they will both have AIDS" and "The best cure from AIDS is to sleep alone."

1.2. Traditional Soviet perception of health and illness by individuals

In late ‘80s the HIV-positive were among of the most criticized groups of people — homosexuals, prostitutes, and drug-addicts. As a result getting infected was equated with immoral behavior denounced by all members of Soviet society. This to a great extent contributed to creation of an aggressive attitude toward infection carriers.

The Soviet influence on the spread of HIV was also manifested by the idea that a Soviet person must sacrifice him/herself for other members of the society. Sacrificing oneself in such a case meant that if you got infected with HIV you must disappear, go away, quit your job, not put shame on your family, become isolated, and even die.

Society was ready to accept such a sacrifice — it was a norm. A norm was also sacrificing one’s health (putting others at risk) for publicly useful purposes. "To be sick" was considered "bad form," coming to work sick was a matter of fact, and people went on sick leaves only in the most serious condition. Such sacrifices were made for the sake of collective society.

This attitude serves as a basis for a desire to build reservations — sanatoriums for the HIV-positive — in a wish to isolate sick people from the healthy population.

1.3. Cultural conditions of the state of women

According to the Orthodox tradition, a man is the head of his family. Domostroy, one of the prominent works of Russian literature of the 16th century, enumerates the duties of a wife, a daughter, and a maid based on permanent work in the family and obedience to husband, father, and master and responsibility of a mother for her children and keeping the household. The patriarchal attitude toward women in also shown by the fact that under monarchy the census counted only men.

After the social revolution in 1917 the policy determining attitudes toward women was based on the ideas of emancipation and formal equality with men. However, taking into consideration the domestic, political, and economic nature of relations, it is possible to say that the Soviet period was characterized by male dominance,
although there are examples of successful female careers. Men were dominant in families as well. In the sexual sphere the safety of a Soviet woman to a great extent depended on her partner, boss, or client.

**The culture of using individual measures of protection was rather low.** For example nowadays many women don’t demand that their partner use a condom because they are afraid that he will be hurt or not completely sexually satisfied. According to statistics, about 50% of HIV-positive women in Russia became infected not as a result of occasional intercourse or drugs use but from their permanent partner or husband.

Woman’s subordinate position in the society, at work, and at home and domestic and sexual violence —— these problems became especially acute due to the AIDS epidemic.

### 1.4. Children infected with HIV: some cultural conditions

In the end of the ‘80s the problem of "children’s AIDS" for the first time became a matter of public discussion after more than 270 children were infected with HIV at children’s hospitals in Rostov, Elista, Stavropol, and Volgograd. Media reports about this accident shocked the public. This reaction is quite natural —— the authorities had assured the public that AIDS was an illness of the West that represented no threat for average Soviet people. All of a sudden the victims turned out to be the most unprotected citizens — children.

The society panicked — parents refused vaccinations and medical assistance; newspapers wrote about the most incredible ways of getting infected. At the same time people living next to families of HIV-positive children and their relatives had a fit of aggression against these families. Neighbors broke windows and there were several attempts to burn houses. The aggression against infected children was caused by unconscious fear based on lack of understanding and knowledge.

**The level of cultural interaction with infected children** both on part of the parents and society was very low in late ‘80s and did not get much better during the ‘90s. As a result most families of these children disintegrated. Mothers in many cases rejected ill and infected children. Currently the majority of HIV-positive children are being raised at orphanages or live at special wards of infection hospitals.

### 1.5. Combating AIDS in the USSR — first mistakes

In order to render assistance to people infected with HIV authorities created special closed-to-the-public centers for prevention and treatment of AIDS. As a result of the creation of these facilities, the majority of doctors were isolated from infected patients. Gradually society became convinced that only specially trained staff should work with this contingent.

The majority of specialists are convinced that this approach to treating HIV/AIDS was a mistake. The centers effectively isolated the HIV-positive and had serious consequences:

- **The majority of Russian medical workers are currently not prepared and don’t want to work with HIV-positive patients.**
- **Help to the HIV-positive is restricted by capacities of special centers that are obviously underfinanced.**
2. SPREADING OF HIV: CULTURAL CHARACTERISTICS OF THE PROCESS IN VARIOUS RUSSIAN REGIONS

2.1 Dynamics of the increase of the number of infected people

The epidemic of HIV is growing in Russia and its signs became clear in 2000. According to statistics Russia has about 20 million of HIV-positive residents (Rossiyskaya gazeta, November 5, 2003). According to the Russian Scientific Methodic Center for Prevention and Fighting AIDS run by the Health Ministry since January 1, 1987, by December 31, 2000, there were registered 90,177 people diagnosed with HIV and AIDS, including 1,135 children younger than 14 years inclusive (out of this number 427 children were born to HIV-positive mothers). In 1995 the number of cases registered for the first time out of 100,000 Russian residents was 0.13, while in 2003 it was 59.9. This indicator during six years grew by 460 times.

Growth of the number of registered cases of HIV:
December 2000 — 86, 000 cases were registered
December 2001 — 177, 000 cases were registered
September 2002 — 214, 500 cases were registered

Sex and age division of the HIV-positive in Russia is the following: 77% of the HIV-positive are men; 23% are women.

Age of HIV-positive men:
0–14 years — 1%
15–20 years — 20%
20–30 years — 63%
30–40 years — 12%

Age of HIV-positive women:
0–14 years — 3%
15–20 years — 27%
20–30 years — 58%
30–40 years — 9%
older than 40 years — 3%

This shows that the majority of HIV-positive in Russia are men. About 70% of the HIV-positive are young people of 17–25 years.

The government’s report On the Situation of Children in the Russian Federation in 2002 (Moscow, 2002) says that the spread of HIV/AIDS among the population, including children, is one of the most acute and frightening problems: In 1988 there were discovered 64 HIV-positive children, in 1999 — 99, in 2000 — 261, and in 2001 — 442. In the beginning of 2002 the total number of HIV-positive in Russia was 177,400, including 2,600 children. The spread of HIV is connected with an increase of teen drug addiction, early sexual life (starting from 14–15 years), sexual polygamy becoming a norm, and growth of the number of HIV-positive women of reproductive age.

The portion of HIV-infected women is growing. The balance of men and women infected with HIV currently is 3:1 whereas in previous years it was 4:1. About 90% of HIV-positive women are in reproductive age, a fact
that aggravates the problem of vertical infection from mother to child during pregnancy and labor. According to the Russian Health Ministry’s scientific-practical center for helping pregnant women and children infected with HIV, by March 25, 2002, HIV-positive mother in Russia gave birth to 1,816 children, over 700 of whom were born in 2001—2002.

2.2. Regional context of the spread of HIV/AIDS

Cases of HIV and AIDS were registered in 87 Russian regions. About 1% of HIV-positive people among tested population were discovered in 2001 in the Khanty-Mansiysky autonomous region and the Leningrad region, as well as in the Orenburg, Samara, Saratov, Sverdlovsk, Ulianovsk, and Chelyabinsk regions and the city of St. Petersburg.

In the beginning of 2002 HIV-positive children were registered in 71 regions of the Russian Federation. The majority of HIV-positive children were registered in the Irkutsk (336), Sverdlovsk (259), Moscow (248), Rostov (183), and Kaliningrad (149) regions, as well as in Moscow (122) and Krasnodarsky kray (114).

Number of registered cases

June 2002

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moscow region</td>
<td>17,158</td>
</tr>
<tr>
<td>Moscow</td>
<td>15,671</td>
</tr>
<tr>
<td>St. Petersburg</td>
<td>16,588</td>
</tr>
<tr>
<td>Sverdlovsk region (Yezerinburg)</td>
<td>16,628</td>
</tr>
<tr>
<td>Samara region</td>
<td>15,161</td>
</tr>
<tr>
<td>Irkutsk region</td>
<td>13,059</td>
</tr>
<tr>
<td>Kaliningrad region</td>
<td>3,819</td>
</tr>
<tr>
<td>Omsk region</td>
<td>187</td>
</tr>
<tr>
<td>Tatarstan</td>
<td>3,913</td>
</tr>
</tbody>
</table>

The highest sickness rate was registered in the Kaliningrad, Irkutsk, and Moscow regions; the Khanty-Mansiysk autonomous region; and the Tyumensk and Ulianovsk regions. By June 2002 the epidemic of HIV in the Russian Federation reached 142.7 out of each 100,000 people.

The spread of HIV in various regions

(the number of registered carriers out of each 100,000 people)

June 2002

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irkutsk region</td>
<td>502.5</td>
</tr>
<tr>
<td>Khanty-Mansiysk autonomous region</td>
<td>478.9</td>
</tr>
<tr>
<td>Kaliningrad region</td>
<td>402.6</td>
</tr>
<tr>
<td>Omsk region</td>
<td>25.8</td>
</tr>
<tr>
<td>Moscow region</td>
<td>265.4</td>
</tr>
<tr>
<td>St. Petersburg</td>
<td>355.9</td>
</tr>
<tr>
<td>Moscow</td>
<td>183.6</td>
</tr>
<tr>
<td>Russia</td>
<td>142.7</td>
</tr>
</tbody>
</table>

Among tested drug addicts, from 6 to 10% of the HIV-positive were discovered in the Buryatia, Udmurtia, Vladimir, Volgograd, Kostroma, Murmansk, Orenburg, Perm, Saratov, Tver, Chelyansk, and Yaroslavl regions.
From 10 to 18% of HIV-positive drug addicts were registered in Khanty-Mansiysk autonomous region; the Leningrad, Moscow, Ryazan, Samara, and Sverdlovsk regions; and St. Petersburg. In the Chechen Republic there were registered 57% of HIV-positive drug addicts, but the number of tested people is not representative.

Since November 1998 a sharp aggravation of the HIV epidemic was registered in Moscow and the Moscow region. Over 60% of all HIV cases in Russia discovered by 1999 were registered in the Moscow region.

An epidemiological analysis showed the fastest spread of the HIV infection is happening among users of intravenous drugs. Thus in 1998 80.8% of people who got infected in a known way in Moscow and 75.5% of the Moscow region were infected while having an intravenous injection of a narcotic substance.

About 564,270 people were tested in the Irkuts region in 2001 and 3,582 of them were HIV-positive, or 634.8 people out of each 100,000 of those tested. Discovered HIV-positive drug addicts accounted for 1,391, or 38.8% of all infected and 10.079 out of 100,000 people. The same picture can be seen also in other regions with high percentage of the HIV-positive: in the Khznty-Mansiysk autonomous region drug addicts account for 51.02% of the total number of HIV-positive; in the Kaliningrad region — 27.04%; in St. Petersburg — 34.89%.

2.3. Risk factors and ways of transmission of the infection

Transmission of HIV happens during sexual intercourse, transfusion of infected blood or its components, use of HIV-contaminated medical instruments, during pregnancy and labor from infected mother to a child and during breast-feeding from infected mother to a child and from an infected child to mother.

Analysis of statistical data offers the conclusion that the increase of the sickness rate during the past six years is connected with the spread of HIV among intravenous drug users, who account for 94% of HIV-positive people with a known source of infection. Until 1996 HIV in Russia was spread sexually and the majority of infected people were male homosexuals.
3. INFLUENCE OF CULTURAL SPECIFICS OF RESIDENTS OF THREE REGIONS OF RUSSIA ON THE DYNAMICS OF THE SPREAD OF HIV/AIDS
(using as examples the Omsk and Kaliningrad regions and the Republic of Tatarstan)

3.1. Cultural context of the spread of HIV/AIDS in the Omsk region

The Omsk region is part of the Siberian federal region and is situated in the West-Siberian lowlands near the Irtysh River. The majority of the population is Russian, but Ukrainians, Kazakhs, Tatars, etc. also live there.

Number of permanent population of the Omsk region
(thousands of people)

<table>
<thead>
<tr>
<th>Men and women</th>
<th>Men</th>
<th>Women</th>
<th>Men and women</th>
<th>Men</th>
<th>Women</th>
<th>Men and women</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,079.2</td>
<td>966.5</td>
<td>1,112.7</td>
<td>1,428.3</td>
<td>655.0</td>
<td>773.3</td>
<td>650.9</td>
<td>311.5</td>
<td>339.4</td>
</tr>
</tbody>
</table>

In general the Omsk region can be considered as a relatively well off region with 25.8 out of 100,000 people being HIV-positive and none of them sick with AIDS.

Epidemic situation of HIV in the Omsk region as of January 1, 2002

In the Omsk region there were discovered 187 cases of HIV. Out of them, one case was discovered in 1996, five cases in 1997, seven cases in 1998, nine cases in 1999, 59 cases in 2000, and 106 cases in 2001. From 2000 to 2001 the sickness rate grew 1.8 times. In 114 cases contagion happened outside the Omsk region. The most-intensive source of infection was the city of Moscow. About 45 people get infected in Moscow, nine people in Ukraine, 16 people in the Tyumen region, and six people in the Irkutsk region. The place of infection of 14 people was not determined. About 59 people got infected in the Omsk region, their permanent place of residence.

About 167 of all HIV-positive are men and 20 are women. The age division of the HIV-positive is the following: 15–19 years old — 26 people, 20–29 years old — 116 people, 30–39 years old — 28 people, 40–49 years old — 10 people (seven undetermined). Eighty-eight out of 187 HIV-positive were discovered at penitentiary institutions.

According to the results of epidemiologic research, in 24 cases infection was transmitted sexually, in 151 case infection occurred during intravenous injection of a narcotic substance, and in 12 cases the source of infection was not determined. One patient died from an illness not connected with HIV in 1997, one died in 2000, and two HIV-positive patients died in 2001.

On January 1, 2002, 74 HIV-positive people are registered in _______ (42 citizens of Omsk and 32 countrymen).

So, the main manifestations of the HIV epidemic in the Omsk region are

• growth of the sickness rate
• prevalence of infection outside of the Omsk region
• prevalent involvement in the epidemic of people of 20-29 years old and mainly men
• the most affected social group are unemployed and criminal offenders
• the main way of transmission is intravenous injection of a narcotic

Conclusions: Compared to other regions the Omsk region can be considered a well-off region in terms of the epidemic. This is due to specifics of the Omsk region as a vivid representative of an urban type of culture. The majority of the city’s population are native Siberians, with their subculture and descendants of repressed and exiled people forming the city intelligentsia. The mentality of city-dwellers is close to that of villagers, a circumstance that has a corresponding impact.

The low number of migrants and migration in general helped block the spread of the epidemic in the region. The number of the HIV-positive increased only during the economic crisis when the population became more mobile due to business activity and trips for earnings and the city became actively supplied with drugs. According to statistics the sickness rate increased mainly due to the spread of the infection among young people, for the most part drug addicts. This became possible due to serious changes of values and emotional and psychological characteristics of the young generation.

3.2. Cultural context of the spread of HIV/AIDS in the Kaliningrad region

The Kaliningrad region was formed April 7, 1946, from a former part of Eastern Prussia in line with the decision of the Berlin conference of 1945. After deportation of Germans the region was populated mainly with Russians and representatives of other nationalities. After the collapse of the Soviet Union, the region was isolated from the Russian Federation, creating certain difficulties for its residents and guests. During the Soviet era the region was closed to foreigners; after the collapse of the Soviet Union it became one of the centers of intensive economic and cultural exchange. The Kaliningrad region is one of Russia’s most problematic regions.

| Number of permanent population of the Kaliningrad region (thousand people) |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| All population | City-dwellers | Villagers |
| men and women | men | women | men | women | men | women |
| 955.2 | 456.3 | 498.9 | 741.8 | 351.4 | 390.4 | 213.4 | 104.9 | 108.5 |

In the Kaliningrad region the number of HIV-positive people increased 16.4 times during the epidemic from the pre-epidemic period. Currently the Kaliningrad region is the 18th worst-hit region in the Russian Federation in terms of the number of HIV-positive residents. The city of Kaliningrad is the worst-hit Russian city in terms of the ratio of HIV-positive residents to the total number of residents: 1,796 HIV-positive people out of 400,000 residents. The majority of people affected by the virus are young people between 12 and 30 years old. If this dynamics continues, by 2005 each fortieth resident of the city from 2 to 30 years old will be a carrier of the infection, a circumstance that may hinder development of the region in the future.

The sickness rate in the Kaliningrad region is about three times higher than the average sickness rate in Russia. By November 11, 2002, the number of HIV-positive residents had reached 3,891 people. The Center for Prevention of AIDS has registered 19 children who became infected from their mothers. Almost 60% of carriers of HIV-positive women is constantly growing and will soon reach one-third. Intravenous injection of narcotic substances remains the main source of infection in the region (78% of HIV-positive residents are young drug addicts) but sexual transmission is growing.

The social portrait of an HIV-positive person has changed since 1997 (the peak year of the epidemic). Now HIV-positive residents are not necessarily 23- to 25-year-old drug-addicted men; they can also be socially well-adapted men and women of various age. This year more than one-third of the HIV-positive became infected during sexual intercourse.

From 1988 until 1995 HIV was an "elite" illness in the Kaliningrad region. It mostly affected well-off people, who often go abroad, and sailors. After that the epidemic broke out among social outcasts, including drug
addicts. During the entire epidemic in the Kaliningrad region, 421 HIV-positive died, including 31 person who died from AIDS. During the first half of 2002, 51 persons died, or 32% fewer than during the same period of the previous year. Experts say that this decrease is connected with a decreased number of cases of overdosing of narcotic substances, decreased drug trafficking into the region, and improvement of medical and toxicological assistance. During the first half of the year 2002 in the region, 215 HIV-positive residents were discovered, which is 11% less than during the same period of the previous year (244 cases). Several regions have a faster growth of HIV cases than the Kaliningrad region. The situation in these regions is similar to that in the Kaliningrad region several years ago.

The main sources of infection include intravenous drugs, paid sex services, and promiscuity. It is seemingly like everywhere else, but due to its geographic position the Kaliningrad region has always had a lot of prostitution. In addition, this region was one of the first to get acquainted with drugs. About 82% of drug-addicted women make their living by the sex business. Experience shows that such women don’t perceive an HIV-positive diagnosis and a warning about responsibility for spreading the disease as a basis for changing their social behavior.

During a medical examination of 25 prostitutes, it turned out that 28% were already diagnosed with HIV as drug addicts.

The main reason for prostitution is lack of financial means for living, including buying psychotropic substances. It was determined that only 16% of women use condoms. The others don’t use prophylactics because their clients refuse to.

Drug-addicted prostitutes thus transmit the infection from the environment of drug users to the heterosexual population, aggravating the epidemic.

Conclusions: The fast spread of the HIV epidemic in the Kaliningrad region is partially due to the fact that unlike other Russian regions (for examples Siberia and the Far East) the region is open to other European countries. During the period of the active spread of the epidemic it was mainly spread among users of intravenous drugs, but now the main way of becoming infected is promiscuous sexual relations. To a great extent the Kaliningrad region can be considered an illustration of general trends of the spread of the illness in Russia and in a way it illustrates the possible future of the epidemic.

3.3. Cultural context of the spread of HIV/AIDS in the Republic of Tatarstan

The Republic of Tatarstan, Russia’s main oil base, is situated in Central Povolzhye. The capital of the republic, Kazan, was founded more than 600 years ago. The main population includes Tatars and Russians, but Chuvashes, Mordovians, Udmurts, Bashkirs, Marians, etc. also live there. In the 13th century the region was conquered by the Tatar-Mongols and became part of the Golden Horde. During the second quarter of the 15th century Kazan Khanate was formed, and in 1552 it became part of the Russian state. The majority of believing Tatars are Muslim-Sunnits. Kazan Tatars who adopted Orthodoxy in the 15th—17th centuries are called Kryashens.

The number of permanent residents of the Republic of Tatarstan (thousands of people)

<table>
<thead>
<tr>
<th></th>
<th>All population</th>
<th>City-dwellers</th>
<th>Villagers</th>
</tr>
</thead>
<tbody>
<tr>
<td>men and women</td>
<td>men</td>
<td>women</td>
<td>men and women</td>
</tr>
<tr>
<td>3,779.8</td>
<td>1,752.2</td>
<td>2,027.6</td>
<td>2,791.2</td>
</tr>
</tbody>
</table>

In Tatarstan about 4,000 HIV-positive residents were discovered, and experts’ prospects are sad. During 2001 there were registered 2,738 HIV cases (which is four times more than during 2000). Kazan is one of the worst-hit towns in terms of HIV in Russia.

There were cases of rejection of HIV-positive children (six in Kazan and Bugulma). The majority of HIV-positive residents of the republic are 20—29 years old (like in other regions, official statistics do not reflect the real picture).
HIV-positive residents were discovered in 39 regions of Tatarstan. Previously the problem concerned only Kazan and Naberezhnye Chelny, but now other regions, including the Almetyevsky, Bugulminsky, Leninogorsky, Aynakayevsky, Kamsko-Ustinsky, and Sarmanovsky regions, are experiencing the epidemic as well.

Tatar cities are populated with many Muslims. The Islamic culture values good health. The Muslim moral ideal demands immaculate purity — not only hygienic but also mental. The prophet Muhammad said, "Purity is half of belief."

A number of studies circumstantially confirm an indirect influence of Islamic traditions on young people’s behavior. For example, sociologic research of three regions, including Moscow, the Republic of Tatarstan, and the Ivanovsk oblast, carried out by V.V. Kasatkin, A.B. Lovalyova, and A.A. Mikheeva (Shkola zdorovya — 2000. – _ . 7. – No.: 3. – p.5–15) reached the following conclusion: Schoolchildren in Tatarstan were less prone to behavior connected with health hazards than other schoolchildren, especially Tatar girls.

In order to introduce a comprehensive approach to prevention of HIV, an information campaign called Formula XXI was launched. It was created taking into consideration national, religious, and cultural traditions of the Republic of Tatarstan and designed to stop the spread of the HIV through sexual, intravenous, and vertical ways, especially among young people. A number of Republic’s electronic and printed media outlets consistently promote among their listeners a high moral ideal of human behavior. Prevention of drug addiction became a top priority among prevention of other dangerous social diseases.

However, harsh prohibitions of Islam were considerably undermined by misinterpreted democratic freedoms. Behavioral patterns inflicted by pop culture in particular promoted promiscuous sexual relations.

Young people of 20–29 years old represent a special risk group. Some of them live in unregistered marriages, some of them are wed but have sexual partners on the side, and some of them are single and have multiple partners. They all are united by a strong risk of getting infected as a result of unsafe sexual contact.

Traditional wedding and divorce ceremonies conducted by clergymen serve as the basis of sexual relations of the population. The given procedure is much simpler than the Orthodox wedding ceremony and thus is a serious cultural presupposition for the spread of HIV.

The reason for unsafe sexual contact is the lack of the culture of using prophylactics.

The fear of public disgrace and shame result in the population not going to a doctor or only going to a doctor when sexually transmitted diseases (STD) in general and HIV in particular are in an advanced stage. According to some information, each 89th resident of Kazan was sick with syphilis during the past five years. Doctors say that even this figure is one-fifth to one-tenth of the real figure of people sick with syphilis. In Kazan doctors register syphilis cases so far advanced that a patient has already been paralyzed or gone blind.

The culture of treating women in Tatar families results in young women not going to a gynecologist, and they are not treated by doctors while being pregnant and in many cases an illness or pathology is not discovered until labor.

Drug addiction is the second problem. The real number of drug users in Kazan is over 50,000 people.

This growth can be explained economically. Bugulma, Leninogorsk, and Almetyevsk are the main oil centers of the republic and they have become a destination of drug traffickers from Kazakhstan and the Orenburg region. The capital Kazan is a leader in drug use because the larger a city is, the weaker social control is, the easier access to drugs is, and the higher the number of contacts. Employment plays an important role: Some 45.1% of unemployed residents are HIV-positive. The sickness rate among unorganized children younger than 14 years is 48%.

The main causes of these problems are cultural and moral and can be described as a lack of strong character (or its transformation) that is able to positively adapt to the transition of the society from "asceticism" to consumerism. Practically all social groups of the society went through a dramatic change in their system of values and norms of behavior. Prioritizing consumer values is the main direction of the changes. In terms of their possibilities and values, potential drug addicts who may become carriers of HIV are in general very consumer-oriented people.

As a result, the human law of a civilized society — no violence, no constraint — in Tatarstan under its cultural traditions led to doctors losing control over the spread of STD, drug addiction, and HIV.

Conclusions: In general it is possible to suppose that Islam permits numerous groups of society not only to avoid state control but also to form and promote among the population values different than those professed by residents of other regions. This, however, does not mean that the main factors affecting the spread of HIV in this region differ from the rest of Russia. It is also important that the great influence of the Islamic culture on the population can be used to fight and prevent the spread of HIV in Tatarstan.
4. YOUTH AND AIDS

4.1. The spread of the HIV/AIDS among youth

Young people and teenagers in the modern world are the most unprotected and vulnerable group as far as HIV/AIDS is concerned. Since 1999 in Russia the sickness rate among young people aged 15–25 has sharply increased. According to a state report titled "The Situation of the Youth and the Implementation of the Government’s Youth Policy in the Russian Federation: The Years 2000–2001" (M.: Sotsium, 2002, p. 34–35), from January 1, 1987, to November 19, 2001, there were officially registered 16,400 HIV-positive Russian citizens, including 2,200 children. This figure faced the sharpest growth from 1996, and by 2000 it had increased more than 25 times from the 1995 rate. According to experts’ estimations, in fact, the total number of such citizens in 2001 increased by one million people. Children and youth account for over 75% of this figure.

By November 2001 there were registered over 73,000 new HIV-positive Russian citizens, which is 1.6 times more than during the same period in 2000. A sharp increase of the HIV sickness rate since 1999 was due to intensive involvement in the epidemic of the youth of Moscow as well as the Moscow and Irkutsk regions (over 70% of all newly discovered cases).

During the years 1996–2001 the main source of infection was intravenous drugs (93% of cases). By 2001 about 12,800 people aged 15–20 became infected this way. Sexual infection increased considerably as well.

4.2. Risky behavior

The main presuppositions of risky behavior, reasons behind vulnerability toward HIV:

- use of narcotic substances
- a great increase of the number of homeless and uncared for
- an increase of homosexual contacts among young people
- lack of accessible and true information about prevention of HIV/AIDS

Changes in the political and economic situation in Russia during recent years led to a huge number of homeless children and teenagers (according to experts’ estimations, over 2 million). This segment of the population faces a much higher risk of becoming infected with HIV/AIDS due to unfavorable conditions such as poverty, dirt, lack of medical assistance, use of drugs, prostitution, and a high probability of dangerous sexual contacts.

The number of drug addicts using intravenous drugs increased during last years. Lack of sterile syringes, let alone timely medical or psychological help, in many cases eventually leads to HIV/AIDS. In turn use of drugs and alcohol is directly connected with risky sexual behavior.

Modern show business made homosexual contacts "fashionable" among young people, which increases the risk of becoming infected with HIV/AIDS (about 40% of men admitting their homosexual orientation say that they don’t always use condoms).

In many cases young people don’t seek medical help due to lack of confidentiality, unfriendly environment, high costs of services, and sometimes the refusal to render assistance to underage children not accompanied by adults.

4.3. Attitude toward AIDS as an indicator of the new youth culture

The current attitude toward HIV/AIDS can be expressed with the following attitude: "Everyone can get infected with AIDS but me." Over 70% of those asked give this answer. This attitude derives from two factors.
On the one hand there are psychological factors inherent in the unstable psyche of teenagers. On the other hand there are social factors, including influence of friends, people of the same age, and parents, as well as the social, political, and economic situation in the country.

**Psychological specifics of youth**

Teenagers and young people (13–17 years old) are inclined to nervous and psychological problems. At this age teenagers want to free themselves of supervision and care; they want to oppose to adults and have freedom. On the one hand they are trying to distinguish themselves from everybody else, but on the other hand they tend to copy other people’s behavior. This contradiction leads children to behavior that instills in them a sense of a grown-up quality, including smoking, drinking alcohol, and later using drugs. Some young people take such "self-expression" as "freedom," as they are old enough to choose "the forbidden fruit."

In this age modern young people start sexual life. Nowadays their views on sexual relations are formed under conditions that were considered abnormal several years ago: homosexuality, group sex, and an early and promiscuous sexual life are considered fashionable. This standard is promoted by television and print media. Modern teenagers take such relations as normal.

**Social values of youth**

Any interest groups that a teenager values may become a referent group for him/her. There exist groups that are "prosocial" (not contradictory to socially accepted norms), "asocial" (ignoring societal norms), and "antisocial" (conflicting with the society). Belonging to one of these groups determines a young person’s behavior and attitude toward other people.

An epidemic of teen drug addiction and alcoholism in Russia, as well as in the rest of the world, is closely connected with emergence of new youth movements, groups, and styles of behavior. Each of them has its own characteristic stereotype of relations, sexual behavior, and drug abuse.

**4.4. Cultural specifics, values and ideals of youth**

The main difficulties experienced nowadays by teenagers and youth aged 13–20 are connected with complicated social adaptation, as well as a change in the whole context of socialization.

Dramatic changes in the country (change of the regime, economic crisis) caused a shift in young people’s values. Things that were unacceptable for parents may be predominant among children.

If for the previous generation (parents of modern teenagers, people 40–50 years old) spiritual values prevailed over material, nowadays material values are valued most of all. To make money and secure a worthy life is the main goal of children and their parents.

Modern young people find various property crimes quite acceptable — about 50% of young people justify accepting a bribe, and about 60% don’t see anything wrong with evading taxes. Young people consider cheating the government and corruption a norm; the individual and the state are considered enemies. They are convinced that it is necessary to cheat the state to survive.

Formation of teenagers’ distrust toward the state was happening while their parents were learning the basics of a "market economy," when they had to make money in any way to support their family and children with the basics. Children were thus left unattended and it was up to them to fill the gaps in their upbringing.

**4.5. The level of information among youth**

Information about ways of becoming infected

<table>
<thead>
<tr>
<th></th>
<th>High risk</th>
<th>Low risk</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual intercourse without a prophylactic</td>
<td>95%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Using a common needle</td>
<td>95%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

1 Information from Doctors Without Borders’ study
<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal sex</td>
<td>73%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Oral sex</td>
<td>44%</td>
<td>31%</td>
<td>11%</td>
</tr>
<tr>
<td>Sexual intercourse with a prophylactic</td>
<td>9%</td>
<td>73%</td>
<td>16%</td>
</tr>
<tr>
<td>Kiss</td>
<td>9%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Using a common plate</td>
<td>5%</td>
<td>24%</td>
<td>66%</td>
</tr>
<tr>
<td>Sweat</td>
<td>3%</td>
<td>25%</td>
<td>67%</td>
</tr>
<tr>
<td>Cough</td>
<td>3%</td>
<td>18%</td>
<td>75%</td>
</tr>
<tr>
<td>Using a common towel</td>
<td>2%</td>
<td>20%</td>
<td>74%</td>
</tr>
<tr>
<td>Handshake</td>
<td>1%</td>
<td>10%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Level of information about measures protecting from HIV and STD

<table>
<thead>
<tr>
<th>Measure</th>
<th>I know the measure, %</th>
<th>Protects from STD, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s prophylactics</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>Women’s prophylactics</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Birth-control pills</td>
<td>88</td>
<td>4</td>
</tr>
<tr>
<td>Lippes loop</td>
<td>59</td>
<td>1</td>
</tr>
<tr>
<td>Syringing</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Spermicides</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Menstrual cycle</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Diaphragms and caps</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Other measures</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>

About 2% of those asked consider bronchitis to be a STD; about 3%, a sore throat; and about 6%, consumption, all more evidence of the insufficient information about STD.

Additional evidence of the low level of information about AIDS among young people is the fact that young people are not afraid of becoming infected; they have no feeling of danger or “sense of danger,” and if they don’t perceive AIDS as a danger they as a result don’t feel the necessity to protect their health and the health of their relatives.

4.6. Specifics of youths’ ability to perceive information

Sociological studies show that information channels transmitting true information about HIV/AIDS nowadays play an important role in prevention of the disease among youth.

Various studies showed that the main source of information about AIDS and STD for young people is television (79% of respondents’), followed by friends and people of the same age (63%), and then by publications for young people (58%). Only 25% of respondents cited relatives and parents.

It is interesting that girls prefer to get information from publications for youth and specialized literature while young men more trust television and radio.

It is clear that media information campaigns targeting youth don’t always have the right effect. This is due to the fact that they have not found the best way of carrying information about how serious a problem we are facing.

This can also be explained by the low level of educational programs about health and healthy lifestyle at

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1 Information from Sibir-SPID-Pomoshch Fund’s study
2 Sibir-SPID-Pomoshch Fund’s study
3 Sibir-SPID-Pomoshch Fund’s study
4 Sibir-SPID-Pomoshch Fund’s study
schools and universities and in the media, as well as by unwillingness of parents and teachers to talk to children about sex-related problems, including STD.

Some experts are convinced\(^5\) that if the society accepted the idea "HIV/AIDS is a serious danger to everyone" and became afraid of the infection that people would take a totally different attitude toward their own safety and safety of their friends and relatives.

\(^5\) Consulting company Vostochny projekt’ study
5. WAYS OF TRANSMISSION OF HIV

5.1. Sexual transmission of HIV

Studies show that if before 1995 sexual transmission of HIV was more often during homosexual and bisexual contacts, nowadays heterosexual transmission of HIV is more common.

5.2. Promiscuity and the early sexual life

Multiple sexual relations have become a norm among certain circles of young people. According to studies conducted in 1999 in 12 regions of the Russian Federation, young people start sexual life at 14–15 years, and about 30 to 40% of young people change partners on a regular basis. This is especially typical for villages that have very restricted possibilities for organized leisure. People in big cities on the average change partners every 3–4 months. The motives for entering sexual relations are curiosity, alcoholic intoxication, and the desire to conform and "not to lag behind.”

5.3. HIV and sexual transmitted diseases

In connection with the circumstance mentioned above, with the low level of information, and with the fear of offending the partner by asking him/her to use a prophylactic, teenagers face a huge increase of sickness rate of STD, including HIV.

Since 1989 the rate of STD in Russia has been increasing annually. In 1999 the number of people who became ill with sexually transmitted infections for the first time was 2 million (1.5% of the country’s population), although apparently the figure is just the tip of the iceberg and the real number of ill people is 3–4 times higher.

The syphilis sickness rate grew 64 times between 1989 and 1997. It has been discovered that the probability of heterosexual transmission of HIV increases for people with genital diseases characterized with ulceration or those who have been sick with such STD as genital herpes, gonorrhea, and chlamydian infection. Sexual contact during menstruation and cervical ectopy increase women’s vulnerability to infection due to changed hormonal status and ensuing inclination to bleeding.

5.4. HIV and commercial sex-workers

A sharp increase in the spread of the infection due to commercialization of sexual services is very alarming. Increased prostitution, especially in large port cities, contributes to the spread of diseases and a high sickness rate. According to public opinion polls, up to 40–45% of prostitutes are sick with some sexual disease. In these conditions it is difficult to hope that methods of fighting these diseases that we have in our disposal will bring the desired result, as they don’t in fact eliminate the incubator of the infection.

For this very reason an experience in the Kaliningrad region in which prostitutes were given free prophylactics and leaflets with information about STD en mass is very interesting.

One more important means for fighting STD, including hepatitis C and HIV, is determining the legal status of prostitution. This would give medical workers a right to carry out sanitary and anti-epidemic control of this contingent of the population.

5.5. Rape and HIV

Rape is one of the most serious crimes. A victim, aside from suffering from physical and psychological trauma, also experiences fear of becoming infected with HIV and other STD. Rape of prepubescent people and those
of menopausal age is more prone to lead to injury of genitals, thus increasing the risk of contracting HIV. The risk of infection may also depend on the number of rapists.

In 24–60% of cases a victim knows his/her rapist. This circumstance may help evaluate the probability of infection by taking into consideration factors of risk associated with the rapist. Studies show that many victims of rape already belonged to the group most at risk of having HIV — those who start sexual life early, have frequent sex and unsafe sexual contact, and use intravenous drugs from a young age. Often after the rape the victims either did not change their behavior or became still riskier. This phenomenon can be explained by the low social and economic status of women, their individual behavior before the disease, and their low self-esteem.

Some victims of sexual violence belonging to high risk groups need consultation designed to persuade them to change their lifestyle in order to decrease the risk of HIV in the future.

5.6. Mother-to-child transmission of HIV/AIDS

During recent years many ideas about vertical transmission of HIV changed. In the beginning of the ’90s doctors persuaded HIV-positive women to have abortions because they believed that otherwise the prognosis for the mother and child would be unfavorable.

Currently it is known that transmission of HIV from mother to child is possible during pregnancy and labor as well as during breast-feeding, but doctors no longer consider pregnancy as a factor aggravating the condition of an HIV-positive woman.

The probability of transmission of a virus to a great extent depends on the mother’s health and the phase of the illness. The risk of infection increases for a child during later phases of HIV. Other contributing factors are an increase in the concentration of the virus and a decrease in the quantity of CD4 lymphocytes.

Lately experts worked out three main ways of prevention that help decrease the risk of vertical transmission from 25% to about 2%. These measures include

- **first of all** refusal of HIV-positive women to breast-feed, which helps decrease the risk of infection by 14%
- **second** anti-retrovirus therapy during pregnancy
- **third** having a Cesarean section

Despite the achievements of the past decade, not all doctors are competent enough in this regard. Many women are severely pressured by doctors to have abortions or not to have children. Also HIV-positive women don’t have fully accessible information about reproductive health.

5.7. Intravenous drug addiction

An epidemiologic study showed that the HIV epidemic spreads quickly among people using narcotic substances.

**Indicators of the spread of HIV in Russia**

**June 2002**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-positive people in Russian as of June 30, 2002</td>
<td>207,779</td>
</tr>
<tr>
<td>the total number of registered people —</td>
<td>207,779</td>
</tr>
<tr>
<td>out of them people registered in 2002 —</td>
<td>28,742</td>
</tr>
<tr>
<td>out of 100,000 of the tested population —</td>
<td>229.5</td>
</tr>
<tr>
<td>out of 100,000 tested drug addicts —</td>
<td>3,370.5</td>
</tr>
<tr>
<td>out of 100,000 tested donors —</td>
<td>28.5</td>
</tr>
<tr>
<td>out of 100,000 people with venereal diseases —</td>
<td>221.5</td>
</tr>
</tbody>
</table>

It was determined that sources of infection are common syringes and needles used for application of intravenous drugs, as well as narcotic substances infected with HIV during preparation. Drug addicts in Russia main-
ly use homemade narcotic substances in solutions. Analysis of outbreaks of the epidemic among drug users in the Kaliningrad and Saratov regions and the cities of Novosibirsk, Tver, and Nizhny Novgorod confirms this method of spreading the infection.

Spread of the virus among drug addicts is an unfavorable sign for the further development of the HIV epidemic in Russia because the low cultural and educational level of the majority of drug users, as well as frequent abstinence from the drugs, leads to constant violation of safety rules for preparation and application of drugs.

Drug addiction and constant necessity to find financial means for buying drugs forces drug addicts, especially women, into prostitution, which contributes to sexual transmission of HIV among all groups of the population.

**Influence of drugs on sexual activity.** Use of drugs popular among youth stimulates sexual activity and eliminates moral and ethical restrictions. This results in a sharp increase of sexual contact and boosts sexual transmission of HIV.

According to experts, the number of drug users in Russia increased 3.5 times during the past five years. If this trend continues, their number may increase by 3 million. Taking into consideration the fact that the majority of drug users are young people aged 13–25 years and that the average lifespan of drug users dying as a result of drug addiction is 4–4.5 years after the first use of drugs, almost 30% of the young generation of Russians are in danger. Hard drugs come from Central Asia and are very accessible in Russia. Drug dealers find lots of clients, especially among young people who experience many difficulties in the conditions of the current economic transformation and who are insufficiently informed.

**HIV and consequences of the spread of drugs in Russia***

![HIV and consequences of the spread of drugs in Russia](image)

**5.8. Drug-addicted women**

*The increase in young drug-addicted women* is very alarming. During 10 years their number increased 6.5 times. The development of the HIV epidemic among drug users creates the quite new problem of a dramatic increase of HIV-positive pregnant women because drug addicts don’t pay enough attention to contraception. As usual drug addiction prevents drug-addicted women from turning to medical facilities for abortions. In Russia 144 children born from HIV-positive drug-addicted women have been registered. The children, in addition to becoming infected with HIV from their mothers, are drug-addicted, and so it more difficult to render them medical assistance and take care of them.

**5.9. HIV-positive residents of penitentiary institutions**

There was registered a fast increase in *HIV-positive residents of penitentiary institutions.* During 1994–1996 cases of HIV among people registered at investigatory isolation wards and then penitentiary institutions were isolated. Starting in 1997 their number reached 1,500–2000 people annually. Since April 19, 2001, HIV-positive

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suspects, accused, and convicts have been kept in investigatory isolation wards and penitentiary institutions practically in all Russian regions. Their total number is 6,143. Almost all of them got infected during use of intravenous drugs.

5.10. Preventive education and people using intravenous drugs

Programs designed to "decrease the damage" of drugs are the main measures aimed at stopping the epidemic. These programs, worked out within the framework of UN Joint Program on AIDS, have already proved their usefulness and efficacy.

The main goal of such programs is to inform and teach drug users how to prevent becoming infected with HIV while preparing and using drugs – for example, explaining why it is necessary to use only sterile and individual instruments, including syringes, needles, and vessels for dissolving filters; to boil a drug before using it; and to never add blood to a drug during preparation.

So, implementation of the program for preventing HIV among drug users in Kaliningrad in the second half of 1997 made it possible to reduce the number of newly discovered HIV cases and stabilize the sickness rate on the level of 70 cases per month. A successful implementation of a project designed to decreasing drug damage and prevent the spread of HIV/AIDS among drug addicts in St. Petersburg and Yaroslavl that included exchange of syringes and needles, anonymous consultation to drug addicts, and teaching methods of prevention of HIV practically stopped a fast growth of the epidemic among this group.

Comprehensive preventative measures undertaken on the federal and regional levels, mainly in regions with the greatest number of HIV-positive people, played a particular role in changing behavior of drug users and improving the epidemic situation. Sociological studies showed that over 70% of drug users think that their risk of becoming infected with HIV is high; up to 80% don’t buy ready-to-use drug solutions in syringes and have their own needles and syringes. The number of people using common vessels and instruments for applying drugs has decreased. As a result the number of newly discovered HIV cases in 1998 increased by 11.7% when compared to 1997.

At the same time, going into effect in April 1998, the Federal Law on Narcotic and Psychotropic Substances determined the main ways of fighting drug addiction. A drug user is not considered a person ill with drug addiction but as an offender and criminal, and thus it is much more difficult (and in the majority of Russian regions practically impossible) to use "Decrease of Damage" programs for fighting HIV.

Conclusions: The described examples illustrate general trends of the spread of HIV in "bad" and relatively "good" regions of Russia in terms of the number of the HIV-positive. It is also necessary to point out that in some Russian regions, a sharp increase in the sickness rate can be explained by improvement of the diagnostic base, which, however, does not change the main trend. It is necessary to note that 40% of the newly infected cannot name the cause of the illness.

6.1. Level of information concerning HIV/AIDS among the population as an indicator of the general cultural level of a society

6.1.1. Information sources related to HIV/AIDS

Despite availability of specialized media outlets, including the magazines *Health* (Zdorovye); *AIDS, Sex, Health* (SPID, sex, zdorovye); and *Round Table* (Krugly stol), as well as wide coverage of AIDS at all mainstream media on the federal level, the population’s knowledge of the illness is not full and true and has mythical elements.

Unfortunately the level of information among citizens has not increased during recent years.

<table>
<thead>
<tr>
<th>Level of information about AIDS as a percentage</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficiently informed</td>
<td>19</td>
</tr>
<tr>
<td>Insufficiently informed</td>
<td>35</td>
</tr>
<tr>
<td>Relatively badly informed</td>
<td>44</td>
</tr>
</tbody>
</table>

The decrease of the level of information can be explained by both ineffective work of corresponding information channels (media outlets, lectures, prevention seminars) and by the fact that the population in general is to a greater extent aware of the insufficiency of its knowledge of the problem and is more demanding in its level of information.

It is typical that the level of information about AIDS among relatives of drug addicts is much higher than that of the population in general (61% are well informed, 35% are insufficiently informed, and only 4% are badly informed).

**Young people are better informed about HIV/AIDS** than older people (for example their parents).

According to public opinion polls, the population gets information about AIDS from the following sources, in percentage of those asked:

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio, television</td>
<td>67</td>
</tr>
<tr>
<td>From relatives, friends, acquaintances</td>
<td>21</td>
</tr>
<tr>
<td>From government bodies (the Duma, the Cabinet, police, etc.)</td>
<td>9</td>
</tr>
<tr>
<td>From flyers, leaflets, prevention events organized by health care institutions</td>
<td>6</td>
</tr>
</tbody>
</table>

Despite an increase in the level of information about AIDS, ways by which the infection is spread, and methods of prevention among the population in general, about 68% of those asked would like to have more-detailed information concerning all questions of prevention and treatment of AIDS and drug addiction — the main problem contributing to the spread of the infection.
Evaluation of the level of alarm among the population

According to recent public opinion polls carried out in Moscow and a number of other Russian regions, the level of alarm caused by the AIDS epidemic has faced a considerable increase.

Currently the population mainly connects the spread of HIV with the increase of the number of drug addicts. For example, 73% of Moscovites consider drug addiction to be a very serious problem for the capital, and about 88% of Moscovites think the same about AIDS.

It needs to be noted that the AIDS problem increased in Moscow during the past two years.

City-dwellers’ opinions about the seriousness of the AIDS problem, as a percentage

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very serious</td>
<td>63</td>
</tr>
<tr>
<td>Relatively serious</td>
<td>25</td>
</tr>
<tr>
<td>Not very serious</td>
<td>1</td>
</tr>
<tr>
<td>I don’t know</td>
<td>11</td>
</tr>
</tbody>
</table>

People usually name drug use as the main reason for the spread of the AIDS epidemic. Those asked believe that the main reasons behind drug use are decrease of the morale and of cultural level, lack of a good job, boredom, and a lot of free time. About 75% of those asked said that drug use is first of all connected with getting pleasure.

6.1.2. HIV/AIDS phobia Cultural stereotypes

A consistent stereotype is that AIDS is a disease of risk groups, including drug addicts, prostitutes, and homosexuals, but it has nothing to do with people living normal lives.

Lack of information instills a mystical fear of the illness. Here is an example of a typical set of the most well-spread stereotypes about AIDS among the population:

- It is possible to get infected with AIDS just by visiting a dentist or at the hairdresser’s during shaving or depilation, etc.
- All people with AIDS die.
- All humanity will soon be sick with AIDS.

Manifestations of the AIDS phobia include a fear of mosquitoes and flies (“they transmit infected blood”), refusal to go to saunas and swimming pools (“what if people sick with AIDS go there?”), and fear of sexual life.

A stereotype expressed by the statement "This will not concern me" is still more dangerous than the AIDS phobia. This position is well spread among the population, and to a great extent it leads to a refusal to use prophylactics and an inclination to risky behavior among people who have been informed about the danger.

A well-spread opinion is that AIDS is not a problem; it is a disease of drug addicts. Fifteen years ago it was considered that AIDS is an illness of homosexuals, and therefore it was considered not to be a danger to society.

6.1.3. Rumors and myths as informal information channels

Information circulating through informal channels of interpersonal communication is an important indicator of the population’s level of awareness concerning AIDS. Because people associate an HIV-positive diagnosis with an incurable illness and death, the illness aroused a mystical fear. In order to ease the fear, people started inventing rumors about a possible miraculous recovery.

Several years ago the media reported about Armenian experts discovering a medicine curing AIDS called armenikum. The Russian press also wrote sensational reports about such medications as Viturid and Physicist Markov’s Vaccine.
All these medications, however, have some common weak points:

1. The inventors insist that the treatment was successfully used but don’t provide confirmation.
2. In violation of existing norms, the medications were not tested on animals or the tests that were run had negative results.

The fact that the expected miraculous medications were never sold or even registered gave rise to aggressive rumors. For example, the public is very prone to believe scare-monger rumors saying that large pharmaceutical companies hide effective medicines in order to enrich themselves by the permanent sale of ineffective drugs.

A belief in an artificial origin of the virus was very popular. According to this belief, HIV is a bacteriologic weapon created by American special services (some believe that it was possibly created by Russian special services) to decrease the black-skinned population of the planet.

One more interesting rumor popular among drug users until 1996 said: "Homemade Russian drugs kill HIV." In reality as soon as the virus got into the environment of drug users, the whole country experienced the first mass wave of the epidemic.

6.1.4. Behavioral stereotypes of the HIV-positive

Experts point out that the reactions of people who learn that they are HIV-positive are generally one of these two:

1. If I don’t have much time left, I don’t care about anything.
2. I need to live the rest of my life doing good to my relatives and friends. They start caring about their health, taking care of their body, going on diets, and taking medication on time.

Organizations working with the HIV-positive in Russia and abroad confirm that the majority of those infected choose the second model.

6.1.5. Gender role positions in Russia

The cultural model of behavior for men and women varies. It is based on superiority of one sex — the man over the second sex — the woman. This inequality created the opinion that women are to a certain extent inferior to men.

For this very reason women’s vulnerability to the AIDS epidemic is often determined by the fact that due to gender stereotypes and ensuing dependence, a woman cannot be fully in control of her body and her sexuality.

6.2. Image of “the plague of the 20th century” and current cultural problems of a society

6.2.1. Fear of getting infected

It is obvious that the dominant feeling influencing Russian society’s attitude toward AIDS is fear. The public mind is to this or that extent seized by fear as manifested by the most popular public stereotypes and ideas about the disease.

Special public opinion polls showed that over 90% of Moscovites are to this or that extent afraid of getting infected with AIDS. About 71% are afraid of getting infected while being rendered medical assistance, including injections, blood transfusions, etc. About 14% of those asked are afraid of getting infected directly from ill people.

The current situation in the country (public, political, economic) is favorable for the spread of the epidemic and does not give much hope for state assistance during treatment.

6.2.2. Attitude toward contraceptives

According to public opinion polls in Russia, about 95% of those asked believe that the level of risk during sexual intercourse without a prophylactic is very high; 75% are convinced that the risk is very high during anal sex. However, in the reality there are many factors that prevent people from using prophylactics.

Although in general young people have a positive perception of prophylactics, some of those asked said that their partner would have been offended (6%) or embarrassed (9%) if they offered to use a prophylactic, while some (13%) said they find discussing using a prophylactic with their partner embarrassing.

Two-thirds of respondents (66%) said they would have been glad if their partner offered to use a prophylac-
tic. At the same time, over one-fifth of those asked (21%) who were sexually active had experience with a partner who had refused to use a prophylactic. According to a popular stereotype, sex with a prophylactic is like smelling roses in a gas mask.

The majority of the respondents (53%) agreed to sexual intercourse without a prophylactic; the others either insisted on using a prophylactic (33%) or refused sexual intercourse (14%).

It looks as if HIV/AIDS presents a vague threat not quite clear for the majority of young people. Few of them cite AIDS as a reason for using a prophylactic. The main motives for using a prophylactic are first of all birth control (72%), second prevention of STD (39%) and third prevention of HIV/AIDS (19%).

6.2.3. Aggressive attitude towards people with AIDS

On the one hand the level of information of the society about ways of transmission of HIV increased, helping decrease the fear of trivial contacts with the HIV-positive. On the other hand, the majority of the population insists on creating reservations for the HIV-positive as was historically done for lepers.

The public to a great extent continues to connect the HIV epidemic with human vices. For this reason part of the population still believes that it is necessary to take severe measures against the HIV-positive and people sick with AIDS and isolate them from the society.

6.2.4. Discrimination against the HIV-positive

Russian law does not call for any restrictions for the HIV-positive. The HIV-positive enjoy all rights provided by Russian law. They can have any job and study any specialty. However, there exists hidden discrimination.

Out of the fear of discrimination the HIV-positive have to conceal their diagnosis even from their close relatives and friends. The vast majority still considers AIDS to be "a shameful illness."

There have been many cases in which HIV-positive people have faced criminal charges in connection with behavior that could spread the infection. Superstition and lack of information about AIDS-related problems has caused legal injustice and discrimination against ill people.

Many people treat HIV-positive people or people sick with AIDS as potential criminals who present a danger to society as a whole. Due to this attitude, people (especially belonging to the risk groups) are reluctant to get tested, thus making prevention and treatment of ill people more difficult. There is a fear of being condemned, misunderstood, and rejected not only by society but also by close relatives and friends. For the majority of country’s population, this fear is greater than the fear of getting sick.

6.3. Position of the mass media

It must be said that mass media are very actively coving HIV/AIDS-related problems. From September 1998 to April 1999, 350 regional media outlets published 7,353 reports devoted to this topic. Federal and regional television channels over 900 times broadcast clips, talk shows, and other materials aimed at prevention of HIV. In accordance with a plan of urgent measures signed by the Health Ministry and the State Media Committee in May 1999, the government announced a journalist competition for the best coverage of HIV prevention.

At the same time social advertising lacks a systemic approach and is broadcast during unpopular times. Social advertising often is intimidating and for this reason not very effective. It is alarming that particular television reports broadcast by NTV and TV-6 targeting mainly young people under the pretext of covering problems of sex and drug addiction report about sexual perversions, promiscuity, advantages of particular narcotic substances, permissibility of use of "soft drugs,“ etc., a circumstance that has a very negative impact on both prevention of HIV and drug addiction and improvement of public morals.

Russian media reports about AIDS can be divided into two trends — positive and negative.

6.3.1. Trends at the mass media

Positive trends

Positive publications present the idea that the government is to a great extent in control of the situation and is conducting active work to prevent and fight AIDS. Health care institutions carry out special programs, civic organizations are formed that intensively work with youth within the framework of large social projects, etc.
The main idea of such publications is that AIDS is not Russia’s most serious problem and there are no reasons to panic.

**Negative trends**

The opposite (negative) trend is represented by two main views on AIDS in Russia.

The first position of the media: The government does not do anything for treating and preventing AIDS, does not earmark money, in many cases does not help implement special programs, does not take care of sick people, and does not carry out any work with high-risk groups. Such reports purposefully suggest to the audience that our government, including the president, either is incapable or is systematically killing the population in line with some worldwide conspiracy, etc.

As a rule publications with such subtext emerge during pre-election campaigns, ahead of passing of unpopular laws, or as an attempt to pressure the government. There is no doubt that such articles are paid for by third parties to influence the perceptions of the public. Another source of such articles is low-circulation nationalistic publications.

The second position of the media: The goal is to intimidate the population as much as possible. Such publications very vividly and in detail tell about AIDS in connection with drug addiction, prostitution, reduction of the population, imperfect treatment, high prices on effective medications, etc. This approach is seemingly correct, but after reading such reports the audience gets an impression that the authors are tired of life, that they see and expect no good. This mood can carry over to the audience.

The media spread statistical scare-mongering forecasts that say, for example, "Starting in 2013 the Russian population will start dying en mass from AIDS-related infections and tumors." Such information is not likely to suggest optimism either to the HIV-positive or to healthy people.

6.3.2. Specifics of informational campaigns to combat AIDS

In 1997 when the HIV/AIDS epidemic started spreading throughout Russia, the organization MSF-H ("Doctors Without Borders") started working out strategies to inform the population about risks connected with the disease and ways to avoid it.

However, finding a way to inform the over 140 million population of a gigantic country stretched across 11 time zones is a very complicated task.

One method of solving this problem involved the media. Conditions in Russia were very favorable for carrying out media campaigns: About 99% of Russian households have television sets; about the same percent of the population is literate. So with the help of ministries, the federal government and public sector experts started forming the first media campaign devoted to safe sex.

Currently a lot of attention is devoted to medical aspects of social advertisement. At the same time workable information campaigns aimed at prevention of HIV/AIDS must be based on educational technologies targeting risky behavior and helping form safe behavioral standards.

**First information campaign**

In 1997 the Russian media carried out the first campaign, which was called "Safe sex — my choice." It was devoted to individual’s personal choice in sexual issues and promotion of prophylactics. The campaign targeted people from 15 to 25 years — the most sexually active age when behavioral standards are still being formed.

Involvement of the media helped coordinators of the first campaign address millions of people all over the country. Russian nationwide channels for free broadcast promotional video reels over 2,000 times, the total air time of which cost over 25 million U.S. dollars.

Civic and nongovernmental organizations also contributed to the project by disseminated 1.2 million flyers at clubs, clinics, and universities. The ideas of the campaign were also spread through signs on city buses, on billboards, in the Moscow metro, and in press media.

The first campaign devoted to individual-choice issues and use of prophylactics lasted for 18 months. It was followed by three other closely related campaigns.
The second information campaign

The second Russian media campaign was carried out in 1999 under the slogan "Intelligent person — intelligent choice." It promoted a healthy lifestyle and use of prophylactics. The campaign called on young people to realize their personal responsibility for their choice. The campaign targeted the same audience aged from 15 to 25 years.

The third information campaign

The third Russian media campaign had as its the main slogans "This small thing will protect both of you" and "Make your world safer" and started in 2000. It targeted residents of big cities already familiar with safe-sex issues but in need of additional stimuli to be more responsible for their sexual behavior. It also targeted those for whom the issue of safe sex is relatively new due to little experience.

The fourth information campaign

The fourth Russian media campaign, "It is important to be protected," started in 2001 and is still going on. Unlike the previous three campaigns designed for young people from 15 to 25 years old, this campaign is targeting an older age group from 20 to 29 years old. Representatives of this group are not as inclined to use prophylactics as younger people.

6.4. Language

The modern Russian language in fact lacks a neutral vocabulary for male and female genitals as well as for the act of sex. The language has many low colloquial and slang expressions for the notions concerning sexual life and sex. In addition, there exists a medical terminology rooting from Latin (for example coitus) or the Old Slav (for example copulation). The original stylistically neutral Russian vocabulary related to this sphere is missing in the modern Russian literary language.

This very fact serves as an obstacle for a free discussion of these issues in families and educational institutions and to a certain extent in the media. The problem is that medical terminology is not always appropriate and in some case is incomprehensible, while slang, low colloquial and obscene expressions are not acceptable in those spheres of activity where a literary language is used.

It is true that it is very difficult to make a stylistically neutral description of intimate relations between a man and a woman using the modern Russian literary language.

On the one hand this fact hampers educational and enlightening conversations at secondary schools and the media, and on the other hand it serves as an obstacle to discussion of intimate issues in families and between partners. This specific of the Russian language in fact hampers any "sexual education" both on the part of parents and teachers, as well as in the media. This "language barrier" also exists between partners and married couples. People find it difficult to talk about intimate topics. For example, one frequent problem named by young people is "It is difficult to find words; I feel embarrassed to ask my partner to use a prophylactic."

Therefore the specifics of the modern Russian literary language become a "risk factor" in the conditions of the spread of AIDS in Russia.

A way to overcome this language barrier is by increasing enlightenment work among the population. This may lead to medical terminology becoming more comprehensible and acceptable to the public.

6.5. Role of religions

Up to now the Christian Church in Russia has not been actively involved with the HIV/AIDS issue. Individual priests of the Russian Orthodox Church in their parishes have carried out ministerial care and supported HIV-positive people. However, there are no official centrally organized initiatives and programs. To a certain extent this situation may be explained by the fact that the church, as well as the public as a whole, does not have sufficient knowledge about this disease and is influenced by harmful stereotypes. The society does not understand the role of the church in solving the problem.
Taking into consideration the pace of the AIDS epidemic in Russia, the church must undertake active steps to stop the further spread of the disease. The church’s task first of all includes ministerial, spiritual, and psychological care of people infected with HIV, as well as their relatives, friends, and acquaintances who suffer along with them. The church’s second task is to take an active part in prevention work. It is necessary to carry out educational and pedagogic work among children and youth, as well as their family, parents, doctors, and teachers. Some clergymen actively work with drug addicts at centers for treating and rehabilitating of drug addicts, and this work is also very important in combatting the problem.

Unfortunately the main risk groups, including young unemployed, drug addicts, and prostitutes, are not very susceptible to the church’s influence. Most of them do not go to church or listen to the opinions of the clergy. This fact in many cases hampers clergymen’s work with these groups of the population. However, the church can work with the remaining members of the society to change their view of the problem and of sick people in society.

One concrete contribution of the church in support of the HIV-positive and people sick with AIDS was organization of regular prayer for the health of these people. The prayers carried out during the last weekend of each month in a number of cities, including Moscow, St. Petersburg, Podolsk, Kaliningrad, Minsk, and Tver.
7. STATE AND HIV/AIDS: CULTURAL CONTEXT AND ATTITUDES

7.1. Legal context

On March 30, 1995, the Russian government passed a law on prevention of the spread of the disease caused by the Human Immunodeficiency Virus (HIV) in the Russian Federation (amendments on August 12, 1996; January 9, 1997; and August 7, 2000).

The adoption of this law gave rise to a heated discussion among people with various points of view. The idea that the an HIV test would be a condition for medical assistance and that the government would be entitled to impose compulsory testing was particularly controversial. Many experts were convinced that this demand was not based on an attempt to stop the infection but on the economic interests of producers of test systems.

Only resolute statements by competent specialists, including V.V. Pokrovsky and representatives of Russian and international civic organizations, as well as a number of deputies, were able to stop compulsory measures that would violate human rights. Compulsory testing was replaced with volunteer testing, consultation, and prevention.

The law was largely criticized, with some calling it hawkish and the others saying it was too lax.

7.1.1. Legal punishment of spreading HIV

The criminal code of the Russian Federation calls for criminal punishment for purposefully infecting other people with HIV. However, legal practice does not have many criminal cases connected with accusations of purposeful infection of HIV compared to other lawsuits. Nevertheless, even those criminal cases that were covered by the media helped form the public opinion that the HIV-positive should be held more responsible to society.

It should be remembered that increased criminal punishment could create among the healthy population a false feeling of safety. They might fall prey to the illusion that criminal punishment reduces the risk of getting infected and that they are legally protected.

Existence of discordant couples is another problem. Citizens knowing about their HIV-positive status are completely accountable for spreading HIV. Article 122 of the Russian Criminal Code puts a discordant family out of law.

7.1.2. The law on AIDS: Migrants and foreign citizens

In an attempt to protect the country from "imported" HIV from countries with a worse epidemiologic situation, the Russian government demanded that foreigners coming to Russia for more than 3 months deliver a certificate of a negative HIV test (see chart).

7.1.3. Compulsory HIV tests of Russian citizens

According to the law, an HIV test is compulsory for the following groups of people:

• blood donors

• doctors, nurses, and care-takers working at centers for prevention and treatment of AIDS; workers of health care departments directly engaged in testing, diagnosis, and care of people sick with AIDS (this requirement is connected with compensation in case of infection)

• pregnant women

The remainder of the population can be tested on a volunteer basis. However, all hospitalized people must be tested for HIV.
7.2 Health institutions and persons affected by and infected with HIV/AIDS

7.2.1. Russia’s positive experience in discovering and registration of people ill with AIDS and HIV-positive

Russia is one of few countries that has organized a system of discovering and registering not only people sick with AIDS but also the HIV-positive. The advantage of this measure is the possibility to provide medical and social assistance to infected people at earlier stages and to do everything to prevent the further spread of the infection.

Early diagnosing, hospitalization, and treatment, as well as providing psychological and social support to the HIV-positive, make it possible to prolong their life, ability to work, and social activity. The average lifespan of people sick with AIDS in Russia is now 5–7 years, while in other countries it is 1–3 years. In October 1997 the World Health Organization (WHO) called the Russian system of epidemic control of HIV the most effective (at the same time it noted that it is rather expensive for developing countries).

7.2.2. Dispensary check-ups of the HIV-positive

It is recommended to test HIV-positive people from time to time carrying out dispensary treatment. The goal of dispensary treatment is to provide timely medical assistance (discovering any threat of aggravation of the disease and proscribing corresponding treatment), including psychological help.

According to the current law, dispensary treatment is based on voluntary informed agreement of a patient. It is recommended that HIV-positive people be invited to undergo recurrent examination without violating their right to refuse the examination and treatment, as well as the right to choose the medical institution where they want to be treated. The examination includes a general test, expert consultation, and an evaluation of the stage of the disease and possible complications.

Planned checkups of ill people during the third stage of the disease (latent) are carried out once every 6 months and during later stages of the disease once every 3 months. If the level CD4-lymphocytes is less than 0.5x10⁹ /l planned checkups are carried out once every 3 months.

In the presence of additional clinical and epidemiological indicators showing secondary accompanying illnesses, diagnosis of which requires additional examination, a doctor may prescribe such examination.

Additional examinations are carried out when there emerge signs of HIV progressing or of accompanying diseases.

7.2.3. Treatment of HIV

In order to secure free and accessible checkups and treatment of HIV/AIDS for all citizens of the Russian Federation, the Russian Health Ministry carries out centralized supplies of diagnostic and treatment medications for treating HIV/AIDS.

Taking into consideration the absence of the possibility of complete treatment of HIV, the goal of the treatment is to prolong as much as possible the ill person’s life and to secure its quality.

The main principles of HIV therapy include

- creation of a protective psychological regime
- timely initiation of an effective ethiotropic (antivirus) therapy and prevention of secondary diseases
- a careful selection of the minimum necessary medications
- timely treatment of secondary diseases that requires early diagnosis

7.2.4. Rehabilitation of persons affected by and infected with HIV/AIDS

Information about the fact that HIV is incurable and the disease is fatal evokes negative emotional reactions in an infected person connected with realization of unavoidable death. The society is prejudiced against the HIV-positive and people sick with AIDS because in the majority of cases it evaluates HIV as a natural outcome of immoral and asocial behavior.

People surrounding an HIV-positive person tend to distance themselves from the person, thus aggravating the negative psychological reaction of the infected person. Infection has serious emotional and social conse-
quences, changes a habitual behavior of an infected person, and affects his/her status in the family, as well as his/her legal status.

Adjustment of HIV-positive people to normal life conditions is connected with constantly overcoming psychotraumatic influences. As a result, from the moment a person is suspected of having HIV, the patient is under constant psychic stress and it is necessary to take measures in order to alleviate its medical and social consequences. It is necessary to restrict the number of people having access to information about any HIV-positive person to the minimum and to take measures for his/her social adaptation. Social adaptation of a sick person, including psychological help, prevents his/her aggressiveness toward a society via a wish "to take revenge through spreading AIDS" and prevents the temptation to go into prostitution or drug dealing to compensate for financial losses due to losing means of subsistence. In the majority of cases medical workers cannot solve material and personal problems of HIV-positive people, but they can prevent them from wrong actions by influencing their psychological condition.

The most accessible form of psychological assistance is an individual conversation as well as family therapy. During a conversation a doctor can use elements of explanatory and rational therapy. Explanatory therapy is effective in those cases in which a sick person is open to doctors’ explanations designed to correct patient’s wrong judgment and his/her evaluation of the illness and the situation that caused the psychic trauma.

In those cases in which a patient does not agree with a doctor, the latter uses rational psychotherapy. This method is characterized by logical persuasion.

Psychotherapeutic influence that is helpful will have a stimulating effect on a patient, spur activity directed at a search for the best solution to the psychotraumatic situation, prepare the patient for an unavoidable change of a lifestyle, and help him/her adjust to changed life prospects.

Aside from a doctor in charge of the case, psychosocial adaptation of a sick person should involve experts specially trained to deal with HIV patients. Taking into consideration that in the majority of cases HIV-positive people cannot cope with psychotraumatic factors on their own, consulting is one of the most important methods of creating a protective psychological program.

Consulting and psychological support to HIV-positive people is voluntary for them. It is recommended that patients be offered psychological support at each regular and extraordinary checkup. Later on psychological assistance and support to individuals is carried out according to results of checkups.

7.3. HIV/AIDS-related socio/cultural environment: state’s policy

Public opinion polls have shown that the majority of the Russian population is rather critical of the measures the Russian government, the Health Ministry, legal bodies, and civic organizations have taken to fight drug addiction and AIDS.

Every regional center, capital of a republic, and big city has a center for fighting AIDS. Creation of such centers, as was said before, caused treated HIV-positive people to be isolated from society.

Society is in many cases convinced that HIV-positive people should receive medical assistance only at the AIDS centers and that regional hospitals should have HIV-positive patients. This conviction is despite the fact that according to federal law, HIV-positive citizens have the same right to medical assistance as all other citizens.

Medical assistance must be rendered equally to all citizens in accordance with clinical indicators and the HIV-positive enjoy all rights provided for by the Russian law on protection of citizens’ health. Therefore an HIV-positive citizen has the right to turn for medical assistance to any health care institution of his/her choice.

In many cases health care workers don’t have enough knowledge about HIV and measures of precaution. Isolation of anti-AIDS centers forms the opinion among ordinary medical workers that they will not have to deal with the disease in their work.

Despite the fact that the main principle of prevention of blood-transmitted infections is use of disposable sterile tools and disposable rubber gloves for work with each patient no matter his/her health, even in the conditions of a rapid epidemic medical workers often neglect sanitary rules and an encounter with an HIV-positive patient is a shock for a regular medical worker.

All these factors cause problems in fighting AIDS and make doctor-patient relations more difficult.

During recent years the virus hit average people who considered themselves healthy no matter their sexual
orientation. This change forced medical workers and politicians to reconsider methods of fighting the epidemic and to work out new approaches.

The basic principle of fighting the epidemic is the principle of social integration and mutual help.

HIV-positive people are not isolated but equal members of the society who must get from the state all they need for a full and meaningful life. On their part HIV-positive people must undertake to do their best to decrease the epidemic and prevent new infections. On this very basis should be created all social and medical strategies designed to prevent the spread of HIV.

7.4. Reproductive rights of HIV-positive women

Many HIV-positive women who decide to have children not only don’t get objective and comprehensive information about risks to their health and possibilities of infecting their child with the virus but also undergo severe pressure and intimidation aimed at forcing them to interrupt pregnancy.

Not knowing the extent of the real danger for the future child and not having the opportunity to get a consultation and get true information, women make difficult decisions on their own that have severe consequences for them and their families.

An HIV-positive woman in Russia experiences extremely difficult social consequences from the diagnosis: discrimination and hostility from society.

Directly or indirectly society makes it clear to HIV-positive women that sexual life and reproductive choice — to have or not to have a child — are not issues for them any more. This is expressed through both public pressure and adoption and implementation of criminal laws punishing HIV-positive people for having sexual relations.

The right to have a child for an HIV-positive woman in many cases becomes subject to pressure, manipulation, and intimidation. If a woman decides to give birth to a child, she has to seriously fight for her reproductive rights both against the system and public opinion.

It is necessary to point out that currently more strategies for fighting HIV are directed at preventing transmission of the infection from mother to child than at preventing of infection among women.

7.5. HIV/AIDS-related socio/cultural environment: role of community

Recent public opinion polls in Moscow have shown that over 80 percent of residents have a negative attitude toward HIV-positive people and people with AIDS. The vast majority of the population feels fear and no compassion toward people sick with AIDS.

Answers to the question "How do you think the majority of people treat people sick with AIDS?" were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>With compassion, without avoidance, trying to help</td>
<td>9</td>
</tr>
<tr>
<td>With fear and suspicion, trying to be isolated from them</td>
<td>52</td>
</tr>
<tr>
<td>With condemnation, demanding severe measures for their isolation</td>
<td>19</td>
</tr>
<tr>
<td>It would be good to send all people sick with AIDS out of Moscow</td>
<td>10</td>
</tr>
<tr>
<td>Cannot answer</td>
<td>10</td>
</tr>
</tbody>
</table>

It is necessary to point out that this negative, aggressive attitude toward the HIV-positive is growing due to a fear of getting infected. The majority of those asked are convinced that people sick with AIDS need effective social help. One-third of respondents believe that it is necessary to promote creating civic associations of people sick with AIDS for mutual support and help.

Moscovites consider prevention and educational work the most important measure in combatting AIDS. Almost 50 percent of those asked said they hope that medical facilities will improve their work. Views and attitudes have been changing recently. People who encounter HIV as their own disease or as a disease of their close ones realize that it is not so exaggerated and fearful.
8. RUSSIAN EXPERIENCE IN COMBATING HIV/AIDS

8.1. Relevant institutions

Many government and medical structures and public associations joined fighting HIV/AIDS due to widespread HIV infection.

8.1.1. Governmental organizations

The following entities can be specified among the government and medical establishments involved in prevention and treatment of HIV/AIDS:

- Health Ministry of the Russian Federation, AIDS Department
- Health Ministry of the Russian Federation, Narcology Scientific Research Institute
- Health Ministry of the Russian Federation, Ivanovsky Virology Scientific Research Institute with the Russian Academy of Medicine
- Russian Scientific and Methodological Center for AIDS Prevention and Treatment, plus similar centers in each of the Russian Federation regions (89 total)
- Russian State Medical University (Virology Laboratory)
- Moscow City Second Clinical Hospital for Infectious Diseases
- Moscow City Center for AIDS Prevention and Treatment, Moscow Sanitary and Epidemiological Inspection, Anti-HIV (Scientific Center for AIDS Prevention)
- AIDS (Immunology) Laboratory

The Ministry of Health Care implemented "The Interstate Program of Cooperation for HIV Infection Prevention in the CIS Member States Until the Year 2000." Within the framework of the program, measures were taken aiming at HIV infection prevention, information exchange, and activities cooperation in fighting against HIV/AIDS.

AIDS centers have been formed within the past 10 years in many regions of the Russian Federation. The differences in their work are related to regional specifics and sharp differentiation of the HIV spread in the regions.

AIDS centers are establishments for treatment and prevention similar to non-stationary clinics. They are involved in information and analytical, organizational and methodological, treatment and prevention, and consultation efforts. The Moscow City Center for AIDS Prevention and Treatment for the Moscow Health Care Committee is a leading establishment in Moscow that offers all-around help to HIV and AIDS patients. In Murmansk an AIDS center is conducting immunoblotting, immune status detection, centralized distribution of test systems, which passes an initial control, to laboratories at the district level.

Information and analytical activity with social probing as a part of it is helping to sustain the necessary level of instructions and methodological documentation development for the health care structures.

A combined anti-virus therapy based on the use of three and more anti-retrovirus substances (Zidovudine [TIMAZID], Zalcitabine [HIVID], Didanosine [VIDEX], Saquinavir, Indinavir [KRIXIVAN], Nelfinavir [VIRACEPT], etc.) in different combinations is being conducted in Moscow. The combinations depend on virus resistance to different medicines. However, less than 2% of infected Moscow residents receive this type of therapy; in the provinces this rate is even lower.

Shortage of diagnostic materials prevents effective treatment and testing of the immune status of patients with HIV and AIDS. Most AIDS-associated diseases (cytomegalovirus infection, herpes viral infection, toxoplasmosis, pneumocystosis, and others) are not diagnosed with the use of genetic diagnostic methods and specific monoclonous anti-bodies.
The government and medical structures are unable to cope with HIV/AIDS problem despite all events and programs that are being concluded. First of all, there are limitations to the government funding of those programs. In addition, due to almost no effectiveness of traditional practices of sanitary and educational activity that has been conducted for many years, the efforts never reached some population segments, and Russia has little experience in HIV/AIDS prevention because the epidemic arose later than in many other countries.

8.1.2. National and international NGOs, UN-Family agencies

The activities of public, nongovernmental, international humanitarian organizations becomes more significant alongside government structures. Different HIV/AIDS public organizations have been created in recent years. Some of them no longer exist; some are still active.

1. Some Russian public organizations

- New Age (Novy vek)
- SPID-infosvyaz
- Humanitarian Project (Gumanitarny Proekt)
- Return (Vozvrashchenie)
- AIDS. Sex. Health Association (Assotsiatsia "SPID. Sex. Zdorovye")
- Ogonyok-VID-Anti-SPID Charity Foundation
- We & You Association in Support of National AIDS Program ("Mi i Vi")
- Gera Information and Education Center
- Regional Branch of Future Without AIDS Charitable Organization of Women ("Budushchee bez SPIDa")
- Accent ("Aktsent")

2. Some international organizations working in the Russian Federation

- Medicines Sans Frontiers International Humanitarian Organization
- UNAIDS – Joint U.N. Program on HIV/AIDS
- UNESCO
- UNICEF
- The World Health Organization (WHO)
- UNFPA – U.N. Population Fund

8.1.3. International organizations: Russian experience

Close cooperation has been developing with international organizations including the Joint U.N. Program on HIV/AIDS, the World Health Organization, UNESCO, UNICEF, and others regarding the other countries’ experience in preventing HIV infection, primarily among high-risk groups (drug addicts, paid sexual services providers). Efforts have been taken to draw funds of international and nongovernmental organizations to help prevent the spread of HIV in Russia. For instance, the Joint U.N. Program on HIV/AIDS allocated 170,000 U.S. dollars for development and implementation of pilot programs aimed at reducing damage of drug abuse and HIV/AIDS prevention in the cities of Moscow, Sankt-Petersburg, and Yaroslavl.

International nongovernmental organizations managing new education technologies are successfully implementing new approaches to different risk groups that have been developed in other countries. In addition, nongovernmental organizations have long-term experience in financing programs through sponsors’ contributions, including the ability to substantiate financially the implemented programs, raise funds, and efficiently manage funds.

This experience has a special value to Russia. Independent international organizations Medicines Sans Frontiers and International Federation of Red Cross co-sponsor Russian NGOs and help to implement their projects.

The information and education campaign on prevention of HIV infection by sexual transmission that was launched in Moscow in 1997 in cooperation with Medicines Sans Frontiers is continuing. It is planned to expand to other Russian Federation entities and to organize expert training in the most-effective methods of HIV prevention among drug addicts. The total cost of the programs is estimated at 367,000 U.S. dollars.
8.1.4. Civil society and social partnership

Public organizations operating in Russia in the sphere of HIV infection problems can be divided into three groups according to their function.

1. **Public organizations that are involved in informational support** of the state, primarily medical establishments and private persons (Info-SPID, Info-plus, etc.). For example, employees of "Info-SPID" in cooperation with Medicines Sans Frontiers in 1997 alone translated and published 1,000 different pamphlets ("AIDS and Women," "AIDS and Human Rights," "AIDS and Prevention Practices"). They also delivered those materials to more than 400 addresses. The Info-plus independent charity organization, which was founded in 2000, has been summarizing and delivering information on HIV/AIDS and affiliated problems to keep people informed. The center manages its activities through mass media and the Internet.

2. **Public organizations participating actively in knowledge dissemination** on HIV prevention among the general population, dealing with the risk groups ("We and the Doctors," Medicines Sans Frontiers, Women Against AIDS Association, "NAN," Fokus, "Aktsent," and others). For example, "Aktsent" has different activities on AIDS and STD prevention with conscripts, prostitutes, and young inmates.

3. **Public organizations rendering assistance to HIV-infected and AIDS patients.** In today’s Russia the number of public organizations conducting active systematic operations to fight the spread of AIDS is not still as significant as in other countries and, these organizations are practically unknown to the population. Only 3 to 4% of the people know about the public organizations that are actively involved in solving the problems connected with the fight against drug abuse and AIDS. Many point to their inactivity.

### 8.2. Campaigns carried out in the Russian Federation


The Health Ministry of the Russian Federation, government structures, and health care institutions have worked out and accepted the **Anti-HIV/AIDS principal federal program for the years 2001–2003** to limit the spread of HIV.

**Free HIV prevention and treatment** activities are part of the framework of this program. For instance, entities of the Russian Federation have received the necessary quantity of diagnostic test-systems and Zidovudine (Timazid) for HIV treatment. The federal and eight regional AIDS centers have been furnished with the modern laboratory equipment.

#### 8.2.2. Local experience

The Russian clinical AIDS center based at the republic’s infectious diseases hospital in Sankt-Petersburg is completely supplied with the latest generation of drugs to organize triple therapy treatment for infected children.

An AIDS prevention and treatment service was organized in St. Petersburg. It consists of different government and medical structures:

- City center for AIDS prevention and treatment
- Stationary clinics
- Chairs (departments) at the postgraduate academy
- Scientific research institutes

Close connections have been established with the State Sanitary and Epidemiological Inspection (Gossanepidnadzor) service. The city health care committee is coordinating operations connected with AIDS problems with all the establishments involved in this process, as well as with drug addiction, gynecological, maternity and childhood, dermatological, and STD and infectious services. HIV/AIDS problems are being worked on at the level of city administration to ensure interconnection with all the committees, as well as with the Legislative Assembly and commissions that help finance and implement the city programs.

### 8.3. Specific of HIV/AIDS prevention in Russia

As the number of HIV infected grows, HIV, other STD, and drug-abuse prevention becomes especially urgent.

A system of epidemiological control over HIV infection based on state registration of all HIV-infected
patients helps to monitor the development of the epidemiological process in the country, to detect the infected at early stages, to render them specific medical and social assistance, and to carry out preventive measures at early stages to help prolong their lifespan, ability to work, and social activity. About 20 million people are being tested for this purpose every year.

8.3.1. Main approaches to HIV/AIDS prevention

A system of epidemiological control over HIV infection spread has been introduced in Moscow. A number of anti-epidemic measures are being taken, and a system of HIV-prevention offices has been installed. All comers may not only have an HIV test but may also get all the necessary information about the disease from qualified doctors.

A citywide AIDS and drug-abuse prevention system has been designed in Sankt-Petersburg. An AIDS prevention and treatment center, a medical prevention center, a coordination center for drug-addiction prevention within the city narcological clinic, an STD and dermatological service, and other health care and disease-prevention institutions and public organizations take part in HIV/AIDS prevention in St. Petersburg.

There are several levels of prevention:

1. **Initial prevention** is intended for the general healthy population. These types of programs address primarily the teenage audience; among them are educational programs including sexual education and safe sex programs such as “Life Without Drugs,” etc.

2. **The second stage of prevention** targets the audience related to risk groups. These programs aim at preventing the further spread of drug abuse and reduction of negative factors associated with drugs abuse.

3. **The third stage of prevention** includes measures aiming at improving the quality of life for people who are addicted to drugs or working as prostitutes. It includes development of a wide network of social and rehabilitation measures.

Making available objective information on AIDS, the way it is spread, and prevention measures is currently one of the most effective means of preventing the disease.

There are several methods of distributing information and educating people about HIV prevention:

1. Using mass media to address general public.

2. Selecting and addressing target groups: youth groups (school, college, and university students and army conscripts); teachers, lecturers, and professors at schools, colleges, and universities; students’ parents; medical personnel; and at-risk groups (homosexuals, prostitutes, drug users, abandoned and runaway children, and prison inmates).

3. Individual interaction (HIV infected patients, and anonymous clients of test centers and consultation centers).

The following methods are employed for preventive work:

1. Educational seminars on epidemiological issues, prevention, treatment, social aspects of HIV infection for local media journalists including TV and radio reporters

2. Publications in the press on the HIV/AIDS issue with the emphasis on epidemiological problems and HIV prevention

3. Radio programs on HIV prevention among different groups of the population; promotion of video spots on HIV prevention through local TV channels; production of special segments or program series on television debating different aspects of HIV/AIDS; placing informational materials on local computer networks

4. Lectures, public debates, and panel discussions on HIV for students in their senior year of school, college, and universities

5. Training patients at medical and narcological centers and viral hepatitis departments at infectious diseases hospitals in ways of preventing the spread of HIV

6. Recruiting youth leaders and icons to campaign against the spread of HIV

7. Use of popular publications and different youth gatherings

8. Approaching groups that are usually hard to reach and building up relationship of trust with drug addicts
8.3.2. Practical experience

Different centers and institutions conduct numerous HIV/AIDS-prevention activities. The Russian non-governmental organization "Fokus" (Focus) held a widespread action called Intelligent Person — Intelligent Choice aimed at informing youth about how to prevent AIDS and STD. Videos, posters, and pamphlets covering disease-prevention problems were released for the young audience, and marketing research on condoms’ accessibility was performed.

Experience with approaching high-risk groups is valuable. In one interesting example, street prostitutes received condoms and question lists (for them and their customers). The results of the study helped to determine the lines and plan of preventive measures.

Agencies offering sex services in the same city were addressed alongside street prostitutes. Each of the agencies received addresses and contact phone numbers for anonymous HIV/AIDS test centers, as well as for medical centers distributing information on HIV and STD.

Active goal-oriented efforts target high-risk groups, primarily intravenous-drug addicts. AIDS prevention and treatment centers, with the help of the Joint U.N. Program on HIV/AIDS and Medicines Sans Frontiers organized a series of educational seminars.

Over 300 Russian specialists learned to help drug addicts prevent HIV. Prevention programs have been designed in 50 regions.

However, there are a huge number of unresolved questions in HIV prevention and treatment. The AIDS prevention and treatment service structure needs upgrading and tuning to reinforce and expand prevention efforts among younger people.

AIDS prevention and treatment centers in several regions with the highest HIV infection rates (Moscow and the Moscow, Vladimir, Tambov, Ryazan, and Penza regions) are functional branches of different health care institutions and cannot use all their potential.

8.3.3. Effectiveness of preventive system

The effectiveness of prevention efforts is nearly impossible to estimate. Efforts to change behavior need an individual approach. A system of medical and psychological support for the HIV infected and their family members has not been created.

A system of public information on HIV prevention, especially among younger people, remains insufficiently effective. Cooperation with mass media needs a jumpstart and new approaches. The media quite often spread distorted information on the nature and mechanisms of the epidemic’s development.

HIV prevention methods among male homosexuals have not been developed. Except for one-time projects of public organizations, no HIV-prevention measures have been taken to help this group.

8.3.4. Scientific research

Scientific research on HIV/AIDS problems has been conducted since 1994 within the framework outlined in the subprogram “National priorities in medicine and health care,” which is part of the federal special scientific and technical program “Research and development along the priority lines of civil science and technology.” The lines of this research go along the major tendencies of world scientific development. They are connected to the development of ways of prevention, creation of HIV/AIDS immunoprophylaxis substances, improvement of existing and development of a new generation of diagnostic and treatment methods, study of HIV epidemiology and clinical course, new HIV cultures growth and research of their characteristics, and development and implementation of the ways to control the HIV epidemic.

Scientific research conducted by institutions of the Russian Health Ministry, the Academy of Medical Science, and the Academy of Science helped to develop medications to treat HIV that are significantly cheaper than foreign analogues Azidotimidin and original medication Phosphazid patented in all developed countries. More than 20 variations of diagnostic systems for HIV were created, and most of them are not inferior to import-ed analogues, i.e., most of them are as good as similar systems produced abroad.

The HIV epidemiological process has been studied in detail. The epidemiological control effort has begun to use molecular epidemiology methods for the first time. Collection of domestically produced HIV cultures has been established. A number of Russian research institutions are studying genetic diversity of HIV and the virus
immunity factors and working on creation of immunogenic substances. These efforts are the initial stages of development of an AIDS vaccine.

Immunogen samples and HIV vaccinating substances and serum banks were created and HIV subtypes analysis conducted during the implementation of the "Vaccines" program.

Scientists are conducting research in the spheres of virology and gene engineering to increase the effectiveness of the fight against HIV/AIDS. Research is underway on viral molecular structure damage using high-frequency electromagnetic fields with specifically selected spectrums. Gene therapy is being developed to help extract the virus from genomes using chemicals.

The main means of fighting an epidemic involve specific work with high-risk groups and use of mass media to inform and educate the public on ways to prevent HIV.

In addition to the system of measures aimed at preventing transmission of HIV through sex and drug abuse, family values and morality have a very important role. In that particular area, organizations of the Russian Orthodox Church and other religious faiths may contribute significantly to the spread of HIV/AIDS.
9. GENERAL CONCLUSION

Taking into the consideration the cultural specifics of the HIV/AIDS epidemic in Russia, it is necessary to develop a systematic approach to protect the country’s population to reduce the rate of transmission.

This systematic approach includes the following strategies:

- plan and coordinate preventative measures on the national level
- improve epidemic control
- improve laws
- increase the effectiveness of prevention efforts in health care, education, and society
- train the medical work force
- inform and educate the public

Activities of nongovernmental and public organizations in this sphere, along with development of civic society, are the most-effective measures to fight the HIV/AIDS epidemic. As time goes by, they will take a more and more significant role in preventing the spread of HIV in Russia.
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Cultural Approach to HIV/AIDS Prevention and Care in Russia

The world community and national governments recognize that the HIV/AIDS epidemic is not just a medical problem but rather a many-sided issue demanding a many-dimensional strategy.

If we restrict this problem to purely medical recommendations or educational information, modern computer science, education and communication popularizing safe sexual relations we will never reach the expected results.

In reality this problem represents a complicated social-economic, public and cultural phenomenon that needs to be considered in the perspective of a stable development of human society. Prevention and treatment of this epidemic thus needs a culture-oriented approach aimed at grasping all aspects of this problem.