

# Living with Stigma and Ignorance: HIV on the Rise in Belarus

At the end of the last year, the Healthcare Ministry of Belarus in partnership with the UNDP started a campaign to challenge HIV/AIDS-related stereotypes and myths. An exhibition “Life with HIV is life” has been travelling to various Belarusian educational institutions to show that people can continue to live a full exciting life even after being diagnosed with HIV.

The campaign aims to debunk the preconceptions that AIDS means death, and HIV means AIDS. Other goals are to educate people about the mechanisms of HIV transmission and to fight against the isolation of all HIV-infected people. Similar campaigns have been found very effective in the United States and Western Europe, and Belarus is finally following their practise.

In comparison to Ukraine and Russia, the prevalence of the HIV epidemic in the general population is low in Belarus. In Belarus 10.4 of every 100 000 people are infected with HIV, which is much lower than in Ukraine – more than 44 out of 100 000, or Russia – 41.3 out of 100 000.

Even so, the HIV infection rates are on the rise, even as they are falling globally. Every month 100 Belarusians are diagnosed with HIV. The number of women among them continues to grow. Together with other post-Soviet states, Belarus is home to the world’s fastest-growing HIV epidemic, with a 250 percent growth rate since 2001.

The campaign is long overdue, as Belarusians with HIV/AIDS have been victims of stigma and ignorance for nearly two decades. In Belarus losing a job because of the diagnosis is

common but never investigated by the authorities. Even the healthcare professionals are sometimes ignorant about the disease.

According to the Stigma Index Survey, 40.5% of HIV-infected respondents experienced confidentiality breach by the medical personnel and 15.5% were refused medical care. Besides inflicting additional psychological and material harm on the HIV- infected, the stigma and discrimination continue to undermine response to the spread of HIV.

Stigmatisation discourages people from turning to doctors and counsellors and forces them to hide their diagnosis, which increases the likelihood of transmission.

The campaign is an important step forward. However, the Belarusian campaign against stereotypes and myths does not do enough. In particular, the approach is lacking in gender-sensitive strategies. Women and girls face the greatest challenges as they are biologically more vulnerable to HIV and as the Belarusian society is still guided by double standards regarding the sexuality of men and women.

### **Women: new victims of HIV in Belarus**

The stigma partly stems from the assumption that most HIV-infected people are injecting drug users. This, in fact, is no longer true in Belarus where around 2004 sexual intercourse has overtaken drug use as the prevalent method of HIV transmission. In 2011, 76,1% of the new HIV infections were sexually transmitted.

Injecting drug users were about 80% male, whereas sexual transmission is just as likely to occur to women. As a result, HIV increasingly affects women. If in the past women comprised 39.2% of all HIV-positive people; in 2010 and 2011 women accounted for 47-48% of new infections, according to [Positive Movement](#), a partner of UNAIDS in Belarus.

In fact, women in Belarus are particularly vulnerable to sexual transmission of HIV because of duress and violence regarding the use of contraception and reproductive health. According to sociological studies, 4 out of 5 Belarusian women experience psychological or physical violence.

In 2011, HIV-infected mothers gave birth to 1980 children; 198 children were confirmed to be HIV-positive. The area of vertical (mother-to-child) HIV transmission is where the highest progress was achieved in Belarus and the post-Soviet states.

This number could be even lower, as drugs are available to minimise the dangers of infection. However, Belarusian health care professionals lack clinical protocols or specialised knowledge on the prevention of HIV transmission from pregnant mothers to children.

According to Positive Movement, HIV-infected women face particularly acute prejudice and humiliation due to the absence of gender-sensitive approach in treatment of HIV-infective patients. In the programmes on reproductive and sexual health, no special treatment is reserved for female drug users, which is probably why women drug users are less likely than men to resort to programmes of HIV-prevention.

Women drug-users who have children are also affected by the implementation of Decree No. 18 "On the additional measures of state protection of children in problem families". The decree imposes nearly impossible conditions on the women who hope to retain custody of their children and at the same time provides no help in fulfilling these conditions.

### **Developing a humane approach to fighting the disease**

It is important to acknowledge some progress in addressing the problem. In August 2012 HIV-positive people in several cities were able to get free condoms, and since 2009 HIV testing can be conducted anonymously. Furthermore, a [campaign](#) to rebrand

HIV and AIDS and disband some popular stereotypes about the disease is underway. I

In 2008 the Ministry of Education with UNESCO involvement adopted a concept for HIV prevention in educational institutions and reported an increase in the percentage of schools providing HIV prevention education from 80% to 86%. In comparison to Ukraine and Russia, the prevalence of the HIV epidemic in the general population is low in Belarus.

However, a lot more remains to be done. First of all, it is important to design laws that will prevent stigmatisation of the HIV-infected people and encourage injection drug users, a risk category for HIV infection, to undergo treatment and rehabilitation.

Second, a gender-sensitive approach to injection drug users and HIV-infected women is long overdue. HIV-infected women are particularly vulnerable to discrimination and stigmatisation, including due to the implementation of Decree No. 18.

Third, education and training of the police, state officials, and health personnel is crucial to address the stigma and encourage people to seek treatment. Doctors need to be educated about the transmission of AIDS from mothers to children and prepared for addressing the needs of pregnant women drug-users.

All of these goals can be easily accomplished, if the government recognises the problem and musters the will to resolve it.