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Attitudes of infectious disease doctors and epidemiologists at AIDS centres towards the criminalization of HIV in the Russian Federation

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The research was conducted within the framework of the Eurasian Women's Network on AIDS's (EWNA¹) project "HIV Criminalisation Scan in EECA", which is part of a programme within the HIV Justice Global Consortium² entitled "Growing the Global HIV Justice Movement through an International Coalition of Global and Regional Networks and Legal/Rights Organisations" implemented with financial support from the Robert Carr Foundation. The goal of the EWNA project is to develop the capacity of the community to reduce and/or eliminate criminalisation of people living with HIV in the EECA region.

**HIV JUSTICE
WORLDWIDE**

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¹ <https://ewna.org/>

² The Global Consortium includes: HIV Justice Network, AIDS and Rights Alliance for Southern Africa (ARASA), Eurasian Women's Network on AIDS (EWNA), Global Network of People Living with HIV (GNP+), HIV Legal Network, Sero Project, Southern Africa Litigation Centre

Purpose of the study

The survey was conducted to examine the attitudes of infectious disease specialists and epidemiologists at AIDS Centres towards the criminalisation of HIV in Russia.

Methodology

The study was conducted through an online survey. The questionnaire was distributed to doctors via social media, as well as targeted requests. The survey consisted of 30 questions of different types: open-ended questions requiring a comment from the respondent; single- and multiple-choice questions. The estimated time to complete the survey was 7-10 minutes. There was no time limit for answering the survey.

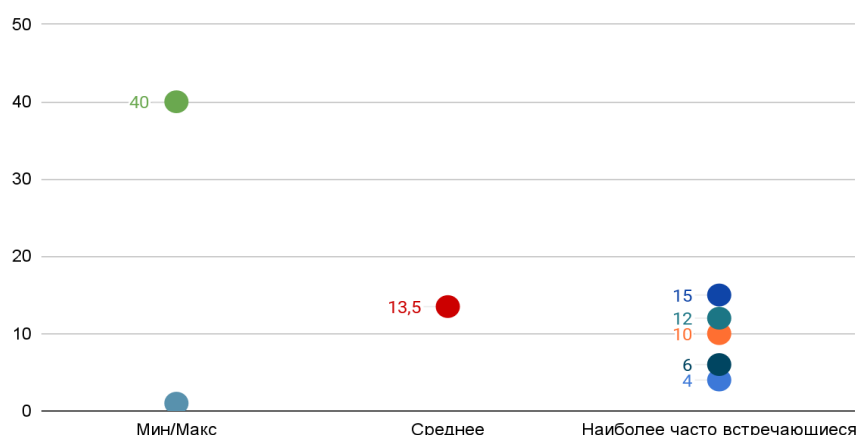
A total of 186 responses were received. Responses from those who were not doctors and obviously absurd answers were excluded from the sample. Thus the final sample was 164 people.

The data was analysed using IBM SPSS V.23 software. In all statistical analysis procedures, the achieved level of statistical significance (p) was calculated. The critical value of the statistical significance level in the study was 0.05. Statistical correlation was investigated by means of contingency table analysis with the calculation of Cramer's V criterion, whose values were interpreted in accordance with the Rea&Parker recommendations. When a statistically significant relationship between a pair of features was detected, an in-depth analysis of the frequency distribution in the cells of the contingency table was performed, allowing the structure of the detected relationship to be identified at the level of combinations of individual gradations of both features, as well as the direction of the detected relationship.

Quantitative characteristics of the sample

The sample consisted of 50 (30.5%) infectious disease doctors, 20 (12.2%) epidemiologists and 94 (57.3%) doctors from other specialties. Of all respondents, 50 (30.5%) worked in AIDS centres, 1 (0.6%) in a clinical diagnostic department, 34 (27%) in polyclinics, 46 (28%) in hospitals and 33 (20.1%) in private clinics.

Стаж работы в медицине



Based on the results of the survey, the average number of patients seen daily by those who completed the survey was calculated to be 16. The minimum number was 0 (those

specialists who are not currently seeing patients) and the maximum was 55 patients. The most frequent answers were 10, 15 and 20 patients.

The research team then asked the respondents about their total years of work in medicine. It averaged 13.5 years. The minimum value was 1 year and the maximum value was 40 years. The most frequent answers were 4, 6, 10, 12 and 15 years.

The average length of experience in HIV prevention and treatment was 5 years. The minimum value was 0 (specialists not encountering HIV-positive patients in their practice) and the maximum value was 33 years. Professionals who do not work in HIV prevention and treatment dominated the sample.

Twenty-one (12.8%) men and 143 (87.2%) women took part in the survey.

The average age of the respondents was 38. The youngest participant in the sample was 24 and the oldest 64. The most frequent answers were 30 and 35 years old.

104 (63.4%) respondents lived in cities with a population of one million, 52 (31.7%) in cities with a population of less than one million and 8 (4.9%) in villages, hamlets or other settlements.

Doctors' knowledge of Article 122 of the Criminal Code of the Russian Federation

When asked if they were aware of the content of Article 122 of the Russian Federation Criminal Code, "Infection with HIV", 115 (70.1%) responded in the affirmative and 49 (29.9%) in the negative. After this question, all survey participants were given brief information about the content of Article 122 of the Russian Criminal Code, 'Infection with HIV'.

Should Article 122 of the Criminal Code be repealed?

This was followed by the question: Do respondents believe that the Russian Federation should abolish criminal liability for **putting another person at risk of HIV infection** (punishment for the hypothetical possibility)? The answers were distributed as follows:

Yes, it is necessary to abolish it completely	38 (23,2%)
Yes, but reclassify it as an administrative offence	25 (15,2%)
No, leave the law with its current wording	64 (39%)
No, but the degree of punishment should be mitigated	12 (7,3%)
No, and the law needs to be tightened	25 (15,2%)

The doctors explained their position as follows (there was an opportunity to choose several answers):

<i>The criminalization of HIV harms the entire community of people living with, where they could all be potentially criminalized</i>	47 (28,66%)
<i>The criminalization of HIV is a barrier to HIV testing</i>	37 (22,56%)

<i>The criminalization of HIV is a barrier to a healthy sex life</i>	24 (14,63%)
<i>The criminalization of HIV limits the human rights of people living with HIV</i>	37 (22,56%)
<i>The criminalization of HIV does not curb the epidemic</i>	50 (30,49%)
<i>The criminalization of HIV institutionalise stigma against people living with HIV</i>	43 (26,22%)
I am against decriminalisation	84 (51,22%)

The questionnaire went on to clarify whether respondents believe that it was necessary to decriminalise **HIV infection** in the Russian Federation? The distribution of answers is presented below:

<i>Yes, it should be abolished altogether because there is already an article covering health-related harms and a separate article for intentionally infecting people with HIV is unnecessary</i>	50 (30,5%)
<i>Yes, but it should be reclassified it as an administrative offence</i>	10 (6,1%)
No, leave the law with its current wording	65 (39,6%)
<i>No, but the degree of punishment should be mitigated</i>	11 (6,7%)
<i>No, and the law needs to be tightened</i>	28 (17,1%)

Respondents gave the following reasons for their choice (multiple choice question):

<i>The criminalization of HIV harms the entire community of people living with, where they could all be potentially criminalized</i>	46 (28,05%)
<i>The criminalization of HIV is a barrier to HIV testing</i>	28 (17,07%)
<i>The criminalization of HIV is a barrier to healthy sexuality</i>	26 (15,85%)
<i>The criminalization of HIV limits human rights of people living with HIV</i>	32 (19,5%)
<i>The criminalization of HIV does not curb the epidemic</i>	46 (28,05%)
<i>The criminalization of HIV institutionalise stigma against people living with HIV</i>	32 (19,5%)
I am against decriminalisation	91 (55,49%)

When asked whether respondents considered the principle of "H=H" ("Undetectable = untransmittable") to be true, the following answers were received:

Yes	No	In general, yes, but there are nuances	On the whole, no, but there are nuances
60 (36,6%)	38 (23,2%)	57 (34,8%)	9 (5,5%)

Those experts who mentioned nuances mainly highlighted the following

- Blips (short-term rises in viral load, even when receiving therapy).
- Possible low adherence of the person to ART and skipping therapy.
- Possible drug-drug interactions that reduce the effectiveness of ART.
- The assertion that the risk is not zero anyway.

The following situation was then brought up for discussion: *the HIV-positive partner is aware of his/her positive status, does not disclose it to his/her partner, but takes medication (ART), which has reduced his/her viral load to an undetectable level.* After describing the situation, the question followed: *Should criminal liability be imposed in this case?*

Fifty-two (31.7%) respondents said yes, 69 (42.1%) said no and 43 (26.2%) said it depended on the situation. Those respondents who answered "depends on the situation" gave the following explanations to their answer:

- Yes if an infection has occurred.
- Yes, in the case of violence or malice.
- Yes if the partner has asked about HIV status and has received a negative answer.

Another situation was cited: *the HIV-positive partner knows his/her status, does not disclose it to his/her partner, uses a condom, but HIV transmission has taken place.*

In such a case 97 (59,1%) doctors were in favour of criminal liability, 50 (30,5%) were against it and 17 (10,4%) gave the answer 'it depends on the situation'. Those respondents who answered 'depends on the situation' gave the following explanations to their answer:

- Yes, in the case of violence or malice.
- Should, in the case of manipulation with a damaged condom.
- You should, because a condom is not enough to prevent HIV, you also need a steady supply of ART.
- It shouldn't, as it is the responsibility of both partners.

Of the whole sample, 93 (56.7%) indicated that **they understood the difference between the article on assault and a separate article on liability for HIV infection**, 18 (11%) did not, and 53 (32.3%) had never thought about the issue.

The questionnaire then asked respondents *whether they would contact law enforcement authorities if they or their relatives had been infected with HIV?* (multiple choice question)

A total of 54 (32.9%) responded affirmatively, 38 (23.2%) negatively and 72 (43.9%) said they did not know what they would do in this situation. Respondents who answered negatively reported the following **reasons** for this response:

<i>Would be afraid to disclose HIV status</i>	8 (21,05%)
<i>Would be afraid to disclose his or her sexual orientation</i>	0
<i>Going to law enforcement would have had no effect whatsoever</i>	15 (39,47%)
<i>HIV infection is the responsibility of both adult partners</i>	29 (76,31%)
<i>I do not have the resources for litigation</i>	3 (7,89%)

For all the doctors interviewed, 23 (14%) reported that patients had been prosecuted under Article 122 of the Criminal Code, 'HIV infection', 99 (60.4%) had not, and 42 (25.6%) had no knowledge of such cases.

Eleven (6.7%) respondents **had to give evidence in court or any other explanations to law enforcement agencies in relation to** cases under Article 122 of the Criminal Code, "Infection with HIV".

Among all the patients who have been prosecuted:

- 38 men, 11 women,
- 14 people who use drugs - 6 sex workers, 3 members of the LGBT community, 2 people not belonging to any of the listed groups

For each newly diagnosed case of HIV infection, the patient signs a notification of Article 122 of the Criminal Code. 39 (23.8%) respondents consider this to be **a barrier to dispensary care**.

The next block was followed by a series of personal questions. First of all, the researchers asked *if the respondents would date/form a family with a person living with HIV?*

Sixty-one (37.2%) responded positively, giving the following explanations for their answer:

- Status should not be a barrier to a close relationship.
- There is no problem in adopting the principle of Undetectable = Untransmittable.
- There is no problem if the person is on treatment and is not HIV-discordant.
- HIV is a common chronic disease.
- Some respondents even had this experience.

Fifty-one (31.1%) responded negatively, giving the following explanations for their answer:

- The risk of infection is too high.
- I just don't want to. I will choose an HIV-negative partner.
- I don't want to put myself at risk of infection.
- I'm afraid of getting infected.
- I fear for the health of our potential children together.

Fifty-two 52 (31.7%) respondents did not want to answer this question.

120 (73.2%) respondents have a permanent partner, 37 (22.6%) do not, and 7 (4.3%) did not answer this question. Respondents answered the question of whether *they use a condom during sex as follows*

Never	Rarely	Often	Always	I don't want to answer
51 (31,1%)	28 (17,1%)	21 (12,8%)	42 (25,6%)	22 (13,4%)

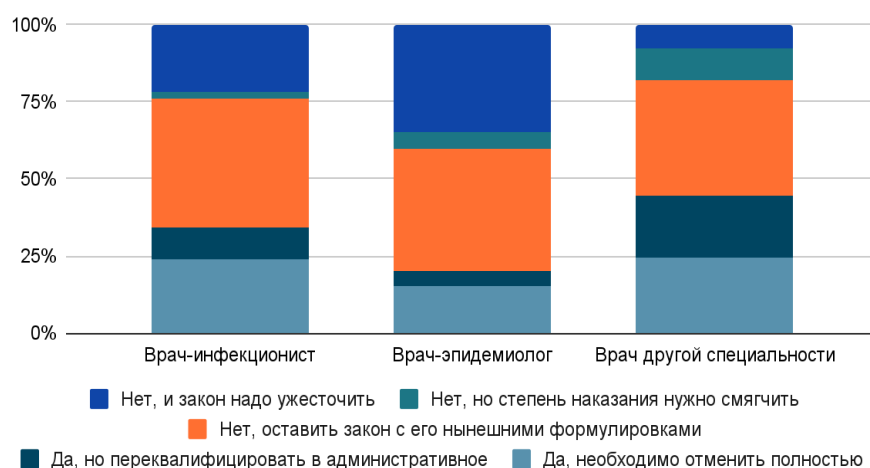
80 (48.8%) respondents are always interested in the HIV status of their partner(s), 15 (9.1%) are not always interested, 43 (26.2%) do not ask, and 26 (15.9%) refused to answer the question. The respondents had on average 1 sexual partner/carers in the last 6 months. The minimum value was 0, the maximum was 10.

Interconnections

As expected, infectious disease doctors and epidemiologists know the content of Article 122 of the Criminal Code better than doctors in other specialties.

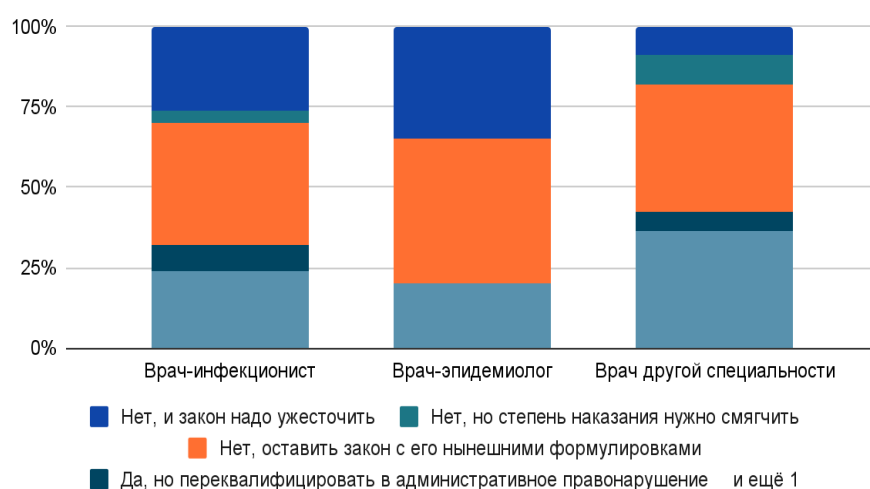
When asked about the need for punishment for putting another person at risk of HIV infection, infectious disease doctors and epidemiologists were more often in favour of tougher Article 122 of the Criminal Code, while doctors of other specialties were more often in favour of decriminalisation and reclassification of the law as an administrative offence.

Специальность / Ответственность за поставление другого лица в опасность заражения



When asked about the need for punishment for infecting another person with HIV, infectious disease doctors and epidemiologists were more often in favour of making Article 122 of the Criminal Code stricter.

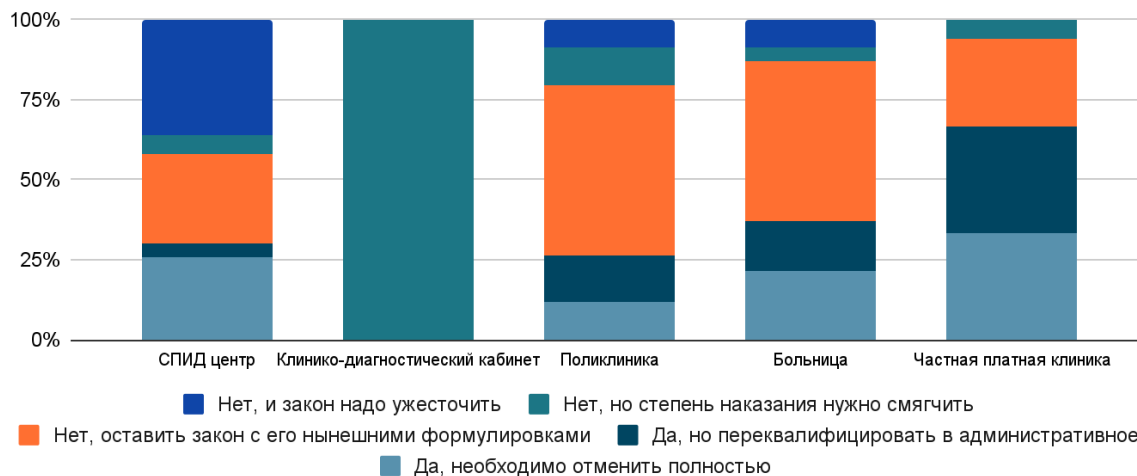
Специальность / Ответственность за заражение другого лица



When asked about the need for punishment for putting another person at risk of HIV infection, employees of AIDS centres were more often in favour of tightening Article 122 of

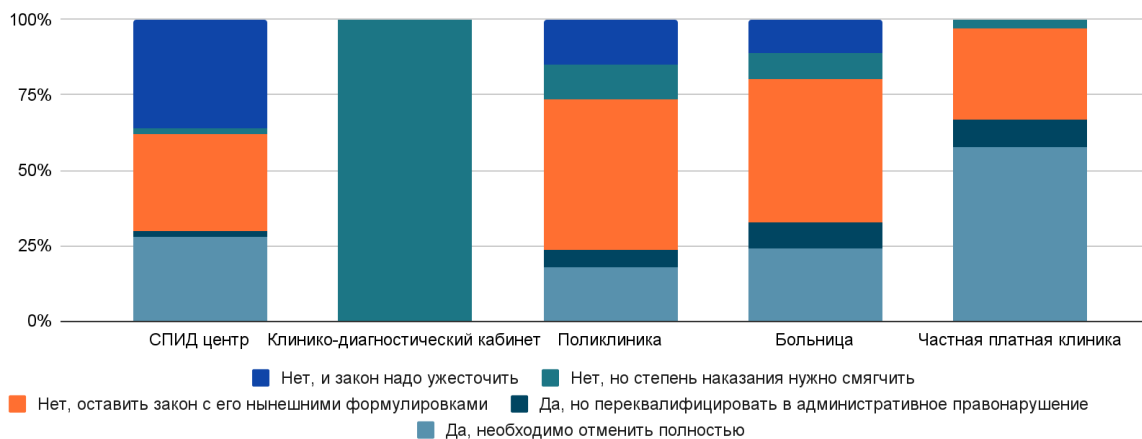
the Criminal Code, while employees of private fee-paying clinics were more often in favour of decriminalisation and reclassification of the law as an administrative offence.

Лечебное учреждение / Ответственность за поставление другого лица в опасность заражения



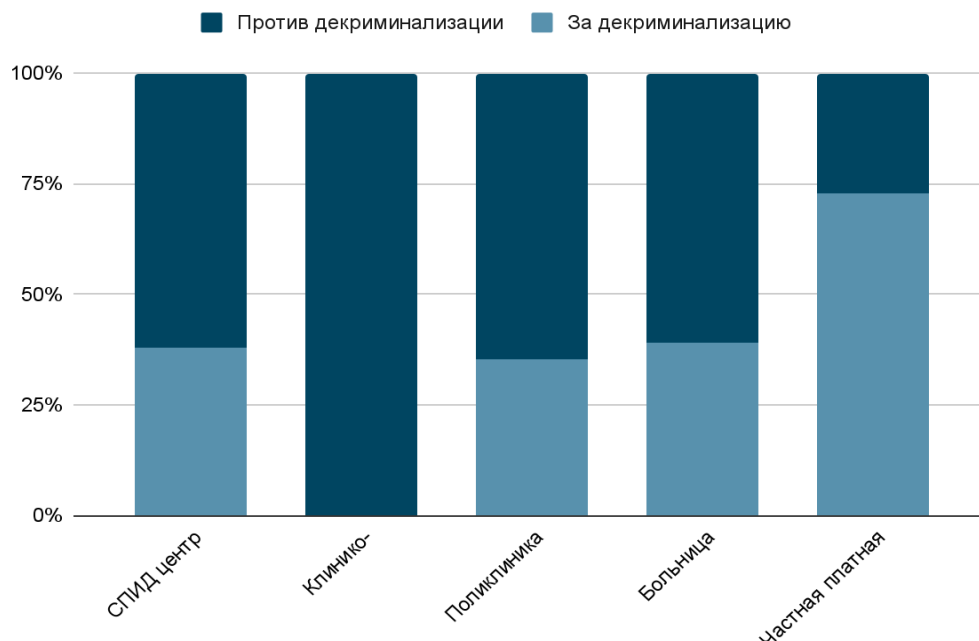
When asked about the need to punish someone for infecting another person with HIV, employees of AIDS centres were more likely to argue for a stricter article 122 of the Criminal Code, and employees of private fee-paying clinics for a complete abolition of the penalty.

Лечебное учреждение / Ответственность за заражение другого лица



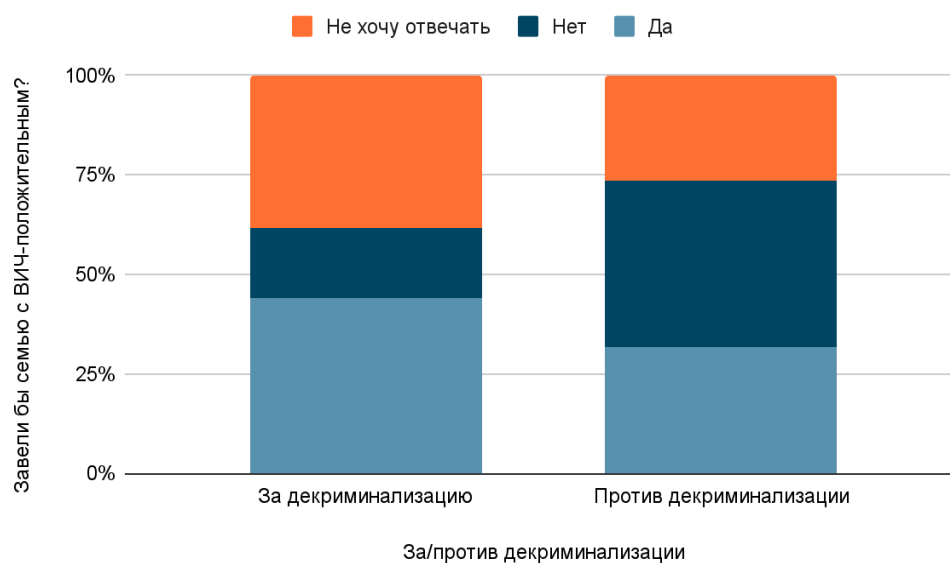
Professionals working in private fee-based health clinics are more likely to argue that criminalisation harms the entire community of HIV-positive people, making it potentially criminalised, and that criminalisation does not curb the epidemic.

За/против декриминализации / Лечебное учреждение



Those respondents who favoured decriminalisation were more likely to say that they would date/form a family with an HIV-positive person.

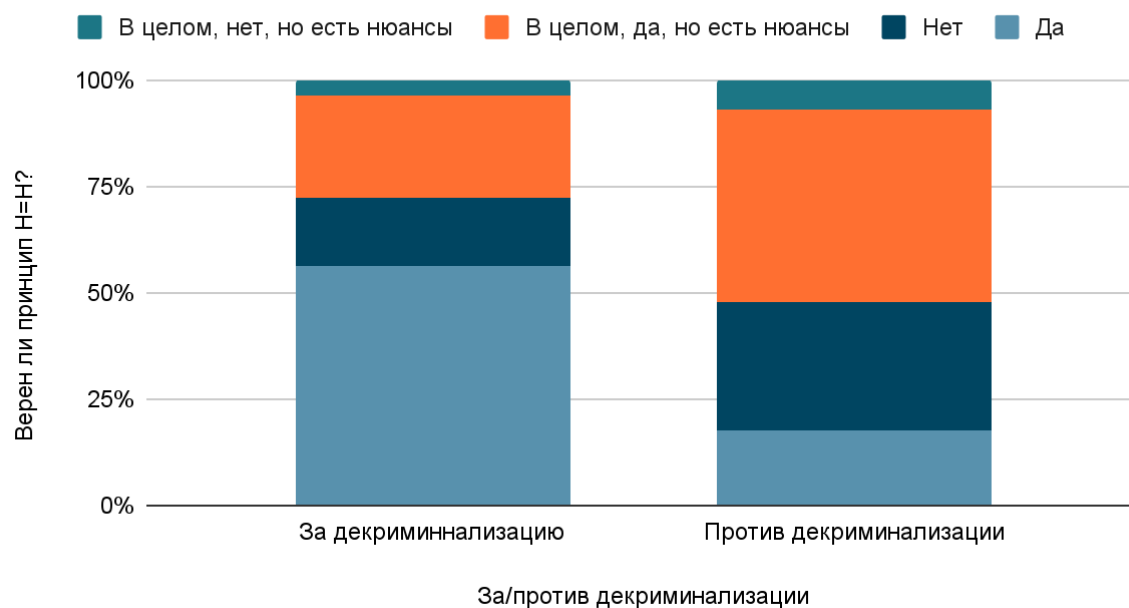
За/против декриминализации / Семья с ВИЧ-положительным человеком



Respondents opposing the decriminalisation of HIV more often than others consider the U=U principle to be wrong, or consider it to be generally correct, but with nuances. Also, respondents in this group are more likely to be in favour of criminalisation when:

- The HIV-positive partner knows her/his status, does not disclose it to her/his partner, but is taking medication (ART) and has an undetectable viral load
- The HIV-positive partner is aware of his/her status, does not disclose it to his/her partner, uses a condom, but HIV transmission has taken place in spite of this.

За/против декриминализации / Н=Н



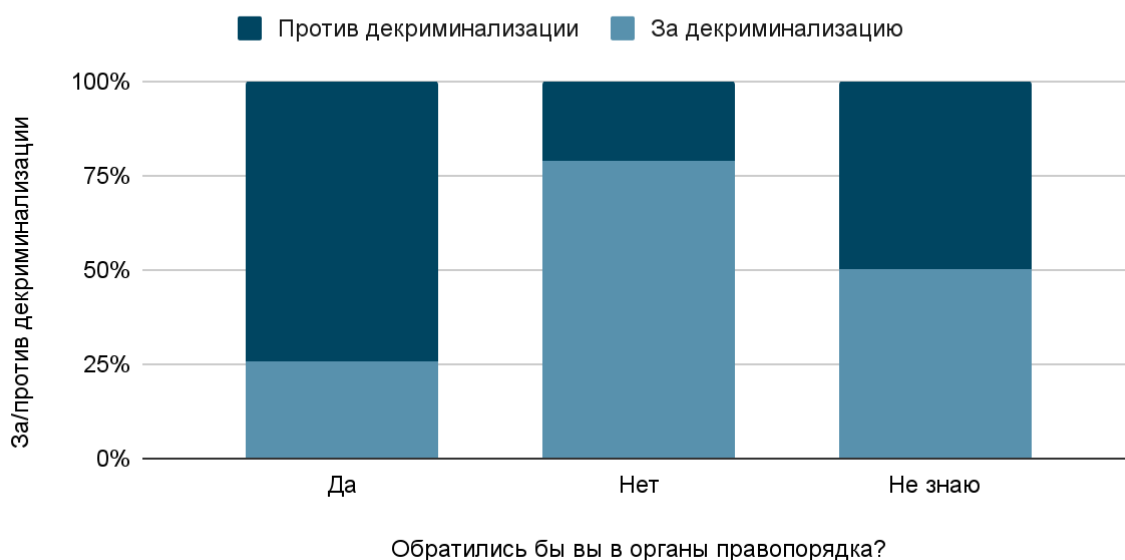
These same respondents were also more likely to agree when asked if they would contact the law enforcement authorities if they/their loved ones were infected with HIV, and also expressed the view that signing a notification on Article 122 was not a barrier to dispensary care.

Respondents who considered the U=U principle to be true were less likely to express the view that criminal liability should be imposed if the HIV-positive partner knew his/her status, did not disclose it to his/her partner, but took medication (ART) and had an undetectable viral load.

Doctors who believed that criminal liability should not be imposed, thought so in cases where

- The HIV-positive partner/she knew her/his status, did not disclose it to her/his partner, but was taking medication (ART) and had an undetectable viral load;
- The HIV-positive partner was aware of his/her status, did not disclose it to his/her partner, used a condom, but HIV transmission had taken place in spite of this;
- They more often responded that they would not go to law enforcement agencies if they/their relatives had been infected with HIV.

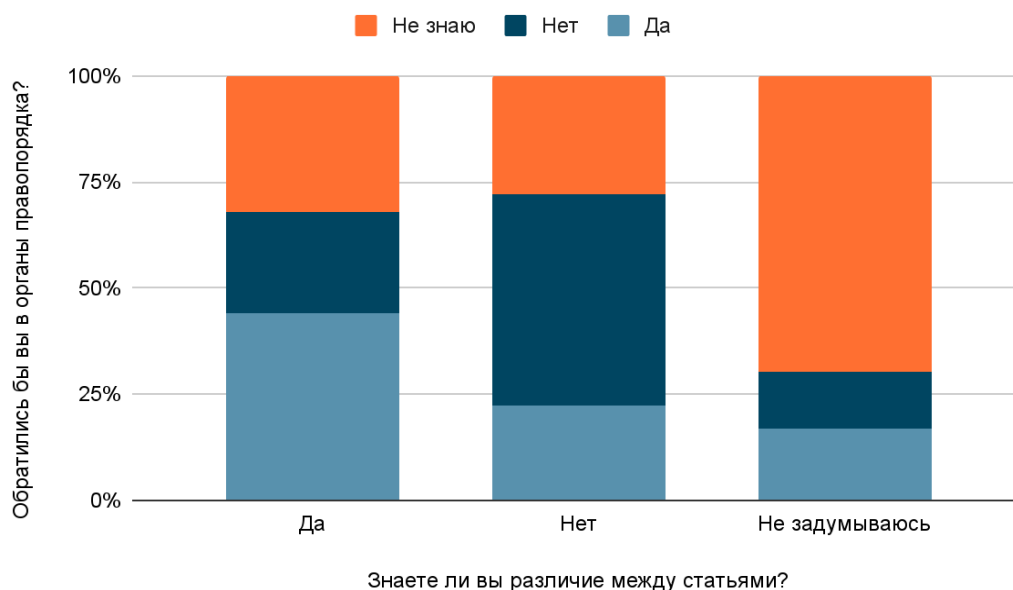
За/против декриминализации / Обратились бы в органы правопорядка



Survey participants who responded that they understood the difference between an article on causing harm to health and a separate article on liability for HIV infection were more likely to respond that they would go to law enforcement authorities if they/their loved ones were infected with HIV.

Respondents who do not ask their partners about their HIV status are expected to frequently or always use condoms.

Разница между статьями / Обратились бы в органы правопорядка



Conclusions

The results of the physician survey suggest the following conclusions about the attitudes of infectious disease doctors and epidemiologists towards the criminalisation of HIV in the Russian Federation:

- There is a high degree of knowledge of the law, in particular Article 122 of the Criminal Code, with almost three quarters of respondents being familiar with it.
- Infectious disease doctors and epidemiologists are more familiar with the content of Article 122 of the Criminal Code than doctors in other specialties, and the same can be said of AIDS centre staff in relation to staff at other medical institutions.
- Doctors of infectious diseases and doctors of epidemiology were more likely than doctors of other professions to argue for a stricter article 122 of the Criminal Code - both in cases of exposure to HIV and of HIV transmission. Employees of AIDS centres also spoke out in the same way. At the same time, employees of private fee-paying clinics were more often in favour of reclassifying the law as an administrative offence or abolishing the penalty altogether.
- Respondents in favour of decriminalisation were more likely to say that they were ready to have a relationship and build a family with an HIV-positive person and to argue that signing up for Article 122 notification was a barrier to dispensary care.
- Interviewees opposing decriminalisation were more likely to respond that they thought the U=U principle was wrong, and that they would go to the police if they/their loved ones were infected with HIV.
- Respondents who understood the difference between an article on causing harm to health and a separate article on liability for HIV infection were more likely to say that they would contact law enforcement authorities if they/their loved ones had been infected with HIV.