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HIV

Public Knowledge and Attitudes, 2010

A study for the National AIDS Trust by Ipsos MORI

Foreword by Deborah Jack

This is the fourth survey of public attitudes to HIV commissioned by NAT from Ipsos MORI - the previous three taking place in 2000, 2005 and 2007. Why research public understanding of HIV and attitudes towards people with HIV? For more than ten years most efforts in the UK in HIV prevention and awareness-raising have quite rightly been focused on the communities most affected - gay and bisexual men, and African men and women.

HIV does disproportionately affect particular groups in the UK, and it is right that our attention and resources respond appropriately. But HIV remains relevant to every member of the general public.

One reason to look at public understanding of HIV is because an increasing number of people in the UK are being diagnosed with HIV who are neither gay men nor African. Two-thirds of UK-acquired heterosexual diagnoses are amongst people not from African communities. The risk of HIV transmission may be relatively low outside the communities most at risk, but any sexually active person in the UK needs to know how HIV is transmitted and how to prevent HIV transmission during sex.

It is therefore worrying that in 2010 one in five people do not know that HIV is transmitted through sex without a condom, and that only 30% of respondents were able to correctly identify all true and all false HIV transmission routes presented to them in the survey. Furthermore, one in six people felt they did not know enough about how to prevent HIV transmission during sex. Knowledge amongst the general public of how to protect oneself from HIV transmission has declined significantly over the last ten years - the Government must take the lead in acting to improve understanding and so protect public health.

A second reason to survey public attitudes is to assess how supportive the wider public are of people with HIV and the extent to which stigma and discrimination still linger in our society. Successfully addressing HIV stigma is vital not just so that people with HIV are treated fairly, but also so that everyone feels confident to test for HIV, and to talk about HIV-related risks and HIV status with others. We included, as in previous years, a set of questions which directly ask about attitudes to and sympathy for people with HIV; but this year we also aimed to find out how aware people are of the realities of living with HIV today.

Prejudice can often be linked to misconceptions about HIV itself and its impact on people's lives, and some facts about HIV, if known more widely, would do much to reduce stigma and discrimination - for example, that an HIV positive mother can have a healthy baby, that people with HIV in work take no more time off for sickness than anyone else, that an HIV diagnosis no longer means an early death. The survey findings show a clear association between knowledge about HIV and more supportive attitudes to people with HIV. A significant minority of the population are not confident in their knowledge about HIV, with many 'not

knowing' whether various statements were true or false, especially those in older age groups. And for many of the survey statements similarly significant proportions reveal poor knowledge of HIV in the UK today.

Most of the public hold supportive attitudes to people with HIV. This is very welcome and should be emphasised. Prejudice is linked to ignorance and thankfully has declined over the last ten years. But even if a minority, people with stigmatising and discriminatory views can make life difficult for people with HIV, and deter open discussion of HIV and how to address it. To give just one example, 38% of people want their employer to tell them if they are working with an HIV positive colleague. This is completely unnecessary - as there is no risk of HIV transmission in everyday work situations - and is an example of how stigma can undermine rights to respect for privacy. It is also worrying that we have not seen, in response to some of the other survey questions, any real progress in attitudes since our last survey in 2007, and indeed something of a reversal (for example, as to whether an HIV positive diagnosis of a family member or neighbour would damage one's relationship with them). We must develop a strategic approach to tackling HIV stigma and discrimination in the UK, aimed at significantly improving current attitudes. Improved public knowledge of HIV must be a central element of such a strategy.

One important way to tackle stigma is to educate young people about HIV, which involves teaching about risks of HIV transmission, the realities of living with HIV in the UK today, and the need for supportive and non-stigmatising attitudes to those living with HIV. The vast majority (85%) of the public agree that all young people should be taught about HIV at secondary school to ensure they have a good understanding of the condition by the time they leave. The evidence, from this survey for example, is that we have still some way to go to achieve this, though it is encouraging that 52% of 16 to 24-year-olds want to hear more about the realities of HIV in the UK today. Appropriate and comprehensive education on HIV for young people should be required of all secondary schools in the UK.

We believe this survey demonstrates the continuing importance of a well-informed and supportive public when it comes to both HIV prevention and to addressing stigma and discrimination. Future planning for public health must include clear strategies at national and local levels to increase public understanding of HIV.



Deborah Jack
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SOME KEY STATISTICS AT A GLANCE

HIV Transmission	%
People aware that HIV is transmitted by sex without a condom between a man and woman	80%
People aware that HIV is transmitted by sharing needles or syringes	45%
People who correctly identify all the ways HIV is and is not transmitted	30%
People who incorrectly believe HIV can be transmitted through spitting	10%

Attitudes towards people with HIV	%
People who believe people with HIV deserve the same level of support as people with cancer	74%

HIV and the workplace	%
People who would be comfortable working with a colleague with HIV	67%
People who don't have much sympathy for people with HIV if they were infected through unprotected sex	30%

Information about HIV	%
People who believe all young people should be taught about HIV at secondary school	85%
People who would be interested to hear more about the reality of HIV in the UK today	44%

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INTRO

Background and methodology

Ipsos MORI conducted research to measure public awareness and attitudes towards HIV for NAT in 2000, 2005 and 2007, with the latest wave conducted in November 2010.

The current research aimed to establish attitudes towards an understanding of HIV among the general public. In addition, we wanted to benchmark the results against the previous findings where possible.

New questions were asked for the first time in 2010 to assess the extent to which the general public has an up-to-date knowledge of the realities of living with HIV in the UK. We also asked for the first time whether respondents knew anyone with HIV or had HIV themselves. There were 11 respondents who identified themselves as HIV positive and 135 who said they knew someone living with HIV.

This wave of the research was conducted using Ipsos MORI's face-to-face weekly omnibus (Capibus). In total 1,944 adults

from across Great Britain aged 16+ were interviewed from 5 – 11 November 2010.¹ Due to the sensitive nature of the subject being researched and in order to reduce social desirability in responses as far as possible, respondents were shown how to use a CAPI (Computer Aided Personal Interviewing) machine and completed the questions themselves without the interviewer able to see their answers.

The results detailed in this report have been weighted to the known GB profile population. Full technical details are appended.

Interpretation of the data

The overall results of each question are shown graphically. Comment is then made on the overall results, as well as any statistically significant differences which add to the interpretation of the overall picture. A guide to statistical reliability is appended.

Over recent years some of the questions and response options have changed slightly in

order to improve clarity. Where such changes have occurred, comparisons between years should be treated as indicative only. This has been clearly noted throughout the report.

¹ A slightly different sampling approach was taken to the research this year, but data has been weighted to ensure results are comparable with previous years.

SUMMARY

The purpose of this research is to investigate the general public's attitudes towards and knowledge of HIV on behalf of the National AIDS Trust (NAT). A number of questions from research conducted in previous years (most recently 2007) were repeated to monitor change, alongside examining new areas of interest.

Awareness of methods of transmission

Although four-fifths of the British public are aware of the main method of transmitting HIV - sex without a condom between two men and/or a man and woman - there is still a fifth who do not mention each of these. In addition, almost a fifth mention at least one incorrect method of transmission (such as spitting, sharing a glass, or coughing/sneezing). Furthermore, there have been increases since 2007 in the proportion of people selecting some of the incorrect methods of transmission of HIV such as spitting (by five percentage points) and through

kissing someone (by five percentage points). There is therefore still a need to improve awareness among the public about transmission, both in order to try to prevent the spread of the disease, and also to prevent misconceptions which fuel HIV stigma and discrimination.

Attitudes towards people with HIV

There have been some noticeable changes in attitudes towards HIV and people living with HIV since previous waves of this research. There is a 'mixed picture' - with, for example, an increase in belief that people with HIV deserve the same level of support and respect as those with cancer (from 70% in 2007 to 74% in 2010) and in belief that most people with HIV can work these days like anyone else (from 71% in 2007 to 73% in 2010); but a decline in the proportion of those who would feel comfortable working with a colleague who was HIV positive (from 70% in 2007 to 67% in 2010) or who believe relationships with a family member or neighbour would not

be damaged if they had HIV (for a family member from 74% in 2007 to 69% in 2010; for a neighbour from 67% in 2007 to 63% in 2010).

Reaction to attitudinal statements added to the survey this year reveals that around one in ten people agree that they do not have much sympathy for people with HIV. This agreement increases to three in ten if a person was infected through unprotected sex, and approaching half (46%) if they were infected through injecting drugs. This illustrates that the public are less sympathetic if an individual is deemed to have been infected due to their own actions, particularly less common social behaviour (such as sharing needles). This lack of sympathy is particularly concerning as by far the most common forms of transmission among people diagnosed with HIV in 2009 was unprotected sex (95%), followed by sharing needles when injecting drugs (2%).¹ It therefore seems there is still work to be done to increase public sympathy and understanding towards people with HIV.

¹ 'United Kingdom New HIV Diagnoses to end of June 2010' Health Protection Agency (HPA) http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

Although the majority (69%) agree it is right that there are laws to protect people with HIV from discrimination, approaching two-fifths (38%) of the public believe that their employer should tell them if a colleague is HIV positive. This view is much more common among people who admit they do not have much sympathy for people with HIV (52% vs. 35% of those who disagree). For some this may stem from concerns related to misconceptions about how HIV can be transmitted: for example, those who think their employer should tell them about a colleague with HIV are more likely than average to believe HIV can be transmitted through sharing a glass (4% vs. 1%) and spitting (13% vs. 8%).

General knowledge of HIV

It is important that the public are well informed about HIV, not only to prevent transmission but also to try to challenge common myths and reduce the stigma that is associated with the condition. This research has found that people with better knowledge

about HIV (who correctly identify at least four out of nine statements about HIV as true or false) are more sympathetic towards people with HIV (e.g. 76% who have average/fairly good knowledge of HIV² vs. 67% overall disagree that they don't have much sympathy for people with HIV).

However, when presented with a selection of true and false statements about HIV there seems to be much confusion, often with broadly equal proportions thinking statements posed to them are true, false or not knowing. This was the case for six of the nine statements. For example, roughly similar proportions believe it is true (32%), false (39%) or don't know (29%) that people with HIV have a lot more time off work due to illness than those without the condition. As well as demonstrating the public's confusion about some of the realities around HIV today, the sizeable proportion who respond 'don't know' to these statements indicates that some of the public are quite aware that their knowledge about HIV is limited.

More encouragingly, seven in ten think it is false that people in the UK infected with HIV will probably die within three years, as people with HIV who receive treatment can in fact go on to have a near normal life span.³ In addition, there is relatively high awareness that many people with HIV in the UK do not know they have it - just over half think estimates that put this figure at more than 20,000 are true, which is clearly an important message both for encouraging people to protect themselves from HIV transmission and to get tested.

Despite the general lack of understanding and confusion about HIV, or perhaps because of it, the public feel education about HIV is important. The vast majority (85%) agree that young people should be educated about HIV at secondary school and just over two-fifths would themselves wish to hear more about the reality of HIV in the UK today.

Young people themselves (16 to 24-year-olds) are significantly more likely than the average to believe that they do not know enough about how to prevent HIV transmission during sex (18% compared with the average of

² Those who correctly respond to 4-6 true/false statements at Q3 are categorised as having 'average' knowledge, and those who respond with 7-9 correct answers are categorised as having 'fairly good' knowledge about HIV

³ <http://www.nhs.uk/chq/Pages/3106.aspx?CategoryID=118&SubCategoryID=126>

12%) and 52% of this age group are interested in hearing more about the reality of HIV in the UK today.

Demographic patterns in knowledge and sympathy

Thinking about general demographic patterns, those over the age of 75 and those in lower social grades (DE) are particularly likely both to have a lower awareness regarding HIV and to be aware of their lack of knowledge. For example, one in ten people over the age of 75 and one in twenty of those in social group DE state they don't know the ways in which HIV can be passed from person to person (compared to 3% of the public overall). These groups are also less likely to agree that they know enough about how to prevent HIV transmission during sex than other groups (51% agree age 75+, with a further 27% don't know; 65% agree from DE social grades, with a further 8% don't know, compared to 75% agree and 6% don't know overall). Interestingly, people aged 50+

are particularly likely to disagree that they would be interested to hear more about the reality of HIV in the UK today (28% compared to 22% on average, rising to 39% of those aged 75+), suggesting that older age groups may find this issue less personally relevant. This is a concern given the increasing volume of HIV diagnoses in people over 50.⁴

In contrast, those in social groups DE are not significantly more likely to disagree (or agree) that they would be interested to hear more about the reality of HIV in the UK today than people in other social groups, which indicates a certain level of receptiveness to information on this issue. This lower awareness around HIV transmission matched with openness to further information is also reflected amongst single people.

This highlights the clear education needs of each of these groups as well as indicating the potential challenges of gaining the attention and interest of older people.

In line with it being the most common transmission route in the UK⁵, the specific area where we

tend to see significant differences between different groups of the population is in identifying whether sex without a condom (unprotected sex) creates an HIV risk. It is interesting to observe that the greatest level of awareness of the risk of unprotected sex is amongst those aged 35-54 (87% aware of the risk of unprotected sex between two men) and higher social groups (84% of ABC1s are aware of the risk of unprotected sex between two men, and the same proportion are aware of the risk of unprotected sex between a man and a woman). It is also evident that those with better knowledge of HIV have consistently more supportive attitudes towards people with HIV. Observing differences by gender, women are more likely than men to agree that more needs to be done to tackle prejudice (73% vs. 62%) and in general tend to have more sympathetic attitudes towards people with HIV than men.

This highlights both that different groups of the population have different educative needs; and the valuable role that greater awareness can play in not just providing people with the information they need to protect themselves against risk of transmission, but also in creating greater understanding and tolerance towards those who have HIV.

⁴ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA Table 6 http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

⁵ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA Table A http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

TRANSMISSION OF HIV

Transmission of HIV

Since 2000, the general public have been asked to select from a list the methods through which they believe HIV can be transmitted. In keeping with previous years, sex without a condom between two men and sex without a condom between a man and a woman are the most commonly acknowledged methods of transmitting HIV (both 80%). However, this means that one in five (20%) are not aware of each of these transmission routes and, in total, three in ten (31%) fail to mention at least one of these.

More encouragingly, there has been an increase (of six percentage points since 2007) in the proportion of the public aware that HIV can be transmitted via sex without a condom between two men, and it is now in line with the proportion who believe that HIV can be transmitted via sex without a condom between a man and a woman.

Unfortunately, since 2007, there has also been an increase in the proportion who believe HIV can

be transmitted through spitting (by five percentage points) and through kissing someone (by five percentage points). HIV cannot be transmitted through spitting, kissing, sharing a glass, from a public toilet seat, or coughing and sneezing. Such misconceptions have fuelled stigma and isolation for people with HIV. More must clearly be done to reverse the growth in such misplaced beliefs both to prevent unnecessary worry, and also to ensure people with HIV are not stigmatised by people who think they might 'catch' HIV from a kiss or from saliva, for example.

In addition, there are significant proportions of respondents who believe HIV can be transmitted by blood transfusion in the UK (49%), biting (28%) and standing on a used needle (28%) but in fact for all these instances there is only a very remote and theoretical possibility of transmission. There has only been one known HIV transmission from many millions of transfusions over thirteen years in the UK¹; there have only been four possible recorded cases of transmission through biting

anywhere in the world²; and there is no known or recorded instance of transmission from a discarded needle outside a healthcare setting.³

The significant proportions believing these are HIV transmission routes could be due to increased recent media reports around people being tested for HIV following some of these encounters, such as having been bitten.⁴ Regardless of the cause of these increases, it is important that people are aware that it is close to impossible to contract HIV via these methods.

Less than half (45%) cite sharing needles or syringes as a possible transmission route, although this is actually the second most common method in the UK, after sex without a condom.⁵ Direct comparison with previous years cannot be made due to a change in the wording of this option from sharing a syringe when injecting drugs. Reference to 'drugs' in the wording of the response option was thought to be particularly evocative, and was therefore excluded this year because the mode of transmission is actually

¹ Infection Surveillance Programme Annual Report 2007 Table 3:1 HPA http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1227255714122

² NAM 'HIV Transmission and Testing' 2009 p.92 <http://www.aidsmap.com/resources/HIV-transmission-testing/page/1412414/>

³ Stepping on a used needle has been described as a 'theoretical risk' and 'very unlikely to cause infection', with a probability of less than 1%, which must then be further reduced because 'any HIV there might have been will almost certainly have been diluted or degraded beyond likely infectiousness' NAM 'HIV Transmission and Testing' 2009 p.92 <http://www.aidsmap.com/resources/HIV-transmission-testing/page/1412414/>.

There is no recorded instance of transmission in authoritative books on the subject such as NAM 'HIV Transmission and Testing' 2009 p.92 <http://www.aidsmap.com/resources/HIV-transmission-testing/page/1412414/>

⁴ <http://www.dailymail.co.uk/news/article-125346/Living-hell-woman-bitten-HIV-sufferer.html>

⁵ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

through sharing needles and syringes, regardless of the reason for doing this. Between 2000 and 2007 there was a declining trend (of 19 percentage points from 88% to 69%) in the proportion that believed HIV could be passed via sharing a syringe when injecting drugs. The extent of the decrease observed this year (by 24 percentage points since 2007) could be due to the change in wording, but it is still concerning given this is one of the most common methods of transmission.

The detailed results are shown in the chart below. HIV transmission routes are green, routes through which HIV cannot be transmitted are red, and routes where the risk is theoretical or negligible are in orange.

As sex without a condom is the most common method of HIV infection in the UK⁶, it is useful to look at the profile of those who are not aware that HIV can be transmitted in this way. Failure to mention sex between a man and a woman is particularly common among people aged 65+ (26% aged 65-74 and 38% aged 75+

vs. 20% overall). Similarly, those aged 75+ are much less likely to be aware it can be passed on through sex between two men (38% vs. 20% overall). The same applies to people living in London (31% vs. 20% overall). Low understanding in London is a matter for concern given the fact that 44% of all people with diagnosed HIV in the UK are living in London.⁷

For analysis purposes respondents have been categorised into three broad levels of awareness: three in ten (30%) cited all of the correct methods of transmission, and none of the incorrect methods; three-quarters (76%) mentioned at least one of the correct methods of transmission and none of the incorrect methods; while approaching a fifth (18%) gave at least one incorrect response. This shows that while three in ten are very well informed, there are still a lot of misconceptions about transmission routes. It should be noted that the options of a blood transfusion in the UK, biting and by standing on a used needle,

were excluded from this analysis because, although extremely unlikely, they are technically possible methods of HIV transmission

Using these groupings it appears that older generations tend to be least well informed, with a smaller proportion aged 65+ than the public overall able to give at least one correct method of transmission (and no incorrect methods) (72% vs. 76% overall). The oldest age group (aged 75+) also have a greater tendency to say they simply 'don't know' to this question (10% vs. 3% overall). This difference may need to be addressed given the rise in recent years in HIV diagnoses in people over 50.⁸

It also appears to be the case that people living in the South of England are generally more knowledgeable about methods of HIV transmission, i.e. they are more likely to identify at least some correct methods and give no incorrect methods (81% vs. 76% overall).

As might be anticipated, those who know someone with HIV or have the condition themselves

⁶ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA Table A http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

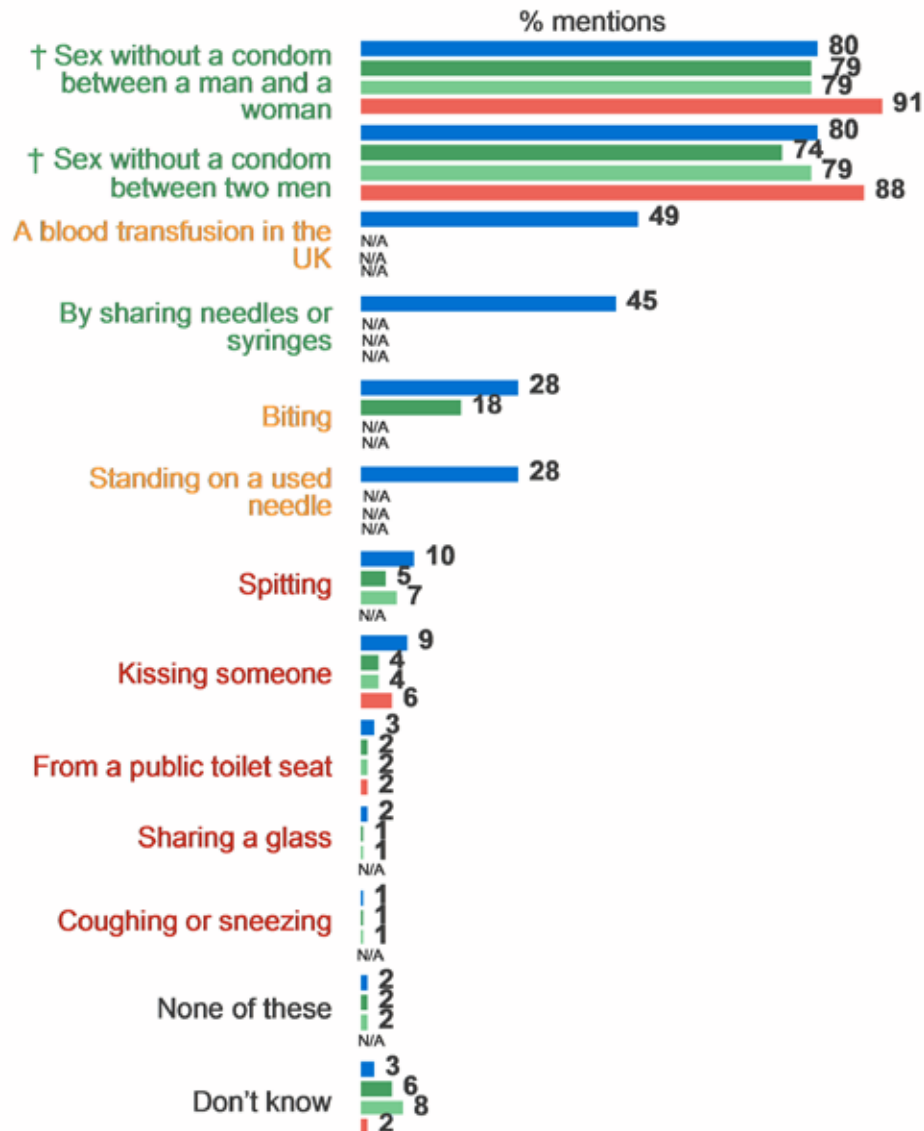
⁷ http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496957984

⁸ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA Table 6 http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

Methods of contracting HIV

In which of the following ways, if any, do you think HIV can be passed from person to person?

■ 2010 ■ 2007 ■ 2005 ■ 2000



Base: All adults aged 16+ (1,944), 5- 11 November 2010. Bases from previous years: 2007 (1981), 2005 (2048), 2000 (2008)

† Slightly different wording was used in 2000. "Unprotected sex" was used in place of "sex without a condom". Please note people were shown a slightly different list of answer options across years, hence the results are not strictly comparable

Source: Ipsos MORI

have considerably better knowledge about how it can be transmitted (40% vs. 30% overall give all correct and no false methods of transmission).

Looking closely at the people who mention at least one of the impossible methods of contraction (such as kissing and sneezing), these people are more likely to live in the Midlands than the South of Britain (24% vs. 18% overall).

People from BME backgrounds are more likely than White people to say they 'don't know' which are the routes of HIV transmission (5% vs. 2%). They are also more likely not to mention sex without a condom between two men as a method of transmission (39% vs. 20% overall).

Looking more closely at different ethnic groups, those from an Asian background are more likely than the public overall to believe HIV can be transmitted through sharing a glass (10% vs. 2% overall) and also by coughing or sneezing (4% vs. 1%). Both people from Asian and African and Caribbean backgrounds are also likely not to mention sex between two men as a method of transmission; this is particularly marked in African and Caribbean communities⁹, who are particularly likely not to mention sex without a condom between two men (46% African/Caribbean and 38% Asian vs. 20% overall). This is important to note, given the higher rates of HIV among people in African and Caribbean communities.¹⁰ These groups, however, are not significantly more or less likely to mention sex without a condom between a man and a woman.

Points to note:

- ▶ Only 30% of people correctly identified all the ways HIV can and cannot be transmitted.
- ▶ Only 80% of people know HIV can be transmitted by sex without a condom between a man and a woman, compared with 91% in 2000.
- ▶ An increasing proportion of people incorrectly believe that HIV can be transmitted by such impossible routes as kissing or spitting.
- ▶ Only 45% of people know that HIV is transmitted by the sharing of a needle or syringe.

⁹ The base size for African and Caribbean people is low (53) so findings should be treated as indicative only.

¹⁰ United Kingdom New HIV Diagnoses to end of June 2010' HPA http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

GENERAL KNOWLEDGE

General knowledge about HIV

For the first time questions were asked on public understanding of the current realities of living with HIV in the UK. There have in the last twenty years been significant changes both in who is affected by HIV in this country, and in HIV testing and treatment. It is important to gauge whether general knowledge about HIV has kept up with these developments and improvements, or whether beliefs are still those derived from the early days of the epidemic.

Public response to a range of true or false statements about HIV-related issues indicate considerable confusion among the British population – many say they simply don't know and, among those giving an answer, very few feel 'certain' about their response.

Respondents were presented with a number of statements about HIV and asked to decide whether they were: certain the statement was true; felt the statement was true; felt the statement was false; or certain the statement was false. These were used to assess

people's level of knowledge about HIV in the UK, and about the reality of living with HIV.

A mix of true and false statements were used to prevent respondents 'satisficing' (simply continually choosing the same option). By including both true and false statements respondents had to think about each and every statement. In the following charts, italicised text indicates statements which are false and regular text indicates true statements.

Each of the statements will be discussed at the overall level, with the main differences between relevant subgroups highlighted and summarised at the end of the chapter.

Diagnosis, testing and treatment of HIV

The first statement in the chart overleaf is about the length of time between contraction and diagnosis of HIV. It is false that most people diagnosed in 2009 with HIV were diagnosed within a year of contracting the infection.¹ However, over a third (35%) of the British public

think or feel certain this is true and a similar proportion (38%) do not know either way. Just a quarter (27%) correctly state false. It is important for people to realise that many people can and do spend several years with undiagnosed HIV infection so they should not assume that sexual partners will be aware of their HIV status.

People are similarly confused about the time needed before an HIV test will give a reliable result. Today, there are HIV tests which provide a reliable result from four weeks after infection², however, around two-fifths (42%) believe it is true that the test will only provide a reliable result from at least three months after possible infection. Only a fifth (21%) believe it is false, and around two-fifths (37%) don't know. This, along with the average length of time between infection and diagnosis are important messages to communicate, given that early diagnosis helps to prevent the spread of the condition by people unaware that they have it, and that late diagnosis is associated with a greater risk of serious illness,

¹ Half of people diagnosed in 2009 had a CD4 count of 350 or less. 'HIV in the United Kingdom: 2010 Report' HPA 2010 <http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1011HIVUK2010Report/>

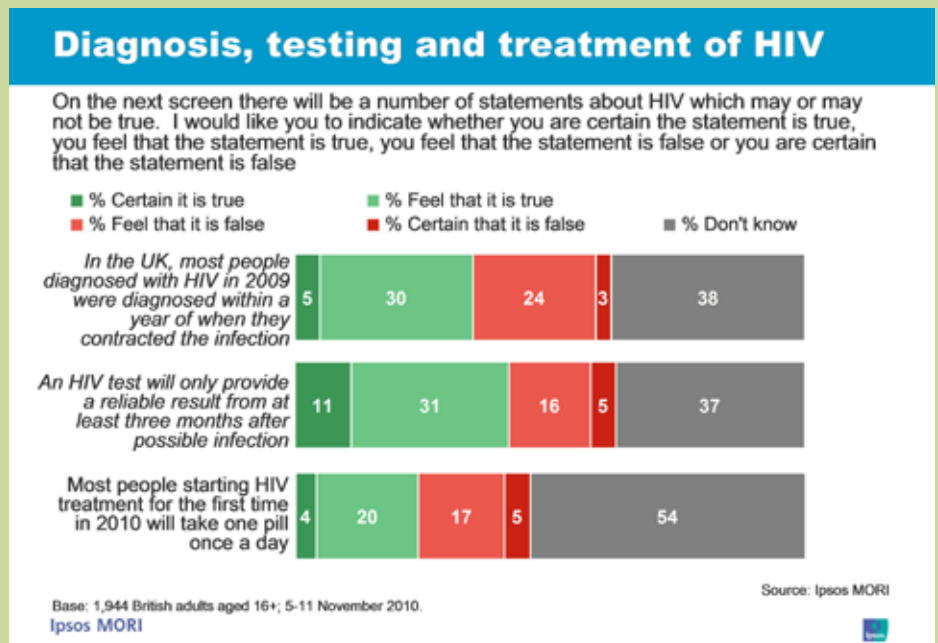
A CD4 count of 350 or less usually means HIV infection occurred more than a year previously. <http://www.nat.org.uk/Media%20library/Files/PDF%20documents/primary%20infection%20final.pdf>

² 'BASHH statement on the HIV window period' www.bashh.org/guidelines

hospitalisation, and reduced life expectancy.³ It is best practice, even where a reliable test result has been received a month from possible exposure to HIV, for there to be a confirmatory test three months from exposure.⁴ But the belief there is no point in seeking a test for three months can dissuade people from testing at precisely the time they feel most concerned as to possible risk and are more infectious.

Among the public, typical treatment for HIV is something that is not widely known about. The fact is that most people starting HIV treatment today would take just one pill, once a day.⁵ Around a quarter (24%) think this is true but a similar proportion (23%) believe that this is false, while the majority (54%) say they don't know. This might be an important message to help allay fears around the condition and encourage testing, and also demonstrates that many people with HIV are now able to work.

Expert opinion holds that most people diagnosed with HIV in 2009 had been infected for significantly longer than one year before diagnosis. Knowledge



of this fact (i.e that the survey statement is false) is higher among those aged 35-44 (38%), those with a degree or higher level of educational attainment (37%) and those in social grades AB (34%) than the public overall (27%). These groups are found to be more knowledgeable about HIV across many of the different areas.

Conversely, those more likely to think it is true are younger people (43% aged 16-34), those with a lower level of education (41% with A levels or GCSEs only)

and, linked to this, those with a lower household income (40% with an annual household income of £17,499 or less). These are therefore the groups who should perhaps be targeted to improve public knowledge around HIV.

Just as they tend to have poorer knowledge about HIV transmission routes, older people are also more likely than average to say they don't know in response to all three of the above statements, and indeed most of the whole set of true/false questions. For example, a

³ UK National Guidelines for HIV Testing BHIVA/BASHH/BIS 2008 p.2

⁴ <http://www.nhs.uk/Conditions/HIV/Pages/Diagnosispg.aspx>

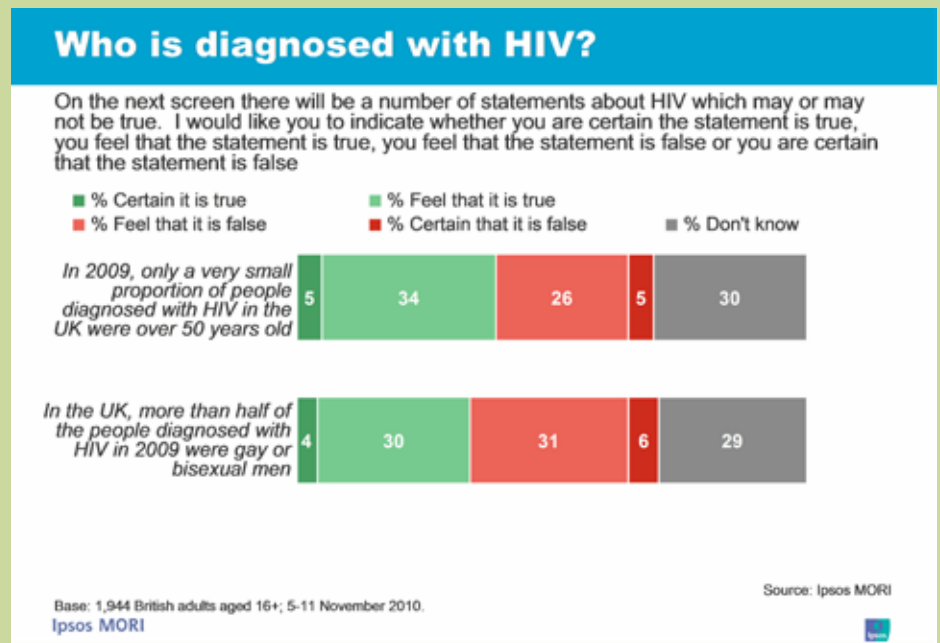
⁵ BHIVA Guidelines 'Treatment of HIV-1 infected adults with antiretroviral therapy' 2008

relatively large proportion say they don't know whether or not those starting treatment for HIV today will have to take one pill once a day (61% aged 55-64; 67% aged 65-74; 83% aged 75+ vs. 54% overall).

Perceptions (and misconceptions) about who has HIV

The perception that HIV is only an issue for 'other people' can stop individuals from taking steps to protect themselves from HIV and from seeking an HIV test if they have put themselves at risk.

According to Health Protection Agency statistics, in 2009, 13% of people diagnosed with HIV in the UK were aged over 50⁶, which highlights that HIV transmission remains a very real risk for this age group. Responding to the statement 'only a very small proportion of people diagnosed with HIV in 2009 were over 50', a larger proportion of the public think this is true (39%) than false (30%), including 38% of those who are themselves over 50. This perception is concerning if it results in older people not



taking measures to prevent HIV transmission.

In 2009, less than half (42%) of people diagnosed with HIV in the UK were gay or bisexual men.⁷ However, around a third (34%) believe it is true that more than half of people diagnosed in 2009 were gay or bisexual men, showing that a significant proportion of the population are unaware of the fact that changes in the epidemic in the UK now mean that the majority of people with diagnosed HIV are heterosexual, particularly

from African and Caribbean communities.⁸ It should be emphasised, however, that similar proportions believe this is false (37%) or don't know (29%).

People who don't have much sympathy for people with HIV are more likely than average to believe over half of the people diagnosed last year were gay or bisexual men (49% vs. 34% overall), perhaps indicating that homophobia could be contributing to some people's lack of sympathy.

⁶ 'HIV in the United Kingdom: 2010 report' HPA 2010 http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1287145367237

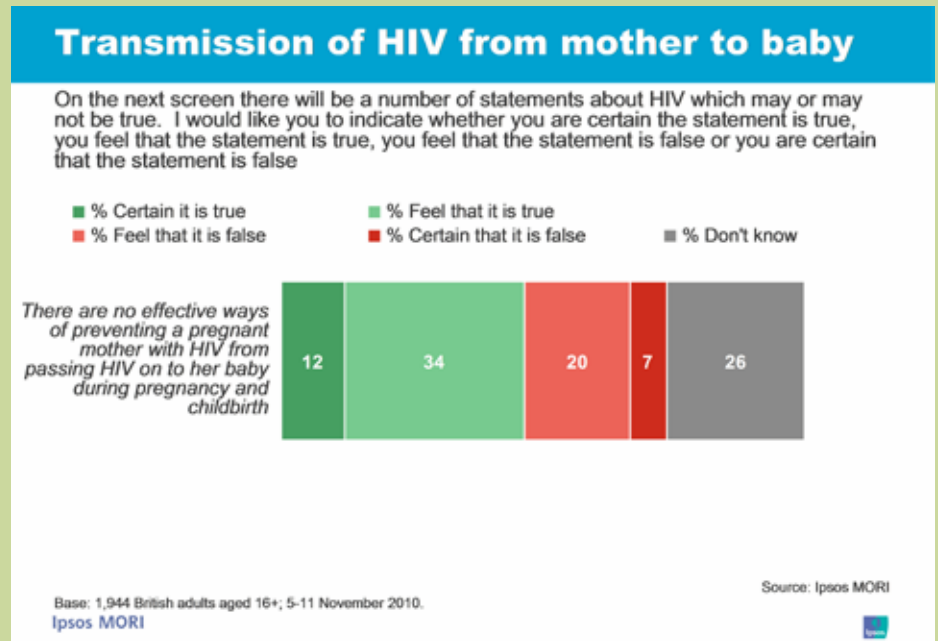
⁷ 'United Kingdom New HIV Diagnoses to end of June 2010' HPA Table A http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1237970242135

⁸ Ibid

This misconception is also held more often by men (40% vs. 29% of women), those aged 65-74 (45% vs. 34% overall), those with a low household income (38% vs. 34% overall) and people living in Scotland (48% vs. 34% overall). These are therefore groups which may need to be a focus of efforts to increase awareness of the prevalence and distribution of HIV in the UK.

Transmission of HIV from mother to baby

Today, in the UK, there are a number of steps, which if followed, reduce the risk of transmission of HIV from a pregnant mother to her baby to below one percent.⁹ Reflecting this, just over a quarter (27%) of the public think it false that there are no effective ways of preventing a pregnant mother passing HIV to her baby during pregnancy and childbirth. However, almost half (47%) believe there are no effective ways to prevent this transmission, and a quarter (26%) do not know either way. Given that all pregnant women are routinely offered an HIV test in the UK, it is knowledge



which should be more widely held. Misinformation could lead to stigma towards people with HIV who do start a family, or create a barrier to some men establishing long-term relationships with HIV positive women.

Reflecting the trend already noted, those in the middle age group (34% aged 34-44) are more likely to know that this is false than the public overall (27%). However, slightly younger generations (aged 25-34) are also more likely to be aware that this is false (33%). There

is no difference in awareness according to gender.

HIV and time off work due to illness

Public opinion is divided on whether or not people with HIV have a lot more time off work due to illness than people who do not. Roughly similar proportions believe it is true (32%), false (39%) or don't know (29%). The majority of people with HIV in employment are gay men so it is interesting to note that a recent study commissioned by NAT

⁹ Townsend C et al. Low rates of mother-to-child transmission of HIV following effective pregnancy interventions in the United Kingdom and Ireland, 2000-2006 AIDS 22:973-981, 2008

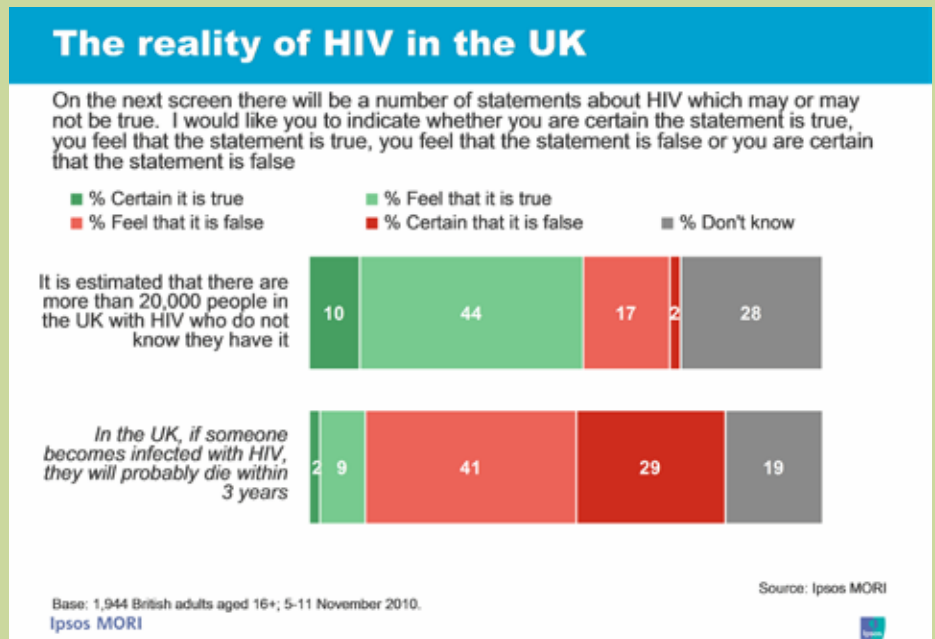
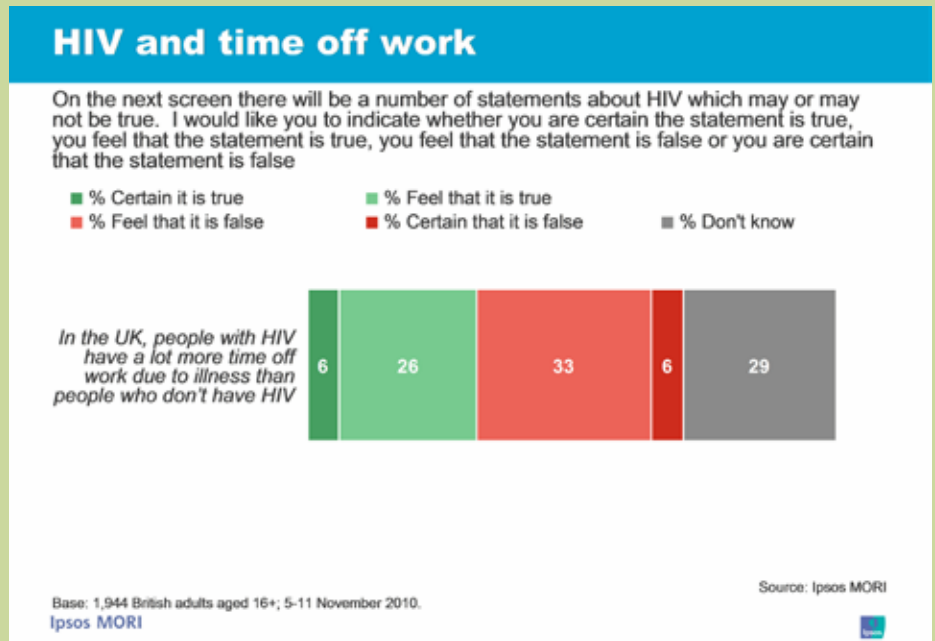
found that there was no significant difference in the number of days of sick leave gay men with and without HIV had taken in the last 12 months.¹⁰ The misconception that people with HIV take more time off work sick than others is concerning as it could impact on people's employment prospects if they choose to disclose their HIV status.

Again, it is the middle age groups who are most likely to feel this is false (47% aged 35-54 vs. 39% overall), as are those in social grades AB (46%). Meanwhile, men are more likely than women to think it is true that people with HIV in the UK take more time off work due to illness than those without HIV (35% vs. 29%).

The reality of HIV today

The two statements in the chart below are the only areas where the majority of the public respond correctly.

It is estimated that there are currently around 22,000 people in the UK living with HIV who are unaware of their condition.¹¹ The majority of the population (53%)



¹⁰ 'Working with HIV' NAT 2009 <http://www.nat.org.uk/Media%20library/Files/Policy/Our%20thinking/Employment%20summary%20report%20-%20FINAL%20August%202009.pdf>

¹¹ 'HIV in the United Kingdom: 2010 Report' HPA 2010 http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1287145367237

believe that estimates predicting there are more than 20,000 people with HIV in the UK who do not know they have it are true. However, many are still unsure or give the wrong answer - a fifth (19%) believe this to be false, and approaching three in five (28%) do not know.

Nowadays, people with HIV who are diagnosed early and receive treatment will actually have a near-normal lifespan¹² so it is encouraging that seven in ten (70%) think it is false that someone infected with HIV in the UK will probably die within three years. However, this does leave 11% who think this is still the case.

Again, it is people in the middle age groups who are better informed - 80% of those aged 35-54 vs. 70% overall believe it is true that there are more than 20,000 people with HIV in the UK who do not know they have it, and 80% vs. 70% say it is false that someone infected with HIV will probably die within three years. Those in social grades AB are also more likely to know it is false that people with HIV will probably die within three years (80% vs. 70% overall).

Men and those aged 16-25 have a greater tendency to be misinformed and are more likely to think it is true that someone with HIV will die within three years (13% of men vs. 9% of women; 15% aged 16-25 vs. 11% overall).

Summary of factors linked to knowledge about HIV

So far, this chapter has looked at differences in knowledge between sub-groups for particular statements. To get a more general picture, responses to all of the true/false statements were used to create three groups: those with fairly good knowledge of HIV in the UK (where at least 7 out of 9 responses to the true/false statements were correct); average knowledge (4-6 correct); and poor knowledge (3 or less correct). Perhaps surprisingly, there is not a strong relationship between general knowledge of HIV in the UK and knowledge of how it is transmitted when using these groupings. In fact, a greater proportion of people who have average or poor knowledge about HIV generally are more likely to

correctly identify all methods of transmission than those who have fairly good knowledge about HIV (31% vs. 20%).

People with better general knowledge about HIV are, however, more sympathetic towards people with HIV (76% who have average/fairly good knowledge of HIV vs. 67% overall disagree that they don't have much sympathy for people with HIV). This highlights the important link between sympathy and knowledge about the condition, and the link between ignorance of HIV and stigma.

Reflecting the demographic differences observed for many of the individual statements, age appears to be a key factor in general knowledge of HIV-related issues. Overall, older people aged 65+ tend to have a relatively 'poor' level of knowledge about HIV (78% vs. 56% overall). As noted, they are also more likely than younger generations to respond 'don't know' to the true/false statements. Those in the middle age groups (around 35-54 years old) tend to be more knowledgeable than the rest

¹² <http://www.nhs.uk/chq/Pages/3106.aspx?CategoryID=118&SubCategoryID=126>

of the public (56% have fairly good/average knowledge about HIV vs. 44% overall). This leaves young people (aged 16-24) somewhere in between - they are more likely than older generations (aged 65+) to have fairly good/average knowledge about HIV (47% vs. 27%), but more likely than those aged 45-54 to have poor knowledge (53% vs. 43%).

People who know someone with HIV (or have it themselves) have a better general knowledge of HIV (58% have fairly good/average knowledge vs. 44% overall). This suggests that familiarity with people who have the condition leads to better knowledge about it.

Having a higher household income and level of education are also linked with better overall knowledge: those with a salary of £30,000+ (56% vs. 44% overall have a very/fairly good knowledge) and with a degree have a better level of knowledge of HIV than the general public (13% vs. 8% overall have fairly good knowledge) – these two factors are of course linked. Conversely, those who are not working are particularly likely to have a poor overall level of knowledge about HIV (64% vs. 56% overall).

Points to note:

- ▶ A high proportion (more than a third) of people simply 'do not know' about the realities of the HIV epidemic, testing and treatment in the UK today.
- ▶ The more you know about HIV transmission routes, the more likely you are to be supportive towards people with HIV.
- ▶ Almost half of the public (47%) do not realise that it is possible to prevent an HIV positive pregnant mother passing HIV on to her baby during pregnancy and childbirth.

PUBLIC ATTITUDES

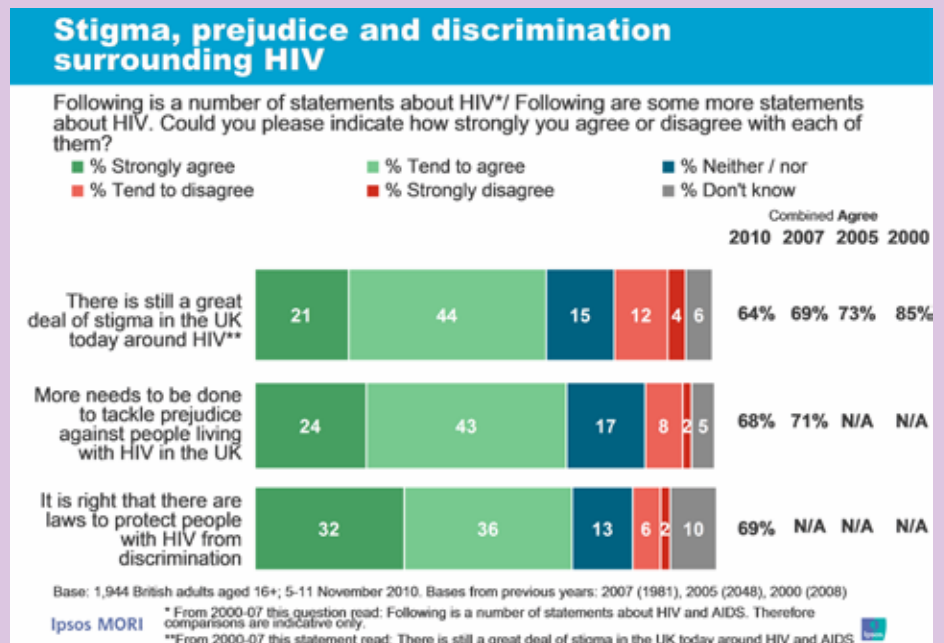
Public attitudes towards HIV

As well as being presented with true/false statements to assess knowledge about HIV, the public were also presented with a number of statements to explore attitudes towards HIV and people with the condition.

Stigma, prejudice and discrimination towards people with HIV

As the chart below shows, the majority (64%) of the public agree that there is still a great deal of stigma in the UK today around HIV although the percentage who agree has been declining steadily since 2000.¹

A similar proportion agree it is right that there are laws to protect people with HIV from discrimination (69%) and that more needs to be done to tackle prejudice against people living with HIV in the UK (68%). However, there has been a slight but significant decrease in agreement since 2007 that



more needs to be done to tackle prejudice (of three percentage points).

Women are more likely than men to agree that more needs to be done to tackle prejudice (73% vs. 62%), reflecting differences in terms of sympathy (discussed later), but there are no differences in opinion according to gender for the other two statements above.

Those in the middle age groups, particularly those aged 55-64, and in social grades AB have a greater tendency to agree there

is still a great deal of stigma (both 72% vs. 68% overall) in the UK around HIV.

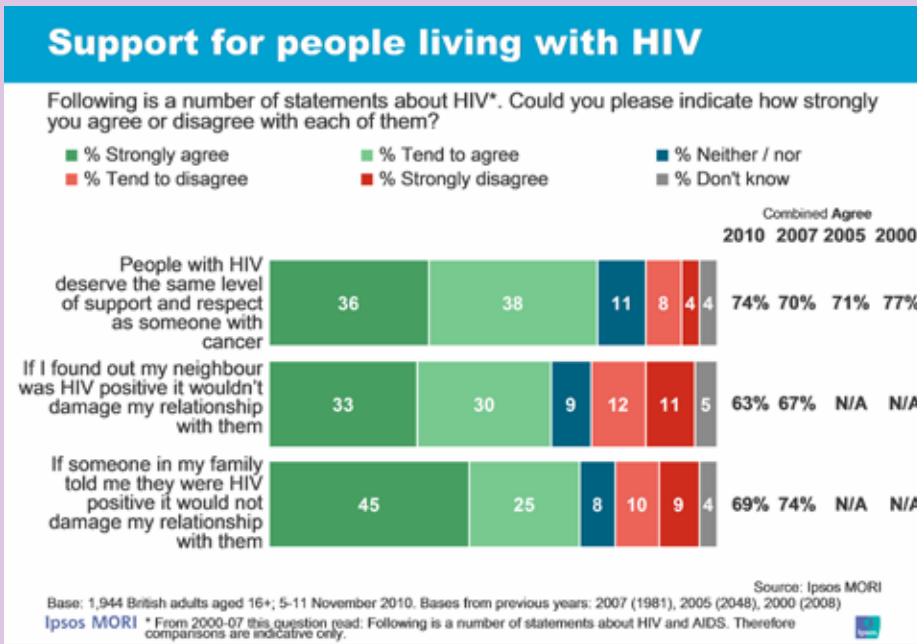
Support for people living with HIV

The vast majority (74%) of the public believe that people with HIV deserve the same level of support and respect as people with cancer and this has increased by four percentage points since 2007.²

The majority also agree that their relationship with family

¹ It should be noted that the wording for this statement and the question wording changed slightly from 2007. In previous waves of the research, both the statement and question made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.

² It should be noted that the wording of this changed slightly from 2007, when it also made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.



members or neighbours would not be damaged because they had HIV (69% in the case of family members and 63% in the case of neighbours). However, this leaves significant minorities who think this may damage their relationships (19% and 23% respectively) and since 2007, there has been a slight decrease (of five percentage points) in the proportion agreeing that someone in their family telling them they were HIV positive would not damage their relationship with them.³

Gender is not related to whether or not the relationship with a family member would be damaged by finding out they were HIV positive. However, men are more likely than women to disagree that their relationship with a neighbour wouldn't be damaged by finding out they had HIV (26% vs. 20%), just as they are more likely to agree they don't have much sympathy for people with HIV (13% vs. 9% of women).

People from White backgrounds are more likely than those from BME backgrounds to agree that

people with HIV deserve the same level of support and respect as people with cancer (75% vs. 65%).

As is the case for many attitudes, those aged 35-54 and those in social grades AB are also more likely to have a more positive attitude towards HIV, and hence are more likely to agree (81% and 80% respectively vs. 74% overall) that people with HIV deserve the same level of support and respect as people with cancer. Conversely, men are again more likely than women to disagree with this (14% vs. 10%). More detail is given on this in the section 'Summary of factors linked to attitudes towards HIV'.

HIV and the workplace

Approaching three-quarters (73%) of the public agree that people with HIV can work these days like anyone else. Encouragingly, the proportion who agree has increased by seven percentage points since 2005,⁴ which could suggest that HIV is being seen, quite rightly given treatment availability, less as a terminal

³ It should be noted that the wording of this changed slightly from 2007, when it also made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.

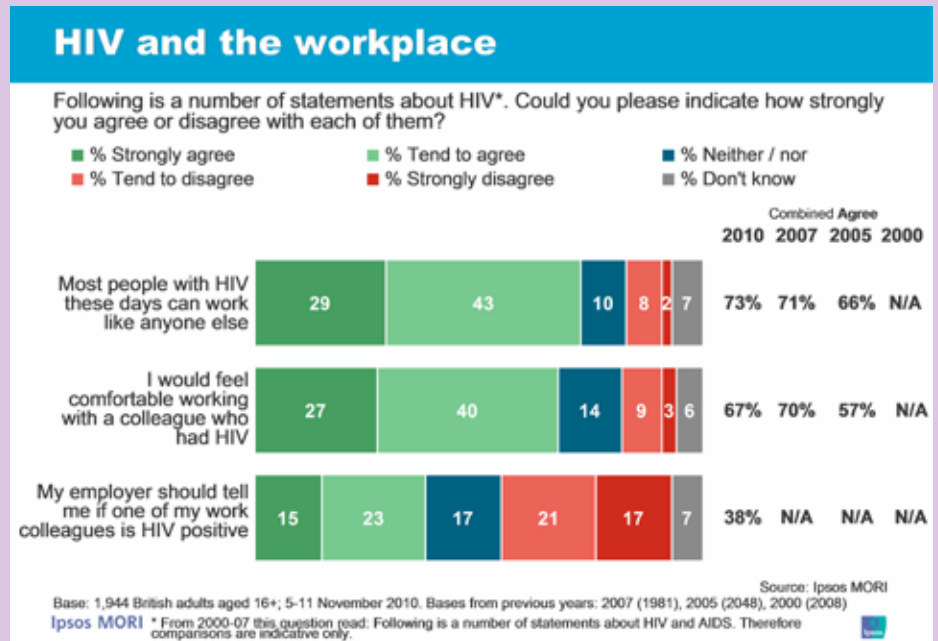
⁴ It should be noted that the wording of this changed slightly from 2007, when it also made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.

illness and more as a long-term manageable condition.

Looking at attitudes towards HIV in the workplace, two-thirds (67%) would feel comfortable working with a colleague who had HIV, although one in eight (13%) disagree with this. The proportion who say they would feel comfortable has declined slightly (by three percentage points) since 2007.

There is a mix of opinions amongst respondents about whether employers should tell them if one of their work colleagues is HIV positive: equal proportions (38%) agree and disagree with the statement. Furthermore, approaching one in five (17%) neither agree nor disagree. Whilst not directly comparable, a statement in 2005 and 2007, 'I'd expect to be told if one of my colleagues was HIV positive', was agreed with by 36% and 44% in respective years. There is no risk of HIV transmission from everyday contact with colleagues in the workplace.⁵

Looking at the relationship between some of these attitudes,



people who would not feel comfortable working with a colleague who had HIV are not surprisingly more likely to agree that their employer should tell them if one of their colleagues is HIV positive than those who would feel comfortable (50% vs. 38%). It is also the case that people who do not have much sympathy for people with HIV are more likely to agree that an employer should tell them if a colleague is HIV positive than those who disagree (52% vs. 35%). This suggests there could

be negative implications for the person with HIV if employers were to share this information.

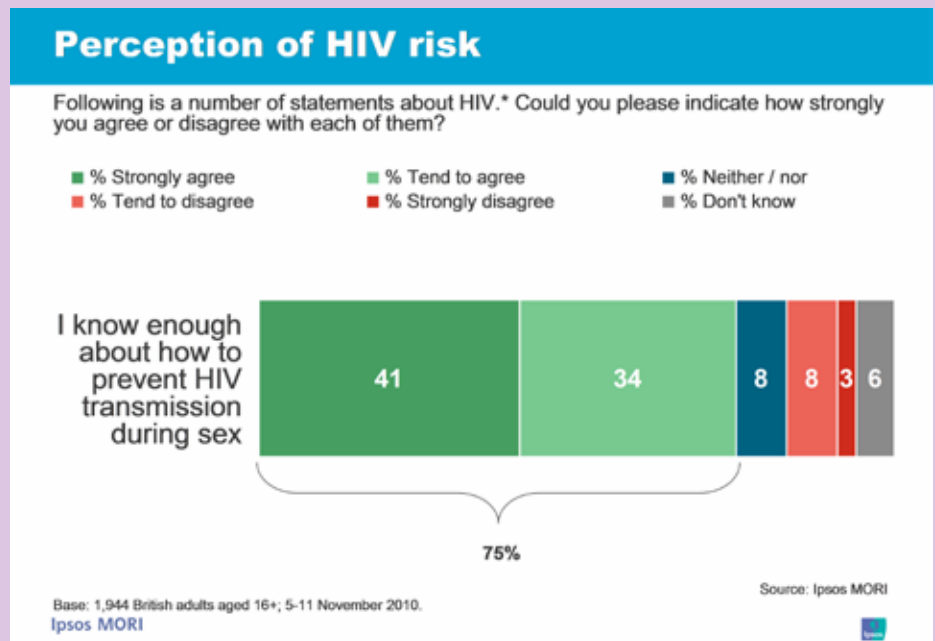
Those who agree that they should be told by an employer if a colleague is HIV positive are more likely (than average, 38%) to be from social grades C2DE (45%), have a low household income (43% with an annual household income of £17,499 or less), and/or live in Scotland (46%).

⁵ As previously discussed, HIV can only be transmitted through sharing of blood products or needles, from pregnant mother to baby and through unprotected sex. Given that these activities do not take place in most workplaces, the transmission of HIV through everyday workplace contact is extremely unlikely for most people.

Perception of HIV risk

The British public were asked how strongly they agree or disagree that they know enough about how to prevent HIV transmission during sex. Three-quarters (75%) of the public feel they do know enough, however, eleven percent do not and six percent are unsure.

Thinking about who is more likely to disagree that they know enough about how to prevent HIV transmission during sex, this is higher in men than in women (14% vs. 9%). Disagreement is also higher than average (12%) in young people aged 16-24 (18%), single people (who are also likely to be younger) (15%), people who are not working (14%), people from BME backgrounds (20%), and people living in the North West of England (16%). Although disagreement is not statistically higher among African and Caribbean people, indicatively they are less likely than the public overall to agree that they know enough to protect themselves (59% vs. 75%).



Those who think that they don't know enough to protect themselves (disagree with the statement), are actually less likely to know HIV is transmitted through sex without a condom (38% who don't know enough to protect themselves - vs. 24% who agree they do know enough - didn't mention at least one form of unprotected sex as being an HIV transmission route). On the other hand, those who agree that they know enough to protect themselves are more likely than the public overall to correctly

identify all transmission routes (84% vs. 75% overall).⁶

However, those who disagree that they know enough about how to prevent HIV transmission during sex are not more likely to agree that they would like to know more about the reality of HIV in the UK today. This suggests that there is a group of the general public who would certainly benefit from greater education on HIV, but are unlikely to be proactive in seeking it out. This presents a clear challenge for increasing awareness and understanding of HIV.

⁶ The base size for African and Caribbean people is low (53) so findings should be treated as indicative only.

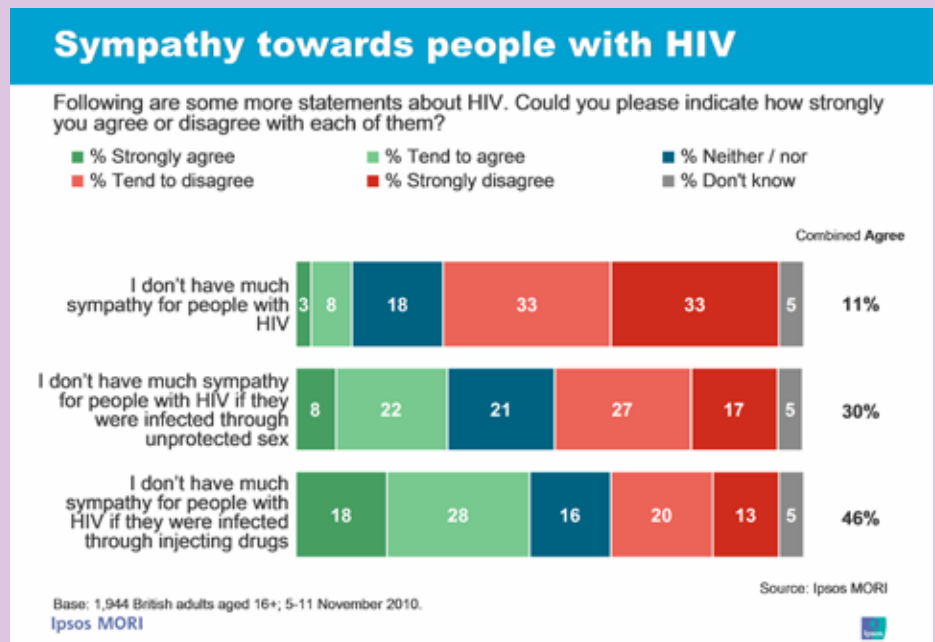
Sympathy towards people with HIV

Although most (66%) of the British public indicate that they do feel sympathy for people with HIV (via their disagreement with the negative statement below) a significant minority (11%) admit that they do not have much sympathy for people with HIV. There is also a sizeable proportion (18%) who neither agree nor disagree.

The proportion who agree that they do not have much sympathy rises if a person contracted HIV through unprotected sex (30%), and it is higher still in relation to people with HIV who have contracted it through injecting drugs (46%).

Those who are more sympathetic (disagree they don't have much sympathy) for people with HIV are more likely than the public overall to correctly identify all methods of transmission (72% vs. 67%).

Those who would not feel comfortable working with a colleague with HIV tend to be less sympathetic (21% vs. 11% overall agree they don't have much sympathy). As previously mentioned, gender is also linked to sympathy, with men having less sympathy for people with HIV than women (13% vs. 9%).



Information about HIV

The finding mentioned earlier that 12% of people (and 18% of those aged 16-24) disagree that they know enough about how to prevent HIV transmission during sex suggests a need for education in this area.

The vast majority (85%) of the British public agree that all young people should be taught about HIV at secondary school to ensure they have a good understanding of the condition by the time they leave. Just five percent disagree with this, as shown in the chart on page 25.

Over two-fifths (44%) also agree that they would be interested to hear more about the reality of HIV in the UK today. A significant

minority (26%) neither agree nor disagree that they would be interested, and over a fifth (22%) disagree. The public therefore do believe educating young people and being personally informed about HIV is important.

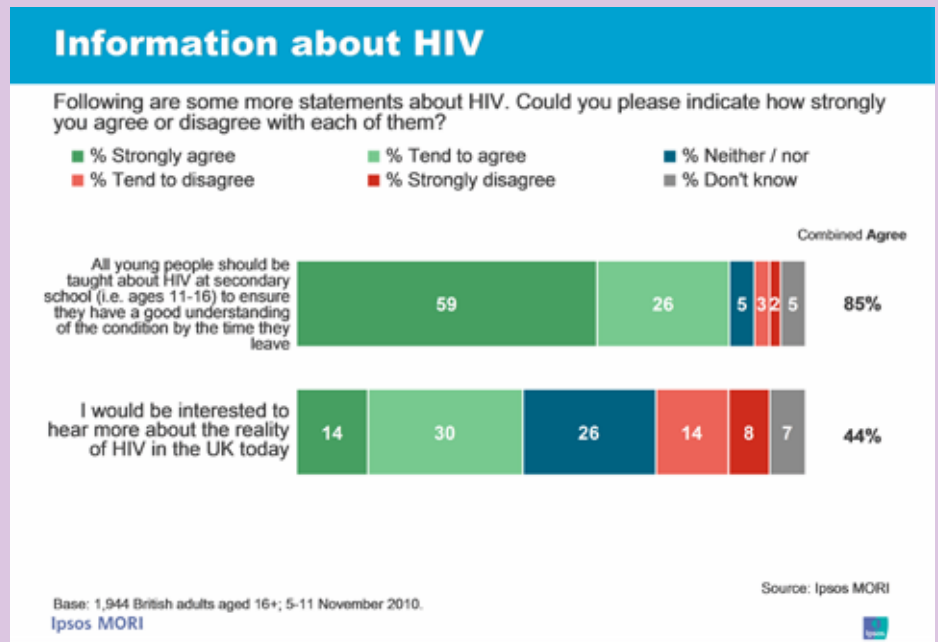
Those who would be particularly interested to hear more about the reality of HIV in the UK today are single people (50% vs. 44% overall) and the younger and middle generations (50% aged 16-54 vs. 44% overall). Interest is highest in the 16-24 year group (52%).

Single people are an interesting group. Whilst in general there are few significant differences in awareness of transmission routes when compared to people who are married or living as a couple, the area where they are

significantly less likely to identify the risk is sex without a condom - both between a man and a woman (77% compared to 83% of those who are married/living as a couple) and between two men (75% compared to 84%). This coupled with their greater likelihood to disagree that they know enough about how to prevent HIV transmission during sex (15% compared to 10% of those who are married/living as a couple); and their greater desire to find out more about the reality of HIV in the UK today than average (50% compared to 44% overall) reveals a group of the population who reveal both a need and a willingness to learn more about the risks of HIV transmission.

Summary of factors linked to attitudes towards HIV

Attitudes towards HIV, assessed by whether people agree or disagree with statements referred to in this chapter, tend to be very consistent. For example, people who are more sympathetic towards those with HIV also tend to think: more needs to be done to tackle prejudice around HIV; people with HIV deserve the same level of support and respect as people with cancer; it is right that there are laws to protect people with HIV; and young people should be educated



about HIV at secondary school. However, the other side to this is that there is a minority among the public who are consistently less sympathetic.

Looking at the demographics of people with these more positive attitudes, they tend to be around the middle age groups, be from social grades AB, and have a better knowledge about routes of HIV transmission. For example, agreement that people with HIV deserve the same level of support and respect as people with cancer is higher among those aged 35-64 (80% vs. 74% overall), in social grades AB (80%), and among those who name all or some of the correct methods of contraction of HIV and none of the false methods (79%). There also appears to

be some evidence of difference according to gender, with women tending to be more sympathetic than men in some respects. For example, men are more likely than women to disagree that people with HIV deserve the same level of respect as people with cancer (14% vs. 10%), while women believe more needs to be done to tackle prejudice (73% vs. 62% of men) and are more likely to disagree that they don't have much sympathy for people with HIV (70% vs. 63% of men).

APPENDICES

Topline results

HIV awareness survey 18 November 2010

- 1,944 interviews among the general public aged 16+ were conducted across Great Britain
- All respondents were interviewed face-to-face, in-home using Ipsos MORI's in-house omnibus survey
- Fieldwork was conducted from 5 -11 November 2010
- Results are based on all (1,944) unless otherwise stated
- Where figures for other years have been given, bases are as follows: 2000 Survey: 2008, 2005 Survey: 2048, 2007 Survey: 1981
- Results are weighted to the known GB population profile
- An asterisk (*) denotes a finding of less than 0.5%, but greater than zero
- Where figures do not add up to 100, this is due to multiple coding or computer rounding

Q1 In which of the following ways, if any, do you think HIV can be passed from person to person? Select all that apply**

	2000	2005	2007	2010
	%	%	%	%
Sex without a condom between two men	88	79	74	80
Sex without a condom between a man and a woman	91	79	79	80
A blood transfusion in the UK*	n/a	n/a	n/a	49
By sharing needles or syringes*	n/a	n/a	n/a	45
Biting	n/a	n/a	18	28
By standing on a used needle	n/a	n/a	n/a	28
Spitting	n/a	7	5	10
Kissing someone	6	4	4	9
From a public toilet seat	2	2	2	3
Sharing a glass	n/a	1	1	2
Coughing or sneezing	n/a	1	1	1
Don't know	0	2	6	3
No answer/none of these	2	8	2	2

*a similar option was included in previous years, but as the wording has changed they are not directly comparable

**option removed in 2010: from a breastfeeding mother to her child

Q2 Following is a number of statements about HIV**. Could you please indicate how strongly you agree or disagree with each of them?

		Strongly agree	Tend to agree	Neither/nor	Tend to disagree	Strongly disagree	Don't know
		%	%	%	%	%	%
There is still a great deal of stigma in the UK today around HIV	2010	21	44	15	12	4	6
	2007	26	43	14	7	2	8
	2005	33	40	10	6	1	11
	2000	41	44	6	6	1	2
If I found out my neighbour was HIV positive it wouldn't damage my relationship with them	2010	33	30	9	12	11	5
	2007	36	31	10	10	6	7
More needs to be done to tackle prejudice against people living with HIV in the UK	2010	24	43	17	8	2	5
	2007	29	42	16	5	1	7
People with HIV deserve the same level of support and respect as people with cancer	2010	36	38	11	8	4	4
	2007	33	37	14	7	3	6
	2005	35	36	13	6	1	9
	2000	41	36	9	8	5	2
If someone in my family told me that they were HIV positive it would not damage my relationship with them	2010	45	25	8	10	9	4
	2007	47	26	9	7	5	6
Most people with HIV these days can work like anyone else	2010	29	43	10	8	2	7
	2007	22	48	14	5	1	9
	2005	23	43	15	5	3	11
My employer should tell me if one of my work colleagues is HIV positive*	2010	15	23	17	21	17	7
I would feel comfortable working with a colleague who had HIV	2010	27	40	14	9	3	6
	2007	26	43	15	6	2	7
	2005	23	34	18	8	3	14
I know enough about how to prevent HIV transmission during sex	2010	41	34	8	8	3	6

**options removed in 2010: I think the Government is doing enough to tackle HIV in the UK; people who become infected with HIV through unprotected sex only have themselves to blame; people who become infected with HIV through using drugs only have themselves to blame; I don't know enough about the risks of HIV and AIDS to people like myself; I'm not worried about HIV because I'm not personally at risk

*a similar option was included in previous years, but as the wording has changed they are not directly comparable

Q3 On the next screen there will be a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false.

	Certain it is true	Feel it is true	Feel it is false	Certain it is false	Don't know
	%	%	%	%	%
In the UK, if someone becomes infected with HIV, they will probably die within 3 years	2	9	41	29	19
It is estimated that there are more than 20,000 people in the UK with HIV who do not know they have it	10	44	17	2	28
In 2009, only a very small proportion of people diagnosed with HIV in the UK were over 50 years old	5	34	26	5	30
An HIV test will only provide a reliable result from at least three months after possible infection	11	31	16	5	37
In the UK, people with HIV have a lot more time off work due to illness than people who don't have HIV	6	26	33	6	29
In the UK, most people diagnosed with HIV in 2009 were diagnosed within a year of when they contracted the infection	5	30	24	3	38
Most people starting HIV treatment for the first time in 2010 will take one pill once a day	4	20	17	5	54
In the UK, more than half of the people diagnosed with HIV in 2009 were gay or bisexual men	4	30	31	6	29
There are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth	12	34	20	7	26

Q4 Following are some more statements about HIV. Could you please indicate how strongly you agree or disagree with each of them?

	Strongly agree	Tend to agree	Neither/nor	Tend to disagree	Strongly disagree	Don't know
	%	%	%	%	%	%
I don't have much sympathy for people with HIV	3	8	18	33	33	5
I don't have much sympathy for people with HIV if they were infected through unprotected sex	8	22	21	27	17	5
I don't have much sympathy for people with HIV if they were infected through injecting drugs	18	28	16	20	13	5
All young people should be taught about HIV at secondary school (i.e. ages 11 -16) to ensure they have a good understanding of the condition by the time they leave	59	26	5	3	2	5
It is right that there are laws to protect people with HIV from discrimination	32	36	13	6	2	10
I would be interested to hear more about the reality of HIV in the UK today	14	30	26	14	8	7

Q5 Do you personally know someone who has HIV?

	%
Yes	7
No	86
I have HIV	1
Prefer not to say	1
Don't know	5

Guideline to Statistical Reliability

The sampling tolerances that apply to the percentage results are given in the table below. This table shows the possible variation that might be anticipated because a sample, rather than the entire population, was interviewed. As indicated below, sampling tolerances vary with the size of the sample and the size of the percentage result. For example, on a question where 50% of the people in a sample of c.2,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than 3 percentage points, plus or minus, from a complete coverage of the entire population using the same procedures (i.e. between 47% and 53%).

Approximate sampling tolerances applicable to percentages at or near these levels					
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Size of sample on which survey result is based					
c. 2,000	1	2	2	2	2

Source: Ipsos MORI

Tolerances are also involved in the comparison of results from different parts of the sample. A difference, in other words, must be of at least a certain size to be considered statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons.

Strictly speaking these tolerances are based on perfect random samples, and design effects such as clustering and weighting are likely to increase them. In practice, good quality quota sampling has been found to be as accurate as random samples with a similar design.

Approximate differences required for significant at or near these percentages					
Circa.	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Men vs. women (941 vs. 1003)	3	4	4	4	4
15-24 year olds vs. 65+ (311 vs. 380)	5	6	7	7	8

Source: Ipsos MORI

TECHNICAL DETAILS

Sample design

- Capibus uses a two stage random location design to select respondents to take part in the weekly survey. The two stages are as follows:
 - i) Stage One - Selection of Primary Sampling Units
 - The first stage is to define primary sampling units which will be fixed for at least one year. A total of 154-180 Local Area Authorities are randomly selected from our stratified groupings with probability of selection proportional to size. This ensures that the most populated areas in Britain are always represented in the sample.
 - ii) Stage Two - Selection of Secondary Sampling Units
 - The second stage of sampling happens every week on Capibus. At this stage, one or two output areas (OA) are randomly selected from each Local Area Authority, this then becomes the secondary sampling unit.
 - An Output Area (OA) is a very small area made up of between 60 to 100 addresses. Although we could just choose 154-180 OAs each week completely at random and set our interviewer quotas for sex, age, working status and social grade - a common approach for ensuring a sample is nationally representative - we use the CACI ACORN geodemographic system in the selection process.
 - Adopting this approach helps to eliminate any possible bias in the sample caused by interviewing people all with the same background. Using CACI ACORN allows us to select OA's with differing profiles such that we can be sure we are interviewing a broad cross-section of the public; since clearly even people of the same age and working status may have a different viewpoint depending on their background.

Fieldwork

All interviewing for Capibus is carried out in-home by Ipsos interviewers using CAPI (Computer Assisted Personal Interviewing) for data collection. All interviews are conducted in-home.

Weighting

All information collected on Capibus is weighted to correct for any minor deficiencies or bias in the sample. Capibus uses a 'rim weighting' system which weights to NRS defined profiles for age, social grade, region, tenure, ethnicity and working status - within sex.

	Occupation of Chief Income Earner	Percentage of Population
A	<p>These are professional people, very senior managers in business or commerce or top-level civil servants.</p> <p>Retired people, previously grade A, and their widows.</p>	c.3%
B	<p>Middle management executives in large organisations, with appropriate qualifications.</p> <p>Principal officers in local government and civil service.</p> <p>Management or owners of small business concerns, educational and service establishments.</p> <p>Retired people, previously grade B, and their widows.</p>	c.20%
C1	<p>Junior management, owners of small establishments, and all others in non-manual positions.</p>	c.28%
C2	<p>All skilled manual workers and those manual workers with responsibility for other people.</p> <p>Retired people, previously grade C2, with pensions from their job.</p> <p>Widows, if receiving pensions from their late husband's job.</p>	c.21%
D	<p>All semi-skilled and un-skilled manual workers, apprentices and trainees to skilled workers.</p> <p>Retired people, previously grade D, with pensions from their job.</p> <p>Widows, if receiving a pension from their late husband's job.</p>	c.18%
E	<p>All those entirely dependent on the state long-term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding six months (otherwise classify on previous occupation).</p> <p>Casual workers and those without a regular income.</p> <p>Only households without a Chief Income Earner will be coded in this group.</p>	c.10%

NAT is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources. We campaign for change.



SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

Our vision:

Our vision is a world in which people living with HIV are treated as equal citizens with respect, dignity and justice, are diagnosed early and receive the highest standards of care, and in which everyone knows how, and is able, to protect themselves and others from HIV infection.

Our strategic goals:

All our work is focused on achieving four strategic goals:

- ▶ effective HIV prevention in order to halt the spread of HIV
- ▶ early diagnosis of HIV through ethical, accessible and appropriate testing
- ▶ equitable access to treatment, care and support for people living with HIV
- ▶ eradication of HIV-related stigma and discrimination.

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