

HIV

Public Knowledge and Attitudes, 2014

NOVEMBER 2014



A study for the National AIDS Trust by Ipsos MORI

Contents

Foreword from the Chief Executive	3	Chapter 5 - Taking a closer look at attitudes towards HIV in London	24
NAT Summary of Headline Findings	4	Chapter 6 - Taking a closer look at attitudes towards HIV in Wales and Scotland	25
Chapter 1 - Knowledge about HIV	8	Appendix	27
Chapter 2 - Public attitudes towards HIV	16	Acknowledgements	27
Chapter 3 - HIV and the workplace	20		
Chapter 4 - Educating young people about HIV in schools	22		

Our strategic goals

All our work is focused on achieving five 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
- enhanced understanding of the facts about HIV and living with HIV in the UK
- eradication of HIV-related stigma and discrimination.

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.

NAT is the UK's leading charity dedicated to transforming society's response to HIV.

We provide fresh thinking, expertise and practical resources.

We champion the rights of people living with HIV and campaign for change.



Foreword

Public knowledge about HIV, and public attitudes to people living with HIV, are a good indicator of how well we as a society are responding to the medical and social challenges of the HIV epidemic.

Poor understanding of HIV transmission can mean increased risk that people acquire HIV whether through unsafe sex or unsafe injecting practices. Whilst targeted HIV prevention rightly focuses on the most affected groups, (gay and bisexual men, and African communities in the UK), 25% of new HIV diagnoses are of people not from these groups.¹ We have to ensure that everyone in the UK, whoever they are, has a good basic knowledge of HIV and how to prevent transmission.

Poor knowledge of HIV can also feed into prejudice and stigma. Incorrect and exaggerated assumptions about HIV transmission, or outdated and negative views on what it is like to live with HIV, all encourage stigma. HIV stigma is an unjust and unacceptable burden on the lives of people with HIV. It also harms public health - it is stigma, for example, which makes many people unwilling to test for HIV; it is stigma which makes it hard for people to talk to their sexual partners about risk and sexual health.

On behalf of the National AIDS Trust (NAT), Ipsos MORI has carried out a study among British adults (aged 16+) to identify knowledge of and attitudes to HIV since 2000 - this is the fifth such survey. This report provides an invaluable snapshot of where British society is in its response to HIV, identifies any trends over time, and highlights those areas where we need to do much better, whether in public knowledge or public attitudes.

Deborah Gold, Chief Executive, NAT



¹ See www.gov.uk/government/statistics/hiv-data-tables



NAT Summary of Findings

Knowledge about HIV

When presented with a list of options and asked to select which are ways HIV can be passed from person to person:

Only two in three (**65%**) of the public identify all three correct routes of HIV transmission; sex without a condom between a man and woman; sex without a condom between two men; and by sharing needles or syringes.

28% of the public identify one or more incorrect routes of transmission¹ (up from 18% in 2010).

Only **45%** of the public can correctly identify all correct routes of transmission, without misidentifying any incorrect routes.

7% of the public are unable to identify any of the correct routes of HIV transmission.

Overall, there are worrying gaps in knowledge amongst the general public both as to how HIV is and is not transmitted. This puts people at risk of HIV. It also feeds prejudice, stigma and discrimination.

17% of the public are unaware that HIV is passed on through sex without a condom between a man and a woman.

19% are unaware that that HIV is passed on through sex without a condom between two men.

We cannot be content with about one in five people in Britain not knowing the most basic facts about how HIV is passed on through sex.

25% of the public are unaware that HIV is passed on through sharing needles or syringes – though this is a welcome improvement on the 55% who did not identify this route in 2010.

Whether spitting, coughing or sneezing, sharing a glass, or kissing – all have seen significant increases since 2010 in the proportions of people who incorrectly believe HIV can be passed on in these ways.

For example, **16%** of the public incorrectly think HIV can be passed on from kissing someone, compared with 9% in 2010.

It is alarming to see the increase in myths about how HIV is transmitted. Myths about HIV transmission support stigma and discrimination and we urgently need to see them dispelled rather than growing.

When presented with the statement ‘there are no effective ways to prevent a pregnant woman from passing HIV to her baby during pregnancy and childbirth’ only **28%** of the public identify the claim as being false (unchanged since 2010).²

Although it is positive that there has been a reduction since 2010 in the percentage who incorrectly believe this is true (from 47% to 36%) much of this change results from an increase in the proportion of people answering ‘don’t know’.

69% correctly think the statement ‘in the UK, if someone becomes infected with HIV they will probably die within three years’ is false. This figure remains unchanged since 2010.

HIV treatment means the vast majority of people with HIV will enjoy a near-normal lifespan.³ It is good to see greater certainty amongst those who believe this statement to be false compared with 2010, and that only 9% think this statement is true. But 23% of people responding ‘don’t know’ is very concerning. Knowledge of how well people can live with HIV is important to encourage HIV testing and reduce stigma.

¹ The incorrect routes of transmission in the survey are: spitting; kissing someone; sharing a glass; coughing or sneezing; from a public toilet seat

² See British HIV Association guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review).

³ May M et al Impact of late diagnosis and treatment on life expectancy in people with HIV – UK Collaborative HIV Cohort (UK CHIC study) BMJ 343, doi:10.1135/bmj.d6016 2011

Just a fifth (**20%**) of the public know the statement ‘the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low’ to be true.

This information was only confirmed by a randomised control trial in 2011 so is fairly new.⁴ But it has the potential to contribute significantly to decreasing HIV stigma in the general population so it is a fact which needs to be disseminated more widely.

Public attitudes to HIV

79% of the public agree that people with HIV deserve the same level of support and respect as people with cancer (in 2010 it was 74% and in 2007 it was 70%).

51% disagree with the statement ‘I don’t have much sympathy for people with HIV if they were infected through unprotected sex’ (compared with 44% in 2010).

We welcome these improvements in positive attitudes compared to previous surveys.

67% of the public agree that if they found out their neighbour was HIV positive it would not damage their relationship.

72% agree that if a family member told them they were HIV positive it would not damage their relationship.

These small but significant increases from 2010 are welcome, but there remain substantial minorities who think it would affect their relationship or are ambivalent or simply don’t know.

HIV and the workplace

67% of the public agree they would be comfortable working with someone living with HIV in 2014 (the same percentage as in 2010, but there has been a significant increase in the proportion who strongly agree).

37% agree with the statement ‘my employer should tell me if one of my work colleagues is HIV positive’ (unchanged since 2010) and 35% disagree.

There is an association between not feeling comfortable working with someone with HIV and wanting an employer to tell you if you have an HIV positive work colleague. This association is not surprising. However, expecting to know about a colleague’s HIV status is unnecessary and intrusive.

Educating young people about HIV in schools

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 (unchanged since 2010).

This report shows just how urgently we need education about HIV. Knowledge is incomplete and patchy, and it is stigma which grows in the gaps.

⁴ See www.hptn.org/research_studies/hptn052.asp

NAT Conclusions

When it comes to the impact of HIV, there are considerable knowledge gaps among the general public regarding HIV treatment, and, worryingly, significant growth in public misunderstandings and myths regarding how HIV is transmitted.

Although there has been some modest improvement in attitudes in recent years, and a majority may hold somewhat supportive attitudes to varying degrees, significant minorities do not do so or do not do so clearly. The views of these minorities have the potential to make life difficult for people with HIV.

This report shows the strong association between good knowledge of HIV and of HIV transmission routes and more supportive attitudes to people living

with HIV. We believe improved understanding of HIV amongst the general public will have a positive effect on public attitudes to HIV.

We have seen ten years of immense progress in HIV science and medicine but we have witnessed far less progress in public attitudes. It is time the Government made addressing HIV stigma a policy priority, just as it has for mental health stigma. The degree of HIV stigma which persists in Britain undermines our claim to be a fair society. It is also a serious public health problem – unless we substantially reduce HIV stigma we are going to make little progress in reducing HIV transmission.

NAT Recommendations

Age-appropriate, comprehensive sex and relationships education should be taught in every school in the UK. This must include education about both the biological and social aspects of HIV. This is an essential step if we are to improve knowledge, promote good health and address stigma.

All sexually active adults must be informed about HIV transmission risks and the effectiveness of modern HIV treatment. In all four nations of the UK the NHS, and national and local government need to find innovative and cost-effective ways to improve public understanding of HIV and so prevent HIV transmission and promote respect.

Governments in all four nations of the UK should as a matter of urgency develop and implement strategies to reduce HIV stigma in society. All relevant stakeholders (for example the NHS, schools, local government...) need to be involved both in the development of the strategy and then in its delivery.

Background and methodology

This report presents the findings of research conducted by Ipsos MORI on behalf of the National AIDS Trust in autumn 2014. The research aims to establish British adults' awareness, knowledge and understanding of HIV as well as their attitudes towards HIV and people living with the condition. The latest research builds on similar research conducted in 2000, 2005, 2007 and 2010 and, where appropriate, this wave of the study compares data to the findings from previous years. See the table below for technical details on the previous waves of the study.

The research was conducted using Ipsos MORI's nationally representative weekly face-to-face omnibus (Capibus). In total, 1,992 interviews were conducted with adults aged 16+ across Great Britain, between 24th October and 2nd November 2014. Due to the sensitive nature of the subject matter, in order to reduce social desirability bias in responses as far as possible respondents were asked to complete the survey using a CAPI (Computer Assisted Personal Interviewing) machine, so that they could complete the survey without the interviewer being able to see their answers.

Technical details of previous waves

	Methodology	Sample Size	Fieldwork dates
2010	Ipsos MORI Omnibus	1,944	5th - 11th November, 2010
2007	Ipsos MORI Omnibus	1,981	15th - 22nd November, 2007
2005	Ipsos MORI Omnibus	2,048	17th - 22nd November, 2005
2000	Ipsos MORI Omnibus	2,008	26th - 30th November 2000

A note on interpreting the data

Throughout this report we talk about differences between sub-groups or between the current and previous surveys as being statistically significant. Sampling tolerances vary with the size of the sample and the size of the percentage result, and a difference must be of at least a certain size to be considered statistically significant. For example, on a question where 50% of the people in a sample of around 2,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than two percentage points, plus or minus, from a complete coverage of entire population using the same procedures (i.e. between 48% and 52%).

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, however, good quality quota sampling of the nature used in Capibus has been found to be as accurate as random samples with a similar design.

Please see Appendix for a 'Further note on interpreting the data'.



Chapter 1 - Knowledge about HIV

Key findings

65% of British adults identify that HIV can be transmitted by sex without a condom between a man and a woman / between two men, and by sharing needles or syringes

7% of British adults identify none of these routes

68% of British adults say it is false that in the UK if someone becomes infected with HIV they will probably die within 3 years

28% of British adults say it is false that there are no effective ways of preventing a pregnant mother from passing HIV on to her baby during pregnancy and childbirth

20% of British adults agree that the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low

- | In general, knowledge around HIV has remained fairly consistent since this survey was last conducted in 2010.
- | However, it is concerning that the proportions of British adults holding various misconceptions about HIV transmission have risen in recent years, with increasing proportions believing that the virus can be passed on through kissing, spitting, sharing a glass and coughing or sneezing.
- | Knowledge about HIV is lower amongst older people, people from lower social grades and people in Black and Minority Ethnic (BME) groups.

1.1 Transmission of HIV

Overview

It is estimated that in 2013 107,800 people were living with HIV in the UK, with 24% of these unaware of their HIV infection⁵. The vast majority of people with HIV acquired the infection through sex without a condom⁶.

In order to investigate the public's understanding of HIV transmission, respondents were asked to select from a list of options which ways they believe the virus can be passed on. This question has been asked in 2000, 2005, 2007, 2010 and 2014. However it should be emphasised that while identical wording has been used in 2010 and 2014, making the findings between the two most recent waves of the survey directly comparable, there have been some amendments made to the wording used in the earlier surveys, which impacts on the trend analysis.

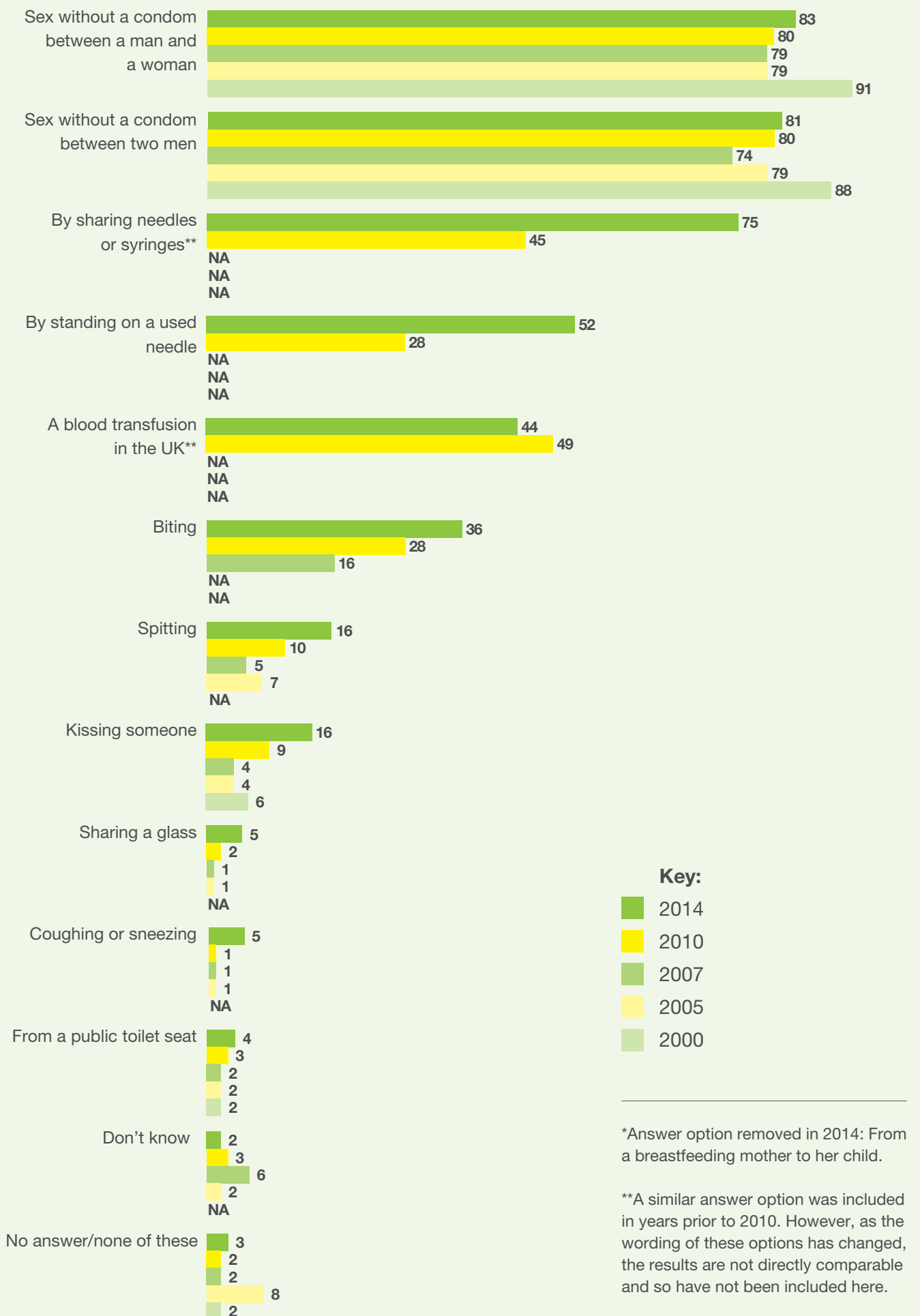
Encouragingly, the three likely transmission routes are the most commonly acknowledged. Eight in ten people (83%) correctly identify sex without a condom between a man and a woman. This represents a small, but statistically significant increase in awareness since 2010, when 80% selected this option. A similar proportion of people (81%) correctly identify sex without a condom between two men as a possible method of contracting HIV. This figure remains in line with 2010 findings, when 80% selected this option. As the second most common transmission route after sex without a condom, three in four people (75%) are aware that HIV can be passed on through sharing needles or syringes⁷. This represents an encouraging increase since 2010, when just 45% identified this as a possible transmission route.

⁵ <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/People-with-HIV-in-UK.aspx>

⁶ <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/People-with-HIV-in-UK.aspx>

⁷ 'Adjusted and observed counts for HIV diagnoses by year of diagnosis, probable exposure group, and percentage of infections acquired in the UK' PHE National HIV surveillance data tables, Table 1A: <https://www.gov.uk/government/statistics/hiv-data-tables>

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



Although these shifts in awareness are positive, around one in five people remain unaware that sex without a condom between a man and a woman (17%), and sex without a condom between two men (19%) are possible routes of passing on HIV, while a quarter (25%) do not know that the virus can be passed on through sharing needles or syringes.

Worryingly, 7 % of British adults are unable to identify any of these routes of HIV transmission (sex without a condom or sharing needles or syringes).

It is also concerning that the 2014 results show that increasing proportions of people hold various misconceptions about the transmission of HIV. Three tenths of the British public (28%) now identify one or more of the incorrect transmission routes from the list (up from 18% in 2010). For example, 16% now believe that the virus can be transmitted through spitting (up from 10% in 2010), and a similar proportion (15%) think that it can be passed on through kissing (this was selected by 9% of adults in 2010). There has also been an increase in the proportions of people who believe that HIV can be passed on by sharing a glass (5%, up from 2% in 2010) and by coughing and sneezing (5%, compared to 1% in 2010). Such increases in misunderstanding are concerning, as they may contribute to stigma and isolation experienced by people living with HIV.

When identifying what are ‘correct’ or ‘incorrect’ routes of HIV transmission it should be noted that the options; biting, standing on a used needle and a blood transfusion in the UK are slightly ambiguous. While in theory it is possible for the virus to be transmitted in these ways, each of these scenarios are highly unlikely and there have only been a very small number of reported cases of people becoming infected through these routes.⁸ Given the extremely small, but documented risk, these routes are excluded from the net definitions of ‘correct’ and ‘incorrect.’

Despite its extremely low likelihood, there has been a significant increase in the number of people who say that HIV can be transmitted by standing on a used needle - half of British adults (52%) now say this, compared to just under one in three (28%) in 2010. Similarly, just over a third (36%) now think that HIV can be passed on through biting – an increase of 9% since 2010, when just over one in four people (28%) selected this option. Given their low likelihood rising levels of concern about contracting HIV through these routes are largely misplaced, which makes this trend somewhat concerning.

Summary

‘Correct’ routes = Sex without a condom between a man and a woman; sex without a condom between two men; Sharing needles or syringes.

‘Incorrect routes’ = Kissing someone; sharing a glass; spitting; from a public toilet seat; coughing or sneezing.

- Identify all three correct routes = 65%
- Identify one or more of the incorrect routes = 28%
- Identify all three correct routes AND NO incorrect routes = 45%
- Identify no correct routes = 7%

Looking at how awareness varies by different members of the public

There are certain groups in society who are disproportionately likely to be receiving care for HIV. For example while Black African people represent 1.8% of the UK population, they account for 34% of all people living with HIV⁹. Public Health England (PHE) statistics for 2013 also suggest that around 1 in 4 people living with HIV in the UK are currently undiagnosed¹⁰. It is therefore interesting to explore how awareness of HIV transmission routes vary by different members of the public. Indeed, a number of differences in awareness levels emerge according to key demographics such as age, socio-economic background and ethnicity.

⁸ Transmission through biting: <http://www.aidsmap.com/Biting/page/1322751/>,

Transmission through discarded needles: <http://www.aidsmap.com/Discarded-needles/page/2124827/>,

Transmission through blood transfusion: <http://www.aidsmap.com/Blood-transfusions-and-blood-products/page/1320702/>

⁹ <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

¹⁰ <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

In recent years the number of people diagnosed with HIV aged 50 and over has increased greatly – 974 people aged 50+ were diagnosed with HIV in 2013. Adults in this age group are also more likely to be diagnosed late (defined as having a CD4 cell count less than 350 per mm³ within three months of diagnosis)¹¹. In the survey awareness of the ‘correct’ routes of transmission are highest amongst adults aged 35-44. Beyond this, awareness of the ‘correct’ routes of transmission tends to decrease with age; 4% of adults aged 55-64 mention **none** of the three ‘correct’ routes; 11% of adults aged 65-74; and 27% of adults aged 75+. When looking specifically at the 75+ age group, these adults are particularly likely to say they don’t know how HIV can be passed from person to person (13% compared to 2% overall) and just 43% of adults aged 75+ are able to identify all three ‘correct’ routes of transmission. This compares to just 3% of adults aged 55-74 who say they don’t know and two thirds of this age group (66%) who identify all three correct routes of transmission (which is on a par with 65% overall).

While the youngest age group (16-24) show a similar awareness of all three correct routes compared to the average (64% compared to 65% overall), they are slightly more likely to name one or more of the incorrect routes – 33% compared to 27% overall. The chart below shows how awareness of transmission routes peaks amongst British adults aged 35-44.

Awareness of HIV transmission by age – proportion identifying all the ‘correct’ routes and no ‘incorrect’ routes

16-24	41%
25-34	46%
35-44	54%
45-54	50%
55-64	47%
65-74	44%
75+	24%

There are also patterns in awareness of HIV transmission routes according to socio-economic status, with people from higher social grades generally showing better understanding. For example, nine in ten individuals (88%) in ABC1 social grades are aware that HIV can be passed on through unprotected sex between a man and a woman, while eight in ten (83%) C2 individuals and just three quarters (73%) of those from social grades D and E recognise this. There is an even more marked difference by social grade regarding the knowledge that HIV can be contracted through sharing needles or syringes - while 83% of ABC1 individuals are aware of this, only 67% of people from C2DE social grades are able to identify this method.

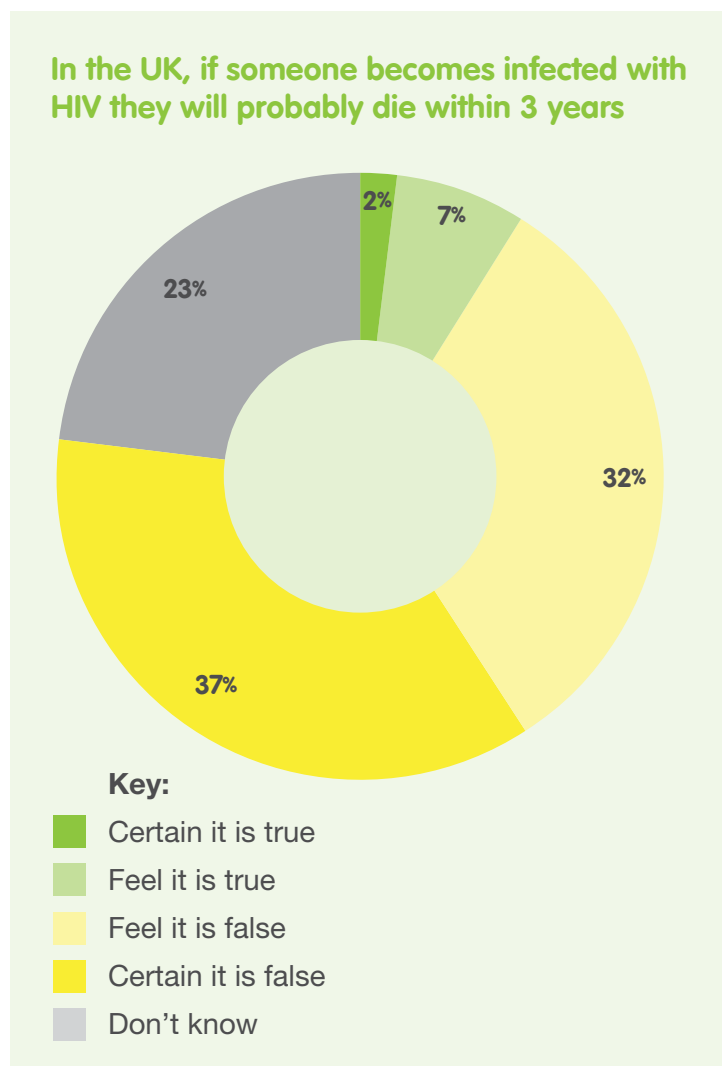
Differences in awareness levels are also evident by ethnicity, with white respondents generally more likely than those of other ethnic backgrounds to correctly identify the three main transmission routes. While seven tenths (69%) of white people select all three correct options and 48% do so without selecting any of the incorrect routes, among those from other ethnic groups these figures are 42% and 28% respectively.

There are some regional differences in awareness; in particular, people living in London appear to be less aware of how HIV is passed on, with smaller proportions correctly identifying each of the three likely transmission routes. For example, while eight in ten people (83%) in the UK mention sex without a condom between a man and a woman, and 81% mention sex without a condom between two men, these figures are 75% and 67% among people living in London. Just under three in five Londoners (57%) think that sharing needles or syringes carries a risk of passing on HIV, compared to three quarters of people across all regions. Consequently, whereas two thirds (65%) of all respondents acknowledge all three correct transmission routes, only 44% of those living in London do so. These findings are concerning given the area’s higher rates of HIV diagnosis, with

¹¹ <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

42% of all people with diagnosed HIV in the UK accessing care in London¹². Interestingly, however, Londoners are also somewhat less likely to name some false routes; only one in ten (10%) believe HIV can be passed on through spitting, compared to 16% of people across all regions. Please refer to chapter five for a closer look at the wider survey findings specifically in London.

As might be expected, personally knowing someone with HIV also has an effect on awareness of the ways in which the disease can be passed on, with those who do being significantly more likely to name each of the three likely transmission routes. For example, three quarters (77%) of people who have or personally know someone who has HIV identify all three ‘correct’ routes, compared to 65% who don’t know anyone with HIV (and 50% of those who don’t know / prefer not to say).



1.2 Life expectancy after HIV infection

Overview

For the past two waves of this survey British adults have been asked their reactions to the statement, ‘in the UK, if someone becomes infected with HIV they will probably die within 3 years.’

While there is currently no cure for HIV, treatment can keep the virus under control and the immune system healthy. For example, a study published in 2011 indicated that patients who started HIV therapy when their CD4 cell count was in the region of 350 cells/mm³ had an average life expectancy of approximately 75 years¹³.

Around seven tenths (68%) of British adults identify the statement, ‘in the UK, if someone becomes infected with HIV they will probably die within 3 years,’ as being false. This is consistent with the 70% of adults who selected one of the false responses in 2010. However, in comparison to 2010 there is now a greater level of **certainty** in the falsity of this statement. In 2014 responses are broadly split between the two false responses, with 37% being certain that this statement is false, and 32% feeling that this statement is false. This compares to 29% being certain in 2010 and 41% feeling it was false in 2010.

The proportion of adults incorrectly selecting one of the true responses has remained broadly stable (9% in 2014 compared to 11% in 2010) and overall around a quarter (23%) say they don’t know (compared to 20% in 2010).

Looking at how knowledge varies by different members of the public

Compared to other age groups, adults aged 44-54 are particularly likely to identify this statement as being false (78% compared to 68% overall). Conversely, younger adults are more likely to identify it as being true than average - 13% of adults aged 16-24 select one of the true responses, although this age group is

¹²Numbers of HIV-diagnosed persons seen for HIV care in the United Kingdom (UK), by country and PHE region of residence, 2004-2013’ PHE National HIV surveillance data tables, Table 14: <https://www.gov.uk/government/statistics/hiv-data-tables>

¹³ May M et al. Impact of late diagnosis and treatment on life expectancy in people with HIV-1: UK Collaborative HIV Cohort (UK CHIC) study. BMJ 343, doi: 10.1136/bmj.d6016, 2011

still much more likely to select one of the false responses than true (62% false compared to 13% true). As seen throughout this report, older people admit greater uncertainty, with 45% of adults aged 75+ saying they don't know, compared to 23% overall. There are no differences by gender.

There is also a difference by social grade, with the tendency to identify the statement as being false increasing with social grade (81% adults in social grades A or B select one of the false responses, compared to 55% of adults who are in D or E social grades).

Perceptions of this statement also differ by region. Broadly, respondents in the North are more likely to identify this statement as being false (72% compared to 67% of adults in the Midlands or the South). Looking at the regions in more detail, London is notable for the particularly low proportion of adults correctly identifying the statement as being false – 45% compared to 68% overall. As well as a larger proportion of Londoners saying they don't know (33% compared to 23% overall); Londoners are also more likely than adults in all other regions to select one of the true responses (22% compared to 9% overall). It should be highlighted that in terms of profile in the survey Londoners are more likely to be BME (44% BME groups compared to 12% across all regions) and from lower social grades (33% DE compared to 25% overall) – both of these groups tend to have lower knowledge around the realities of HIV.

1.3 Transmission of HIV from mother to baby

Overview

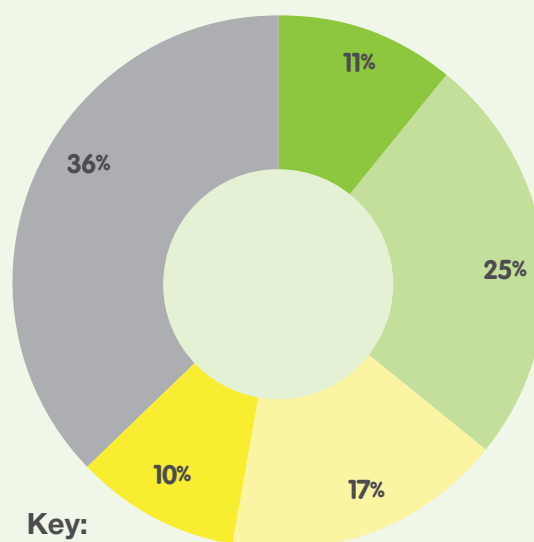
In 2010 and again in 2014 respondents were asked to identify how certain they felt the following statement was true or false, 'there are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth.' The Government identifies that the risk of a mother passing HIV to her child can be reduced from 25% without treatment, to less than one percent by taking various measures such as giving the child and mother antiretroviral HIV drugs and not

breastfeeding the baby¹⁴.

British adults, however, are more likely to identify this statement as being true (36%) than false (28%). At the same time there is clearly a lot of uncertainty, with a third of respondents selecting don't know (36%). This uncertainty is also reflected in the tendency for respondents to feel the statement is either true or false rather than be certain of it - 25% of respondents select feel that the statement is true compared to 11% who select certain that the statement is true; while 17% select feel this statement is false compared to 10% who select certain this statement is false.

Comparing these responses to 2010, we see a fall in adults incorrectly identifying the statement as being true – in 2010 close to half of British adults (47%) were either certain or felt that the statement was true compared to just over a third (36%) in 2014. However, the proportion of British adults correctly selecting one of the two false statements remains consistent between the waves (27% in 2010 and 28% in 2014). This reveals that although there is a positive trend of British adults being less likely to incorrectly identify this statement as being true, the shift is towards **uncertainty**, with 36% saying don't know in 2014 compared to a quarter (26%) in 2010.

There are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth



Key:

- Certain it is true
- Feel it is true
- Feel it is false
- Certain it is false
- Don't know

¹⁴ <http://www.nhs.uk/chq/Pages/936.aspx?CategoryID=54&SubCategoryID=137>

Looking at how knowledge varies by different members of the public

Currently all pregnant women in the UK are offered an HIV test as part of their antenatal screening. It is therefore possibly unsurprising that women are more likely to identify that the statement, *'there are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth,'* is false than men (30% of women compared to 25% of men), as are adults aged 25-44 (33% compared to 23% of people aged 50+, and just 13% of people aged 75+). Two fifths (38%) of women aged 25-44 (and 30% of women aged 16-24) correctly identify this statement as being false, compared to 28% overall. Females with a child aged under 16 are also more likely to correctly identify this statement as being false (36% compared to 28% overall).

As seen throughout this report, people in higher social grades tend to exhibit greater awareness of the reality of HIV in Britain today, with people in social grades AB more likely to select one of the false responses (34%, compared to 23% of people in DE). However, people in social grades AB are not less likely to select one of the true responses, which highlights the general uncertainty around this statement.

There are some small differences in awareness across the different regions, with people in the North West and people in the South East being less likely to incorrectly select one of the true responses than people in other regions (30% and 29% respectively, compared to 36% overall). People in these regions are not more likely to correctly select one of the false responses, however, but instead are more likely to lean towards don't know (40% in the North West and 44% in the South East, compared to 36% overall).

Reflecting their greater awareness of the reality of HIV in Britain today across the measures included in the survey, people who are gay / bisexual¹⁵ are more likely to be certain that the statement is false (23% compared to 10% of people who are heterosexual / straight). People who are heterosexual / straight are more likely to feel the statement is true (27% compared to 7% people who are gay / bisexual).

Despite the low base size of 35 people who identify themselves as gay or bisexual, these differences are statistically significant.

Comparing the 2014 data to the 2010 survey indicates a positive trend that the public is less likely to hold the misconception that, *'there are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth'*. However there is clearly a great deal of uncertainty, revealing there is still work to be done in communicating the facts and choices for women with HIV who wish to have children.

1.4 Transmission of HIV through sex when on treatment

Overview

In 2014 a new question was introduced to the survey to identify reactions to the statement, *'the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low.'*

In July 2011 the New England Journal of Medicine released the findings of the HPTN 052 study. This study was conducted with 1763 couples in Malawi, Zimbabwe, Botswana, Kenya, South Africa, Brazil, Thailand, the US and India, and showed that early treatment reduced the risk of HIV transmission to an uninfected partner by at least 96%¹⁶.

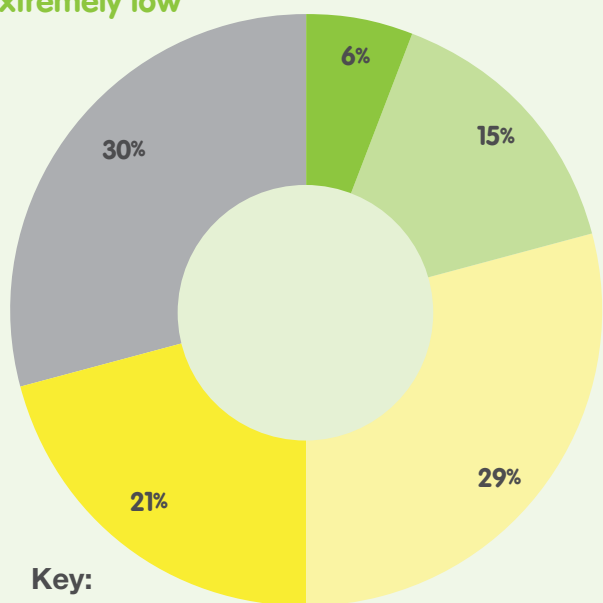
Overall, half of participants perceive the statement, *'the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low'* to be false (21% selecting *certain this statement is false*; and 29% selecting *feel this statement is false*). This compares to just a fifth of respondents who agree that *this statement is true* (6% select *certain this statement is true*; and 15% select *feel this statement is true*). Three in ten British adults (30%) don't know if this statement is true or false.

Therefore of the three statements included in this section, this statement both had the lowest proportion of respondents selecting the correct response (20% say true) and the greatest proportion of respondents selecting the incorrect response (50% say false).

¹⁵ This information is only collected for adults aged 17+. The survey is asked to adults aged 16+.

¹⁶ http://www.nejm.org/doi/full/10.1056/NEJMoa1105243?query=featured_home&#t=articleTop

The risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low



Key:

- Certain it is true
- Feel it is true
- Feel it is false
- Certain it is false
- Don't know

Looking at how knowledge varies by different members of the public

Looking at the differences by different members of the population there tends not to be a significant difference amongst those selecting one of the true responses (*certain this statement is true / feel this statement is true*) when looking at age, gender, region or social grade. The differences tend to be between those selecting don't know or one of the two false responses. For example females are significantly more likely than males to say don't know (33% compared to 26%), while males are significantly more likely than females to select one of the two false options (53% compared to 46%). This is despite there being no significant difference by gender when identifying the correct HIV transmission routes from the prompted list (*sex without a condom between two men / between a man and a woman, and by sharing needles or syringes*). Interestingly, however, while adults aged 45-54 are one of the age groups more likely to be able to identify the correct HIV transmission routes (71% identify the three correct routes) they are more likely than average

to say the statement, 'the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low,' is false (58% say this is false compared to 50% of people overall). Therefore while their knowledge of sex without a condom as a transmission route for HIV is greater than average, they appear to be less aware of the impact of effective HIV treatment in minimising this risk.

Londoners are less likely than average to identify that this statement is false - 43% compared to 50% overall, which is significantly lower than adults in Yorkshire & Humber (57%), the South West (55%), and the North West and South East (each 53%). However Londoners are **not** more likely to identify the statement as being true compared to people in other regions.

Despite the low base size of 35 adults in the survey who are gay or bisexual¹⁷, the greater likelihood of these respondents selecting one of the true responses is such that it is statistically significant (40% compared to 20% of adults who identify themselves as being heterosexual or straight). Whilst not statistically significant due to the low base, at an indicative level, these respondents are also more likely to be aware of the correct HIV transmission routes.

Adults in BME groups are also significantly more likely to select one of the true responses than those in white ethnic groups (27% compared to 20%). The base size of the majority of groups is too low to be able to identify significant differences, although Pakistani adults are significantly more likely to select one of the true responses (40% compared to 20% overall).

Of the three statements discussed in this chapter, this statement has the greatest level of misconception amongst the public, with high levels of uncertainty over whether the statement is true or false (30% saying don't know), and half of British adults identifying this statement as being false. This is possibly unsurprising given the pivotal role the HPTN 052 study has played in being able to communicate this message only recently.

¹⁷ This information is only collected for adults aged 17+. The survey is asked to adults aged 16+.



Chapter 2 - Public attitudes towards HIV

Key findings

79% of British adults agree that people with HIV deserve the same level of support and respect as people with cancer

72% of British adults agree that if someone in their family told them they were HIV positive it would not damage their relationship with them

67% of British adults agree that if they found out their neighbour was HIV positive it would not damage their relationship with them

51% of British adults disagree that they don't have sympathy for people with HIV if they were infected through unprotected sex

- 1 Throughout the survey members of the public who hold greater knowledge around the realities of HIV and its transmission routes tend to express greater levels of support for people living with HIV.
- 1 In particular, people in higher social grades, people aged 25-50, white British adults, and people who know someone living with HIV tend to both have greater knowledge and be more supportive.
- 1 While the survey indicates some positive trends towards a more knowledgeable and supportive society for people living with HIV, there is clearly a great deal more work to be done.

2.1 Support for people living with HIV

Overview

In this section of the questionnaire, respondents were presented with a number of statements about HIV, and asked to state the extent to which they agreed or disagreed with each, with the aim of assessing the public's attitudes towards HIV and people living with the condition.

Overall support for people living with HIV in 2014 is higher than ever, with the vast majority of respondents agreeing that *'people with HIV deserve the same level of support and respect as people with cancer'*. Eight in ten (79%) agree, with half (49%) of British adults strongly agreeing with this statement. This represents a positive change since 2010, when 74% of people agreed with the statement, and also shows higher levels of support overall than those seen in 2007 (70%) and 2005 (71%)¹⁸.

The majority of people agree that if they found out a family member or neighbour was HIV positive, their relationship with them would not be damaged. Seven in ten respondents (72%) say this of family members, while two thirds (67%) say this regarding neighbours. Encouragingly, both of these figures represent an increase in support compared with 2010, when 69% agreed with the statement, *'if someone in my family told me that they were HIV positive it would not damage my relationship with them'*, and 63% agreed with the statement, *'if I found out my neighbour was HIV positive it wouldn't damage my relationship with them'*.

The most recent results represent a return to the levels of support seen in 2007, when 74% said their relationships with family would not be damaged by HIV diagnosis, and 67% said this of their relationships with neighbours¹⁹. However, despite this positive

¹⁸ It should be noted that the wording for this statement and the question wording were changed slightly for 2010 onwards; in previous waves of the research, both the question and the statement made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.

¹⁹ It should be noted that the wording for this statement and the question wording were changed slightly for 2010 onwards; in previous waves of the research, both the question and the statement made reference to HIV and AIDS. This comparison should therefore be treated as indicative only.

trend, there are still notable minorities who think that their relationships would be damaged if a family member (15%) or neighbour (18%) informed them they had HIV, highlighting the work still to be done in encouraging wider acceptance in society.

2.2 Sympathy towards people with HIV

Overview

In the 2014 survey, members of the public were asked to what extent they agreed or disagreed with the statement, *'I don't have much sympathy for people with HIV if they were infected through unprotected sex'*. This question was also asked in 2010, although note that in 2010, respondents were first asked to what extent they agreed or disagreed with the more general statement, *'I don't have much sympathy for people with HIV.'* Therefore while the reported question is identical in 2014 and 2010, this change in context should be highlighted and it could have a potential impact on responses.

Responses to this question are mixed, although there has been an encouraging increase in sympathy levels compared with those seen in 2010. Half (51%) of respondents now disagree with the statement, implying a sympathetic attitude towards people with HIV; only 44% of people disagreed in 2010. Meanwhile around one in four (23%) now agree with the statement, compared to almost a third (30%) in 2010. A fifth (20%) of respondents remain neutral, neither agreeing nor disagreeing with the statement. Therefore while there is a positive trend towards greater sympathy for people infected with HIV through unprotected sex, it is clear that for a notable proportion of the public negative attitudes persist.

Looking at how support and sympathy varies by different members of the public

Women tend to show greater levels of support for family members and neighbours living with HIV. They are more likely than men to strongly agree with both of the statements, *'if I found out my neighbour was*

HIV positive it wouldn't damage my relationship with them' (42% vs. 37%), and, *'if someone in my family told me that they were HIV positive it wouldn't damage my relationship with them'* (51% vs. 46%).

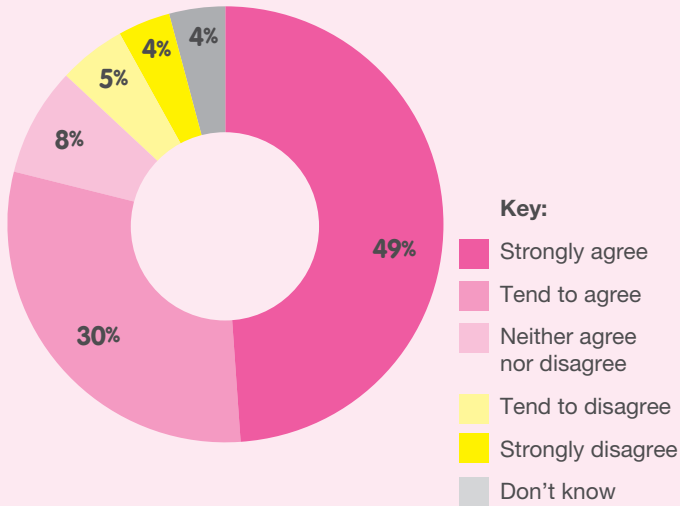
Older people, on the other hand, are less likely to agree with all three support statements. Among those aged 75 and over, 57% agree that their relationship with a family member would not be damaged if they had HIV, while just half (50%) agree in the case of a neighbour. This compares to 74% and 69% respectively among respondents under 75. Similarly, just 58% of respondents aged 75 and over agree that, *'people with HIV deserve the same level of support and respect as people with cancer'*, compared to 81% of people under 75. Older respondents are also less sympathetic towards people who are infected with HIV through unprotected sex. People aged 75 and over are more likely to agree with the statement, *'I don't have much sympathy for people with HIV if they were infected through unprotected sex'* (44%, compared to 21% of people under 75).

This reflects patterns seen throughout this report of older generations tending to have lower awareness of the ways in which HIV can be transmitted and the impact of effective treatment, along with lower levels of support and sympathy for people with HIV. It should be highlighted that not only were one in four adults diagnosed with HIV in 2013 aged 50 and over, but 63% of older adults were diagnosed late (defined as having a CD4 cell count less than 350 per mm³ within three months of diagnosis)²⁰. In fact there are large differences between adults aged over 50 and it is adults aged 75+ who are notable for their lower levels of awareness and support. For example, while 51% of adults aged 55-64 strongly agree that *'people with HIV deserve the same level of support and respect as people with cancer'*, just 46% of adults aged 65-74 do so (which is in line with 47% of adults aged 16-24), and an even smaller proportion (32%) of adults aged 75+ strongly agree.

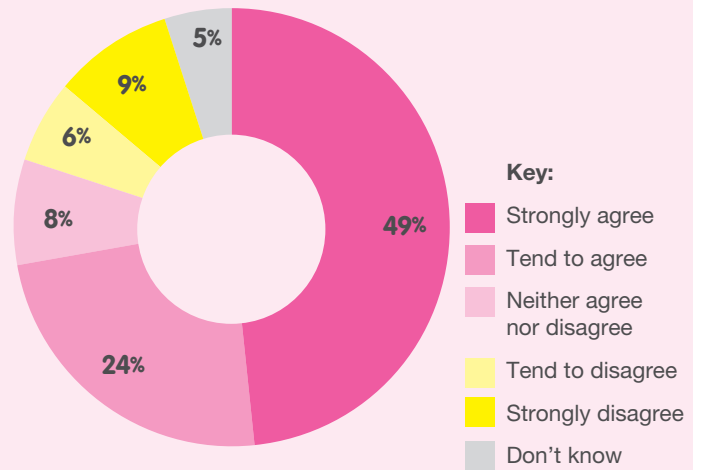
There tends to be greater levels of support amongst people in higher social grades. More than four in five (84%) people from AB and C1 social grades agree

²⁰ <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

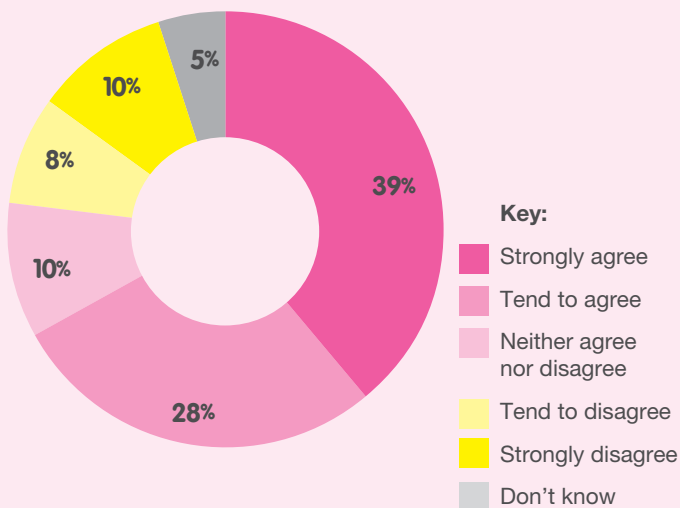
People with HIV deserve the same level of support and respect as people with cancer



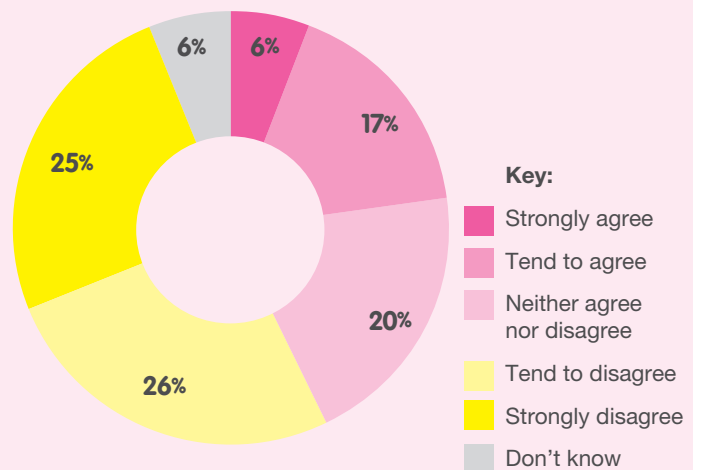
If someone in my family told me that they were HIV positive it would not damage my relationship with them



If I found out my neighbour was HIV positive it wouldn't damage my relationship with them



I don't have much sympathy for people with HIV if they were infected through unprotected sex



that 'people with HIV deserve the same level of support and respect as people with cancer, compared to 73% of those from C2 and DE social grades. Likewise, among those from AB and C1 social grades 77% agree that their relationship with a family member would not be damaged if they had HIV, and 73% say this of their relationship with a neighbour - these figures are 67% and 61% among C2DE respondents. Similarly, people in lower social grades are more likely to agree with the statement, 'I don't have much sympathy for people with HIV if they were infected through unprotected sex' (29% in DE social grades agree compared to 21% across all other social grades).

White respondents are more likely to express support for people with HIV compared to BME individuals. Half (50%) of all white respondents strongly agree that, 'people with HIV deserve the same level of support and respect as people with cancer'; 74% would be supportive of family members and 69% of neighbours who were HIV positive. These figures are 41%, 61% and 55% respectively among people from all other ethnic groups. These trends are particularly concerning, given that HIV in the UK is disproportionately prevalent among some ethnic minority groups for a range of complex social reasons, in particular black African and black Caribbean populations²¹.

²¹ <http://www.nat.org.uk/media/Files/Publications/NAT-African-Communities-Report-June-2014-FINAL.pdf>

The link between knowledge and support

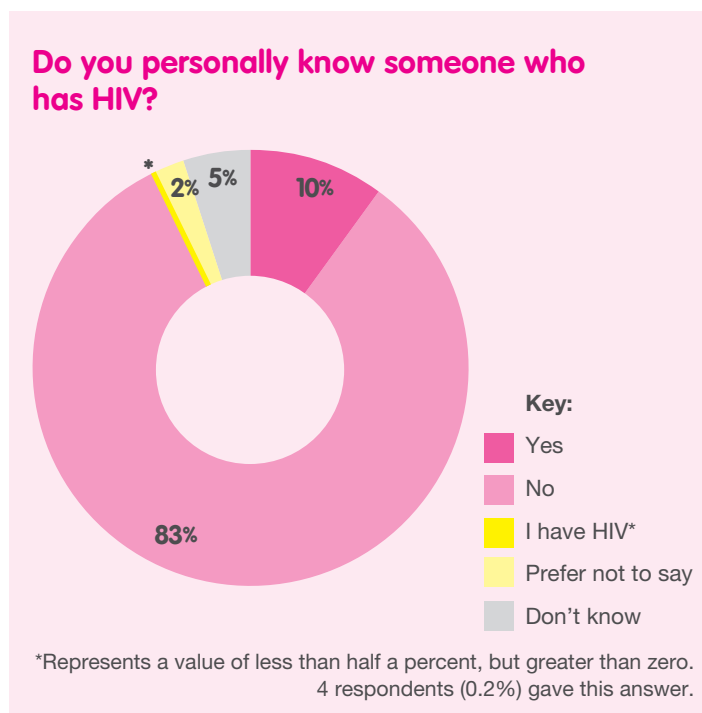
Support for people living with HIV tends to be stronger among those who have greater knowledge of the condition and how it is transmitted (who are also more likely to personally have or know someone with HIV). For example, among those who correctly identify all three statements about HIV discussed in chapter one as true or false, nine in ten (90%) agree that, *'people with HIV deserve the same level of support and respect as people with cancer'*; this compares to 82% of people who answer correctly for one or two statements, and just 66% of those who answer incorrectly for all three statements. Likewise, among those people who are able to identify all of the 'correct' routes of HIV transmission described in chapter one, the vast majority (84%) agree with the statement; this compares to 39% among those who do not identify any of the 'correct' transmission routes.

Those whose knowledge is stronger are also more likely to disagree with the statement, *'I don't have much sympathy for people with HIV if they were infected through unprotected sex.'* For example, three quarters (73%) of respondents who answer all three true/false statements discussed in chapter one disagree, compared to 55% who answer one or two correctly, and 33% of those who give no correct answers. Related to this, disagreement is also much higher among those who have better knowledge of HIV transmission routes; 61% of those who identify all 'correct' routes and no 'incorrect' ones disagree, compared to only 17% of people who are unable to name any of the likely transmission routes. Among those who have or know someone who has HIV, three quarters (76%) disagree with the statement, compared to 49% of those who do not know someone with the condition.

It is likely that these trends by knowledge and awareness are interlinked with the demographic patterns discussed above; those groups who are less likely to hold supportive views towards people with HIV are generally the same groups that consistently show lower levels of overall knowledge and understanding of the condition and the ways in which it is transmitted.

2.3 Personally knowing someone with HIV

At the end of the survey we ask respondents, *'do you personally know someone with HIV?'* As seen throughout the report and as might be expected, people who personally know someone with HIV or have HIV themselves, tend to have greater awareness of the transmission routes and the realities of living with the condition. The data are shown in the chart below.





Chapter 3 - HIV and the workplace

Key findings

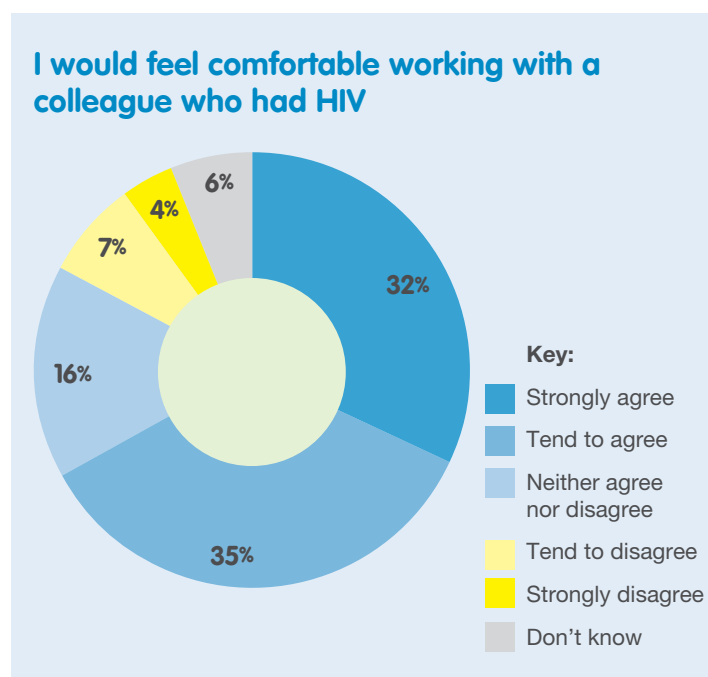
67% of British adults agree that they would feel comfortable working with a colleague who had HIV

35% of British adults disagree that their employer should tell them if one of their work colleagues is HIV positive

Following the trend seen throughout the survey, people who have a better knowledge and understanding of HIV tend to hold more positive attitudes regarding HIV and the workplace.

Overview

The Equality Act 2010²² makes it illegal to discriminate against someone living with HIV in the workplace. In the 2014 survey we asked members of the public two questions regarding their attitudes towards HIV in the workplace. The first has been asked using identical wording in 2010 and 2014, identifying agreement with the statement, ‘my employer should tell me if one of my work colleagues is HIV positive.’ The second has been asked in 2005, 2007, 2010 and 2014, ‘I would feel comfortable working with a colleague who had HIV.’



There is a relationship between the two statements, with British adults who agree that they, ‘would feel comfortable working with a colleague who had HIV,’ being more likely to respect their right to privacy and disagree that, ‘my employer should tell me if one of my work colleagues is HIV positive’, (43% compared to 31% of people who disagree that they would feel comfortable working with someone with HIV).

With regards to telling colleagues, however there has been a small **decrease** in the proportion of the public who disagree with the statement ‘my employer should tell me if one of my work colleagues is HIV positive’ (falling from 38% in 2010 to 35% in 2014). It should be noted, however that the proportion of people agreeing that, ‘my employer should tell me if one of my work colleagues is HIV positive’ has remained consistent (37% in 2014 compared to 38% in 2010). The shift therefore has been towards slightly greater uncertainty (10% don’t know in 2014 compared to 7% in 2010).

Looking at how views vary by different members of the public

Women are more likely to strongly agree that they would feel comfortable working with a colleague who was HIV positive; 34% say this, compare to 29% of men. This reflects their greater level of support and sympathy for people with HIV discussed in chapter two.

Respondents who are currently in employment are more likely to express positive attitudes towards people with HIV in the workplace; seven in ten (71%) of those working full or part-time would be comfortable working with an HIV positive colleague, while 61% of people not currently in work say this.

However, it should be highlighted that it isn’t the case that people who aren’t working are more likely to disagree with this statement, but they’re simply less able to give a view (10% say don’t know, compared to 4% of people in full or part-time work).

²² <https://www.gov.uk/equality-act-2010-guidance>

Again reflecting their greater knowledge of HIV and support for people living with the condition, people from AB and C1 social grades are also more likely to say they would be comfortable working with someone who had HIV (75% vs. 60% of C2 and DE individuals), and more likely to disagree that their employer should tell them if a colleague had HIV (44% vs. 25%).

The same is true for white respondents, who are more likely to feel comfortable about working with a colleague with HIV than those from Black and Minority Ethnic groups (68% vs. 55%), and are also more likely to disagree that they should be informed if a colleague is HIV positive (37% vs. 25%).

Greater proportions of people from the London, Wales and Yorkshire and the Humber regions would want to be informed if a colleague had HIV, with 43%, 49% and 44% respectively saying this compared to 37% of people across Great Britain. In the case of London, this is somewhat concerning given the greater proportion of people living with HIV in the area²³. Please refer to chapter five for a closer look at the London findings throughout the survey.

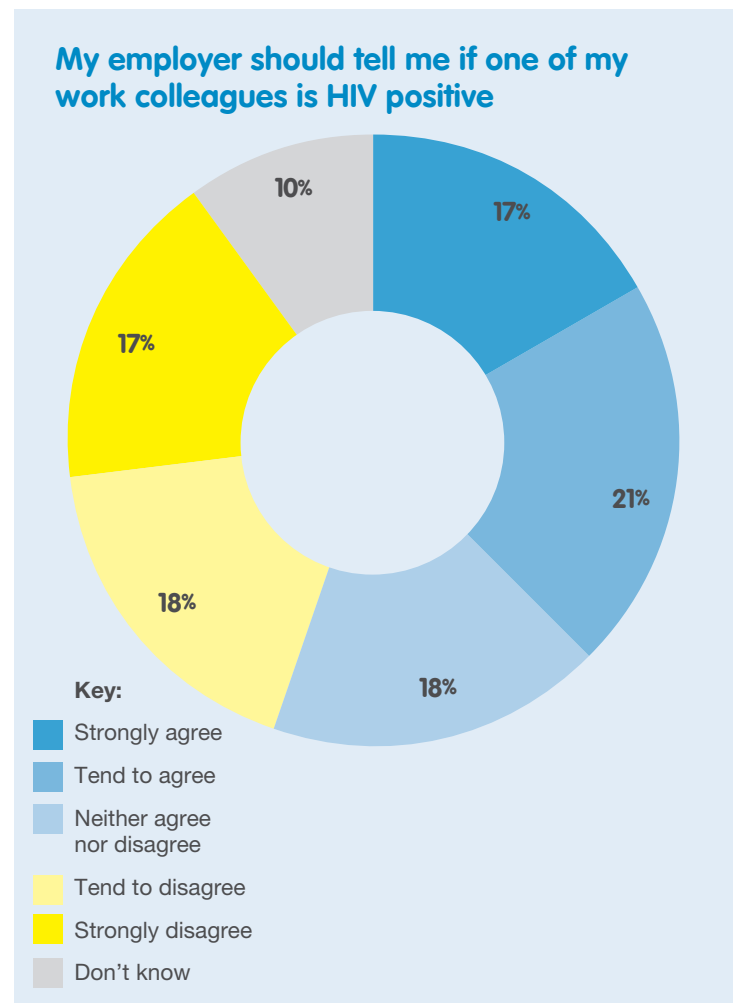
The link between knowledge and support

As discussed previously when looking at specific demographic groups, there is a clear pattern between knowledge about HIV and support for people living with the condition. Amongst those who correctly identify all three statements discussed in chapter one about HIV as true or false, the vast majority (83%) would be comfortable working with a colleague who was HIV positive; this decreases to 72% among those who answer one or two statements correctly, and 44% who answer all three incorrectly. Those with greater knowledge are also less likely to agree that they should be informed if a colleague is HIV positive; only 19% of those answering all three statements discussed in chapter one correctly do so, compared to 38% of those who answered some; and 41% of those who answered none of the correct answers.

Similarly, almost three quarters (73%) of British adults who are able to identify all three likely routes of HIV

transmission outlined at the start of chapter one would feel comfortable working with an HIV positive colleague, while 41% disagree that they should be told if a colleague had the condition; these figures are 28% and 12% among those who are unable to name any correct transmission routes.

Confidence is also higher among people who know someone with HIV; nine in ten (89%) would be comfortable working with someone who had the condition, and 58% would not wish to be told if a colleague had it; these figures are 65% and 34% respectively among those who do not know someone with HIV.



²³ 'Numbers of HIV-diagnosed persons seen for HIV care in the United Kingdom (UK), by country and PHE region of residence, 2004-2013' PHE National HIV surveillance data tables, Table 14: <https://www.gov.uk/government/statistics/hiv-data-tables>



Chapter 4 - Educating young people about HIV in schools

Key findings

85% of British adults agree that 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

There is widespread agreement for educating young people about HIV in schools, particularly amongst adults in age groups most likely to have a child in secondary school (45-54).

However agreement is lower amongst adults in BME groups and lower social grades – two key groups where knowledge around HIV is lower and therefore arguably where greater education is required.

Overview

The vast majority of people are in favour of educating young people about HIV. Over eight in ten (85%) agree with the statement, *'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'*. This figure remains in line with 2010 findings, when 85% of people agreed with this statement. However, 2014's results show a small positive shift in the conviction with which people hold this attitude - approaching two thirds (61%) of respondents strongly agree with the statement, an increase of three per cent on the proportion who did so in 2010 (59%). As in 2010, just 6% of people disagree that children should be taught about HIV in secondary school.

Looking at how views vary by different members of the public

British adults aged 45-54 are particularly likely to endorse the idea of children being taught about HIV in secondary school; nine in ten (90%) in this age group do so, compared to 85% of respondents overall. This may be because individuals within this age group are more likely to have a child of secondary school age.

Interestingly, while people in DE social grades and BME groups exhibit lower levels of knowledge regarding the HIV throughout the survey, they are less likely to agree that it should be taught in secondary school (78% DE agree and 75% of BME agree compared to 85% across all groups). Unfortunately it is beyond the remit of this quantitative survey to understand the reasons why this may be so – for example whether this lower level of agreement related to the concept of young people being educated on HIV per se, or this being done so in a secondary school setting.

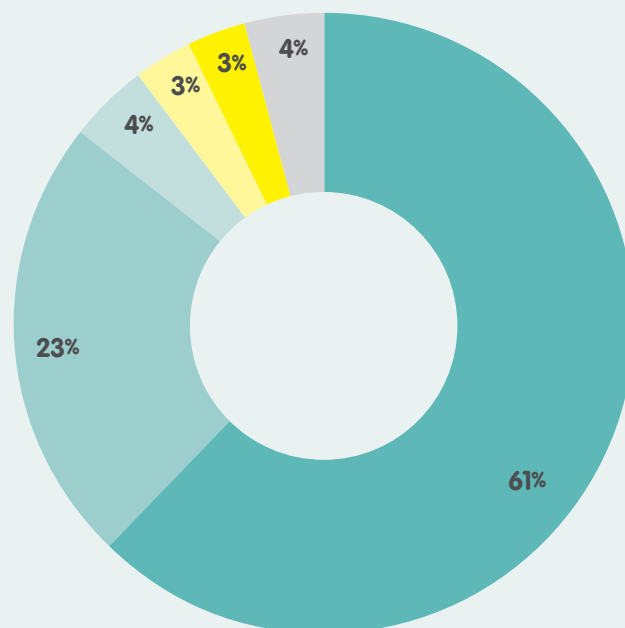
Perhaps because of their higher incidence of lower social grades and people in BME groups in the survey, respondents living in London are somewhat less likely to agree with this statement (71% do so, compared to 85% in Great Britain overall). Conversely there are particularly high levels of agreement in the South West (94% do so).

Educating the next generation

It is interesting that agreement with the statement, '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,' is higher among those with higher awareness of HIV transmission routes. Nine in ten (90%) of those who selected all three 'correct' routes described in chapter one agree, compared to 51% of those who did not select any of the correct options. It should be noted that people who are aware of the 'correct' HIV transmission routes tend to be more highly educated, therefore again we should note that their reactions to the statement may be related to their perceptions of the education system as a whole.

Interestingly, when considering respondents' knowledge about HIV (based on their responses to the true and false statements described in chapter one) it is those who answer correctly for some, but not all, of the statements who are most likely to agree that young people should be taught about HIV in school. Of this group, nine in ten (89%) do so, compared to 81% of people who answer all three statements correctly, and 72% who do not answer any correctly. This group are perhaps less confident in their own levels of knowledge about HIV, and thus feel that they, and others, could benefit from better education about the condition.

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



Key:

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know



Chapter 5 - Taking a closer look at attitudes towards HIV in London

Key findings

Identify all three 'correct' routes of HIV transmission:

- | Londoners = 44%
- | People in all areas = 65%

| Throughout the survey Londoners tend to show lower levels of awareness and understanding of HIV; and lower levels of support for people living with HIV.

In 2013 42% of people living with diagnosed HIV in the UK were accessing care in London²⁴. It is therefore interesting to note differences in the responses of people living in London compared to those living in other regions across Great Britain.

In the first instance it is impossible to separate the knowledge and perceptions of Londoners from their demographic profile in the survey. In particular, London respondents tend to be younger, less so in the 16-24 age group, but 50% falling into the 25-44 category compared to 32% of all respondents, and only 20% are aged 55 or older compared to 35% of respondents overall. A greater proportion of Londoners come from D and E social grades (33% vs. 25% overall) and/or BME ethnic groups (44% vs. 12% overall). At the same time, Londoners are more likely to be in work (66% vs 53% overall) and/or be educated to degree level (43% vs. 29% overall).

Key statistics

'In the UK if someone becomes infected with HIV they will probably die within 3 years' – **proportion incorrectly saying this is true:**

- | Londoners = 22%
- | People in all areas = 9%

Do not correctly answer any of the true / false statements²⁵:

- | Londoners = 41%
- | People in all areas = 23%

Strongly agree that, 'if someone in my family told me they were HIV positive it would not damage my relationship with them':

- | Londoners = 33%
- | People in all areas = 49%

Strongly agree that, 'if I found out my neighbour was HIV positive it would not damage my relationship with them':

- | Londoners = 25%
- | People in all areas = 39%

Strongly agree that, 'people with HIV deserve the same level of support and respect as people with cancer':

- | Londoners = 40%
- | People in all areas = 49%

Strongly agree that, 'I would be comfortable working with a colleague who had HIV':

- | Londoners = 23%
- | People in all areas = 32%

Agree that, 'my employer should tell me if one of my work colleagues is HIV positive':

- | Londoners = 43%
- | People in all areas = 37%

²⁴ <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

²⁵ In the UK if someone becomes infected with HIV they will probably die within 3 years; There are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth; The risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low.



Chapter 6 - Taking a closer look at attitudes towards HIV in Wales and Scotland

Key findings

Identify all three 'correct' routes of HIV transmission:

- People in Wales = 82%
 - People in Scotland = 76%
 - People in all areas = 65%
- People in Scotland and Wales are more likely to be aware of the correct HIV transmission routes than average, although people in Scotland are *also* more likely to select some of the *incorrect* routes (for example, 23% say spitting in Scotland compared to 16% overall).
 - Regarding the true / false statements²⁶, perceptions in Scotland and Wales are on a par with people across all regions.
 - People in Scotland and Wales tend to show a more supportive attitude towards HIV than people in other regions, with a greater proportion strongly agreeing that, *'If someone in my family told me that they were HIV positive it would not damage my relationship with them'*; and that, *'people with HIV deserve the same level of support and respect as people with cancer.'*
 - Interestingly, while people in both Wales and Scotland are more likely to strongly agree that they would be comfortable working with someone who is HIV positive, people in Scotland are also more likely to express the view that they should be told if a colleague has HIV. This is in contrast to the general pattern whereby people who feel they should be told about a colleague with HIV tend to be less comfortable with the thought of working with someone with HIV.

As attitudes and knowledge tend to vary by demographics, it is worth taking an initial look at the profile of respondents in Scotland and Wales before exploring any differences in the survey data²⁷. While respondents in Wales were broadly consistent with the age profile across all regions, respondents in Scotland tended to be a little older (27% aged 65+ compared to 21% across all regions). Respondents in Scotland were also significantly more likely to be higher social grade (36% AB compared to 27% across all regions). The base sizes mean it isn't possible to identify education level at a statistically significant level, but indicatively, respondents in both Wales (35%) and Scotland (31%) were more likely to be educated to degree level or higher than average (this compares to 29% of respondents across all regions).

In each region of Scotland and Wales none of the respondents aged 17 and above who were asked their sexuality identified themselves as being gay or bisexual; although in Wales respondents were particularly likely to identify themselves as being straight (98%, compared to 90% across all regions) rather than preferring to not say. In Scotland 89% of respondents identified themselves as being heterosexual / straight with a tenth (10%) preferring not to say.

Key statistics

The data shown in this section only shows questions where there are significant differences between Wales or Scotland compared to findings across all regions.

Strongly agree that, 'if someone in my family told me they were HIV positive it would not damage my relationship with them':

- People in Wales = 62%
- People in all areas = 49%

²⁶ 'In the UK, if someone becomes infected with HIV, they will probably die within 3 years'; 'There are no effective ways of preventing a pregnant mother with HIV from passing HIV on to her baby during pregnancy and childbirth;' and the risk of someone who is taking effective HIV treatment passing on HIV through sex is extremely low.

²⁷ It should be noted that in this nationally representative survey across Great Britain, the base sizes in Wales in particular (100) is fairly low, which makes it more difficult to identify differences by region as being statistically significant. The unweighted base in Scotland is a little higher at 249.

Strongly agree that, 'people with HIV deserve the same level of support and respect as people with cancer':

- | People in Wales = 59%
- | People in all areas = 49%

Strongly agree that, 'all young people should be taught about HIV in secondary school to ensure they have a good understanding of the condition by the time they leave':

- | People in Scotland = 69%
- | People in Wales = 77%
- | People in all areas = 61%

HIV and the workplace

'My employer should tell me if one of my work colleagues is HIV positive':

People in Wales and Scotland are more likely to strongly agree that they should be told if a colleague is HIV positive than average. Due to the low bases the differences between those saying don't know or disagree are not statistically significant but may be viewed indicatively.

However people in Scotland are also more likely to agree that they feel comfortable working with a colleague with HIV (people in Wales are on a par with average), and people in Scotland and Wales are **not** more likely to disagree that they would be comfortable working with a colleague with HIV.

Strongly agree

- | People in Scotland = 23%
- | People in Wales = 27%
- | People in all areas = 17%

Agree

- | People in Scotland = 41%
- | People in Wales = 49%
- | People in all areas = 37%

Don't know

- | People in Scotland = 7%
- | People in Wales = 5%
- | People in all areas = 10%

Disagree

- | People in Scotland = 38%
- | People in Wales = 29%
- | People in all areas = 35%

Strongly agree that, 'I would be comfortable working with a colleague who had HIV':

- | People in Scotland = 40%
- | People in Wales = 30%
- | People in all areas = 32%



Social grade definitions

Social Grade	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Higher managerial, administrative or professional
B	Middle Class	Intermediate managerial, administrative or professional
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional
C2	Skilled Working Class	Skilled manual workers
D	Working Class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings

Further note on interpreting the data

Where this report refers to figures for those who “agree”, this is an aggregate sum of those who say they “strongly agree” and those who say they “tend to agree”. In turn, “disagree” figures refer to an aggregate sum of those who say they “strongly disagree” and those who say they “tend to disagree”.

Where the figures for “agree” and “disagree” discussed in the main body of the report do not equal the sum of those shown for “strongly agree” and “tend to agree”/“strongly disagree” and “tend to disagree”, this is due to computer rounding.

Similarly, where the report discusses the proportion of respondents who believe a statement to be true or false, this refers to the aggregate sum of those who say they are “certain that the statement is true/false” and those who say they “feel that the statement is true/false”.

Again, due to rounding, aggregate figures discussed in the report for these questions may not equal the sum of their components.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or respondents being able to give multiple answers to the same question.

Acknowledgements

This project is supported by a grant from MSD UK Limited.

SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

You can help us continue to make a difference.

NAT relies on the support of people like you to continue our important work - shaping attitudes, challenging injustice and changing lives.

To find out about our plans for next year and how you can support us, visit:

www.nat.org.uk

www.lifewithhiv.org.uk

www.hivaware.org.uk

You'll also find us on Twitter @Nat_AIDS_Trust and Facebook

www.nat.org.uk

New City Cloisters, 196 Old Street, London EC1V 9FR

T: +44 (0)20 7814 6767 F: +44 (0)20 7216 0111 E: info@nat.org.uk

National AIDS Trust is a Registered Charity

No. 297977 and a Company Limited by Guarantee

No. 2175938, (registered in England and Wales)

Registered Office: New City Cloisters, 196 Old Street, London EC1V 9FR

