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HIV/AIDS — An Attitudinal Survey

FINAL REPORT

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EXECUTIVE SUMMARY

i) Context and Methodology

The purpose of the current survey is to lay down a baseline measurement and to help design the communications and social marketing activities related to HIV/AIDS that are intended to inform the public, raise awareness levels and decrease the incidence of risk related behaviours associated with contracting HIV. The survey creates an overall picture of Canadians' awareness and knowledge, their attitudes and behaviour related to HIV/AIDS, as well as isolates patterns of sub-group differences, including demographic and attitudinal patterns.

The survey includes a total of 2004 completed interviews with Canadians over the age of 15 from all ten provinces. The territories were not included in the sample. The survey was conducted, by telephone, in March 2003. Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age and region.

ii) Knowledge

Canadians were asked in the survey if they know how HIV is transmitted and most people identified unsafe sexual intercourse. Almost half cited the sharing of drug needles and three in ten indicated that it could be transmitted through blood transfusions. Only nine per cent of Canadians cited that HIV could be passed from a mother to her unborn

RÉSUMÉ¹

i) Contexte et méthodologie

La présente étude a pour objet de créer une mesure de base et d'apporter de l'information en vue des activités de communication et de marketing social conçues pour informer le public, le sensibiliser davantage et réduire l'incidence des comportements à risque associés à la contraction du VIH. Elle brosse un tableau général de la sensibilisation des Canadiens au VIH/sida, de leurs connaissances dans ce domaine, de leurs attitudes et de leur comportement, en même temps qu'elle isole certaines tendances de sous-groupes considérés notamment du point de vue de leurs différences démographiques et attitudinales.

L'étude repose sur les résultats de 2004 entrevues complètes réalisées auprès de Canadiens de 15 ans et plus répartis dans les dix provinces. Les territoires ne faisaient pas partie de l'échantillon. Le sondage téléphonique s'est déroulé en mars 2003. Lors de l'analyse, les résultats ont été pondérés pour tenir compte des proportions de la population selon le sexe, l'âge et la région.

ii) Les connaissances

Invités à dire s'ils savent comment se transmet le VIH, la plupart des Canadiens interrogés donnent comme réponse les rapports sexuels non protégés. Près de la moitié mentionnent le partage des aiguilles entre toxicomanes et trois sur dix affirment qu'il peut se transmettre par les transfusions sanguines. Seulement 9 p. 100 des Canadiens pensent que le

¹ Rapport complet disponible en anglais seulement.

child, and six per cent cited tattoos/body piercing as a method of transmission. Six per cent of people believe that HIV can be transmitted by kissing and two per cent or less indicated mosquito bites, casual contact, coughing or sneezing.

Canadians most often perceive gay men and injection drug users as groups that have been most affected by HIV/AIDS (47 and 31 per cent, respectively). Excluding these specific groups, respondents indicated a wide range of other members of the population who have been affected by the disease, including people engaging in unprotected sex, sex trade workers, youth in general, Aboriginal people and those requiring blood transfusions.

More than one third of respondents said the main reason for practicing safer sex would be to reduce the risk of sexually transmitted diseases and/or HIV/AIDS and one third said to reduce the risk of pregnancy.

When asked if they know how someone can determine if they have HIV/AIDS, eight in ten people cited a blood test as a method of testing for the existence of HIV/AIDS. Eight per cent cited a physical examination or a visit to the doctor.

Most Canadians are of the opinion that HIV/AIDS treatments have been at least somewhat effective in helping infected people lead normal lives. One in eight believes that HIV/AIDS treatments have not

VIH peut être transmis de la mère à l'enfant durant la grossesse et 6 p. 100 mentionnent les tatouages et le perçage des parties du corps. Six pour cent des répondants croient que le VIH peut se transmettre par les baisers tandis qu'ils sont moins de 2 p. 100 à indiquer les piqûres de moustiques, le contact occasionnel ainsi que les éternuements ou la toux.

De l'avis des Canadiens, les groupes les plus touchés par le VIH/sida sont les hommes homosexuels et les utilisateurs de drogue par injection (47 et 31 p. 100, respectivement). À part ces groupes spécifiques, les répondants estiment qu'une diversité de citoyens sont aux prises avec la maladie, dont les personnes ayant des relations sexuelles non protégées, les travailleurs du sexe, les jeunes en général, les Autochtones et les personnes ayant besoin de transfusion sanguine.

Pour plus de la moitié des répondants, la principale raison de se protéger lors d'une relation sexuelle est de réduire le risque d'une maladie transmise sexuellement et, pour un peu moins de la moitié, de réduire le risque d'attraper le VIH/sida. (Malheureusement, puisque la question ne précisait pas « ...une maladie transmise sexuellement autre que le VIH/sida », ces deux catégories donnent probablement lieu à un certain chevauchement, des répondants ayant jugé que le VIH/sida faisait partie de la catégorie des maladies transmises sexuellement.)

Interrogés sur le moyen à prendre pour savoir de façon certaine si l'on a le VIH/sida, huit répondants sur dix citent la méthode de l'analyse sanguine. Huit pour cent répondent par l'auto-diagnostic ou la visite médicale.

La majorité des Canadiens sont d'avis qu'il existe des thérapies assez efficaces pour aider les personnes atteintes du VIH/sida à mener une vie normale. Une personne sur huit croit que les thérapies contre

been very effective and two per cent said that treatments have not been effective at all.

Three-quarters of Canadians know that HIV/AIDS cannot be cured (even if treated early). Nearly one in five believe that it can be cured if treated early.

Eight in ten know that when a person has HIV/AIDS his/her body is unable to defend itself against common illnesses and diseases. Three-quarters agree that a person can have HIV for ten years or more without developing AIDS and six in ten understand that AIDS is always fatal.

Nearly four in ten Canadians are aware that there is an overall federal government initiative regarding HIV/AIDS. Only five per cent of Canadians know that it is called the Canadian Strategy on HIV/AIDS (CSHA). Four in ten Canadians indicated that Health Canada is primarily responsible for coordinating the CSHA.

When asked to rate their own level of knowledge about HIV/AIDS, one in four reported a high level of confidence in their knowledge and seven in ten said they have at least a moderate level of knowledge about the disease.

A factor analysis was conducted to summarize items that reflect respondents' knowledge of HIV/AIDS, creating a knowledge index to be used in the analysis. The results were collapsed into a high, medium and low level of knowledge. One in five respondents scored low, one third scored in the medium range and almost half scored high on the knowledge index.

le VIH/sida n'ont pas été très efficaces et 2 p. 100 estiment qu'elles ne l'ont pas été du tout.

Les trois quarts des Canadiens savent qu'on ne peut pas guérir du VIH/sida (même si on est soigné dès le début). Près d'un sur cinq croient qu'on peut en guérir si on est soigné dès le début.

Huit répondants sur dix savent que quand une personne a le VIH/sida, son corps ne peut plus se défendre contre les maladies ou affections ordinaires. Les trois quarts s'accordent à dire qu'une personne peut avoir le VIH pendant dix ans ou plus sans développer le sida, et six sur dix comprennent que le sida est toujours une maladie mortelle.

Près de quatre Canadiens sur dix savent qu'il existe une initiative globale du gouvernement fédéral concernant le VIH/sida. Seulement 5 p. 100 en connaissent le nom, soit la Stratégie canadienne sur le VIH/sida. Pour quatre Canadiens sur dix, Santé Canada est le principal responsable de la coordination de la Stratégie.

Invités à préciser dans quelle mesure ils se sentent informés au sujet du VIH/sida, le quart des répondants se disent très bien informés et sept sur dix croient posséder au moins un certain degré de connaissance sur la maladie.

Nous avons effectué une analyse factorielle afin de condenser les éléments qui reflètent le degré de connaissance des répondants touchant le VIH/sida et de créer ainsi un indice de connaissance aux fins de notre étude. Les résultats ont été réduits à trois degrés de connaissance : élevé, moyen et faible. Un répondant sur cinq se révèle peu informé, un sur trois se situe dans la moyenne et près de la moitié atteignent le niveau élevé de notre indice de la connaissance.

iii) Perceptions of Risk

Virtually all Canadians believe HIV/AIDS to be a somewhat serious or a very serious problem. Only three per cent believe that HIV/AIDS is not a very serious problem.

An overwhelming majority of Canadians believe their own personal risk of contracting HIV/AIDS to be low. Seven per cent believe their risk of contracting HIV/AIDS is moderate and a high risk is perceived by only one per cent.

In terms of overall perception of risk today, over half of Canadians do not believe that HIV/AIDS is much less of a problem today than it was 10 years ago. In fact, almost half of Canadians believe that the risk of contracting HIV/AIDS is higher today than it was five years ago. (Thirty per cent think the risk is about the same, and 19 per cent perceive less of a risk today.) The majority believes that the rate of HIV/AIDS infection is increasing compared to ten years ago. Related to this, just over two in three Canadians believe that the federal government should focus more attention on HIV/AIDS and that health groups have not exaggerated the seriousness of HIV/AIDS.

With respect to specific risk factors, about half of Canadians believe that those who have received blood transfusions have an increased risk of contracting HIV/AIDS, but two in three Canadians do not believe that blood donors have an increased risk. The majority of Canadians do not believe that HIV/AIDS is a disease that mostly infects third world inhabitants, gay people, and/or drug users.

A factor analysis was conducted to determine the risk-related items, which were answered in a similar way, with some interesting results. This series of

iii) La perception du risque

Presque tous les Canadiens estiment que le VIH/sida constitue un problème assez sérieux ou très sérieux. Seulement 3 p. 100 d'entre eux croient qu'il s'agit d'un problème pas tellement sérieux.

Une vaste majorité de Canadiens estiment courir peu de risque d'attraper eux-mêmes le VIH/sida. Sept pour cent jugent courir un risque moyen de contracter le VIH/sida et 1 p. 100 seulement croient ce risque élevé.

En ce qui concerne la perception générale du risque de nos jours, plus de la moitié des Canadiens ne croient pas que le VIH/sida soit un problème bien moins grave de nos jours qu'il y a dix ans. En fait, près de la moitié des Canadiens sont d'avis que le risque d'attraper le VIH/sida est plus élevé de nos jours qu'il y a cinq ans. (Trente pour cent jugent que ce risque est à peu près le même et 19 p. 100 croient qu'il a maintenant diminué.) La majorité croit que le taux d'infection au VIH/sida est à la hausse à comparer à il y a dix ans. À ce propos, un peu plus des deux tiers des Canadiens pensent que le gouvernement fédéral devrait accorder plus d'attention au VIH/sida et que les groupes de défense de la santé n'ont pas exagéré la gravité du VIH/sida.

En ce qui a trait à des facteurs de risque précis, environ la moitié des Canadiens croient que ceux qui ont reçu des transfusions de sang courent plus de risque de contracter le VIH/sida, mais les deux tiers des Canadiens ne croient pas que les donneurs de sang courent un plus grand risque. En majorité, les Canadiens ne sont pas prêts à dire que le VIH/sida est une maladie qui affecte surtout les habitants du tiers monde, les homosexuels et/ou les drogués.

Une analyse factorielle portant sur des questions ayant suscité des réponses semblables en ce qui concerne le risque a produit des résultats intéres-

responses that were included, taken together in a single index is interpreted as a "distancing factor". That is, the higher the score the more a respondent tends to distance him or herself from the issue of HIV/AIDS. One in four scored low on this index, that is, they tend not to think of HIV/AIDS as someone else's issue. One in three scored in the medium range and almost half scored high on this index (and tend to think of this as a very compartmentalized issue, that likely would not affect them directly).

The majority of Canadians believe that more HIV tests are performed today. Only 15 per cent think that the rate of HIV testing is the same. Just under two in three Canadians believe that HIV/AIDS infected people do take the steps necessary to protect others from getting infected and 22 per cent believe that the frequency of steps taken has not changed over the last 10 years. Just over half of Canadians feel that safer sex practices have increased over the last 10 years, while 26 per cent believe the frequency of these practices has stayed the same and 11 per cent feel they have decreased.

iv) Information Sources

Canadians were asked where they have typically obtained their information about HIV/AIDS in the past. Television news and newspaper articles are the most common information sources. This is followed by health magazines, and then television health programs and school. Twelve per cent of Canadians have obtained information about HIV/AIDS from family or friends and one in ten have received information from books or the library, doctors, or the Internet. Less common information sources include television advertisements and advertisements in general, AIDS organizations,

sants. La série de réponses en cause, réunies sous forme d'indice, est interprétée en tant que « facteur de distanciation ». C'est-à-dire que plus le pointage est élevé, plus le répondant tend à se distancer du problème du VIH/sida. Le quart des répondants se situent au bas de cet indice, c'est-à-dire qu'ils tendent à ne pas envisager le VIH/ sida comme un problème ne concernant que les autres. Le tiers d'entre eux obtiennent sur cet indice une note moyenne et près de la moitié atteignent une note élevée (et tendent à penser que le problème est très cloisonné et ne peut probablement pas les toucher directement).

La majorité des Canadiens sont d'avis que les tests de dépistage du VIH ont augmenté de nos jours. Seulement 15 p. 100 croient que le dépistage n'a pas changé. Un peu moins des deux tiers des Canadiens estiment que les personnes infectées par le VIH/sida prennent les mesures nécessaires pour protéger les autres, et 22 p. 100 croient que la fréquence n'a pas changé depuis dix ans. Un peu plus de la moitié des Canadiens ont l'impression que les pratiques sexuelles sans risques ont augmenté au cours des dix dernières années, tandis que 26 p. 100 pensent que la fréquence de ces pratiques n'a pas changé et que 11 p. 100 croient qu'elle a diminué.

iv) Les sources d'information

Nous avons demandé aux Canadiens quelles ont été par le passé leurs sources normales d'information sur le VIH/sida. Les sources le plus fréquemment citées sont les nouvelles à la télévision et les articles de journaux. Viennent ensuite les magazines sur la santé, les émissions sur la santé à la télévision, puis l'école. Les Canadiens disent à raison de 12 p. 100 avoir obtenu de l'information sur le VIH/sida auprès de leur famille ou de leurs amis, alors que 10 p. 100 en ont obtenu dans des livres ou à la bibliothèque, auprès d'un médecin ou sur Internet. Les sources d'information les moins fré-

radio health programs or Health Canada.

Information sources for general health matters are similar to the sources for HIV/AIDS-related information. The top four sources remain unchanged, although more people mentioned television news and newspaper articles as a source of information about HIV/AIDS relative to general health. School and family or friends are also more likely sources for HIV/AIDS information. Doctors and the Internet are relied upon for HIV/AIDS information much less frequently for HIV/AIDS information than they are for general health information.

The most preferred sources of information about HIV/AIDS among Canadians are websites or the Internet, doctors, and other health care professionals. This is followed by a preference for books and the library, and then Health Canada, and only six per cent prefer an AIDS organization as an information source. Relatively few Canadians prefer health journals, family or friends, school or various other media outlets.

Three-quarters of Canadians consider their family doctor and other health care professionals to be the most reliable sources of information. Seven in ten think that the scientific research community is reliable, while two-thirds consider Health Canada a reliable source. Less than half think that someone infected with HIV and the Government of Canada in general are reliable and one-quarter considers their own family and friends reliable sources of information. The media received the lowest reliability ratings among Canadians.

quentes sont la publicité à la télévision et en général, les organismes concernant le sida, les émissions sur la santé à la radio et Santé Canada.

Les sources d'information sur la santé en général sont semblables à celles qui concernent le VIH/sida. Les quatre principales sources ne changent pas quoique les gens sont plus nombreux à mentionner les nouvelles à la télévision et les articles de journaux comme source d'information sur le VIH/sida que sur la santé en général. L'école ainsi que la famille ou les amis sont des sources d'information plus probables en ce qui concerne le VIH/sida. Les médecins et l'Internet servent beaucoup moins souvent de source d'information sur le VIH/sida que sur la santé en général.

Les sources d'information auxquelles les Canadiens auraient le plus recours aujourd'hui en ce qui concerne le VIH/sida sont les sites Web ou l'Internet de même que les médecins et les autres professionnels de la santé. La préférence irait ensuite aux livres et aux bibliothèques, puis à Santé Canada, alors que seulement 6 p. 100 préféreraient comme source d'information les organismes concernant le sida. Assez peu de Canadiens préfèrent les revues scientifiques sur la santé, la famille ou les amis, l'école ou les autres formes de médias.

Pour les trois quarts des Canadiens, leur médecin de famille et les autres professionnels de la santé constituent les sources d'information les plus dignes de confiance. Sept sur dix font confiance aux milieux de la recherche scientifique, et les deux tiers voient dans Santé Canada une source digne de confiance. Ils sont moins de la moitié à accorder leur confiance à quelqu'un qui aurait le VIH et au gouvernement du Canada en général, et le quart d'entre eux voient dans leur propre famille et leurs amis une source d'information digne de confiance. Les médias sont la source la moins bien cotée par les Canadiens.

v) Tolerance

The vast majority of Canadians believe they could be friends with someone who has HIV/AIDS. Furthermore, over three-quarters do not believe that people infected with HIV/AIDS through sex or drug use have gotten what they deserve. Fewer than four in ten believe that people with HIV/AIDS should be allowed to serve the public in positions like dentists and cooks, while almost half of Canadians believe that they should *not* be allowed to serve the public in these capacities.

Canadians exhibit somewhat less tolerance or acceptance when asked to rate their level of comfort with direct contact with individuals who have HIV/AIDS. Findings from six different scenarios were used to form the basis of a "comfort scale", using factor analysis. Close to one in four Canadians demonstrate a low level of comfort with HIV/AIDS (comfortable in only one or two of these six scenarios), 41 per cent demonstrate a moderate level of comfort (comfortable in two or three scenarios), and 35 per cent have a high level of comfort (comfortable in more than three of the six scenarios).

Four in ten Canadians know or have known someone with HIV/AIDS.

vi) Behaviour

Just over two-thirds of Canadians reported that they have been sexually active in the last twelve months. The majority have had only one sexual partner in that time, while twelve per cent have had two or more sexual partners in the last year. The majority have been in a regular relationship with this or these sexual partners, while 13 per cent reported a

v) La tolérance

La vaste majorité des Canadiens croient qu'ils pourraient être l'ami de quelqu'un qui a le VIH/sida. En outre, plus des trois quarts ne sont pas prêts à dire que les personnes infectées par le VIH/sida à cause du sexe ou de la drogue ont eu ce qu'elles méritent. Ils sont moins de quatre sur dix à penser que les personnes ayant le VIH/sida devraient pouvoir servir le public en qualité de dentistes et de cuisiniers, alors que près de la moitié des Canadiens estiment que ces personnes ne devraient *pas* pouvoir servir le public dans ces fonctions.

Les Canadiens font preuve d'un peu moins de tolérance ou d'acceptation quand on leur demande dans quelle mesure ils seraient à l'aise lors d'un contact direct avec des personnes ayant le VIH/sida. Les résultats de six scénarios différents ont permis de dresser une « échelle d'aise » au moyen d'une analyse factorielle. Près du quart des Canadiens semblent être mal à l'aise à l'égard du VIH/sida (seuls un ou deux de ces six scénarios les mettraient à l'aise), 41 p. 100 seraient assez à l'aise (deux ou trois des scénarios les mettant à l'aise) et 35 p. 100 semblent être très à l'aise (ainsi qu'ils le disent en ce qui concerne plus de trois des six scénarios).

Quatre Canadiens sur dix connaissent ou ont connu quelqu'un qui a ou avait le VIH/sida.

vi) Le comportement

Un peu plus des deux tiers des Canadiens disent avoir été actifs sur le plan sexuel au cours des douze derniers mois. La majorité n'ont eu qu'un(e) seul(e) partenaire sexuel(le) au cours de cette période alors que 12 p. 100 ont eu au moins deux partenaires dans la dernière année. Ils ou elles ont en majorité entretenu une relation suivie avec leur(s)

casual partner in the past year. Finally, seven per cent said that their relationships were homosexual.

Sexual activity is linked to gender and age. Men and youth are more likely to be sexually active, more likely to have had several partners, and more likely to report a casual partner. Individuals reporting casual or multiple partners are more likely to perceive themselves to be at moderate or high risk of contracting HIV, compared with other Canadians.

Close to half of Canadians reported that they never engaged in safer sex during the previous twelve months, while just over one-quarter always did. One in ten practiced safer sex rarely or some of the time over the last year, and a further 10 per cent did most of the time.

The vast majority of those who did not practice safer sex indicated that they did not do so because they have only one sexual partner. A small minority indicated that they are not at risk of STDs, that their partner(s) have been recently tested for HIV/AIDS, that they assume their partner(s) do not have HIV/AIDS, that they were not prepared for safer sex, or that they were trying to get pregnant.

The most common method of safer sex used by Canadians over the last year is the condom (used by 72 per cent). Less than one in ten of those who reported using safer sex indicated they limited themselves to a single partner, or abstained from sexual intercourse. A further eight per cent said that

partenaire(s), mais 13 p. 100 disent avoir eu un(e) partenaire occasionnel(le) dans la dernière année. Enfin, 7 p. 100 disent avoir eu des relations homosexuelles.

L'activité sexuelle est associée au sexe et à l'âge. Les hommes et les jeunes sont plus susceptibles d'avoir été actifs sur le plan sexuel, plus susceptibles d'avoir eu plusieurs partenaires et plus susceptibles aussi d'avoir eu un(e) partenaire occasionnel(le). Les personnes qui déclarent avoir eu un(e) partenaire occasionnel(le) ou plusieurs partenaires sont plus susceptibles que l'ensemble des Canadiens de qualifier de moyen ou d'élevé leur risque de contracter le VIH.

Près de la moitié des Canadiens disent n'avoir jamais pratiqué la sexualité sans risques au cours des douze derniers mois, tandis qu'un peu plus du quart l'ont toujours fait. Une personne sur dix a pratiqué la sexualité sans risques rarement ou parfois dans la dernière année, et 10 p. 100 encore des répondants l'ont fait la plupart du temps.

La vaste majorité de ceux et celles qui n'ont pas pratiqué la sexualité sans risques donnent pour raison le fait de n'avoir qu'un(e) seul(e) partenaire sexuel(le). Pour une faible minorité, les raisons invoquées sont l'absence de risque d'attraper une MTS, le fait que leur(s) partenaire(s) a ou ont subi récemment un test de dépistage du VIH/sida, le fait de supposer que leur(s) partenaire(s) n'a ou n'ont pas le VIH/sida, l'idée qu'ils ou elles ne sont pas encore prêt(e)s à pratiquer la sexualité sans risques, ou la volonté de devenir enceinte.

La méthode la plus commune de sexualité sans risques employée par les Canadiens au cours des douze derniers mois est le condom (utilisé par 72 p. 100 d'entre eux). Moins de 10 p. 100 de ceux qui rapportent utiliser la sexualité sans risques disent n'avoir eu qu'un(e) seul(e) partenaire ou s'être abs-

they used the birth control pill. Risk of pregnancy was the primary reason for safer sex cited most often (by 35 per cent), followed by the risk of sexually transmitted diseases or the risk of HIV/AIDS.

Under ten per cent said that they had changed their practice regarding safer sex in the past year. Just over one in four of those who had changed their practice indicated that they are more concerned now, while fewer say they are now better informed, have only one partner, have more partners, or are trying to get pregnant.

Just over one-quarter of Canadians indicated that they have been tested for HIV, excluding testing for insurance, blood donation and participation in research. Four in ten of those tested have not been tested in the past two years, while a similar number have been tested once in the past two years, and 18 per cent have been tested two times or more.

The most common location of their most recent test is in a doctor's office (63 per cent). One in ten have had their most recent test at a sexual health clinic, and seven per cent at an anonymous clinic. Close to two in ten had their most recent test performed somewhere other than these locations.

vii) Government Involvement

Nearly three-quarters are supportive of federal government involvement, 21 per cent are somewhat supportive, and only five per cent are not supportive of this involvement. Among the minority who do not support federal government involvement in HIV/

tenus de tout rapport sexuel. Un autre huit pour cent ont utilisé la pilule contraceptive. Le risque d'une grossesse est la raison principale qui est le plus souvent citée (par 35 p. 100) pour la pratique d'une sexualité sans risques, suivie par le risque d'attraper une maladie transmise sexuellement ou le risque d'attraper le VIH/sida.

Moins de 10 p. 100 affirment que leur pratique en matière de sexualité sans risques a changé au cours de la dernière année. Comme raison, un peu plus d'une personne en cause sur quatre se dit plus inquiète qu'auparavant tandis que dans une proportion plus faible, les autres raisons sont le fait d'être mieux informé maintenant, de n'avoir qu'un(e) seul(e) partenaire, d'avoir plusieurs partenaires ou d'essayer de devenir enceinte.

Un peu plus du quart des Canadiens disent avoir subi un test de dépistage du VIH pour d'autres raisons que pour une question d'assurance, de don de sang ou de participation à une recherche. Quatre sur dix de ces personnes n'ont pas subi de test dans les deux dernières années tandis que quatre sur dix en ont subi un au cours de la même période et que 18 p. 100 en ont subi deux ou plus.

Le dernier test a été le plus souvent effectué dans le bureau d'un médecin (63 p. 100). Une personne sur dix a subi son dernier test dans une clinique de santé sexuelle et 7 p. 100 l'ont subi dans une clinique anonyme. Près de deux sur dix des personnes en cause ont subi leur dernier test ailleurs que dans les endroits mentionnés.

vii) L'engagement du gouvernement

Près des trois quarts des répondants sont favorables à l'engagement du gouvernement fédéral, 21 p. 100 y sont assez favorables et seulement 5 p. 100 disent ne pas y être favorables. Parmi la minorité qui n'appuie pas l'engagement du gouver-

AIDS, the most common reasons for their stance include a lack of trust in the federal government (cited by 40 per cent), that they do not know anyone with HIV/AIDS (11 per cent), that federal funds should be channelled to more critical areas (12 per cent), and that HIV/AIDS prevention should be the responsibility of the individual (seven per cent).

Furthermore, close to two-thirds believe that the federal government should spend more on HIV/AIDS now than it did ten years ago and 28 per cent believe the amount spent should be unchanged.

Currently, close to half do not know where the federal government is focusing its attention. Roughly three in ten Canadians believe that the federal government is focusing its attention on public education and research into treatment. Roughly one in ten believe the federal government is focused on finding a cure or vaccine for HIV/AIDS, or for caring for those infected. A minority believe the federal government is focusing programs and funding in other areas.

When asked where they believe the federal government should be focusing its attention, half the population states that public education should be a focus (although only 28 per cent believe it currently is). One-third believe the federal government should be conducting research into treatment (and 27 per cent believe it currently is). Canadians also believe that the federal government should be focusing attention on finding a cure/vaccine, caring for the infected and youth education and prevention.

nement fédéral à l'égard du VIH/sida, les raisons le plus souvent invoquées sont le manque de confiance dans le gouvernement fédéral (cité par 40 p. 100), le fait de ne connaître personne qui a le VIH/sida (11 p. 100), le souhait que les crédits fédéraux soient canalisés vers des domaines plus cruciaux (12 p. 100) et la conviction que la responsabilité en matière de prévention du VIH/sida appartient à l'individu (7 p. 100).

En outre, près des deux tiers des répondants pensent que le gouvernement fédéral devrait dépenser pour le VIH/sida davantage qu'il y a dix ans, alors que 28 p. 100 sont d'avis que les dépenses doivent rester les mêmes.

Près de la moitié des répondants ignorent où le gouvernement fédéral concentre présentement son attention. Près de trois Canadiens sur dix croient que l'attention du gouvernement fédéral se concentre sur la sensibilisation du public et la recherche d'une thérapie. Environ trois sur dix pensent que le gouvernement fédéral s'efforce surtout de trouver un remède ou un vaccin pour le VIH/sida ou de soigner les personnes infectées. Une minorité de répondants croient que le gouvernement fédéral se concentre sur les programmes et le financement dans d'autres domaines.

Quant à savoir où le gouvernement fédéral devrait selon eux concentrer son attention, la moitié des répondants mentionnent la sensibilisation du public (28 p. 100 seulement étant persuadés que c'est ce qu'il fait présentement). Le tiers d'entre eux voudraient que le gouvernement fédéral effectue de la recherche pour trouver une thérapie (27 p. 100 étant persuadés qu'il le fait présentement). Les Canadiens estiment également que le gouvernement fédéral devrait s'efforcer de trouver un remède ou un vaccin, de soigner les personnes infectées, de sensibiliser les jeunes et de faire de la prévention auprès d'eux.

viii) Typology of Canadians

In addition to the basic analyses cited throughout the report, a typology of Canadians was created to illustrate the manner in which knowledge and attitudes about HIV/AIDS coalesce most often in the general public. This was carried out using factor and cluster analysis as well as reliability analyses (leading to the computation of several indices presented earlier in the report).

- ***Informed Concerned (42 per cent):*** This segment is the most knowledgeable and comfortable with people with HIV/AIDS. They also tend to view the problem as very serious and do not believe that it is diminishing with time. They tend to rely on health magazines and television health programs for their information and report a strong preference for websites as a source of additional information. They place considerable confidence in health professionals and authorities as reliable sources of information. Their support for government involvement is high and they believe that a strong focus should be placed on public education and prevention. They are most likely to know someone with HIV/AIDS. They do not tend to practice safer sex, even though they are the most active group, citing monogamy as the reason (and generally do not perceive themselves to be at risk).

- ***Informed Unconcerned (24 per cent):*** This group is quite knowledgeable and generally comfortable with people with HIV/AIDS. They tend to minimize the seriousness of the issue, however, and see the problem as getting better over time. Their preferred focus for government attention is on treatment and they more often

viii) Typologie des Canadiens

En plus des analyses de base citées tout au long du rapport, nous avons créé une typologie des Canadiens afin d'illustrer de quelle manière les connaissances et les attitudes touchant le VIH/sida convergent le plus souvent dans la population. Elle a été effectuée à l'aide d'une analyse factorielle et en grappes ainsi que d'analyses de fiabilité (menant au calcul de plusieurs indices déjà présentés dans le rapport).

- ***Inquiets informés :*** Ce segment se compose des personnes les mieux informées et les plus à l'aise avec les gens qui ont le VIH/ sida. Les inquiets informés tendent à croire qu'il s'agit d'un problème très sérieux et qui n'est pas en train de s'atténuer. Ils tendent à trouver leur information dans les magazines et les émissions de télévision qui traitent de la santé et ils accordent une forte préférence aux sites Web comme source d'information supplémentaire. Ils font énormément confiance aux professionnels de la santé et aux autorités en tant que sources d'information. Ils appuient fortement l'engagement du gouvernement et croient que ce dernier doit concentrer son attention sur la sensibilisation du public et la prévention. Ils sont plus susceptibles de connaître quelqu'un qui a le VIH/sida. Ils ne tendent pas à pratiquer une sexualité sans risques tout en étant le groupe le plus actif sur le plan sexuel, la monogamie étant leur raison principale (et, de façon générale, ils ne se sentent pas à risque).

- ***Confiants informés :*** Ce groupe est très informé et se sent à l'aise, en général, avec les personnes qui ont le VIH/sida. Les confiants informés tendent toutefois à minimiser la gravité du problème qui, selon eux, s'améliore avec le temps. Ils voudraient que le gouvernement s'intéresse surtout à la thérapie et ils comptent

rely on television news, information from school and websites as reliable sources of information, which is not surprising given that this is the youngest segment of the Canadian population.

- ***Moderately Informed Concerned (14 per cent):*** This group is generally middle of the road in most areas. They do, however, perceive HIV/AIDS to be a very serious issue and are very concerned about it, citing strong support for government involvement.
- ***Moderately Informed Deniers (11 per cent):*** This group has fairly low knowledge and high discomfort around people with HIV/AIDS. They are characterized by a strong tendency to minimize the problem and risk. As such, they tend to view HIV/AIDS as someone else's problem and place blame fairly readily. As part of this tendency to compartmentalize the issue, they believe that the government focus should be away from Canada and on specific groups. As might be expected, they are least likely to know someone with HIV/AIDS. They place more faith in the media as a reliable source for information about HIV/AIDS than any other group.
- ***Uninformed Uncomfortable (six per cent):*** This group is generally characterized by the lowest knowledge, greatest misinformation and misperceptions, a strong sense of discomfort, bordering on fear, of people with HIV/AIDS and, as a result, a somewhat elevated perception of their own risk. They are more skeptical of knowledge figures and organizations as sources of information than other Canadians and are generally less supportive of government involvement in HIV/AIDS. They are more often found among low income and education segments of society.
- le plus souvent sur les nouvelles à la télévision, l'école et les sites Web comme sources d'information dignes de confiance, ce qui n'est pas étonnant puisqu'il s'agit du segment le plus jeune de la population canadienne.
- ***Inquiets moyennement informés :*** Ce groupe se situe la plupart du temps dans la moyenne. Toutefois, ceux qui en font partie estiment que le VIH/sida est un problème très sérieux, ils en sont très inquiets et se disent très favorables à l'engagement du gouvernement.
- ***Négateurs moyennement informés :*** Ce groupe est assez peu informé et très mal à l'aise en compagnie de personnes ayant le VIH/sida. Ses membres se caractérisent par une forte tendance à minimiser le problème et les risques. À ce titre, ils tendent à percevoir le VIH/sida comme le problème des autres et sont plutôt prêts à jeter le blâme. Vu cette tendance à compartimenter la question, ils croient que le gouvernement devrait porter son attention à l'extérieur du Canada et vers des groupes particuliers. Comme on pouvait s'y attendre, ils sont les moins susceptibles de connaître quelqu'un qui a le VIH/sida. Ils font plus que tout autre groupe confiance aux médias comme source fiable d'information sur le VIH/sida.
- ***Mal à l'aise non informés :*** Ce groupe a en général pour caractéristiques d'en savoir le moins sur le VIH/sida, d'être le plus mal informé et de mal percevoir le problème, d'être très mal à l'aise à propos des personnes ayant le VIH/sida et même de les craindre. Par conséquent, ses membres se croient personnellement plutôt à risque. Comme sources d'information, ils sont plus sceptiques que les autres Canadiens à l'égard des personnes et des organisations faisant autorité, et ils se montrent en général moins favorables à l'engagement du gouvernement en ce qui concerne le VIH/sida. Ils font le plus

souvent partie des segments à faible revenu et peu scolarisés de la société.

Summary

On the whole, Canadians are very knowledgeable about HIV/AIDS. Most generally understand the nature of the disease, as well as methods of transmission and testing. Relatively few are misinformed about how one contracts HIV/AIDS or how to detect HIV. They show a general appreciation of the fact that gay men and injection drug users are among the top at-risk groups in Canada. They also realize, for the most part, that while treatments are fairly effective, there is no cure for HIV/AIDS. There is very mixed appreciation, however, for the fact that AIDS is, in all cases, fatal. Even among the most knowledgeable, this fact is not well understood.

In spite of the high levels of knowledge about the disease, knowledge of government efforts in this area is quite weak. Very few know about the CSHA, or even what the government is focusing on. Nonetheless, they are quite supportive of government involvement in HIV/AIDS and generally place more of an emphasis on public education, prevention and research into treatment.

It is not surprising, given knowledge levels, that most Canadians view HIV/AIDS as a very serious issue, which is not diminishing over time. Relatively few Canadians view HIV/AIDS as a problem that belongs to someone else (e.g., third world, gay community, drug users). On the other hand, everyone reports an extremely low perceived personal risk of contracting HIV.

En résumé

Dans l'ensemble, les Canadiens sont très bien renseignés sur le VIH/sida. Ils comprennent généralement la nature de la maladie ainsi que ses modes de transmission et les méthodes de dépistage. Ils sont relativement peu nombreux à être mal informés sur les façons de contracter le VIH/sida ou de déceler le VIH. Ils sont assez bien au courant du fait que les hommes homosexuels et les utilisateurs de drogue par injection sont les groupes les plus à risque au Canada. Ils savent aussi, pour la plupart, que bien qu'il existe des thérapies assez efficaces, il n'y a pas de guérison pour le VIH/sida. Les points de vue sont toutefois très partagés quant au fait que le sida constitue toujours une maladie mortelle. Même parmi les mieux renseignés, ce fait n'est pas toujours bien compris.

Malgré des niveaux de connaissance élevés à propos de la maladie, la sensibilisation aux efforts accomplis par le gouvernement dans ce domaine est très faible. Très peu de gens connaissent la Stratégie canadienne sur le VIH/sida ou savent même ce sur quoi le gouvernement concentre ses efforts. Néanmoins, ils sont très en faveur de l'engagement gouvernemental à l'égard du VIH/sida et, de façon générale, mettent surtout l'accent sur la sensibilisation du public, la prévention et la recherche d'une thérapie.

Compte tenu du degré d'information, on ne saurait s'étonner que pour la majorité des Canadiens le VIH/sida constitue un problème très sérieux et qui n'est pas en train de s'atténuer. Il y a relativement peu de Canadiens pour qui le VIH/sida est le problème de quelqu'un d'autre (p. ex., celui du tiers monde, des homosexuels ou des drogués). Par contre, chacun a l'impression que le risque d'attraper soi-

Most people report that they are generally comfortable with the idea of being around someone with HIV/AIDS; however, when it comes to serving the public or going to school with one's child, the discomfort increases.

The profile of information sources is generally reflective of where people get other health-related information, with a slightly greater emphasis on television news, newspaper articles, health programs and schools, and less reliance on doctors and the Internet. On the other hand, these latter sources are exactly where the public would prefer to be able to obtain information about HIV/AIDS.

With respect to behaviour, safer sex is practiced by a minority of the sexually active and almost always as a result of casual or multiple partners. It is rarely practiced by people in regular, ongoing relationships.

In terms of testing, one in four have been tested, but almost half of those were not tested in the past two years. Among those who were tested in the past two years, they were typically tested only once.

Overall

Although knowledge levels are high, there is quite a knowledge gap with respect to the government's approach to HIV/AIDS. Support for government involvement, however, is high and Canadians would welcome learning about efforts concentrated on public education, prevention and research into treatment (as they view HIV/AIDS as a very serious

même le VIH est extrêmement faible.

La plupart des répondants se disent à l'aise en général à l'idée de côtoyer quelqu'un qui a le VIH/sida; cependant, ils sont plus nombreux à être mal à l'aise à l'idée qu'une personne atteinte puisse servir le public ou fréquenter l'école de leur enfant.

Le profil des sources d'information reflète assez bien celui des sources où l'on va chercher d'autres renseignements sur la santé, sauf pour un accent un peu plus prononcé en ce qui concerne les nouvelles à la télévision, les articles de journaux, les programmes de santé et l'école, et un peu moins prononcé en ce qui concerne les médecins et l'Internet. Par contre, ces dernières sources sont précisément celles que le public préférerait pouvoir consulter au sujet du VIH/sida.

En matière de comportement, la sexualité sans risques n'est pratiquée que par une faible minorité des personnes actives sur le plan sexuel, et presque toujours en raison de partenaires occasionnels ou multiples. Elle est rarement pratiquée par les personnes qui entretiennent une relation suivie.

Pour ce qui est du dépistage, le quart des répondants ont subi un test mais, de leur nombre, près de la moitié n'en ont pas subi dans les deux dernières années. Parmi les personnes ayant fait l'objet de dépistage depuis deux ans, la plupart n'ont subi qu'un seul test.

Vue d'ensemble

Malgré des niveaux de connaissance élevés, il existe une lacune en ce qui concerne l'approche gouvernementale touchant le VIH/sida. Les Canadiens sont toutefois très en faveur de l'engagement du gouvernement et ils seraient intéressés à en apprendre davantage sur les efforts relatifs à la sensibilisation du public, à la prévention et à la

issue that must be addressed).

While undoubtedly there is no shortage of information about HIV/AIDS on the Internet, it is interesting to note that Canadians report that they currently rely on the Net (and doctors) less for this issue than for others, but express a preference for getting their information this way. Perhaps future communications campaigns could highlight key websites where Canadians can find information about HIV/AIDS and the federal government strategy related to it.

While tolerance and comfort levels among Canadians are high in theory, they would likely be lower in practice, given the variation in responses to different questions and scenarios put forth in the survey.

From a behavioural point of view, messaging regarding safer sex is clearly a very tough issue to tackle, as even the most knowledgeable are quite complacent about the idea of risk of contracting HIV and the need for protective measures. Given that the fatal nature of HIV/AIDS is not well understood, messages regarding safer sex may have their strongest impact when coupled with the message of fatality (no matter how long after contracting the disease that death occurs).

recherche d'une thérapie (étant donné que le VIH/sida leur semble un problème sérieux dont il faut s'occuper).

Alors qu'il ne manque assurément pas d'information à propos du VIH/sida sur Internet, il est intéressant de constater que les Canadiens disent consulter l'Internet (et les médecins) moins souvent sur ce problème particulier que sur d'autres reliés à la santé, tout en disant préférer ce moyen d'information. Lors de prochaines campagnes de communication, il conviendrait sans doute de signaler les principaux sites Web capables de renseigner les Canadiens sur le VIH/sida et la stratégie fédérale dans ce domaine.

Bien que les Canadiens affichent en théorie des niveaux élevés de tolérance et d'aise, ces niveaux sont probablement plus faibles en pratique compte tenu de la variation dans les réponses à diverses questions et la réaction à divers scénarios présentés dans le sondage.

Du point de vue du comportement, la façon d'aborder les messages incitant à une pratique sexuelle sans risques pose tout un problème étant donné que même les mieux renseignés témoignent d'une légèreté devant le risque d'attraper le VIH et la nécessité d'adopter des mesures de protection. Le caractère mortel du VIH/sida n'étant pas très bien saisi, les messages incitant à une sexualité sans risques auraient sans doute plus d'effet si l'on faisait ressortir en même temps le caractère fatal de la maladie (quel que soit le délai entre sa contraction et le décès).

1. INTRODUCTION

1.1 CONTEXT²

The human immunodeficiency virus (HIV) is the cause of the acquired immune deficiency syndrome (AIDS). The virus attacks and damages the body's immune and nervous systems, rendering the host vulnerable to disease. Those infected with the virus may remain without symptoms for 10 years or more before actual symptoms appear.

HIV/AIDS is a major health issue currently facing Canadians. Every day, approximately 11 Canadians become infected with HIV, with an estimated 4,190 Canadians becoming newly infected in 1999. Moreover, the number of new infections in 1999 among men having sex with men has increased by 30 per cent over 1996 levels, though incidence has remained essentially unchanged in the overall population. The most current estimates indicate that, in 1999, 49,800 Canadians were living with HIV infection (including those living with AIDS), representing an increase of 24 per cent since 1996.³

Furthermore, the prevalence of HIV/AIDS is likely even higher owing to delayed and under-reporting. It is estimated that roughly 30 per cent of those living with the HIV/AIDS are unaware of their infection.⁴ As well, large numbers of those infected do not report their illness because of fears of discrimination and other reasons.

Although there have been considerable research advances leading to the development of new drug therapies, AIDS is still fatal. It is estimated that, by the end of 1999, 51,000 persons had tested positive for HIV since 1985, and, of these, 30 per cent had died.⁵ There is currently no vaccine to prevent the contraction of HIV and, while there are always new and evolving treatments that extend the lives of HIV/AIDS patients, there is still no cure. Treatment is complicated by the fact that the virus is mutating, rendering current drug therapies ineffective.

² Much of the context presented herein was based on evidence presented on the website: <http://www.hc-sc.gc.ca/pphb-dgsp/hast-vsmt/>, the Centre for Infectious Disease Prevention and Control, Health Canada, as well as the Statement of Work attached to the original Request for Proposals to undertake the current project.

³ Health Canada. "National HIV Prevalence and Incidence Estimates for 1999: No Evidence of a Decline in Overall Incidence" *HIV/AIDS Epi Update*, Centre for Infectious Disease Prevention Control, April 2002, pp. 2-3.

⁴ Health Canada. "Prevalent HIV Infections in Canada: Up to One-Third May Not Be Diagnosed" *HIV/AIDS Epi Update*, Centre for Infectious Disease Prevention Control, April 2002.

⁵ *ibid.*

HIV is transmitted through several routes. Among the most prevalent of them are: having unprotected sexual intercourse with an infected person; sharing needles for injecting drugs with someone already infected; tattooing, body piercing or acupuncture with unsterilized needles; receiving infected blood or blood products; and, during pregnancy, at birth or through breastfeeding, an infected mother passing the virus to her child. The risk of HIV/AIDS is highest among men who have sex with men and among intravenous drug users.

HIV/AIDS is increasingly infecting more vulnerable segments of the Canadian population, many of whom are in the identified high-risk groups and are marginalized by socio-economic factors. These include: women living in poverty, Aboriginal communities, prison inmates, and young gay men. For example, there has been a 91 per cent increase in prevalent HIV infections between 1996 and 1999 in the Aboriginal population⁶. People from countries where HIV is endemic also run a high risk of being infected. As well, youth are vulnerable to HIV infection as a result of many factors, including risky sexual behaviour, substance use (including intravenous drug use), and perceptions that HIV is not a threat to them. According to the most recent UNAIDS report, half of all the new infections that are occurring worldwide are occurring among young people.

The emergence of HIV infection in diverse populations is placing new demands on the health care system⁷. Many of the newer populations face multiple disadvantages including mental illness, drug and alcohol addiction, abuse at the hands of family members, and living on the street. These groups need care and treatment that taxes the community's capacity to provide support. As well, the new drug therapies that extend the lives of HIV/AIDS patients place new demands on the AIDS support system in the areas of return to work, adherence to medications, and financial problems.

Incidence and prevalence remain high despite numerous education and health promotion initiatives and raise questions as to why. Among the hypotheses offered are: complacency or optimism related to the perceived success of drug therapies; condom fatigue; false assurance upon learning of a HIV-negative result; lack of direct experience of the AIDS epidemic among the younger gay generation; and a desire to escape the rigorous norms of safer sex.

The purpose of the current survey is to lay down a baseline measurement and to help inform the communications and social marketing activities related to HIV/AIDS that are designed to educate the public, raise awareness levels and decrease the incidence of risk related behaviours associated with contracting HIV. Future evaluations of initiatives designed with the overall objective of decreasing HIV infection rates in Canada can measure impacts in this area. The current survey will help to better measure any changes in public awareness, knowledge, behaviours and attitudes and will therefore serve as a benchmark, against which future change will be measured.

⁶ Blaize Mumford, "Care and Support Challenges and Issues in a Spectrum of HIV/AIDS Affected Populations", prepared for the Canadian AIDS Society, May, 2002.

⁷ Blaize Mumford, "Care and Support Challenges and Issues in a Spectrum of HIV/AIDS Affected Populations", prepared for the Canadian AIDS Society, May, 2002.

The survey was designed to create an overall picture of Canadians' awareness and knowledge, as well as attitudes and behaviour related to HIV/AIDS, and to isolate patterns of sub-group differences, including demographic and attitudinal patterns. The type of issues investigated in the survey include:

- levels of concern with contracting HIV/AIDS overall, and concern connected with specific risk factors associated with becoming infected;
- degree of awareness of the prevalence and seriousness of the issue and knowledge regarding contracting and treating HIV/AIDS, whether infection rates are increasing or decreasing and populations most at-risk in Canada;
- attitudes towards people with HIV/AIDS, and government programs related to HIV/AIDS in Canada;
- profile of past and current behaviour, in terms of obtaining information, as they relate to different segments of the public (with different awareness levels and attitudes); and
- frequency of specific risk-related behaviours (some directly related to factors associated with contracting HIV/AIDS).

1.2 METHODOLOGY

The survey included a total of 2004 completed interviews with Canadians over the age of 15. Residents of all ten provinces were included, although the territories were not included in the sample. The survey was conducted, by telephone, in March 2003. Telephone numbers were selected using a random digit dial (RDD) process to select households. No specific effort was made to randomize the selection of the respondent within the household. The interview required an average of 19 minutes to administer, with trained, bilingual interviewers. The participation rate in the survey was 22 per cent (details in Appendix B). Twenty to 25 per cent is a typical rate of participation for a national public opinion survey based on a questionnaire of this length.

The survey was registered with the Canadian Survey Registration Centre (CSRC) in light of the sensitivity of some questions in the interview. Potential respondents were also given the EKOS Research toll-free number, as well as a contact and telephone number at Health Canada, when they asked for further information about the study (particularly regarding its purpose and the legitimacy of the study and individual questions). There were only a handful of calls made to the CSRC or the EKOS toll-free number to inquire about the survey. Also, no respondent who agreed to conduct the interview and proceeded most of the way through the questionnaire discontinued the interview when they were asked the more sensitive behavioural questions.

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age and region. In the analysis of the findings⁸, a number of indices were created to represent multiple survey items (e.g., knowledge and comfort with people with HIV/AIDS indices. These were created with the assistance of factor analysis and were used as independent variables to examine relationships with other items in the questionnaire. They were also used in the creation of a multivariate typology of Canadians on the issue of HIV/AIDS (which is presented as Chapter Eight). In the report, the term “youth” described Canadians under the age of 25, while the term “senior citizens” describes individuals who are 65 or over.

The following table provides the sample sizes for major sub-groups used in the analysis, along with an associated margin of error for each.

	(n)	Margin of Error
Overall	2004	± 2.2 %
Region		
British Columbia	258	± 6.1 %
Alberta	187	± 7.2 %
Saskatchewan & Manitoba	146	± 8.1 %
Ontario	749	± 3.6 %
Quebec	496	± 4.4 %
Atlantic Provinces	162	± 7.7 %
Gender		
Male	900	± 3.3 %
Female	1104	± 3.0 %
Age		
Under 25	245	± 6.3 %
25-34	347	± 5.3 %
35-44	438	± 4.7 %
45-64	714	± 3.7 %
65 or older	230	± 6.5 %
Education		
Less than high school	754	± 3.6 %
College	423	± 4.8 %
Some university	216	± 6.7 %
University graduate	592	± 4.0 %

⁸ Two statistical packages were used in the analyses. StatXp, the companion software to the data collection software Interviewer, was used to create banner tables for the analysis. SPSS was used for the segmentation.

Income		
Less than \$20,000	227	± 6.5 %
\$20,000-\$39,000	424	± 4.8 %
\$40,000-\$59,000	350	± 5.2 %
\$60,000-\$79,000	240	± 6.3 %
\$80,000 or more	379	± 5.0 %

* Calculated at the 95% confidence level. That is, the overall results of the HIV/AIDS Awareness Survey are considered accurate to within ± 2.2 % nineteen times out of twenty.

2. KNOWLEDGE AND AWARENESS

2.1 BASIC KNOWLEDGE

Canadians were asked if they know how HIV is transmitted. Most people (84 per cent) identified unsafe sexual intercourse, almost half (45 per cent) cited the sharing of drug needles and more than one-third (35 per cent) indicated that it could be transmitted through blood transfusions. Approximately one in eight provided more generic responses including that HIV is transmitted through bodily fluids (13 per cent) and through contact with (infected) blood (12 per cent). Only nine per cent of Canadians cited that HIV could be passed from a mother to her unborn child, and six per cent cited tattoos/body piercing as a method of transmission.

Six per cent of people believe that HIV can be transmitted by kissing and two per cent indicated mosquito bites. Less than two per cent think HIV is transmitted through casual contact, coughing or sneezing. A very small proportion (four per cent) were unable to provide an answer.

Knowledge of risk factors has remained consistent over time. In 2002, four in ten Canadians cited sharing drug needles and 89 per cent cited some form of sexual contact as methods of transmitting HIV/AIDS.⁹ Additional research conducted recently has also identified Canadian knowledge of those risk factors. In 2002, 88 per cent believed that people who use injection drugs can transmit HIV to their sexual partners.¹⁰

Comparatively speaking, Canadians have also demonstrated that they are well informed about the transmission of other diseases such as Hepatitis "C". Past data has shown that Canadians were able to identify the major risks of transmission of this disease which are similar to those of HIV/AIDS.¹¹

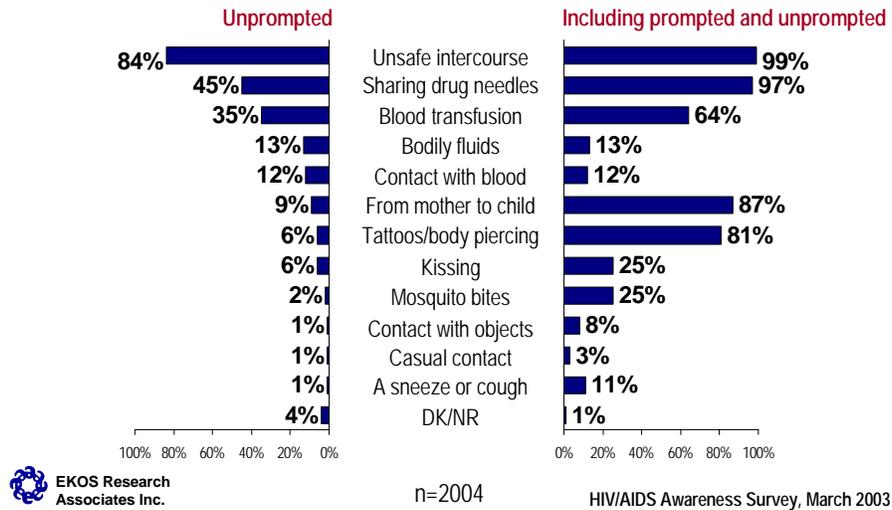
⁹ Decima Express, Decima Research Inc., August 2002.

¹⁰ Injection Drug Use Survey, Ipsos Reid, April 2002.

¹¹ Hepatitis "C" Awareness and Knowledge, Environics Research Group, February 2002.

Knowledge of Risk Factors

"From what you know or have heard, can you tell me how HIV, the virus that causes AIDS, is transmitted? That is, what people might do or not do to cause them to be infected?"



- Knowledge of the risk associated with unsafe sexual practices is consistent across all demographic sub-groups with the exception of residents in British Columbia and those born outside Canada, who are somewhat less likely to cite this as a method of transmitting HIV (79 per cent in both sub-groups).
- Residents of British Columbia and Alberta are more likely to indicate the sharing of drug needles as a method of transmission (51 and 52 per cent, respectively), while those in Quebec are less likely to do so (35 per cent). People between 25 and 34 are more likely than average to cite shared drug needles (52 per cent), while those over 65 are least apt to do so (31 per cent). People who have children who are not yet in their teens are more likely to indicate the sharing of drug needles as a method of transmitting HIV (51 per cent), likely driven by the age of the respondent. Less educated and lower income individuals are less likely to be aware of this transmission factor (40 per cent of lowest educated and 37 per cent of lowest income earners). Those born outside Canada are also less likely to do so (39 per cent).
- Blood transfusions are more likely to be cited as carrying a risk of HIV transmission among residents of Quebec but less so among those in Alberta and the Prairies (48 per cent compared to 26 and 22 per cent, respectively). People between the ages of 25 and 44 are much more likely than average to cite blood transfusions as a method of transmission (41 and 40 per cent), while those over 65 are less likely to do so (18 per cent). Low education and income individuals and those with a low self-rated knowledge of HIV/AIDS are less likely to cite this method of transmission (30 per cent among those without a high school diploma), while people who have children in their pre-teens are more likely to do so (43 per cent).

- Higher education and income individuals are more likely to cite bodily fluids as a method of transmitting HIV (18 per cent among university graduates and those earning over \$80,000), while the lowest income earners and people in Quebec are least likely to do so (eight and seven per cent, respectively).
- Contact with (infected) blood is more likely to be cited as a method of transmitting HIV among residents of Quebec (17 per cent) and those who are college educated (17 per cent). It is least likely to be cited among those with a low self-rated knowledge of HIV/AIDS (seven per cent).

In general, with the exception of unsafe sexual practices, where the knowledge of associated risk is fairly consistent across demographic sub-groups, residents of Quebec are less apt to cite the sharing of drug needles and bodily fluids, but more likely than other regions to cite blood transfusions, and contact with (infected) blood. All commonly known risk factors are less likely to be cited by seniors and those with low education and income.

Although the unprompted, top-of-mind responses shown above illustrate that unsafe intercourse, the sharing of drug needles and blood transfusions are the more frequently mentioned methods of transmitting HIV, Canadians' overall knowledge and awareness of the most likely means of transmitting HIV is quite high in the prompted question. Upon being presented with a list of possible scenarios, nearly all Canadians are aware of the risk associated with unsafe intercourse and sharing drug needles (99 and 97 per cent, respectively). Nearly nine in ten (87 per cent) indicated that HIV could be passed from a mother to her unborn child and eight in ten (81 per cent) cited tattoos/body piercing as a method of transmission. Two-thirds (64 per cent) indicated that HIV could be transmitted through blood transfusions.

Fewer Canadians are misinformed about transmission methods, although some clearly are. One-quarter believe that the disease can be passed through kissing and mosquito bites (25 per cent in each group), while one in eight indicated that HIV is transmitted through bodily fluids (13 per cent) and through contact with (infected) blood (12 per cent). Eleven per cent believe that HIV is transmitted through a sneeze or cough and less than one in ten believe that it can be acquired through contact with objects (eight per cent) or casual contact (three per cent). Less than one per cent are unable to indicate any methods of how HIV may be transmitted. It is also interesting to note that unsafe intercourse is a more obvious method of transmission to people than sharing drug needles. Transmission from mother to child and tattoos or body piercing are even less obvious to most people.

- Residents of Alberta and the Prairies are least likely to cite blood transfusions as a method of transmission (42 and 45 per cent, respectively), while those in Quebec are most likely to do so (81 per cent). Senior citizens and those with a low self-rated knowledge of HIV/AIDS are also less likely to cite this method (53 and 56 per cent, respectively).
- Senior citizens and those with a low self-rated knowledge of HIV/AIDS are somewhat less likely to indicate that HIV could be transmitted from a mother to her (unborn) child (82 and

81 per cent, respectively). The highest income earners are more apt to cite this method (92 per cent).

- Residents of British Columbia are somewhat less likely to cite tattoos and body piercing as a method of HIV transmission (75 per cent), while those in Alberta are somewhat more likely to do so (86 per cent). Canadians over 65 and the lowest income earners are less likely to indicate that HIV could be transmitted through tattoos or body piercing (72 and 75 per cent, respectively), as are those with a low self-rated level of knowledge (68 per cent).
- Canadians under 35 are less likely to indicate that HIV could be transmitted through kissing (16 to 18 per cent), while those over 65 are much more likely to do so (40 per cent).
- Canadians under 25 are more likely to cite mosquito bites as a method of transmission (37 per cent), as are people born outside of Canada (33 per cent). Higher education and income individuals are less likely to do so, as are people who perceive a status quo in the risk of HIV infection compared to five years ago (20 per cent).
- Canadians over 65 and lower education and income individuals are more apt to indicate that HIV could be passed through general contact with objects, or through casual contact.
- Seniors are also more likely to cite a sneeze or cough as a likely method of HIV transmission (20 per cent).

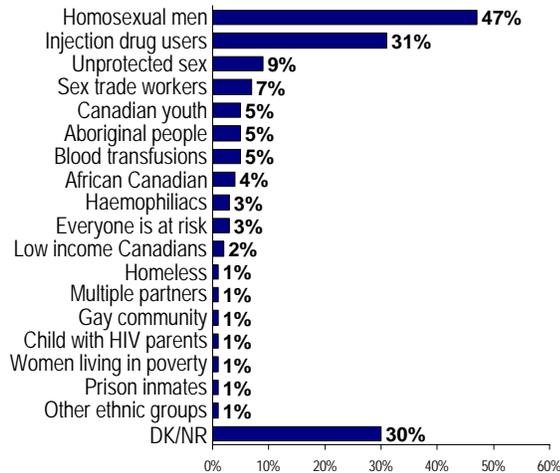
So, generally speaking, seniors and lower education and income Canadians are more apt to be misinformed about transmission methods overall. The only area of misinformation that is prevalent among youth relates to mosquito bites.

a) Knowledge of Higher Risk Groups

Canadians most often perceive homosexual men and injection drug users as groups that have been most affected by HIV/AIDS (47 and 31 per cent, respectively). Excluding these specific groups, respondents indicated a wide range of other members of the population who have been affected by the disease. These include people engaging in unprotected sex (nine per cent), sex trade workers (seven per cent), youth in general, Aboriginal people and those requiring blood transfusions (five per cent each). African Canadians, haemophiliacs, Canadians in general and low-income Canadians were cited by less than five per cent of people as groups that have been most affected by HIV/AIDS.

Knowledge of Higher Risk Groups

“As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?”



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n=2004

HIV/AIDS Awareness Survey, March 2003

- Injection drug users are cited more often by residents in British Columbia (49 per cent)¹² as being most affected by HIV/AIDS, while residents of Ontario are less likely to do so (26 per cent). Canadians between the ages of 35 and 64 are more likely than average to indicate this group (35 to 37 per cent), while the youngest and oldest Canadians are less apt to do so (15 and 25 per cent, respectively). High education and income individuals and those with high self-rated knowledge of HIV/AIDS (36 per cent) are more likely to cite this group.
- Residents of British Columbia and Quebec are more likely to cite homosexual men as being most affected by HIV/AIDS (54 and 52 per cent, respectively), whereas those in the Atlantic region are less likely to do so (39 per cent). Higher education and income individuals and people between the ages of 35 and 64 (57 to 58 per cent) are more likely to indicate this group, as are parents of teen-aged children (52 per cent), those who perceive a status quo in the risk of HIV infection (52 per cent), and those who personally know someone with the disease (53 per cent).
- Residents in the West (Prairies, British Columbia and Alberta) are more apt to cite Aboriginal people as being most affected by HIV/AIDS (20, 10 and nine per cent, respectively).
- People in Alberta are somewhat more likely to indicate that sex trade workers have been most affected by HIV/AIDS (12 per cent).

¹² This may be related, in part, to the higher incidence of injection drug use on the lower Eastside of Vancouver.

- The inability to name a particular group that has been most affected by the disease is higher among youth (51 per cent among those under 25), those with lower levels of education (38 per cent among individuals without a high school diploma), and residents in Ontario (35 per cent).

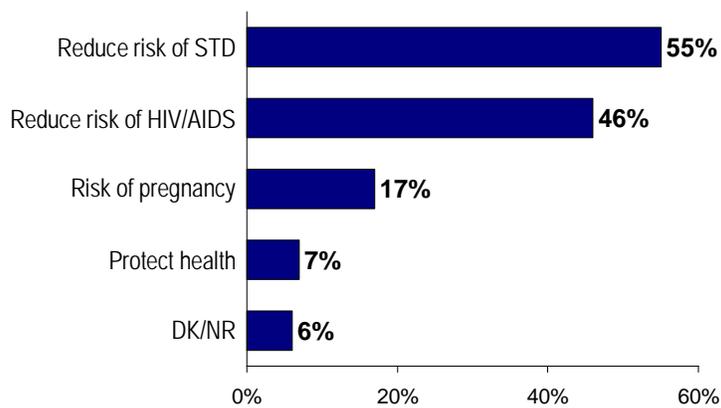
In summary, residents of British Columbia, middle-aged, high education and income Canadians, those with high self-rated knowledge of HIV/AIDS, parents of teens, those who know someone with HIV/AIDS and who perceive no change in the risk of HIV infection over the past five years, are more likely to cite homosexual men and injection drug users as the most high risk groups.

b) Knowledge of Prevention

When asked why someone would practice safer sex, more than half (55 per cent) said the main reason would be to reduce the risk of sexually transmitted diseases and slightly less than half (46 per cent) said to reduce the risk of contracting HIV/AIDS. Unfortunately, the question did not specify “transmitted diseases, other than HIV/AIDS”, so there is likely some overlap between these categories with some respondents, including HIV/AIDS as one of many sexually transmitted diseases. One in six indicated that safer sex would be practiced primarily to reduce the risk of pregnancy, while seven per cent made the general comment that it would protect individual health. Six per cent do not know why someone would practice safer sex.

Knowledge of Prevention

“To the best of your knowledge, why would someone practice safer sex?”



- Residents in Quebec are most likely to cite the reduced risk of HIV/AIDS (62 per cent), while those in Alberta, Ontario, and British Columbia are less apt to do so (36, 40, and 41 per cent, respectively). Women (49 per cent) and people between the ages of 45 and 64 are more likely to indicate this as the main benefit of safer sex (52 per cent). Individuals aged 25 to 34 are least likely to indicate this reason (37 per cent), as are university graduates. In fact, the lowest income earners are more likely to cite it (54 per cent). Individuals born outside Canada are less apt to indicate this reason (40 per cent).
- People between the ages of 25 and 44 are more apt to cite the reduced risk of sexually transmitted diseases (more broadly) as the main reason to practice safer sex (64 and 61 per cent, respectively), while the oldest are least likely to indicate this reason (44 per cent). University graduates are somewhat more likely to cite this as a benefit of safer sex (60 per cent). People who have children who are not yet in their teens and those who know someone with HIV are more likely to cite this reason (63 and 60 per cent, respectively), while those with a low self-rated knowledge of HIV/AIDS are less likely to do so (45 per cent).
- Residents of British Columbia are more apt to indicate the reduced risk of pregnancy (23 per cent), while those in Quebec and the Atlantic region are less likely to do so (11 per cent each). Youth are more likely to cite this as a benefit of safer sex (30 per cent), but this decreases with age (eight per cent among those over 65). Those with a middle level of education (some university) are also more likely to cite this benefit (27 per cent).

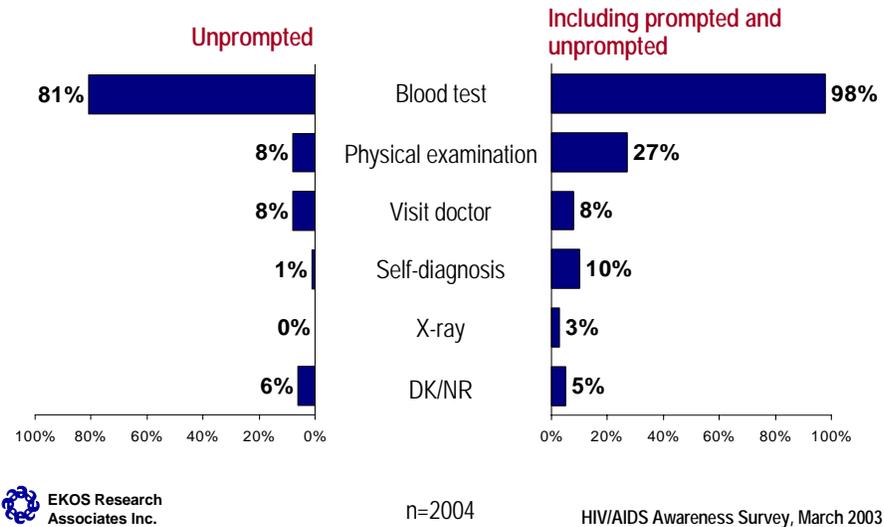
So, residents of British Columbia, Alberta, and Ontario are less likely to cite health benefits, such as preventing the transmission of STDs as reasons for practicing safer sex. The same is true for foreign-born individuals and, surprisingly, university graduates. Seniors are less apt to cite the reduced risk of contracting HIV/AIDS and pregnancy, as are those with a low self-rated knowledge of HIV/AIDS and residents of Quebec and the Atlantic region.

c) Knowledge of Testing

Canadians were asked if they know how someone can determine if they have HIV/AIDS. Eight in ten people (81 per cent) cited a blood test as a method of testing for the existence of HIV/AIDS without prompting. Eight per cent cited a physical examination or a visit to the doctor, while one per cent believes that self-diagnosis is a reliable test for HIV/AIDS. Six per cent were unable to provide an answer on methods for testing for HIV/AIDS.

Knowledge of Testing

“As far as you know, what ways, if any, can someone find out for certain if they have HIV/AIDS?”



- People between the ages of 35 and 44 are more apt to cite a blood test as a method for testing for HIV/AIDS (90 per cent), while the youngest and oldest are less likely to do so (71 and 68 per cent, respectively). Women (85 per cent) are also somewhat more likely to cite blood tests than men. Those with higher education and income and people who have children (86 per cent) are more apt to cite this method, but those with low self-rated knowledge of HIV/AIDS are less likely to do so (69 per cent), as are residents born outside Canada (74 per cent).
- Residents of Quebec (13 per cent) and the lowest income earners (14 per cent) are somewhat more likely to cite a physical examination, while those in British Columbia are somewhat less likely to cite this test (two per cent).
- Youth and those with low self-rated knowledge of HIV/AIDS (15 and 13 per cent, respectively) are slightly more likely to indicate the general response of a visit to a doctor.

When presented with a list of possible methods of testing, awareness of the blood test as a test for HIV/AIDS increased to 98 per cent.¹³ Three in ten (27 per cent) believe that a physical examination will determine if someone has HIV/AIDS and eight per cent believe that a visit to a doctor is a reliable test. One in ten believe that self-diagnosis is a reliable test for HIV/AIDS and three per cent believe that X-rays can be used. Five per cent are not aware of any tests for the existence of HIV/AIDS.

¹³ This is based on a combination of prompted and unprompted results.

- Residents of Quebec and lower education and income individuals are more apt to believe that there are methods of detection other than a blood test (i.e., physical exam, self-diagnosis and even X-ray). Youth, seniors and men are also somewhat more apt to think that HIV can be detected with a physical examination.

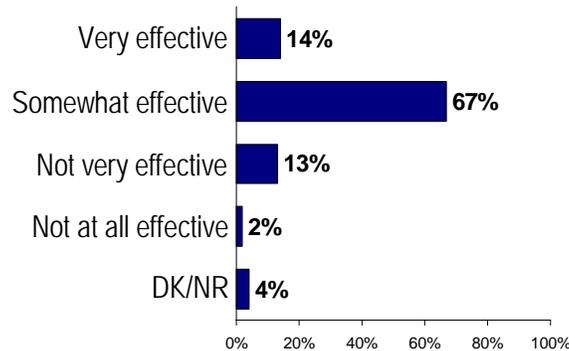
d) Knowledge of Treatment

Most Canadians are of the opinion that HIV/AIDS treatments are at least somewhat effective in helping infected people lead normal lives (67 per cent “Somewhat” and 14 per cent “Very” effective). One in eight (13 per cent) believe that HIV/AIDS treatments are very effective and two per cent said that treatments are not effective at all. Four per cent are unable to gauge the effectiveness of HIV/AIDS treatments.

There has been a significant shift in opinion regarding the effectiveness of HIV/AIDS treatments. In 2002, slightly more than half of Canadians (56 per cent, 25 per cent fewer than in 2003) believed that HIV/AIDS treatments were at least somewhat effective in helping people with the disease lead better lives.¹⁴

Knowledge of Treatment

“How effective do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are...”



¹⁴ Decima Express, Decima Research Inc., August 2002.

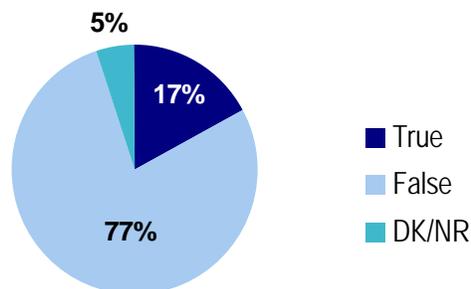
- People in Quebec are more likely to think that the treatments are not very effective (27 per cent).
- Residents in the Prairies and Alberta tend to think that the HIV/AIDS treatments are somewhat effective (75 and 72 per cent, respectively), and residents of Ontario are slightly more positive. Respondents born outside Canada are more likely to indicate that HIV/AIDS treatments are very effective in helping people with the disease lead normal lives (21 per cent).
- People over the age of 65 and those with low self-rated knowledge of HIV/AIDS are somewhat less likely to know how effective HIV/AIDS treatments have been (nine per cent in both groups).

e) Other Knowledge

Three-quarters of Canadians (77 per cent) know that HIV/AIDS cannot be cured (even if treated early). Nearly one in five (17 per cent) believe that it can be cured, if treated early, and five per cent do not know.

Other Knowledge

“True or false: HIV/AIDS can be cured if treated early”



- Residents in Alberta (84 per cent) are more likely to know that HIV/AIDS cannot be cured, if treated early. This is also true for those between the ages of 25 and 34 (87 per cent). Those with higher education and income, parents of children who are not yet in their teens (84 per cent) and those with a high self-rated knowledge of HIV/AIDS (83 per cent) are more likely to know this.

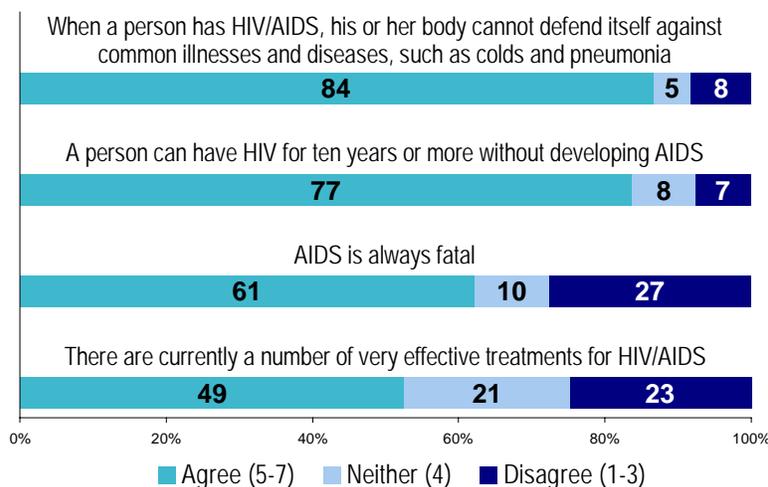
- People born outside Canada are more likely to believe that HIV/AIDS can be cured, if treated early (27 per cent), as are senior citizens (29 per cent).

f) General Knowledge

Canadians were tested on a variety of general knowledge issues relating to HIV/AIDS. Eight in ten (84 per cent) know that, when a person has HIV/AIDS, his/her body is unable to defend itself against common illnesses and diseases. Three-quarters (77 per cent) agree that a person can have HIV for ten years or more without developing AIDS and six in ten (61 per cent) understand that AIDS is always fatal. Half of Canadians (49 per cent) agree that a number of very effective treatments currently exist for HIV/AIDS. In the case of the two latter statements, one in four Canadians disagree.

General Knowledge

“Rate the extent to which you agree or disagree with the following”



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n=2004

HIV/AIDS Awareness Survey, March 2003

- People between the ages of 25 and 34 are somewhat more likely to agree with the definition of HIV/AIDS presented to them (90 per cent). Those between ages of 25 and 44 are more apt to agree that a person can have HIV for ten years or more without developing AIDS (82 and 83 per cent, respectively), while those over 65 are less likely to agree with this statement (62 per cent). Youth are less likely to agree that effective treatments for HIV/AIDS currently exist (40 per cent).
- Residents of Quebec are more likely to agree that HIV/AIDS is always fatal, while those in the Prairies and Ontario are less apt to think so (48 and 56 per cent, respectively). Residents of

Ontario are more likely to believe that there are currently a number of very effective treatments for HIV/AIDS (55 per cent), while those in British Columbia are less likely to agree (43 per cent).

- Those earning between \$60,000 and \$79,000 are more likely to agree with the definition of HIV/AIDS presented to them (90 per cent). Individuals with higher education and income are more apt to agree that a person can have HIV for ten years or more without developing AIDS and surprisingly, the highest income earners are less likely to agree that AIDS is always fatal (55 per cent).
- People who have children who are not yet in their teens are somewhat more likely to agree with the definition of HIV/AIDS (90 per cent) and are more apt to agree that a person can have HIV for ten years or more without developing AIDS (84 per cent).
- Those who have a high self-rated knowledge of HIV/AIDS are more likely to agree that a person can have HIV for ten years or more without developing AIDS (85 per cent), that AIDS is always fatal (69 per cent), and that there are currently a number of very effective treatments for the disease (55 per cent).
- People who personally know someone with the disease are more apt to agree that a person can have HIV for ten years or more without developing AIDS (82 per cent).
- Members of a visible minority are more likely to agree that AIDS is always fatal (69 per cent), while Aboriginal Canadians are less likely to agree (54 per cent).

In summary, men are slightly less likely to agree that there are currently a number of very effective treatments for the disease. Overall, seniors are less apt to know that a person can have HIV for ten years or more without developing AIDS. Residents of the Prairies and Ontario, as well as high income earners and Aboriginal Canadians are less likely to know that AIDS is always fatal. Men, youth, and residents of British Columbia are less apt to agree that a number of very effective treatments for HIV/AIDS currently exist.

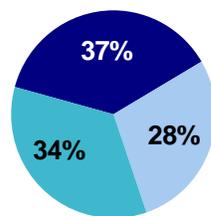
2.2 GOVERNMENT INITIATIVE

a) Knowledge of Government Initiative (a)

Nearly four in ten Canadians (37 per cent) are aware that there is an overall federal government initiative regarding HIV/AIDS. Three in ten (28 per cent) do not believe that a federal government initiative exists and one-third does not know (34 per cent).

Knowledge of Government Initiative (a)

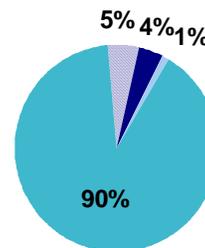
“To the best of your knowledge, is there an OVERALL federal government initiative regarding HIV/AIDS?”



■ Yes
■ No
■ DK/NR

n=2004

“Can you tell me what that (federal government) initiative is called?”



■ CSHA
■ National AIDS Strategy
■ Other
■ DK/NR

n=748

 EKOS Research Associates Inc.

HIV/AIDS Awareness Survey, March 2003

- Men are more likely to be aware of the existence of a federal government initiative on HIV/AIDS (42 per cent), as are higher education and income individuals, those with a high self-rated knowledge of HIV/AIDS (45 per cent) and individuals who personally know someone with HIV/AIDS (43 per cent).
- Seniors are less likely to know that there is a government initiative on HIV/AIDS (29 per cent).

Those who are aware of the federal government initiative on HIV/AIDS were asked if they knew its name. Only five per cent of Canadians know that it is called the Canadian Strategy on HIV/AIDS (CSHA). Four per cent believe that the initiative is called the National AIDS Strategy and one per cent identified the initiative as something else. The large majority (90 per cent) were unable to name the federal government's strategy on HIV/AIDS.

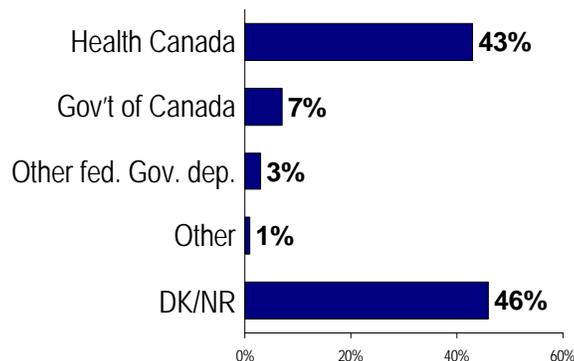
- Quebec residents are somewhat more likely to correctly name the initiative (even though only 10 per cent of these residents did).
- The lowest income earners are more likely to believe it is called the National AIDS Strategy (11 per cent).

b) Knowledge of Government Initiative (b)

More than four in ten Canadians (43 per cent) indicated that Health Canada is primarily responsible for coordinating the CSHA. Seven per cent cited the Government of Canada generally and four per cent indicated another federal government department or other body. Four in ten Canadians do not know who is responsible for CSHA.

Knowledge of Government Initiative (b)

“Can you tell me who is primarily responsible for coordinating the Canadian Strategy for HIV/AIDS?”



- Men (48 per cent) and higher education and income individuals are more likely to identify Health Canada as having the primary responsibility for CSHA. People who perceive a decreased risk of infection of HIV over the past five years are more likely to identify Health Canada (57 per cent). Youth (56 per cent), and people without a high school diploma (56 per cent), as well as those who perceive an increased risk are somewhat less likely to know who is responsible (51 per cent).

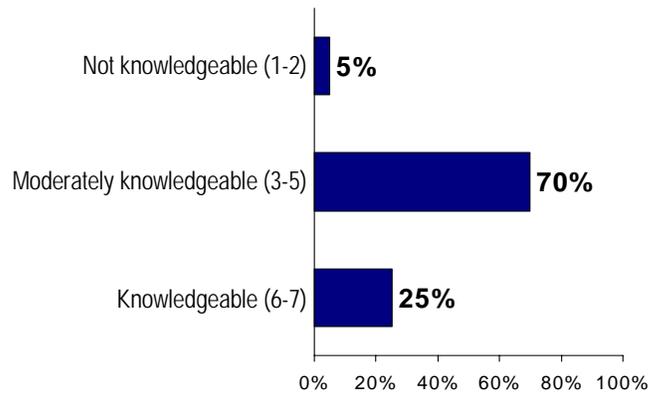
2.3 SELF-RATED KNOWLEDGE

When asked to rate their own level of knowledge about HIV/AIDS, one in four reported a high level of confidence in their knowledge and seven in ten said they have at least a moderate level of knowledge about the disease. Five per cent say their knowledge about HIV/AIDS is low.

By comparison, only four per cent of Canadians have reported themselves to be very knowledgeable about Hepatitis "C", whereas 72 per cent said they are not very or not at all knowledgeable about this disease.¹⁵

Self-Rated Knowledge

"How knowledgeable would you say that you are about HIV/AIDS?"



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n=2004

HIV/AIDS Awareness Survey, March 2003

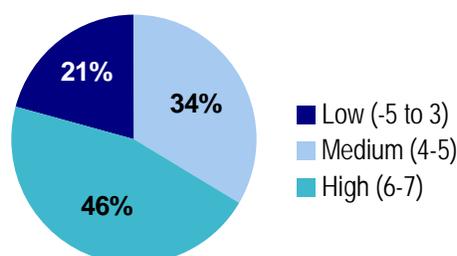
- Regionally, those in Quebec are more confident in their level of knowledge about HIV/AIDS (32 per cent), while residents in the Prairies are less likely to claim a high level of knowledge (17 per cent).
- Seniors are less likely to be knowledgeable about the disease (16 per cent).
- The level of self-rated knowledge increases with level of education (19 per cent among those without a high school diploma compared to 31 per cent among university graduates).
- Knowledge is higher among people who personally know someone with the disease (33 per cent).

¹⁵ Hepatitis "C" Awareness and Knowledge, Environics Research Group, February 2002.

2.4 HIV/AIDS KNOWLEDGE INDEX

A factor analysis was conducted to summarize items that reflect respondents' knowledge of HIV/AIDS, creating a knowledge index to be used in the analysis. The index included: methods of transmitting HIV (only unsafe/unprotected intercourse; sharing needles; kissing; contact with physical objects; mosquito bites; casual contact; sneezing or coughing; from mother to child during pregnancy were included); methods of detecting HIV (blood test; physical examination; self-diagnosis; X-ray); and agreement with the statements: HIV/AIDS can be cured if treated early; a person can have HIV for 10 years or more without developing AIDS; and when a person has HIV/AIDS, his/her body cannot defend itself against common illnesses and diseases. Each correct answer earned a point and each incorrect answer led to a reduction of a point. The scores were then summed up and placed in a cumulative index, ranging from -5 and +7. The results were collapsed into a high, medium and low level of knowledge. One in five respondents scored low, one-third scored medium and almost half scored high on the knowledge index.

Knowledge Index



- Reviewing some of the results on knowledge-related issues presented in this chapter so far, individuals who scored high on the knowledge index are more apt to have cited unsafe sex, sharing needles, blood transfusions and mother to child as methods of transmission.
- High scorers are also more apt to know that a blood test is the method to be used in detecting HIV. The lowest scorers were more likely to cite other tests.

- High scorers are more likely to have cited homosexual men and drug users as the more affected groups, while the low scorers are more apt to say they did not know.
- High scorers are more likely to recognize that a person can have HIV for many years without developing AIDS and that the body cannot defend itself against illnesses. They are also somewhat more apt to have agreed that AIDS is always fatal.
- High scorers on this index are no more likely to know about the federal government's strategy; however, they are more apt to know that such an initiative would be coordinated through Health Canada.

3. PERCEPTIONS OF RISK

3.1 SEVERITY

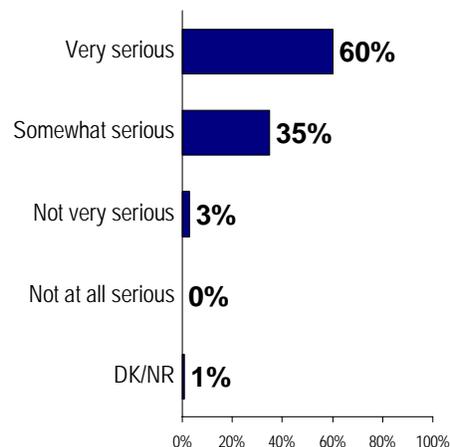
a) General Perception of Risk

Canadians were asked how serious a problem they think HIV/AIDS is in Canada today. Virtually all of Canadians (95 per cent) believe HIV/AIDS to be a somewhat serious (35 per cent) to very serious problem (60 per cent). The belief that HIV/AIDS is not a very serious problem was espoused by only three per cent of individuals and no one indicated that it is not at all serious.

The findings are generally consistent with past trends on the perception of risk. In April 2002, 59 per cent of Canadians believed that HIV/AIDS was a very serious problem¹⁶, while in August 2002, 54 per cent of Canadians held this view.¹⁷

General Perception of Risk

“Do you think that HIV/AIDS is a ... problem in Canada today?”



¹⁶ Injection Drug Use Survey, Ipsos Reid, April 2002.

¹⁷ Decima Express, Decima Research Inc., August 2002.

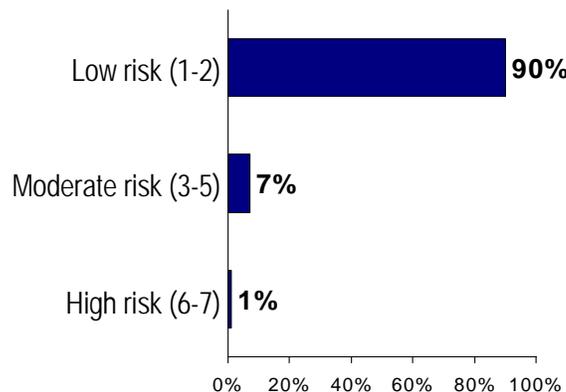
- Higher proportions of residents in British Columbia and the Atlantic provinces (72 and 71 per cent, respectively) think that HIV/AIDS is a very serious problem, relative to the national average. Quebec residents, on the other hand, are more apt to minimize the problem (with 44 per cent perceiving it as a very serious problem and over half perceiving it as a somewhat serious problem).
- Women are more likely than men to believe that HIV/AIDS is a very serious problem in Canada today (64 per cent *versus* 57 per cent of men).

b) Perception of Personal Risk

When asked to rate their own personal risk of contracting HIV/AIDS, an overwhelming majority of Canadians (90 per cent) believe their risk to be low. Seven per cent believe their risk of contracting HIV/AIDS is moderate and a high risk is perceived by only one per cent.

Perception of Personal Risk

“How would you rate your own personal risk of contracting HIV/AIDS?”



- The perceived low risk of contracting HIV/AIDS is consistent across most demographic sub-groups. Youth (under 25) and the lowest income Canadians (less than \$20,000) typically perceive slightly higher risk for themselves when compared to Canadians overall (13 and 12 per cent said a moderate risk, respectively).
- Canadians with lower levels of knowledge about HIV/AIDS also perceive a slightly higher risk of contracting the disease (12 per cent perceive a moderate or high risk).

- Visible minority and Aboriginal Canadians are less likely than Canadians overall to perceive themselves to be at low risk (82 and 84 per cent, respectively).
- Although the perception of risk is very low across the Canadian population in general, it is somewhat higher among individuals who reported a casual sexual partner (25 per cent of these individuals reported themselves to be at moderate or high risk, although the average rating was still 2.1 on a seven point scale, where seven is the highest risk). Individuals reporting multiple partners also perceive themselves to be at a somewhat high risk of contracting HIV (16 per cent of those with two partners and 30 per cent of those with three partners in the past six months provide a rating of three or more on the seven point scale).

So, higher levels of risk of HIV/AIDS infection are perceived among youth, the lowest income Canadians and those with lower levels of knowledge about the disease. This is also true of visibly minorities, Aboriginal Canadians, and those who reported a casual or multiple partners.

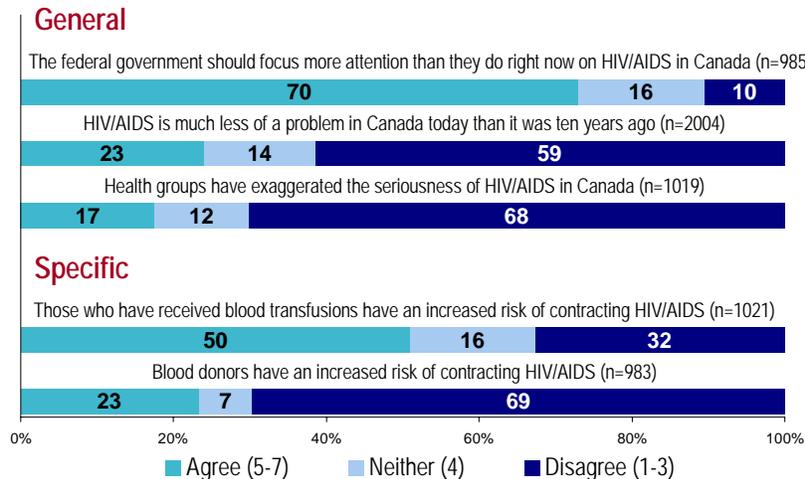
c) Other Elements of Perceived Risk

Canadians were asked to indicate whether they agreed with several different statements related to the risk of contracting HIV/AIDS. In terms of overall perception of risk today, just over two in three Canadians believe that the federal government should focus more attention on HIV/AIDS (70 per cent) and that Health Care groups have not exaggerated the seriousness of HIV/AIDS (68 per cent). Fifty-nine per cent do not believe that HIV/AIDS is much less of a problem today than it was 10 years ago.

With respect to specific risk factors, about half of Canadians believe that those who have received blood transfusions have an increased risk of contracting HIV/AIDS (50 per cent), but two in three Canadians do not believe that blood donors have an increased risk of contracting HIV/AIDS (69 per cent).

Other Elements of Perceived Risk

"Agreement with:"



HIV/AIDS Awareness Survey, March 2003

- A higher proportion of residents in Quebec believe that the federal government should pay more attention to HIV/AIDS (77 per cent), whereas proportionately fewer residents in British Columbia agree with this statement (59 per cent), than the national average.
- Canadians with the lowest income are also more likely to believe that the federal government should pay more attention to HIV/AIDS (82 per cent), as are Canadians who believe that HIV/AIDS is a serious problem and those who actually know someone with the disease (75 per cent in each group).
- Individuals with low self-rated knowledge are less likely than average to believe that more federal involvement is needed (60 per cent).
- Seniors, lower education and income individuals, and those who were born outside Canada are more likely than other Canadians to believe that health groups have exaggerated the seriousness of HIV/AIDS (24 to 29 per cent), as are Canadians with low (actual) knowledge of HIV/AIDS (30 per cent).
- Individuals who believe HIV/AIDS is a serious problem and those who know a person with HIV/AIDS are less likely than others to feel that claims have been exaggerated, as are residents in the Atlantic provinces (a range of 72 to 80 per cent disagree).
- Western Canadians (British Columbia, Alberta and the Prairies) are more apt to feel that HIV/AIDS is at least as much of a problem today as it was ten years ago. This view is also associated with higher levels of education and income.

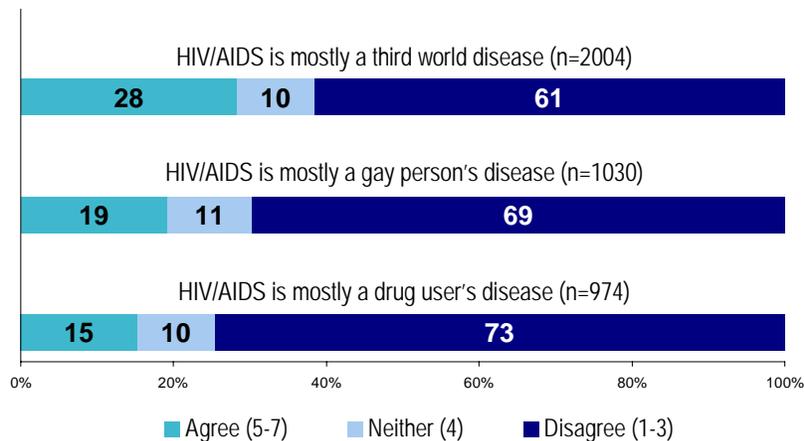
- Individuals who believe that HIV/AIDS is a serious problem and that the risk of contracting HIV/AIDS is greater today are also more inclined than others to believe that it is at least as much of a problem today as it was 10 years ago (64 and 71 per cent, respectively), as are people born in Canada (61 *versus* 49 per cent of those born outside of Canada).
- Seniors are more likely than younger people to believe that HIV/AIDS is less of a problem today (35 per cent), as are Canadians with low (actual) knowledge of HIV/AIDS (30 per cent).
- Perceived risk of getting HIV/AIDS through blood transfusions increases with perceived risk generally of contracting the disease today, compared to five years ago. For example, 54 per cent of those who perceive a high general risk also agree that there is a higher risk from blood transfusions. Canadians who tend to minimize the seriousness of HIV/AIDS today are less apt to believe that there is an increased risk from blood transfusions (37 per cent disagree with the statement).
- A higher proportion of residents in the Atlantic Provinces believe that giving blood increases the donor's risk of contracting HIV/AIDS (35 per cent). This is also the case with senior citizens (29 per cent), lower education and income individuals, Canadians born outside of Canada (31 per cent) and those with low (perceived and actual) knowledge (33 and 38 per cent, respectively), as well as Canadians who believe that the risk of contracting HIV/AIDS has increased (28 per cent).
- Canadians between the age of 35 and 44 are least likely to perceive an elevated risk for blood donors.

In general, residents of Quebec, those with the lowest income, individuals who know someone with the disease and those who believe HIV/AIDS is a serious problem are more apt to believe that the federal government should pay more attention to the disease. On the other hand, seniors, those with low (actual) knowledge, lower education and income individuals and those born outside Canada are more likely to think that the seriousness of the disease has been exaggerated. Residents of Western Canada, those with high education and income, and those born in Canada are more apt to see the disease as much of a problem now as it was ten years ago. Blood transfusions are seen as more of a risk among those who generally perceive a higher risk of contracting the disease now compared to five years ago. Those in the Atlantic Provinces, seniors, low education and income individuals, those born outside Canada and those with low (actual and perceived) knowledge perceive a higher risk of contracting HIV/AIDS by giving blood.

Survey respondents were also asked to indicate their agreement with several statements regarding HIV/AIDS as a disease belonging to other people. The majority of Canadians do not believe that HIV/AIDS is a disease that mostly infects third world inhabitants (61 per cent), gay people (69 per cent), and/or drug users (73 per cent).

A Disease Belonging to Others

"Agreement with:"



HIV/AIDS Awareness Survey, March 2003

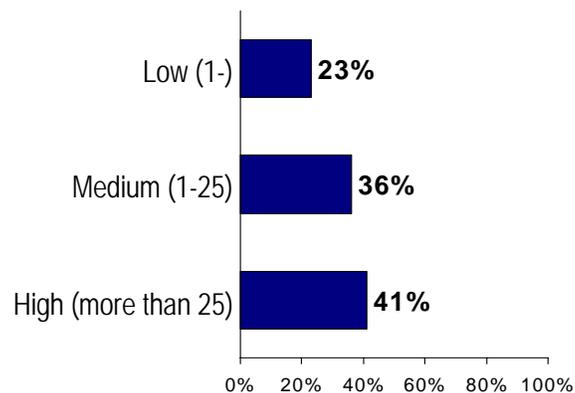
- Relative to other Canadians, Quebecers are much more likely to believe that HIV/AIDS is mostly a gay person's disease (32 per cent). Residents of the Atlantic provinces, and Ontario, on the other hand tend not to believe this. Atlantic residents are most resistant to the idea of HIV/AIDS as a drug user's disease.
- A higher proportion of senior citizens perceive the disease as being mostly a gay person's disease (35 per cent), a third world disease (41 per cent) and a drug user's disease (29 per cent), relative to the views of younger Canadians.
- Canadians with lower levels of education and income are more apt to view HIV/AIDS as belonging to other groups as well (31 to 32 per cent of the lowest education and income individuals agree that it is a third world disease and 20 to 21 per cent see it as a drug user's disease). This is also the case with Canadians born outside of Canada, relative to those born in Canada (with 32 per cent thinking it's a third world disease and 24 per cent saying it's a drug user's disease).
- Canadians with low (perceived and actual) knowledge levels of HIV/AIDS are more apt than those with more knowledge to view it as a disease experienced by others (32 to 35 per cent of low knowledge individuals say that it's a third world disease, and 24 to 25 per cent say that it's a gay person's disease).
- Men are more likely than women to perceive HIV/AIDS as a third world disease (32 *versus* 24 per cent of women). This is also the case with Canadians who believe that HIV/AIDS is a moderate (rather than a serious) problem in Canada (32 per cent).

- Canadians who are 24 to 44 years of age are more resistant than their younger and older counterparts to the idea that HIV/AIDS is a gay person's disease and those who are 35 to 64 are least likely to see it as a drug user's disease.

In summary, residents of Quebec, seniors and those with low (actual and perceived) knowledge of the disease are more likely to consider HIV/AIDS as belonging primarily to other groups. This is also the case among men, those with lower education and income, those who were born outside Canada and those who believe the disease is a moderate (rather than a serious) problem.

A factor analysis was conducted to determine the risk-related items, which were answered in a similar way, with some interesting results. While it was expected that a "risk" scale or index would be the likely result, in fact there were few items that coalesced in this way. There was, however, a series of items, which were, responded to in a similar fashion, including agreement with statements about HIV/AIDS being a gay person's disease, a drug user's disease, and a third world disease. The index also includes respondents' level of agreement with the statement that people who contract HIV/AIDS through sex or sharing drug needles get what they deserve. This series of responses, taken together in a single index, is interpreted as a "distancing factor". That is, the higher the score the more a respondent tends to distance him or herself from the issue of HIV/AIDS. One in four scored low on this index. That is, they tend not to think of HIV/AIDS as an issue belonging to someone else. One in three scored in the medium range and almost half scored high on this index (and tend to think of this as a very compartmentalized issue, that likely would not affect them directly).

Distance Index



- People who tend to distance themselves from the issue of HIV/AIDS are also more apt to have low knowledge levels (actual and perceived). (For example, they are more likely to cite alternatives to blood tests as a method of detection. They are also more apt to believe that HIV/AIDS can be cured if treated early.)
- People who distance themselves from HIV/AIDS also tend to minimize the seriousness of the problem and to believe that health groups have exaggerated the seriousness of HIV/AIDS.

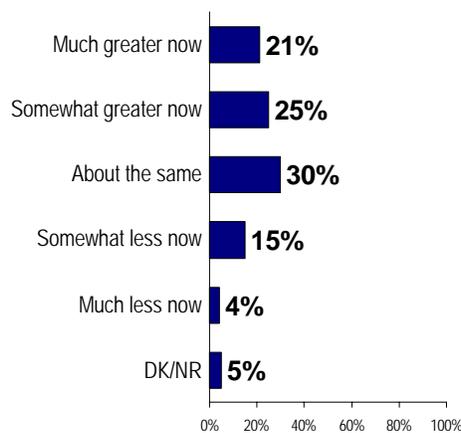
3.2 TRENDS OVER TIME

a) General Perception of Risk

Canadians were asked to indicate whether they thought the risk of contracting HIV/AIDS has changed within the last few years (e.g., more or less of a risk). Overall, 46 per cent of respondents believe that the risk of contracting HIV/AIDS is higher today than it was five years ago (combining much greater and somewhat greater together). Thirty per cent think the risk is about the same, and 19 per cent perceive less of a risk today. There has been an increase in the perceived level of risk of contracting HIV/AIDS. In 2002, 36 per cent of Canadians indicated a higher level of risk compared to five years ago.¹⁸

General Perception of Risk

“Do you think that the risk of getting HIV/AIDS in Canada today is ...
than it was five years ago”



 EKOS Research
Associates Inc.

n=2004

HIV/AIDS Awareness Survey, March 2003

¹⁸ Decima Express, Decima Research Inc., August 2002.

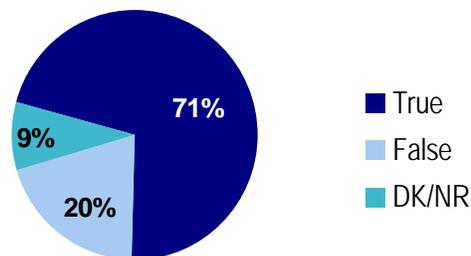
- More residents in the Prairies perceive the risk as being greater today (55 per cent). Those born in Canada are more likely than those born outside of Canada to believe that the risk is greater today (47 *versus* 40 per cent).
- Youth (under 25) believe that the risk of contracting HIV/AIDS is higher today (59 per cent). On the other hand, individuals who are 35 to 44 are least likely of all age groups to think that the risk is higher today (38 per cent).
- Those in the highest income group (\$80,000 and more) and university graduates are less likely to believe the risk is greater today (39 and 40 per cent, respectively).
- Canadians who believe the disease is a serious problem are also more apt to believe that the risk of contracting HIV/AIDS is greater today, as are those with high (perceived or actual) knowledge (51 per cent for each group).

b) Other Knowledge

Canadians' perceptions of today's rate of HIV/AIDS infection in Canada were also obtained. The majority (71 per cent) believes that the rate of HIV/AIDS infection is increasing compared to ten years ago. One in five do not believe this (20 per cent) and nine per cent were unable to answer this question.

Other Knowledge

"True or false: The rate of HIV infection in Canada is increasing compared to ten year ago"



- Both Ontario residents and men are less apt to perceive the rate of infection as increasing compared to ten years ago (65 per cent).

- Youth are more likely than older groups to perceive an increase in the rate of infection (80 *versus* 65 to 72 per cent), as are those born in Canada (73 per cent).
- Not surprisingly, Canadians who believe that risk of infection had increased in the last five years also believe that the rate of infection has gone up (91 per cent).
- Higher levels of education and income are associated with lower proportions believing the rate of infection in Canada is increasing.
- Canadians who do not feel that HIV/AIDS is a serious problem in Canada are also less likely to believe that the rate of infection is increasing (65 *versus* 75 per cent for those who do see it as a problem).

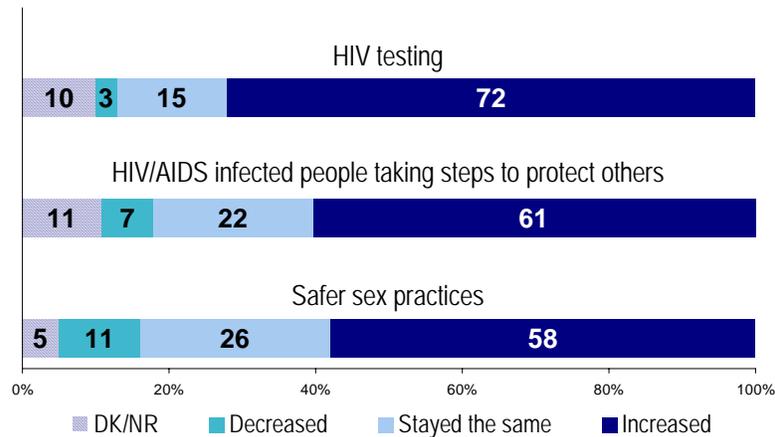
c) Perceived Increase of Risk

Canadians were asked to indicate whether they thought behaviours such as HIV testing, safer sex practices and other means of protecting others from getting infected had decreased, increased, or stayed the same over the last 10 years. Most Canadians tend to believe that all three types of behaviours have increased over the last ten years.

The majority of Canadians (72 per cent) believe that more HIV tests are performed today. Only 15 per cent think that the rate of HIV testing is the same. Just under two in three Canadians believe that HIV/AIDS infected people take the steps necessary to protect others from getting infected (61 per cent) and 22 per cent believe that the frequency has not changed over the last 10 years. Just over half of Canadians feel that safer sex practices have increased over the last 10 years (58 per cent), while 26 per cent believe the frequency of these practices has stayed the same and 11 per cent feel they have decreased.

Perceived Increase of Risk

"Increased, decreased or stayed the same over the last ten years..."



n=2004

HIV/AIDS Awareness Survey, March 2003

- Residents in Alberta are somewhat more likely to think that there has been an increase in HIV testing (78 per cent).
- The proportion of Canadians believing HIV testing has increased tends to go down with increasing age (from 83 per cent for the youngest age category to 59 per cent for the oldest). Canadians with low (perceived or actual) knowledge are less likely to perceive an increase in HIV testing (59 and 68 per cent, respectively).
- Quebec residents are more likely than those from other regions to perceive a status quo in the degree to which HIV/AIDS infected people take the steps necessary to ensure that others are not infected (28 per cent).
- The proportion of Canadians believing HIV/AIDS infected people take steps to protect others also tends to go down with increasing age (from 70 per cent for the youngest age category to 48 per cent for the oldest).
- Lower education and income Canadians and people born outside of Canada are less apt than others to perceive a rise in protective behaviours (53 per cent), as is the case with Canadians with low (perceived or actual) knowledge about HIV/AIDS (55 and 57 per cent, respectively).
- A higher proportion of residents in Ontario believe that safer sex practices have increased (67 per cent). Quebec residents, on the other hand, are much less inclined to believe this (45 per cent).

- Canadians aged 44 and younger are more likely than older Canadians to believe that there has been an increase in safer sex practices (61 to 67 per cent), as is also the case with Canadians born outside of Canada, and Canadians who feel that there is less risk of HIV/AIDS infection (68 per cent).
- Canadians who know a person with HIV/AIDS are somewhat less likely than others to feel there has been an increase in safer sex practices (54 *versus* 60 per cent).
- Canadians with high self-rated knowledge are more likely to believe that the rate of occurrence has stayed the same (33 *versus* 24 per cent).

In summary, Canadians with the lowest income are more likely to perceive a decrease in safer sex practices. In general, seniors and those with low self-rated knowledge of HIV/AIDS are less likely to perceive an increase in HIV testing. These same groups, in addition to low education and income and foreign-born individuals are less apt to perceive an increase in the degree to which steps are taken by infected people to protect others from contracting HIV. Residents of Quebec and those over the age of 45 are less apt to perceive an increase in safer sex practices over the past ten years, as are those who know a person with the disease.

4. INFORMATION SOURCES

4.1 CURRENT INFORMATION SOURCES

Canadians were asked where they have typically obtained their information about HIV/AIDS in the past. Television news (53 per cent) and newspaper articles (46 per cent) are the most common information sources. Under three in ten got their information from health magazines (28 per cent), while television health programs and school are the source for approximately two in ten Canadians (21 and 17 per cent, respectively). Twelve per cent of Canadians have obtained information about HIV/AIDS from family or friends and one in ten have received information from books or the library (10 per cent), doctors (nine per cent), or the Internet (nine per cent). Less common information sources include television advertisements and advertisements in general (four per cent), AIDS organizations (three per cent), radio health programs (three per cent) or Health Canada (one per cent).

- Television news is more apt to be cited as a source among those aged 35 to 44 (60 per cent). Youth and those who earn between \$20,000 and \$39,000 are less apt to use this information source (41 and 48 per cent, respectively), as are people with low actual knowledge of HIV/AIDS (46 per cent).
- Residents of British Columbia are more apt to get their information from newspaper articles (53 per cent), while this is least likely in Quebec (37 per cent). The propensity for using newspaper articles as a source for information increases with age (57 per cent among those over 65), education and income (58 per cent among university graduates and highest income earners). Those who perceive a status quo in the risk of HIV infection are also somewhat more likely to cite this information source (52 per cent). People with a high self-rated knowledge of HIV/AIDS are somewhat less likely (41 per cent) to do so.
- Health magazines are cited less often by residents of Quebec (15 per cent), as well as youth (21 per cent), people with low education and income, and those with low self-rated knowledge of HIV/AIDS (21 per cent). People who know someone with the disease are more likely to cite health magazines (33 per cent).
- Residents of Alberta and those earning between \$40,000 and \$59,000 are slightly more likely to get HIV/AIDS-related information from a television health program (26 per cent both groups) than other Canadians. Youth (15 per cent) are less apt to do so than other individuals.
- As might be expected, school is more often cited as an information source among youth (65 per cent) and those with some university education (24 per cent) than other Canadians.
- Youth are less apt to get HIV/AIDS-related information from radio news (six per cent) than older people.

- People who know someone with the disease and low income earners are more likely than other Canadians to get their information about HIV/AIDS from family or friends (20 and 17 per cent, respectively).
- Individuals who are between the ages of 25 and 34 are more apt to cite doctors as a source of HIV/AIDS-related information (15 per cent) than others of different ages.
- People with some university education and those between the ages of 25 and 34 are more likely than others to cite the Internet (15 per cent each group). Individuals with low self-rated knowledge of HIV/AIDS, on the other hand, are less likely to do so (three per cent).

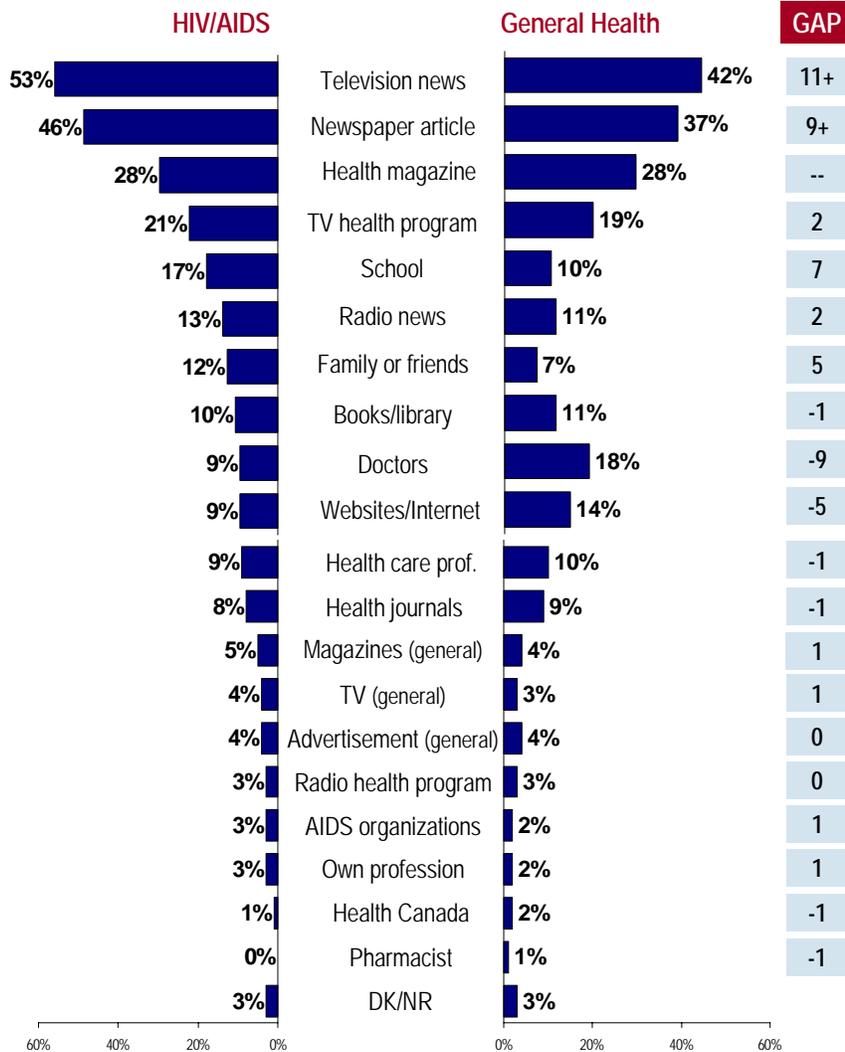
Media (televised and printed news) are cited more among middle-aged Canadians and seniors, residents of British Columbia, those with higher education and income and those who perceive a status quo in the risk of HIV infection.

Canadians were also asked about where they have obtained information about general health matters in the past. On the whole, the information sources for general health matters are similar to the sources for HIV/AIDS-related information. The chart on the next page indicates the difference in the percentage of people citing a particular source for HIV-related information over general health information. The top four sources remain unchanged, although more people mentioned television news and newspaper articles as a source of information about HIV/AIDS relative to general health. School and family or friends are also more likely sources for HIV/AIDS information. It is interesting to note that doctors and the Internet are relied upon for HIV/AIDS information much less frequently than they are for general health information.

- Youth and those who perceive a decrease in the risk of HIV infection are less likely to identify television news as a source of general health information. It is highest among upper education and income individuals.
- Residents in the Atlantic region are less likely to cite television health programs as a source of general health information (12 per cent). Unlike sources for information on HIV/AIDS, patterns do not differ on the basis of income.
- As with using newspaper articles to get information on HIV/AIDS, use of this source for general health information increases with age, education, and income.
- Residents of Alberta are more likely to cite websites and the Internet as a source for general health information compared to their use of these sources for HIV/AIDS information (21 per cent compared to eight per cent).
- Residents of Ontario are most likely across the country to cite doctors as a source for general health information (23 per cent), as is the case for information on HIV/AIDS.

Information Sources

“Where have you heard, seen or read about HIV/AIDS in the past?”



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n=2004

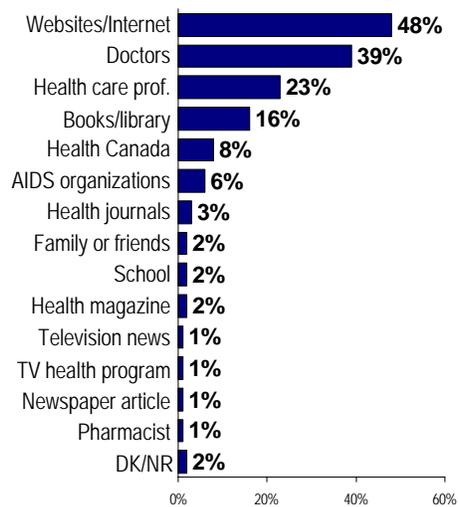
HIV/AIDS Awareness Survey, March 2003

4.2 PREFERRED INFORMATION VEHICLES

The previous questions examined past habits of information consumption and may also point to more passive search methods. Respondents were then asked about where they would go if they were looking for information today. This question highlights not only the most top of mind current sources of information, but may also reflect more active (rather than passive) search methods. The top sources of information about HIV/AIDS among Canadians are websites or the Internet (48 per cent), doctors (39 per cent), and other health care professionals (23 per cent). This is followed by books and the library, and then Health Canada (16 and eight per cent, respectively). Only six per cent say that they would look at an AIDS organization as an information source. Relatively few Canadians cited health journals, family or friends, school or various other media outlets. These findings suggest that while few people have generally been informed through the Internet and health care professionals in the past, if they had a specific question today, these are the sources they would use.

Preferred Information Sources

“If you were looking for information about HIV/AIDS today, where would you go to get that information?”



 EKOS Research Associates Inc.

n=2004

HIV/AIDS Awareness Survey, March 2003

- Websites and the Internet are cited as a source more often among Ontario residents (54 per cent), while those in the Atlantic region are less likely to do so (41 per cent). Those between the ages of 25 and 44 are more likely to cite this source (61 and 58 per cent, respectively), whereas only 18 per cent of seniors do. The use of the Internet increases with education and income. People who have children who are younger than their teens and those who perceive a

status quo in the risk of HIV infection are more apt to use websites and the Internet (61 and 55 per cent, respectively).

- Residents in the Atlantic region as well as in British Columbia and Alberta are more likely to use doctors as a source for information on HIV/AIDS (51 and 46 per cent, respectively), while those in Quebec are less likely to say this (24 per cent). Seniors (47 per cent) and people with low self-rated knowledge of HIV/AIDS (44 per cent) are more apt to cite doctors. Those who do not believe that HIV/AIDS is a very serious problem are less likely to do so (33 per cent), as are those who perceive no change in the risk of HIV infection and who have high self-rated knowledge of HIV/AIDS (34 and 33 per cent, respectively).
- Other health care professionals are more apt to be a source among residents in Quebec (31 per cent), as well as among lower education and income individuals than other Canadians and decreases with rising education and income.

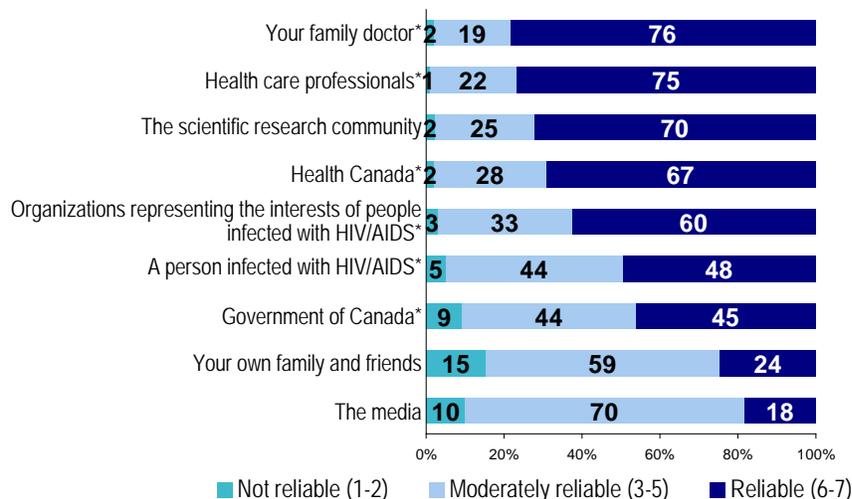
In summary, residents in Quebec are less likely to cite books and libraries (10 per cent), while those earning between \$20,000 and \$39,000 are more apt to use this source (21 per cent). Residents of Ontario, those with higher education and income and higher self-rated knowledge of HIV/AIDS are more apt to use websites and the Internet as a source for HIV/AIDS-related information. This is also true among young to middle-aged Canadians (25-44), those with higher education and income, those with pre-teen children and people who perceive no change in the risk of HIV infection in the past five years. Doctors are a source among residents of British Columbia and the Atlantic region, as well as among seniors and those with low self-rated knowledge of HIV/AIDS. Residents in Quebec and low education and income individuals are more apt to rely on other health care professionals.

4.3 RELIABILITY OF SOURCES

Three-quarters of Canadians consider their family doctor (76 per cent) and other health care professionals (75 per cent) to be the most reliable sources of information. Seven in ten think that the scientific research community is reliable, while two-thirds consider Health Canada a reliable source (67 per cent). Less than half think that someone infected with HIV and the Government of Canada in general are reliable (48 and 45 per cent, respectively) and one-quarter considers their own family and friends reliable sources of information (24 per cent). The media received the lowest reliability ratings among Canadians (18 per cent).

Reliability of Sources

"How reliable do you consider...?"



n=2004; *half sample

HIV/AIDS Awareness Survey, March 2003

- The reliability of doctors as a source of information is consistent across all demographic groups.
- Youth (87 per cent) and university graduates (81 per cent) are more likely than others to consider other health care professionals to be a reliable source, as are those with high knowledge of HIV/AIDS and individuals who tend not to distance themselves from the issue. Residents in the Prairies (63 per cent), seniors (54 per cent), the lowest income earners (64 per cent) and those with low self-rated knowledge of HIV/AIDS (65 per cent) are less likely to view this group as reliable.
- The perceived reliability of the scientific research community increases with education and income and decreases with age. People who have children who are younger than their teens (77 per cent) and those with high actual or perceived knowledge of HIV/AIDS are also more likely to see this group as a reliable source than other Canadians, as do people who tend not to distance themselves from HIV/AIDS.
- Those between the ages of 25 and 34 (80 per cent) and higher education and income individuals are more likely to think that Health Canada is a reliable information source, as are people who have children who are younger than their teens (81 per cent) and those who do not distance themselves from HIV/AIDS.
- There is a higher likelihood for residents in the Atlantic region and those with a college level of education to consider organizations representing the interests of people infected with HIV/AIDS as reliable information sources (71 per cent each group) compared with other Canadians. This

is also true of individuals between the ages of 25 and 34 (69 per cent), those with a high actual or perceived knowledge of HIV/AIDS and women (65 per cent), as well as among individuals least likely to distance themselves from HIV/AIDS.

- Individuals who know someone with the disease (53 per cent) and people who tend not to distance themselves from HIV/AIDS are more likely to see a person infected with HIV/AIDS as a reliable source. Senior citizens, those born outside Canada, and university graduates are least likely to do so (38, 40, and 41 per cent, respectively).
- People who have children who are younger than their teens and who have a high actual or self-rated knowledge of HIV/AIDS are more apt to see the federal government in general as a reliable source of information (52 per cent each group). People over 65 (35 per cent), those with low education and income, and people who have low self-rated knowledge of HIV/AIDS (34 per cent) are less likely to consider the Government of Canada as a reliable information source.
- Residents of Quebec are somewhat more apt to consider their own family and friends to be reliable sources (29 per cent), whereas those in Alberta and British Columbia are slightly less likely to do so (18 and 19 per cent, respectively). Lower education and income individuals and people with low knowledge are also more likely to view their family and friends as reliable sources of information.
- Residents of Quebec and people with a high self-rated knowledge of HIV/AIDS (23 per cent) are more likely to think that the media is a reliable information source (26 per cent), while those in British Columbia and youth are less apt to do so (12 per cent each group).

In general, health care professionals are considered to be most reliable among youth, university graduates, those with high knowledge of HIV/AIDS and those who do not distance themselves from the issue. People between the ages of 25 and 34, those with younger children and those with high education and income and high levels of knowledge about HIV/AIDS are more likely to see the federal government and Health Canada as reliable sources.

5. TOLERANCE TOWARDS PEOPLE WITH HIV/AIDS

5.1 TOLERANCE

The level of tolerance of Canadians towards people with HIV/AIDS was examined through a number of statements. While most Canadians do not blame people with HIV/AIDS for their condition and most feel they could be friends with someone living with HIV/AIDS, they are less certain as to whether they feel comfortable having them serve the public.

Less than one in ten (eight per cent) agree that they could *not* be friends with someone who has HIV/AIDS while the vast majority (84 per cent) believe they could be friends with someone with HIV/AIDS. Furthermore, over three-quarters do not believe that people infected with HIV/AIDS through sex or drug use have gotten what they deserve, although one in ten (11 per cent) do agree with this statement. A significant portion of the population, however, does not believe that people with HIV/AIDS should be allowed to serve the public in certain occupations. While two-thirds (67 per cent) agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists, fewer than four in ten (38 per cent) believe that people with HIV/AIDS should be allowed to serve the public in positions like dentists and cooks. In fact, almost half of Canadians (44 per cent) believe that they should *not* be allowed to serve the public in these capacities.

The levels of tolerance towards people with HIV/AIDS is significantly different among people in the United States. In 1997, nearly three in ten Americans (28 per cent) believed that “people who got AIDS through sex or drug use have gotten what they deserve”. In 1999, one fourth of Americans held this view.¹⁹

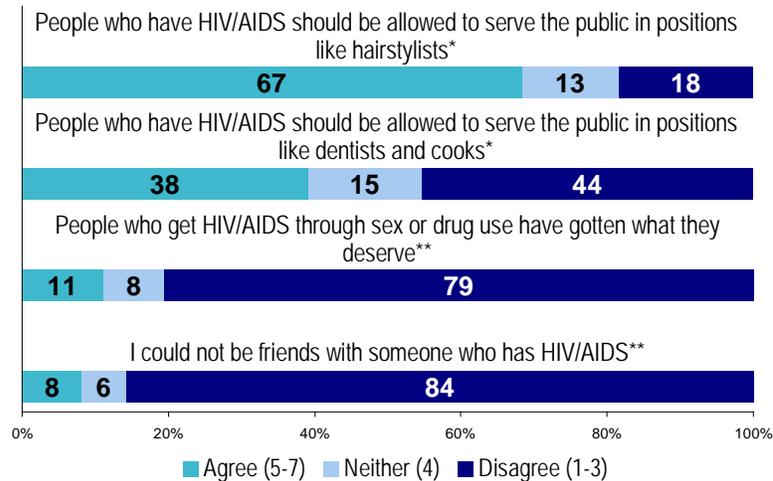
Similarly, the level of tolerance afforded those afflicted with HIV is seen in other circumstances as well. Previous research has shown that a majority of Canadians (85 per cent) believed the best solution for treating injection drug users was enrolment in rehabilitation programs rather than more drastic measures such as alienating them from society completely.²⁰

¹⁹ HIV-Related Stigma and Knowledge in the United States: Prevalence and Trends, 1991-1999. American Journal of Public Health, Vol. 92, No. 3, March 2002.

²⁰ Injection Drug Use Survey, Ipsos Reid, April 2002.

Tolerance Toward People with HIV/AIDS

“Extent to which you agree or disagree with the following statements”



n=2004

*half sample; **65%/35% split in sample

HIV/AIDS Awareness Survey, March 2003

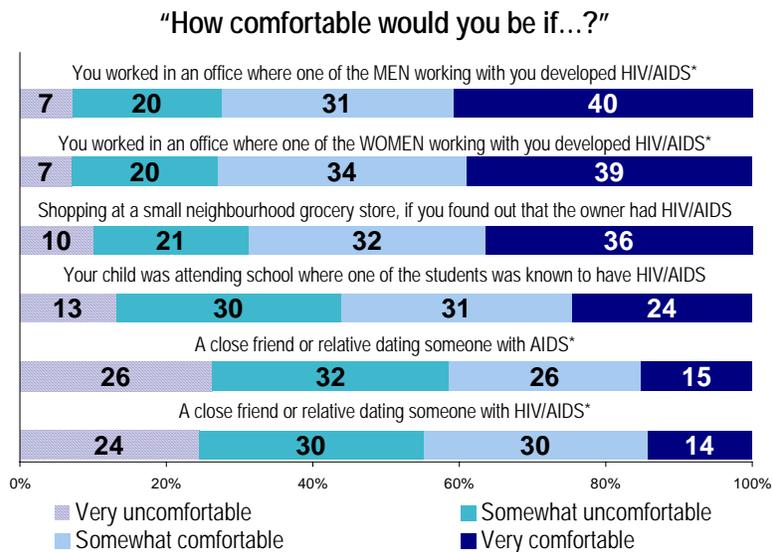
- Older Canadians demonstrate significantly lower levels of tolerance. Seniors are significantly less likely to say that they could be friends with someone with HIV/AIDS (only 61 per cent could). They are also more likely to believe that people who have contracted HIV/AIDS through sex or drug use have gotten what they deserve (20 per cent), and to believe that people with HIV/AIDS should not be allowed to serve the public in positions like dentists, cooks (66 per cent) or (to a lesser extent) hairstylists (30 per cent).
- Those with lower education and income are less likely to say that they could be friends with someone with HIV/AIDS (77 per cent could), as are those with a low level of perceived or actual knowledge (75 per cent could). Those who know someone with HIV/AIDS are more likely to say they can (89 per cent). Canadians with lower income levels are more likely to believe that people who have contracted HIV/AIDS through sex or drug use have gotten what they deserve (16 per cent of those with incomes below \$40,000).
- Those born outside Canada are also more likely to blame people who have contracted HIV/AIDS through sex or drug use for their condition (19 per cent do), as do people who believe the risk of HIV has grown in the last five years (15 per cent do). Those born outside Canada and Canadians who are likely to distance themselves from HIV/AIDS are less likely to.
- Those with university education and individuals with a high level of knowledge are more likely to be accepting of people with HIV/AIDS in positions like cooks, dentists (45 and 43 per cent, respectively) or hairstylists (74 and 73 per cent, respectively).

In summary, senior citizens, those with lower education and income and knowledge tend to be less comfortable with HIV/AIDS in their own circle of contacts or serving the public and tend to place blame on victims more readily than other Canadians do. This is also true of people born outside Canada. On the other hand, upper education and income Canadians, those with higher knowledge levels and/or who know someone with HIV/AIDS tend to be the most comfortable and sympathetic towards people with HIV/AIDS.

Canadians exhibit somewhat less tolerance or acceptance when asked to rate their level of comfort with direct contact with individuals who have HIV/AIDS. Most Canadians (over 70 per cent) would be somewhat or very comfortable working in an office where someone developed HIV/AIDS. The level of comfort is the same regardless of whether the co-worker is male or female. A similar proportion would feel somewhat or very comfortable shopping at a small neighbourhood grocery store if they found out that the owner had HIV/AIDS, however 31 per cent would be uncomfortable. The proportion who are somewhat to very comfortable drops, however, to just over half the population (55 per cent) if their child was attending a school where one of the students was known to have HIV/AIDS, and 43 per cent would be uncomfortable in this situation. Furthermore, in a more risky scenario, less than half of Canadians would feel somewhat or very comfortable if a close friend or relative was dating someone with HIV/AIDS. It would appear, therefore, that the comfort level declines as the contact becomes more direct and personal.

Findings from these six scenarios were used to form the basis of a "comfort scale", using factor analysis. This scale is used in the creation of the typology (see chapter 8), and also as another independent variable in the analyses of the findings to be presented throughout the remainder of the report. The index ranges in scores from zero to four. When these six scenarios are combined into a "comfort scale", close to one in four (24 per cent) Canadians demonstrate a low level of comfort with HIV/AIDS (comfortable in only one or two of these six scenarios), 41 per cent demonstrate a moderate level of comfort (comfortable in two or three scenarios), and 35 per cent have a high level of comfort (comfortable in more than three of the six scenarios).

Elasticity of Tolerance



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n=2004; *half sample

HIV/AIDS Awareness Survey, March 2003

- Again, senior citizens are less tolerant of or comfortable with people with HIV/AIDS, and are less likely to be comfortable in any of the above situations. The proportion of Canadians over 65 who are comfortable in these scenarios ranges from 20 per cent who are comfortable with a friend or relative dating someone with AIDS to 52 per cent who are comfortable working in an office where a woman develops HIV/AIDS.
- Those who are Canadian-born are more likely to feel comfortable in all the above situations, as are those who know someone with HIV/AIDS, and those who are less apt to distance themselves from the issue.
- Self-rated knowledge of HIV/AIDS is also linked to whether people feel comfortable in all of these situations. This is also true of actual knowledge except with the example of having a close friend or relative dating someone with AIDS (where 40 per cent of those with low knowledge are comfortable and 42 per cent of those with high knowledge are). The degree of knowledge does not have any impact on whether Canadians are comfortable with this.
- Comfort with working with someone who has HIV/AIDS, having a child attend a school where a student has HIV/AIDS, and shopping at a neighbourhood grocery store where the owner has HIV/AIDS all increase with education and income. As such, those with the highest incomes or who are university graduates are most likely to be comfortable in these situations. Income and education do not, however, have an impact on whether one is comfortable with having a close friend or relative dating someone with HIV/AIDS or AIDS.

- Those with teenaged children are more likely to be comfortable with their child attending a school where a student has HIV/AIDS (60 per cent are comfortable with this), while those with children who are not yet in their teens are somewhat less comfortable (50 per cent are).
- When looking at the overall comfort index created with these scenarios, women are somewhat more likely to demonstrate a high level of comfort (38 per cent versus 31 per cent of men) with HIV/AIDS. Not surprisingly, as with the individual scenarios, comfort levels increase with education and income and decrease with age. Comfort levels are also linked to knowledge (perceived and actual) and to whether one knows someone with HIV.

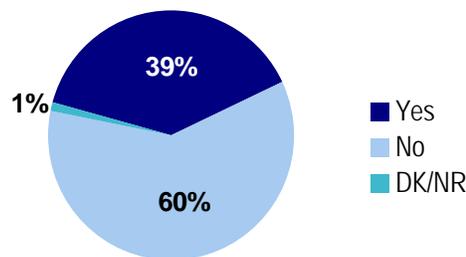
In summary, senior citizens, those who are not Canadian-born, and those apt to distance themselves from the issue are all less likely to be comfortable in these situations. Those who are Canadian-born, who have a high level of self-rated knowledge, and who know someone with HIV/AIDS are more likely to feel comfortable. Education and income and actual knowledge are also linked to comfort with all scenarios except the example of having a close friend or relative dating someone with AIDS.

5.2 EXPOSURE TO PEOPLE WITH HIV

Close to four in ten Canadians (39 per cent) know or have known someone with HIV/AIDS, while 60 per cent do not and have not in the past.

Personal Experience (a)

“To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?”



- Those aged 35 to 64 are more likely to know or to have known someone with HIV/AIDS (44 to 46 per cent), and youth (under 25) are least likely to (27 per cent).
- Having known someone with HIV or AIDS is also linked to education (34 per cent of those with high school or less have known someone versus 46 per cent of university graduates).
- Residents of BC are also more likely to know or have known someone with HIV/AIDS (47 per cent do), as are those who are Canadian-born (41 per cent).

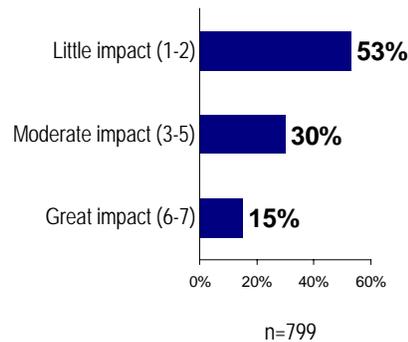
Those who know or have known someone with HIV/AIDS are more likely to believe that HIV/AIDS is a serious problem (43 per cent do), are more likely to rate their knowledge of HIV/AIDS as high (52 per cent do), are more likely to be comfortable with HIV/AIDS and less likely to distance themselves from the issue. This suggests that knowing someone with HIV/AIDS has an impact on one's knowledge of HIV/AIDS, as well as on perceptions and beliefs.

Just over half of those who know or have known someone with HIV/AIDS state that this had little or no impact on their behaviour towards this person, while three in ten state that this had a moderate impact, and 15 per cent say it had a great impact. When asked how their behaviour changed, roughly one-quarter report that they became more cautious about casual contact with this person and some (11 per cent) reduced the time they spent with this person. On the other hand, roughly one-quarter said they expressed more sympathy toward that person as a result of this knowledge, became more supportive of that person (16 per cent), or practiced safer sex with that partner (five per cent). More generally, two in ten indicate that knowing someone with HIV/AIDS increased their awareness of HIV/AIDS (22 per cent).

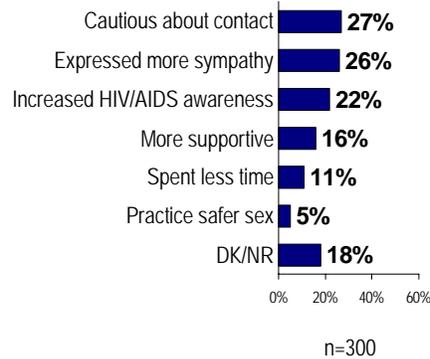
Overall, it appears that those who report a great impact on their behaviour are more likely to have become more supportive or expressed more sympathy towards that person, and less likely to have become more cautious about casual contact. Certainly, from the findings, a "great impact" cannot be construed to mean a negative impact. The impact on behaviour can result in increased awareness of HIV/AIDS, as well as sympathy and support for the individual in question.

Personal Experience (b)

“To what extent did this change your behaviour toward that person?”



“In what way did this change your behaviour?”



HIV/AIDS Awareness Survey, March 2003

- Women (20 per cent) and those who agree HIV/AIDS is a serious problem (19 per cent) are more likely than others to indicate that this knowledge had a great impact on their behaviour towards this person. University graduates are least likely to have changed their behaviour a great deal (10 per cent did).
- Those with a high level of self-rated knowledge on the subject are more likely to state this had a great impact on their behaviour (21 per cent), while those with high actual knowledge were less likely to (12 per cent). Furthermore, those with high knowledge levels (perceived or actual) are less likely to have reduced the amount of time they spent with that person. Those with a high level of self-rated knowledge are also more likely to have become more supportive of this person as a result.
- Those who are comfortable with people with HIV/AIDS are more likely to indicate that this knowledge had little or no impact on their behaviour towards this person, that they expressed more sympathy and became more supportive of that person as a result, and that their HIV/AIDS awareness increased.
- Seniors are more likely to have reduced the amount of time they spent with this person. Quebec residents also tend to back away (spend less time with this person), while those in Ontario are more likely to become more cautious of casual contact. It is important to note, however, that the number of Canadians responding to this question is small (300 people) which reduces the significance of these provincial variances.

So, women, those who think HIV/AIDS is a serious problem and individuals with a high self-rated knowledge are more likely to report behavioural changes towards someone they know or knew with the disease. This is also true among seniors and residents from Quebec and Ontario. On the other hand, university graduates, those with high actual knowledge of the subject and who are comfortable with people with HIV/AIDS are less likely to say that their behaviour changed.

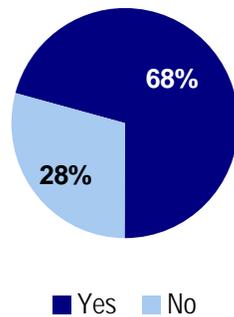
6. BEHAVIOUR

6.1 SEXUAL BEHAVIOUR

Just over two-thirds of Canadians (68 per cent) reported that they have been sexually active in the last twelve months. The majority (87 per cent) have had only one sexual partner in that time, while twelve per cent have had two or more sexual partners in the last year. The majority (86 per cent) have been in a regular relationship with this or these sexual partners, while 13 per cent reported a casual partner in the past year. Finally, the vast majority (93 per cent) reported that their sexual relationships in the past year were heterosexual, while seven per cent said that their relationships were homosexual. (Less than one per cent engaged in both homosexual and heterosexual relations.)

Sexual Behaviour (a)

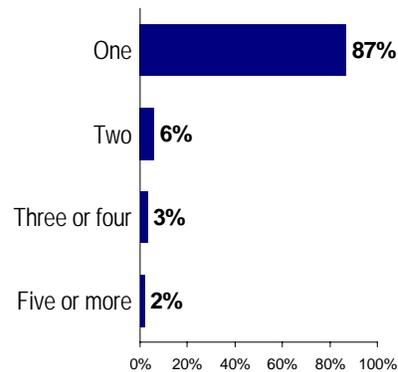
“Have you been sexually active in the past 12 months?”



n=2004

EKOS Research Associates Inc.

“How many partners have you engaged in sexual activity with in the last 12 months?”

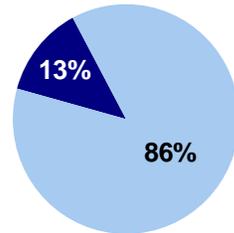


n=1405

HIV/AIDS Awareness Survey, March 2003

Sexual Behaviour (b)

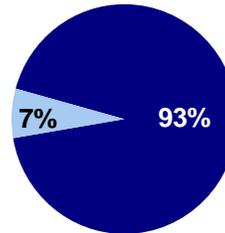
“Were any of these casual partners, that being someone you are not in a regular relationship with?”



■ Yes ■ No

n=1403

“Sexual orientation?”



■ Heterosexual
■ Homosexual

n=1396



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Associates Inc.

HIV/AIDS Awareness Survey, March 2003

- Men (71 per cent), those aged 25 to 34 (87 per cent) and 35 to 44 (84 per cent) are more likely to indicate that they were sexually active in the past year.
- Canadians with children are more likely to have been sexually active in the last year (89 and 78 per cent respectively), likely driven by age of the respondent.
- Sexually active individuals, men (15 per cent), youth under 25 (34 per cent), and consequently, those with the lowest incomes and no children are all more likely to have had two or more sexual partners in the past year. In fact, 43 per cent of those reporting three or more partners are under the age of 30 (even though only 15 per cent of the overall sample is under 30). Individuals reporting two partners more often report their household composition to be living alone, single parent with a children, single with a roommate(s) or living with their family (i.e., parents). People reporting three partners most often report themselves to be a single person living alone or single living with roommates.
- These same demographic groups are more likely to report casual partners. A total of 17 per cent of men and 18 per cent of Canadians with no children report a casual partner in the previous year. The likelihood of having a casual partner decreases with age (from 31 per cent of those under 25 to two per cent of those 65 and older). The household compositions most often reported for this group are living alone, single parent with children, single with a roommate(s) or living with their family (i.e., parents) (although 27 per cent of individuals who reported casual partners reported themselves to be part of a couple).

- Men and Atlantic Canadians are more likely to indicate that they have had a same sex partner(s) in the past year.

In summary, sexual activity is linked to gender and age. Men and youth are more likely to be sexually active, more likely to have had several partners, and more likely to report a casual partner. As noted in Chapter Four, individuals reporting casual partners or multiple partners are more likely to perceive themselves to be at moderate or high risk of contracting HIV, compared with other Canadians.

6.2 UNDERSTANDING AND PRACTICE OF SAFER SEX

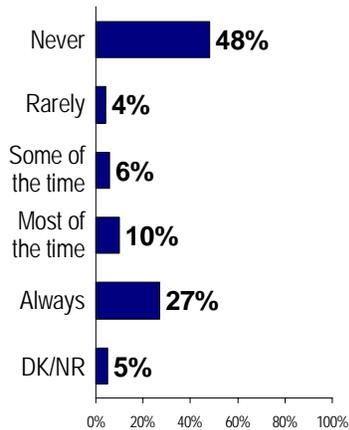
The survey explored both the motivations and behaviour of Canadians with respect to safer sex. After being asked why they believe someone would practice safer sex (findings presented in Chapter Two), respondents were told that safer sex refers to sexual practices that lower the risk of catching or giving a sexually transmitted infection (including HIV/AIDS), which would include the use of a condom or abstinence from sexual intercourse. They were then asked questions about whether and how often they practiced safer sex over the previous year and their motivations for their behaviour.

Based on the above definition, close to half of Canadians (48 per cent) reported that they never engaged in safer sex during the previous twelve months, while just over one-quarter (27 per cent) always did. One in ten practiced safer sex rarely or some of the time over the last year, and a further 10 per cent did most of the time.

The most common method of safer sex used by Canadians over the last year is the condom (used by 72 per cent). Less than one in ten indicated they limited themselves to a single partner (seven per cent), or abstained from sexual intercourse (six per cent). A further eight per cent said that they used the birth control pill, although this contraceptive method does not meet the definition of safer sex provided in the survey.

Frequency and Methods of Safer Sex

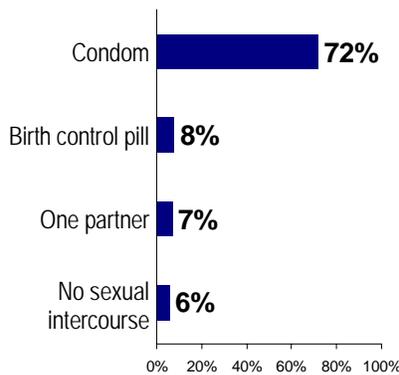
"Based on that definition, how often did you engage in safer sex during the last 12 months?"



n=1406



"What method of safer sex did you typically use over the last 12 months?"



n=643

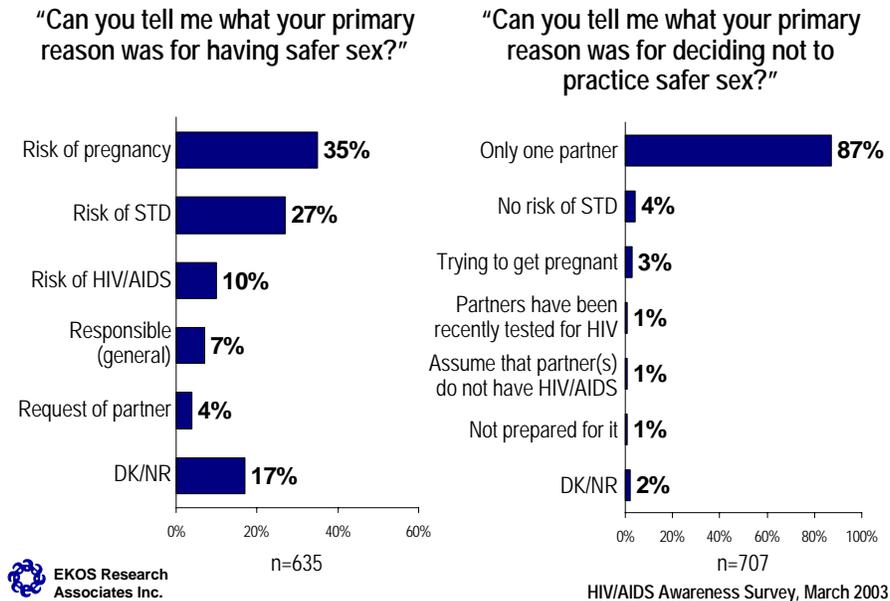
HIV/AIDS Awareness Survey, March 2003

- Of the individuals who reported casual partners, 44 per cent said that they practice safer sex all of the time and 23 per cent practice it most of the time (but 20 per cent of people with casual partners reported that they never practice safer sex). Similarly, 49 per cent of those with two partners practice safer sex all of the time and 44 per cent of those with three partners do the same. Another 22 per cent of people with two partners and 35 per cent of individuals with three partners practice safer sex most of the time.
- The groups that tend to report casual and multiple partners (i.e., youth, men and those with no children) are most likely to practice safe sex all or most of the time.
- The method of safer sex chosen by individuals with casual or multiple partners is almost always the use of a condom (according to 84 to 88 per cent of these segments of society).
- Men are more likely to report the use of a condom (75 per cent did), and women to report the use of the birth control pill (10 per cent). Youth are most likely to report the use of a condom or the birth control pill in the last year (84 and 16 per cent, respectively).

People who engaged in safer sex over the last year were then asked what their primary reason was for doing so, and those who did not were asked the primary reason for deciding not to practice safer sex. Risk of pregnancy was the primary reason for safer sex cited most often (by 35 per cent), followed by the risk of sexually transmitted diseases (27 per cent) or the risk of HIV/AIDS (cited by 10 per cent). A smaller number reported their primary reason for practicing safer sex was simply general responsibility (seven per cent), or due to their partner's request (four per cent).

The vast majority (87 per cent) of those who did not practice safer sex indicate that they did not do so because they have only one sexual partner. A small minority indicated that they are not at risk of STDs (four per cent), that their partner(s) have been recently tested for HIV/AIDS (one per cent), that they assume their partner(s) do not have HIV/AIDS (one per cent), that they were not prepared for safer sex (one per cent), or that they were trying to get pregnant (three per cent).

Motivations Regarding Safer Sex



- Individuals with casual partners are more likely to have cited the risk of sexually transmitted diseases (STDs) than other Canadians.
- Those under the age of 25 are more likely to cite risk of STDs as the primary reason for engaging in safer sex (37 per cent do), while those age 25 to 34 and 35 to 44 are more likely to cite risk of pregnancy as the motivating factor (50 and 43 per cent, respectively).
- Those with children who are younger than teens are also more likely to cite risk of pregnancy as the primary reason for safer sex (48 per cent do), while those with no children are more likely to point to risk of STDs as the primary motivator (30 per cent do), a relationship that is likely driven by age of the respondent.
- Quebec residents are more likely to cite risk of HIV/AIDS as the primary reason for engaging in safer sex (16 per cent did).
- In terms of reasons not to practice safer sex, individuals with casual partners were more likely than individuals without casual partners to assume that partners did not have HIV/AIDS (14 per cent) or that they were not prepared for the encounter (11 per cent). Those without casual

partners typically offered the explanation of having only one partner as their reason for not practicing safer sex (89 per cent).

- Women are more likely to cite having only one partner as a reason not to practice safer sex (90 per cent do). Those aged 25 to 34 are more likely to indicate trying to get pregnant as the reason not to (nine per cent do), while those aged 35 and over are more likely to indicate that they did not practice safer sex as they had only one partner.

So, individuals with casual or multiple partners, youth, and those with no children are more likely to cite the reduced risk of sexually transmitted diseases as reasons for practicing safer sex. Quebec residents are more likely to cite the reduced risk of HIV/AIDS specifically, while those between the ages of 25 and 44 and parents with children who are not yet in their teens are more likely to cite the reduced risk of pregnancy.

In terms of reasons for not practicing safer sex, those with casual partners are more likely to assume their partners did not have the disease or that they were not prepared for the encounter. Women and individuals aged 35 and over are more apt to have had only one partner, while people between 25 to 34 are more likely to be attempting to conceive a child.

Those who indicated that they have been sexually active in the last year were then asked whether their practice regarding safer sex has changed over the last twelve months, and, if so, why. A minority (seven per cent) have changed their practice regarding safer sex in the past year, while the vast majority (91 per cent) have not.

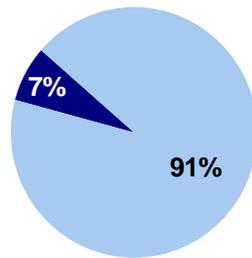
Those who have changed their practice regarding safer sex cite a variety of reasons as to why. Just over one in four (26 per cent) indicated that they are more concerned now, while a smaller proportion (16 per cent) said that they are less concerned. Others stated that they have changed their practices as they are now better informed (17 per cent), have only one partner (14 per cent), have more partners (five per cent), or are trying to get pregnant (eight per cent).

- The likelihood of having changed practices with respect to safer sex decreases with age, from 18 per cent of those under 25 to zero per cent for senior citizens. It also decreases with income, from 17 per cent of those earning less than \$20,000 to two per cent of individuals earning \$80,000 or more.
- Individuals reporting casual and multiple partners are also somewhat more likely to report that their practice has recently changed (16 to 18 per cent among those with casual partners and reporting two partners, and 22 per cent among those reporting three partners).
- Those with no children are also more likely to indicate that they have changed their practice regarding safer sex in the past year (nine per cent have), likely driven by age of the respondent.

- Those who believe the risk of HIV/AIDS has increased in the last five years, and who rate their knowledge level as high, are also more likely to have altered their practice in the last year (10 and 11 per cent, respectively).

Changes in Safer Sex Practices

“Can you tell if your practice regarding safer sex has changed over the last 12 months?”

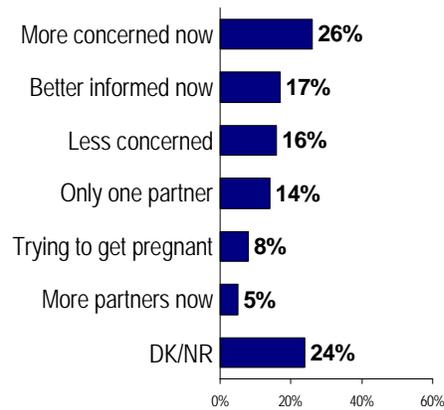


■ Yes ■ No

n=1406



“Can you tell me why you have made a decision to change your practice in this regard?”



n=94

HIV/AIDS Awareness Survey, March 2003

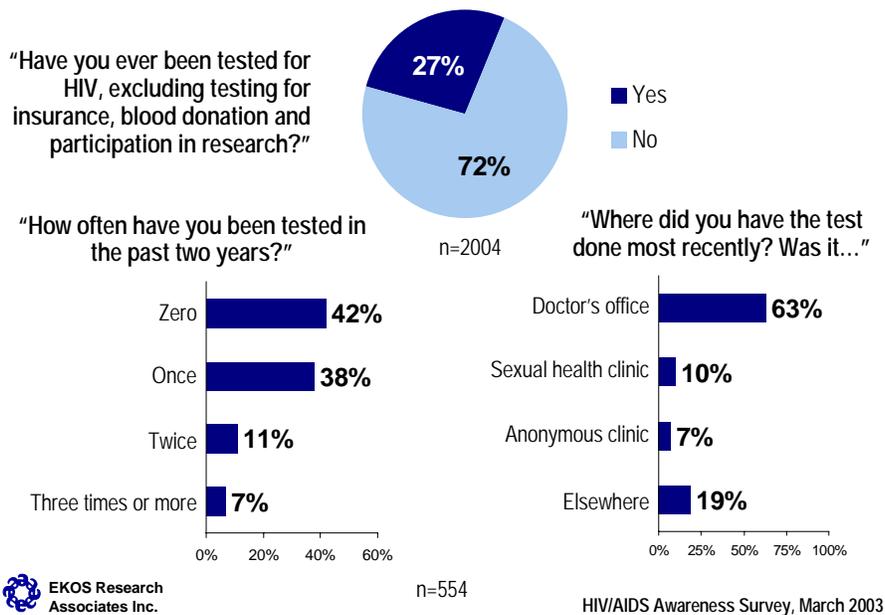
6.3 TESTING BEHAVIOUR

Just over one-quarter of Canadians (27 per cent) indicate that they have been tested for HIV, excluding testing for insurance, blood donation and participation in research.

Those who have been tested were asked how often they have been tested for HIV/AIDS in the past two years. Four in ten (42 per cent) have not been tested in the past two years, while a similar number (38 per cent) have been tested once in the past two years, and 18 per cent have been tested two times or more.

Individuals who have been tested for HIV were also asked where they had their most recent test conducted. Most have had their most recent test conducted in a doctor’s office (63 per cent have). One in ten (10 per cent) have had their most recent test at a sexual health clinic, and seven per cent at an anonymous clinic. Close to two in ten (19 per cent) had their most recent test performed somewhere other than these locations.

Testing Behaviour



- A higher proportion of those who are currently sexually active reported being tested for HIV (32 per cent versus 14 per cent among the non-sexually active). Also, percentage of Canadians being tested is higher among individuals reporting casual partners (45 per cent). This percentage increases with the number of partners as well, with 30 per cent of individuals with one partner saying that they were tested, rising to 41 per cent among those with two partners and 51 per cent among those with three partners.
- Women are somewhat more likely than men to have been tested at some point (29 per cent versus 24 per cent). Canadians aged 25 to 34 and 35 to 44 are also more likely to have been tested (46 per cent and 35 per cent respectively), as are those with younger children (45 per cent) and those who know someone with HIV/AIDS (35 per cent).
- Those with high perceived or actual knowledge (30 per cent), a high level of comfort with people with HIV/AIDS (34 per cent) and who are less likely to distance themselves from HIV/AIDS (33 per cent) are also more likely to indicate that they have been tested for HIV/AIDS.
- Those with high school education or less are less likely to have ever been tested (23 per cent have).
- Of those who have been tested, however, it is youth who are most likely to have been tested once or more in the past two years (91 per cent have), which fits with the profile of youth as having multiple and casual partners more often.
- The number of tests reported by individuals with casual partners and those with two and three partners is also higher than reported for their counterparts. For example, 1.51 tests were

reported for those with casual partners, compared with .86 tests reported for those without casual partners.

- Residents from Quebec, men, those with no children, and individuals born outside Canada are more likely to have had their most recent test performed at a sexual health clinic.

In summary, testing for HIV is more common among those who are currently sexually active and who report casual and multiple partners. This also holds true for women, those aged 25 to 44, parents with younger children and individuals who know someone with the disease. In addition, people with high (perceived or actual) knowledge, those with high comfort levels around people with HIV/AIDS and people who are less apt to distance themselves from the issue are more apt to have been tested for HIV/AIDS in the past two years. A higher frequency of testing is reported among youth and those with casual or multiple partners.

7. GOVERNMENT INVOLVEMENT

7.1 SUPPORT

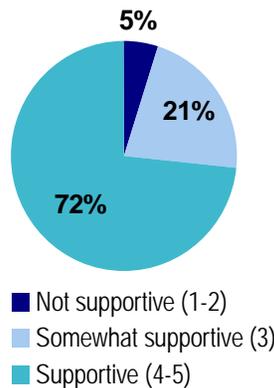
Overall, Canadians support federal government involvement in HIV/AIDS. Most agree that the Government of Canada should be involved in this issue, and most believe that federal spending on HIV/AIDS should be greater now than it was ten years ago.

Close to three-quarters (72 per cent) are supportive of federal government involvement, 21 per cent are somewhat supportive, and only five per cent are not supportive of this involvement. The minority who do not support federal government involvement in HIV/AIDS were asked to indicate why. A variety of reasons were provided, including a lack of trust in the federal government (cited by 40 per cent), that they do not know anyone with HIV/AIDS (11 per cent), that federal funds should be channelled to more critical areas (12 per cent), and that HIV/AIDS prevention should be the responsibility of the individual (seven per cent).

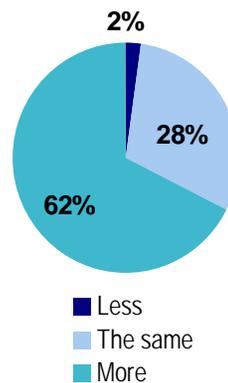
Furthermore, close to two-thirds believe that the federal government should spend more on HIV/AIDS now than it did ten years ago, 28 per cent believe the amount spent should be unchanged, and only two per cent believe it should spend less.

Support for Government Involvement

“How supportive are you of the Government of Canada being involved in HIV/AIDS in Canada?”



“Do you think that the Government of Canada should spend more, less or the same amount on HIV/AIDS now than they did ten years ago?”



- Support for federal government involvement is linked to education. The proportion who are supportive of federal involvement increases from 68 per cent of those with high school education or less to 79 per cent of university graduates.
- Those who believe HIV/AIDS is a serious problem are more likely to support federal involvement (77 per cent do), as are Canadians with a high level of knowledge (actual and perceived) (76 per cent), and a high level of comfort with people with HIV/AIDS (81 per cent support). Those who know someone with HIV/AIDS are also more supportive of federal government involvement (76 per cent).
- Not surprisingly (given their lower levels of tolerance and comfort), seniors are less likely to support federal government involvement in HIV/AIDS (68 per cent are supportive).
- Those who believe HIV/AIDS is a serious problem are more likely to believe that the federal government should spend more now (69 per cent do), as do those who believe the risk of HIV has increased in the last five years (72 per cent), and those who know someone with HIV/AIDS (67 per cent).
- Those with a high level of perceived knowledge, a high level of comfort and individuals who are less likely to distance themselves from the issue also tend to support increased federal government spending.

So, support for federal government involvement is higher among Canadians with higher levels of education, those who think HIV/AIDS is a serious problem, people who have high levels of knowledge and comfort with the issue and who personally know someone with the disease. Support for increased federal spending now is higher among those who think HIV/AIDS is a serious problem, those who know someone with the disease and Canadians who perceive an increased risk of infection in the past five years. This also holds true for those with high levels of perceived knowledge and comfort levels and individuals who are less likely to distance themselves from the issue.

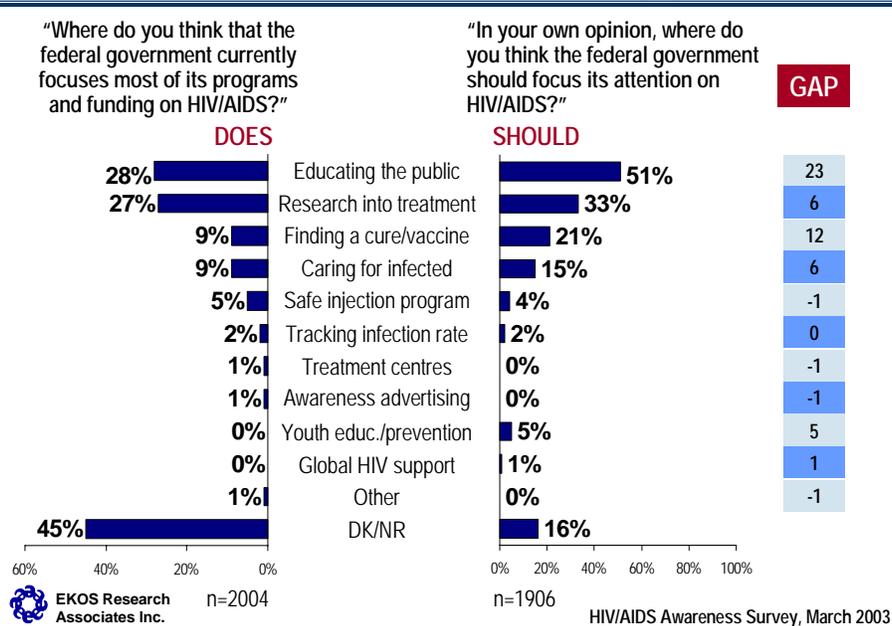
7.2 FOCUS

Canadians were asked to indicate where they believe that the federal government currently focuses most of its programs and funding on HIV/AIDS, and then where they think the federal government should be focusing its attention on HIV/AIDS.

Currently, close to half (45 per cent) do not know where the federal government is focusing its attention. Roughly three in ten Canadians believe that the federal government is focusing its attention on public education (28 per cent) and research into treatment (27 per cent). Roughly one in ten (nine per cent) believe the federal government is focused on finding a cure or vaccine for HIV/AIDS, or for caring for those infected. A minority believe the federal government is focusing programs and funding in other areas.

When asked where they believe the federal government should be focusing its attention, half the population (51 per cent) states that public education should be a focus (although only 28 per cent believe it currently is). One-third believe the federal government should be conducting research into treatment (and 27 per cent believe it currently is). Canadians also believe that the federal government should be focusing attention on finding a cure/vaccine (21 per cent), caring for the infected (15 per cent) and youth education and prevention (five per cent).

Government Focus (a)



- Those with higher education and income are more likely to believe that the government currently focuses programs and funding on research into treatment and public education (over one-third do), while those with lower education and income are more likely to not know where the current emphasis is (over half do not know). Those with higher education and income are also more likely to indicate that the government should focus its attention in these two areas (research into treatment and public education).
- Youth are more likely to believe that public education is a current federal government focus (36 per cent do).
- Men and those who are Canadian born are more likely to believe that research into treatment is a current government focus (31 and 29 per cent, respectively). Those who know someone with HIV/AIDS, with high actual knowledge and high comfort with HIV/AIDS more often identify research into treatment and public education as current federal government focuses. Those with high actual knowledge and high comfort levels are also more likely to identify research into treatment and public education as areas which *should* receive federal government attention (37

and 39 per cent think research into treatment should be a focus, and 58 and 57 per cent think public education should be).

- Seniors citizens are less likely to indicate that the federal government should focus on finding a cure/vaccine (15 per cent do) or research into treatment (25 per cent do).

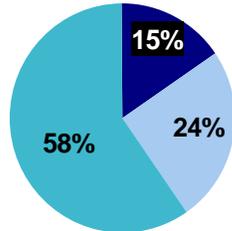
So, high education and income individuals, those with high actual knowledge and comfort with HIV/AIDS and people who know someone with the disease are more apt to believe that the government currently focuses on both research into treatment and public education. Youth are more likely to identify public education as the focus, while men and Canadian-born are more apt to identify research into treatment. Those with higher education and income, higher actual knowledge and comfort levels are more likely to identify both treatment research and public education as areas that should receive federal attention, while seniors are less likely to think that the focus should be on finding a cure/vaccine or research into treatment.

Canadians were then asked to choose between various potential federal government priorities with respect to HIV/AIDS. First, they were asked to choose between whether the federal government should place more emphasis on the treatment of people with HIV/AIDS or on preventing the spread of HIV/AIDS. Prevention is identified as the highest priority by over half (58 per cent), while roughly one-quarter (24 per cent) believe both priorities should receive equal emphasis, and 15 per cent think the focus should be on treatment.

Canadians were divided when asked to choose between placing emphasis on research or public education in terms of federal government programs and funding. Four in ten (40 per cent) believe the emphasis should be on public education, while one in three (33 per cent) believe it should be on research, and one-quarter feel equal emphasis should be placed on both.

Government Focus (b)

“Should the federal government place more emphasis on the treatment of people with HIV/AIDS or preventing the spread of HIV/AIDS in its programs and funding?”

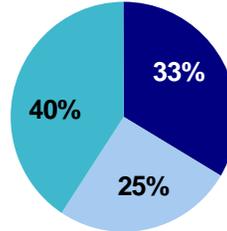


■ Treatment (1-2)
■ Equal (3)
■ Prevention (4-5)

n=999



“Should the federal government place more emphasis on research or public education in its programs and funding?”



■ Research (1-2)
■ Equal (3)
■ Education (4-5)

n=1005

HIV/AIDS Awareness Survey, March 2003

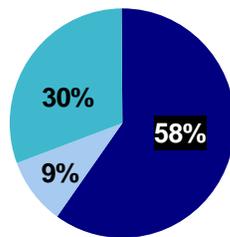
- The youngest Canadians (under 25) are more likely to believe that the focus should be on prevention (68 per cent do).
- Those less likely to distance themselves from the issue are more likely to believe that the focus should be on treatment. (20 per cent do).

Over half of Canadians (58 per cent) believe that the federal government should focus its HIV/AIDS-related programs and funding nationally, while three in ten (30 per cent) believe the focus should be international, and only nine per cent believe that there should be equal emphasis on the national and international scale.

Finally, just over half (52 per cent) of Canadians believe that the federal government should target all Canadians with its programs and funding, while one in three (36 per cent) believe the focus should be targeted on high risk populations, and one in ten (10 per cent) feel there should be an equal focus on both.

Government Focus (c)

“Should the federal government focus more nationally or internationally in its programs and funding?”



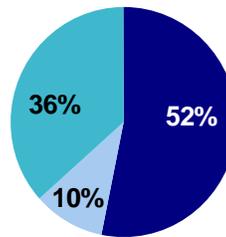
■ Nationally (1-2)
 ■ Equal (3)
 ■ Internationally (4-5)

n=1019; half sample



EKOS Research
 Associates Inc.

“Should the federal government target all Canadians in general with its programs and funding or should it target specific populations with a high risk of contracting HIV?”



■ All Canadians (1-2)
 ■ Equal (3)
 ■ Specific pop. (4-5)

n=985; half sample

HIV/AIDS Awareness Survey, March 2003

- Residents of Quebec (39 per cent), youth (39 per cent), and those with low education and income (35 per cent) are all more likely to believe that the federal focus should be international.
- Senior citizens (49 per cent), those with a low level of comfort with HIV/AIDS (46 per cent), and individuals who are likely to distance themselves from the issue (43 per cent) are more likely to believe that the federal government should focus its efforts on at-risk populations.

8. TYPOLOGY OF CANADIANS

In addition to the basic analyses cited throughout the report, a typology of Canadians was created to illustrate the manner in which knowledge and attitudes about HIV/AIDS coalesces most often in the general public. The methods used are factor and reliability analyses (leading to the computation of several indices presented earlier in the report), and cluster analysis.

In order to identify and use underlying dimensions (called factors) and to limit the redundancy of the measurement variables, twelve scale-based variables were included in the factor analysis. The three factors created were the basis for the knowledge, comfort and distancing indices described in chapters Two, Three and Four. The reliability analysis was conducted on these factors, resulting in alpha coefficients that were 0.65 or higher, suggesting that the mean scales computed on the base of the listed dimensions are statistically reliable measures.

Using these three factors, as well as the perceived increasing risk of HIV/AIDS today compared to ten years ago, a cluster analysis was performed, the purpose of which was to identify mutually exclusive and interpretable groups. A five-cluster solution was selected based on the results. The description of these segments follows.

a) Segment One: Informed Concerned

This segment represents the largest share of Canadians (42 per cent). They have the highest knowledge (70 per cent scored high), are the most comfortable with people with HIV/AIDS (43 per cent scored high) and are least likely to distance themselves from the issue (28 per cent scored low). They are also least likely to believe that HIV/AIDS is much less of a problem than it was ten years ago (97 per cent disagree that it is diminishing over time compared to 59 per cent overall).

- This group is most likely to know about methods of transmission and testing, and generally demonstrates a good understanding of HIV/AIDS (e.g., potential time lag between HIV and AIDS and the nature of the disease) and know that there is no known cure. They are slightly more likely to be aware of a federal government strategy regarding HIV/AIDS.
- They believe that HIV/AIDS is a very serious issue, that has not diminished in the last five years and that the rate of infection is increasing over time. They also do not believe that health groups have exaggerated the seriousness of the problem. They are more apt to believe that testing and protective measures taken by people with HIV/AIDS have increased over time. They do not tend to see this disease as one belonging to the third world, the gay community or to drug users, exclusively.

- They are very comfortable in the situations described in the survey, are unlikely to blame victims for contracting HIV, say that they personally could be friends with someone with HIV/AIDS and generally believe that HIV infected people should be able to serve the public (although even among this group more than half hesitate when given the examples of dentists and cooks).
- They are marginally more likely than members of the other groups to report getting their HIV/AIDS information from health magazines, television health programs. They also express a stronger preference for obtaining HIV information from websites. They place a high degree of reliability on health care professionals and the scientific community, as well as (to a lesser degree) organizations representing people with HIV/AIDS and people infected with HIV/AIDS.
- Members of this group are more likely to support federal government involvement in the area of HIV/AIDS. They are also more apt to believe that the federal government focuses most of its attention on educating the public and research into treatment. The same responses are provided when asked about where the government should focus its attention, with a stronger emphasis placed on educating the public (58 per cent). Similarly, they are more likely to suggest that the emphasis should be on prevention (63 per cent) rather than treatment. They also are more apt to suggest an international rather than national focus (62 per cent). Two in three (68 per cent) believe that the federal government should spend more than it did ten years ago on HIV/AIDS.
- This group is the most likely to say that they know (or have known) someone with HIV/AIDS (44 per cent). They are the most likely to be sexually active (76 per cent are), which is perhaps not surprising given the over representation of individuals between the ages of 25 and 54. They are also most likely to say that they never practice safer sex, citing one partner as the predominant reason. This group is the least likely to perceive themselves to be at risk of contracting HIV/AIDS, nonetheless, they are also the group most likely to report HIV testing (32 per cent) in the past two years.
- This group is slightly over represented by women and among individuals who describe their household as a couple with children. They are the most affluent Canadians of any segment. They are more likely than the national average to be born in Canada and under represent visible minorities.

This segment is the most knowledgeable and comfortable with people with HIV/AIDS. They also tend to view the problem as very serious and do not believe that it is diminishing with time. They tend to rely on health magazines and television health programs for their information and report a strong preference for websites as a source of additional information. They place considerable confidence in health professionals and authorities as reliable sources of information. Their support for government involvement is high and they believe that a strong focus should be placed on public education and prevention. They are most likely to know someone with HIV/AIDS. They do not tend to practice safer sex, even though they are the most active group, citing monogamy as the reason (and generally do not perceive themselves to be at risk).

b) Segment Two: Informed Unconcerned

This segment comprises 24 per cent of Canadians. Members of this group have (on average) the second highest score on the knowledge index (61 per cent scored high compared with 46 per cent overall) are comfortable about HIV infected people (38 per cent scored high compared with 35 per cent overall) and do not tend to distance themselves from the issue of HIV/AIDS (36 per cent scored high *versus* 41 per cent overall). They are distinguishable from the first segment in only a few areas: they are younger and less affluent; and they believe that the magnitude of the problem is diminishing with time (54 per cent *versus* 23 per cent overall).

- With respect to knowledge, members of this group are less likely to be misinformed about methods of transmission and testing. They also know that there is no cure and HIV/AIDS is manifested in an inability of body to defend itself and that the onset of AIDS may not occur for ten years or more after contracting HIV.
- This group does tend to minimize the problem to some degree however. They are somewhat more likely to view it as a moderate rather than a serious problem today. They believe that the risk of contracting HIV is the same or less than it was five years ago and that the problem is much less serious than it was ten years ago (54 per cent agree with the latter statement in the survey).
- They are comfortable in most scenarios involving a person with HIV/AIDS and tend to report that they could be friends with someone with HIV/AIDS. They also do not tend to distance themselves from the disease. They are unlikely to view it as a disease that is contained to the third world, the gay community or to drug users, nor do they believe that people who contract HIV get what they deserve. In fact, they are most likely to say that people with HIV/AIDS are doing more today to protect others.
- In terms of media preferences, this group is slightly more likely to rely on television news and schools to get information about HIV/AIDS, and also adds websites as a source for general

health information. They express a slightly greater preference than many other Canadians do for obtaining information about HIV/AIDS from websites.

- Given this, it is perhaps not surprising to see that ten per cent more of this group say that the government should spend less than it did in the past. They suggest that a slightly higher emphasis should be placed on prevention, compared with treatment, with respect to government focus.
- There are few significant differences for this group in terms of sexual or testing behaviour, compared with the national average.
- There is a slight over-representation of individuals in their early 20s in this group, so it is not surprising that they are more apt to focus on the risk of pregnancy as a main motive for practicing safer sex (both in general and in terms of the own personal behaviour).

This group is also quite knowledgeable and generally comfortable with people with HIV/AIDS. They tend to minimize the seriousness of the issue, however, and see the problem as getting better over time. Their preferred focus for government attention is on educating the public and they more often rely on television news, information from school and websites as reliable sources of information, which is not surprising given that this is the youngest segment of the Canadian population.

c) Segment Three: Moderately Informed Concerned

This group includes 14 per cent of Canadians. These individuals have middle levels of knowledge about HIV/AIDS (56 per cent scored low and 44 per cent scored in the mid-range) and are moderately comfortable about being exposed to HIV infected people (30 per cent scored low). On the other hand, they are quite concerned about the issue, and do not believe that AIDS is much less of a problem in Canada today than it was ten years ago (89 per cent). They are less likely than many other Canadians to distance themselves from the issue, typically disagreeing that AIDS is a disease contained to third world countries, the gay community or drug users and they do not believe that HIV infected people get what they deserve (29 per cent scored low *versus* 23 per cent overall).

- This group has an average level of knowledge and as such their responses regarding methods of transmission, testing, most affected groups and whether or not there is a cure are generally reflective of the national results.
- In terms of perceived risk, they are the most likely group to believe that it is becoming greater than it was five years ago. Most (80 per cent) believe that the rate of HIV infection is increasing compared to ten years ago, although they are somewhat more likely than average to believe that there is a cure for HIV/AIDS. Two in three (69 per cent) believe that the federal government should spend more on HIV/AIDS today.

- In terms of comfort with various situations, they are more likely than average to say that HIV infected people should not serve the public (53 per cent disagree with this idea, based on the examples of dentists and cooks). They report some discomfort in all of the described scenarios with HIV/AIDS people.
- Their views regarding the reliability of different sources of information as well as their perception of the focus and involvement of the Government of Canada is as strong as cited by other Canadians.
- This group is somewhat less likely to report knowing an HIV-infected person.
- Demographically, there is little about this group that sets them apart from other Canadians. They are marginally over-represented among older Canadians and in Quebec.

This group is generally middle of the road in most areas. They do, however, perceive HIV/AIDS to be a very serious issue and are very concerned about it, citing strong support for government involvement.

d) Segment Four: Moderately Informed Deniers

This segment comprises 11 per cent of Canadians and is characterized by a low to mid-level of knowledge about HIV/AIDS (62 per cent scored low *versus* 21 per cent overall), and fairly strong discomfort around people with HIV/AIDS (43 per cent scored low *versus* 24 per cent overall). They tend to minimize and distance themselves from the issue (83 per cent scored high on this measure, compared with only 41 per cent overall). They are most likely to believe that AIDS is much less of a problem in Canada today than it was ten years ago, and that AIDS is a disease belonging to the third world, the gay community and drug users. This group is, in many ways, similar to the fifth group (Uninformed Uncomfortable), however, their knowledge level is somewhat higher and their discomfort around people with AIDS is not as acute, but the distance they place between themselves and HIV/AIDS is widest.

- This group is more likely than average to be misinformed about methods of transmission and testing. They are less likely than average to cite homosexual men and injection drug users as most affected groups. They are also more apt to believe that there is a cure for HIV/AIDS.
- This group tends not to view HIV/AIDS as being as serious a problem as other groups do. They are less apt than many others to believe that the risk is decreasing from five years ago. Most individuals in this segment (83 per cent) believe that the problem is much less serious than it was ten years ago, and that health groups have exaggerated the risk of HIV/AIDS. They also believe that there are effective treatments.
- As part of this compartmentalized view of HIV/AIDS, this group is more likely to believe that blood donors have a higher risk of contracting HIV.

- They are the second most uncomfortable around people with HIV/AIDS and the most likely to say that they could not be friends with someone who has AIDS (perhaps driven by their view that HIV/AIDS happens to other people). They are also as likely as the Uninformed Uncomfortable (the next group described) to believe that people who get HIV/AIDS through sex or needles, get what they deserve.
- Members of the group are more apt than any other group to place confidence in the media as a reliable source for information. As with the Uninformed Uncomfortable (the next group described), these individuals also tend to place greater confidence in the information provided by their friends and family than other Canadians do.
- Also, as part of the distance that this group puts between themselves and HIV/AIDS, they tend to favour an international, rather than national focus for the Government of Canada, with an emphasis on specific target groups, rather than the general public at large.
- They are less likely to report knowing someone with HIV/AIDS than any other group of Canadians (69 per cent say that they do not know anyone). Even though 42 per cent of this group are not sexually active, the group overall perceives a slightly higher average personal risk of contracting HIV/AIDS than other groups. As with the Uninformed Uncomfortable (the next group described), they are unlikely to have been tested for HIV/AIDS.
- This group has a higher than average proportion of senior citizens (although not as high as found in the next group) and lower than average education and income profile (but not as low as with the next group). This group is also over-represented among Quebec residents and those born outside Canada.

This group has fairly low knowledge and high discomfort around people with HIV/AIDS. They are characterized by a strong tendency to minimize the problem and risk. As such, they tend to view HIV/AIDS as someone else's problem and place blame fairly readily. As part of this tendency to compartmentalize the issue, they believe that the government focus should be away from Canada and on specific groups. As might be expected, they are least likely to know someone with HIV/AIDS. They place more faith in the media as a reliable source for information about HIV/AIDS than any other group.

e) Segment Five: Uninformed Uncomfortable

This segment comprises only six per cent of Canadians. Individuals in this group are characterized by the lowest knowledge level about HIV/AIDS by far (100 per cent scored in the lowest range of the index, compared with only 21 per cent of Canadians overall). They also have a great discomfort around HIV infected people (61 per cent scored low *versus* 24 per cent in overall sample). This group does not particularly minimize the AIDS problem in Canada today as much less than it was ten years ago,

however they are very likely to distance themselves from the issue of HIV/AIDS, believing that AIDS is a disease found mostly in third world countries, and among the gay people and drug users, and that people who contract HIV through sex or shared needles get what they deserve (78 per cent scored high on the distance index, compared to 41 per cent overall).

- In terms of knowledge, this group is very misinformed about methods of transmission and testing, as well as about groups most affected by HIV. Roughly half of this group believe that there is a cure for HIV/AIDS and are least apt to know that HIV involves the body's inability to defend itself against disease and infection.
- They tend to believe that HIV/AIDS is no less of a problem that it was ten years ago, in fact they think that the risk is increasing over time. On the other hand, they believe that health groups have exaggerated the problem.
- They express the greatest discomfort (60 to 80 per cent) in any situation involving a person with HIV/AIDS and tend to believe that people get what they deserve. They are the most opposed to the idea of people with HIV/AIDS serving the public (63 per cent said that people should not work in such positions as dentists and cooks). Although this group is less apt to report knowing someone with HIV/AIDS than average, their typical reaction would be to spend less time with them, if they do know someone.
- Although this group does not have a particularly distinguishable pattern of finding out about HIV/AIDS, they are characterized by greater skepticism of doctors, health care professionals and scientists, as well as people with HIV and organizations representing the interests of HIV infected people. They are more apt than any other group to view family and friends as reliable.
- This group has little knowledge of what the Government of Canada focuses on with respect to HIV/AIDS; however, they are less supportive of government involvement than most Canadians.
- Although the majority of this group is not sexually active, their perceived risk of contracting HIV/AIDS is higher than that of many Canadians. On the other hand, they are less apt to have been tested than any other group.
- This group includes a disproportionately high number of men, senior citizens (42 per cent of this group are over 65), low education and income individuals, and individuals who live alone. They are somewhat more likely to be found among Quebec residents. There is a higher proportion than average who were born outside Canada and belong to a visible minority group.

This group is generally characterized by the lowest knowledge, greatest misinformation and misperceptions, a strong sense of discomfort, bordering on fear, of people with HIV/AIDS and, as a result, a somewhat elevated perception of their own risk. They are more skeptical of knowledge figures and organizations as sources of information than other Canadians and are generally less supportive of government involvement in HIV/AIDS. They are more often found among low income and education segments of society.

9. SUMMARY

On the whole, Canadians are very knowledgeable about HIV/AIDS. Most generally understand the nature of the disease, as well as methods of transmission and testing. Relatively few are misinformed about how one contracts HIV/AIDS or how to detect HIV. They show a general appreciation of the fact that men who have sex with men and injection drug users are among the top at risk groups in Canada. They also realize, for the most part, that while treatments are fairly effective, there is no cure for HIV/AIDS. There is very mixed appreciation, however, for the fact that AIDS is, in all cases, fatal. Even among the most knowledgeable, this fact is not well understood.

In spite of the high levels of knowledge about the disease, knowledge of government efforts in this area is quite weak. Very few know about the CSHA, or even areas of government focus. Nonetheless, they are quite supportive of government involvement in HIV/AIDS and generally place more emphasis on public education, prevention and research into treatment.

It is not surprising, given knowledge levels, that most Canadians view HIV/AIDS as a very serious issue, which is not diminishing over time. Relatively few Canadians view HIV/AIDS as a problem that belongs to someone else (e.g., third world, gay community, drug users). On the other hand, everyone reports an extremely low perceived personal risk of contracting HIV.

Most people report that they are generally comfortable with the idea of being around someone with HIV/AIDS, however, the discomfort increases when it comes to serving the public or going to school with one's child.

The profile of information sources is generally reflective of where people get other health-related information, with a slightly greater emphasis on television news, newspaper articles, health programs and schools, and less reliance on doctors and the Internet. On the other hand, these latter sources are exactly where the public would prefer to be able to obtain information about HIV/AIDS.

With respect to behaviour, safer sex is practiced by only a small minority of the sexually active and almost always as a result of casual or multiple partners. It is rarely practiced by people in regular, ongoing relationships.

In terms of testing, one in four have been tested, but almost half of those were not tested in the past two years. Among those who were tested in the past two years, this was typically once.

Overall

Although knowledge levels are high, there is quite a knowledge gap with respect to the government's approach to HIV/AIDS. Support for government involvement, however, is high and Canadians would welcome learning about efforts concentrated on public education, prevention and research into treatment (as they view HIV/AIDS as a very serious issue that must be addressed).

While undoubtedly there is no shortage of information about HIV/AIDS on the Internet, it is interesting to note that Canadians report that they currently rely on the Net (and doctors) less for this issue than for others, but express a preference for getting their information this way. Perhaps future communications campaigns could highlight key websites where Canadians can find information about HIV/AIDS and the federal government strategy related to it.

While tolerance and comfort levels among Canadians are high in theory, likely in practice they would be lower, given the variation in responses to different questions and scenarios put forth in the survey.

From a behavioural point of view, messaging regarding safer sex is clearly a very tough issue to tackle, as even the most knowledgeable are quite complacent about the idea of risk of contracting HIV and the need for protective measures. Given that the fatal nature of HIV/AIDS is not well understood, messages regarding safer sex may have their strongest impact when coupled with the message of fatality (no matter how long after contracting the disease death occurs).

APPENDIX A
QUESTIONNAIRE

APPENDIX B
YOUTH PROFILE

APPENDIX B

YOUTH PROFILE

The following is a profile of youth opinions, perceptions and attitudes regarding HIV/AIDS, compared to the overall views of Canadians in general.

a) Knowledge and Awareness

- More youth are misinformed about the risk of mosquito bites in the transmission of HIV/AIDS than Canadians in general (37 per cent cited is as a method of transmission versus 25 per cent of the overall sample);
- Young Canadians are less apt to indicate injection drug users (15 versus 31 per cent overall) and homosexual men (23 versus 47 per cent overall) as being mostly affected by HIV/AIDS and, in general, are less apt to name any group that has been most affected by the disease (51 versus 30 per cent overall);
- More youth are focused on the risk of pregnancy when thinking about safer sex (30 versus 17 per cent overall);
- Youth are less knowledgeable regarding methods of testing for HIV/AIDS. Slightly higher proportions than the overall average of all Canadians believe that physical examinations and doctors' visits can be used for testing, and proportionately fewer indicated blood tests as a means for testing (71 versus 81 per cent in the overall sample);
- Fewer youth have faith in the existence of effective treatments for HIV/AIDS compared with the broader Canadian public (40 versus 49 per cent);
- Youth are less apt to know who is responsible for coordinating the Canadian Strategy for HIV/AIDS (56 versus 46 per cent do not know).

b) Perceptions of Risk

- Slightly higher proportions of youth perceive themselves to be at some risk of contracting HIV/AIDS (13 versus 7 per cent indicate a moderate level of risk) and that the general risk of contracting HIV/AIDS is higher today compared to five years ago (59 versus 46 per cent);
- Youth are the most likely group of Canadians to perceive an increased rate of HIV/AIDS infection in Canada compared to ten years ago (80 versus 71 per cent);

- Youth are more likely than the overall population to believe that HIV testing has increased over the last ten years (83 versus 72 per cent), that there has been an increase in safer sex practices (67 versus 58 per cent) and that those infected with the disease are more diligent in taking steps to protect others (70 versus 61 per cent).

c) Information Sources

- In terms of obtaining HIV/AIDS-related information, youth are less likely than Canadians in general to cite the following sources: newspaper articles (20 versus 46 per cent); television news (41 versus 53 per cent), health magazines (21 versus 28 per cent), radio news (six versus 13 per cent) and television health programs (15 versus 21 per cent). On the other hand, as might be expected, they are more apt to cite school as an information source (65 versus 17 per cent). Similarly, youth cite the same preferences for sources of general health information;
- Youth are more likely to consider health care professionals (87 versus 75 per cent), the scientific research community (77 versus 70 per cent) and Health Canada (78 versus 67 per cent) to be reliable sources of information. They show even less faith in the media than the national average (12 versus 18 per cent).

d) Tolerance Towards People with HIV/AIDS

- Youth are more likely than the overall Canadian population to say that they could be friends with someone infected with HIV/AIDS (93 versus 84 per cent). They are also more likely to believe that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists (77 versus 67 per cent) or dentists and cooks (49 versus 38 per cent);
- Youth are more comfortable with the idea of shopping at a small neighbourhood grocery store where the owner is infected with HIV/AIDS (76 versus 67 per cent overall);
- They are the least likely segment of Canadian society to know or have known someone with HIV/AIDS (27 versus 39 per cent).

e) Behaviour

- Youth are more likely than the Canadian population to have had two or more sexual partners in the past year (34 versus 11 per cent) and are also more likely to report casual partners (31 versus 13 per cent);

- As a result, they are more likely to practice safer sex all or most of the time and mainly report the use of a condom (84 versus 72 per cent) in the last year;
- Youth are more likely than Canadians in general to report having changed their practices regarding safer sex in the past 12 months (18 versus 7 per cent) and are primarily motivated by the risk of STDs as the primary reason for practicing safer sex (37 versus 27 per cent);
- Among those who have been tested for HIV in the past two years, youth are the most likely to have been tested once or more (91 versus 56 per cent), likely because the start of their sexual activity is more recent.

f) Government Involvement

- Youth are the most likely segment of Canadian society to believe that public education is a current federal government focus (36 versus 28 per cent);
- They are more likely than the broader Canadian public to believe that the federal government should focus more attention on prevention of the disease (68 versus 58 per cent) and that the focus should be international (39 versus 30 per cent).

APPENDIX C
METHODOLOGY

APPENDIX C

Exhibit 1

Call Results and Response Rates Table

Total Sample	11552
Numbers not in service	1705
Duplicates	18
Non-residential numbers	538
Numbers blocked by Phone companies	5
Total functional sample	9286
No answers	1605
Language difficulty	384
Retired, called 8 times without success	415
Other	64
Total Asked	6818
Refusals	4777
Cooperative Callbacks	2041
Completes	2004
Ineligible, Not Canadian residents, or 16 years of age or older	37
Response Rate	22%

Pre-test March 12th 2003. Average time 19.5 minutes.

Second Pre-test March 13th 2003. Average time 18 minutes.

Start March 14th and completed March 26th. Total 13 days of field.

Average time overall 19.4 minutes