



HIV/AIDS Attitudinal Tracking Survey 2006

FINAL REPORT

POR #: POR-05-66

Contract #: H1011-050049-001

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March 31, 2006

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EXECUTIVE SUMMARY

Introduction and Methodology

The Public Health Agency of Canada (PHAC) commissioned EKOS Research Associates to conduct this tracking survey in order 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 purpose of the current survey is 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. Many of the results have comparison points from 2003 when baseline measurements were first established.

The survey included a total of 2036 completed interviews with Canadians over the age of 15, conducted by telephone in February of 2006. While respondents were selected at random, the survey also included an over sample of youth and of respondents born outside of Canada.

Knowledge and Awareness

Most Canadians describe themselves as moderately knowledgeable (65 per cent) or knowledgeable (30 per cent) on the subject of HIV/AIDS. Despite this, slightly fewer Canadians than in 2003 know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses (81 per cent compared to 84 per cent in 2003), and significantly fewer know that a person can have HIV for ten or more years without developing AIDS (70 per cent, down from 77 per cent in 2003). Most Canadians do understand, however, that AIDS is deadly, realizing that HIV/AIDS cannot be cured, even with early treatment.

For the most part, Canadians are able to correctly identify how HIV is transmitted. Most Canadians know (without prompting) that the HIV virus is spread through unsafe intercourse. Over half the population also knew (unprompted) that blood to blood contact (i.e., an open wound) is a way to transmit the virus. When prompted, most Canadians also realize that sharing drug needles and unsafe oral sex can put a person at risk of contracting HIV, and that HIV can be transmitted from mother to child during pregnancy, or through tattoos or body piercing. Some Canadians (fewer than one in ten) continue to incorrectly believe that HIV can be transmitted through kissing, from mosquito bites, from a sneeze or cough, or from casual contact or contact with objects such as fountains or toilets.

A vast majority of Canadians can identify taking a blood test as a way to diagnose HIV/AIDS (and the proportion has increased from 2003). However, Canadians are increasingly likely to believe — incorrectly — that HIV/AIDS can be diagnosed through a physical examination (17 per cent believe this, compared to eight per cent in 2003).

From a top of mind perspective, homosexual men continue to be identified by Canadians as the number one group most often affected by HIV/AIDS (49 per cent), followed by injection drug users (29 per cent). Those having unprotected sex, sex trade workers, and Canadian youth are much less likely to be obvious examples that people immediately think of as groups that are at risk (identified by fewer than one in ten Canadians in a “top of mind” question). Furthermore, over one-quarter remain unable to identify any specific at-risk groups.

Perceptions of Personal Risk

Results suggest that Canadians are now slightly more aware than in 2003 that HIV/AIDS can affect anyone. A minority believe that HIV/AIDS is mostly a third world disease, a gay person’s disease or a drug user’s disease (and the proportion who have these views has decreased in all three cases from 2003). An overwhelming majority of Canadians (94 per cent) believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. In particular, Canadians are increasingly aware that Canadian youth are an at-risk group for HIV/AIDS; results also reveal that Canadians are particularly likely to believe that young women are increasingly at risk of contracting HIV, compared with young men (57 per cent believe young women and 42 per cent believe young men are at increasing risk). A strong majority of Canadians (88 per cent) rate their own personal risk of contracting HIV as low.

Sexual Behaviour

As in 2003, most Canadians report having been sexually active in the past 12 months. Of those who were sexually active, a large majority (87 per cent) had only one partner, while far fewer report having engaged in sexual activity with two or more partners. Roughly one-third of Canadians report having ever been tested for HIV (excluding testing for insurance, blood donation and participation in research), which is a slight increase from 2003.

Given their relatively monogamous lifestyles and the sense of security that this brings, it may not be surprising that a large majority (76 per cent) of Canadians report not using a condom the last time they had sex. For those who did use a condom, the most frequent reason by far was to reduce the risk of pregnancy, followed by wanting to reduce the risk of catching or transmitting an infectious disease, and then by specifically seeking to reduce the risk of catching or transmitting HIV/AIDS.

Knowing Someone with HIV/AIDS

The proportion of Canadians who know or have known someone with HIV/AIDS remains virtually unchanged from 2003 (37 per cent). Over half of those who know or have known someone with HIV/AIDS believe that this knowledge had little or no impact on their behaviour towards this person. Of those who do report a change in behaviour, they are less likely than in 2003 to report negative changes in their behaviour towards individuals they know with HIV/AIDS and are more apt to report positive changes (such as increased sympathy, increased awareness of HIV/AIDS, or increased support of that person).

Tolerance

Although Canadians believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships, and particularly, where a child is involved. More Canadians believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (91 per cent would support a close friend in this situation), which is higher than the support reported for a co-worker (80 per cent) or a student attending the same school as their own child (71 per cent would be supportive in this instance). Also, this reported level of support for people living with HIV/AIDS has declined since 2003. Fewer than six in ten Canadians agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and roughly one-third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. Furthermore, over half the Canadian population would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS and roughly one-quarter would feel uncomfortable working in an office where someone developed HIV/AIDS or shopping at a small neighbourhood grocery store where the owner has HIV/AIDS. Despite the fact that most Canadians believe that they are knowledgeable regarding the transmission of HIV/AIDS, half would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS, and over one-quarter (27 per cent) would even feel uncomfortable wearing a sweater once worn by a person living with HIV/AIDS.

Only a minority, however, agree that they could not remain or become friends with someone with HIV/AIDS or believe that people who get HIV/AIDS through sex or drug use have gotten what they deserve. Furthermore, although Canadians demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, few hold strong negative feelings towards those living with HIV/AIDS: most Canadians feel no fear, anger or disgust towards people living with HIV/AIDS.

Of a range of factors examined, the fact that HIV/AIDS is a fatal disease is seen as having the greatest impact on the level of public discomfort with this disease (72 per cent identify this as having a strong influence). Other factors identified as having a strong influence on public discomfort levels by over half of Canadians include the association between HIV/AIDS and certain behaviours such as intravenous drug use (55 per cent); casual/promiscuous sex (55 per cent); or homosexual sex (54 per cent). Canadians' discomfort levels are somewhat less likely to be influenced by the fact that people associate HIV/AIDS with certain groups such as drug users or gay men, or influenced by fear of infection through casual contact.

Canadians believe that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS: most Canadians (72 per cent) believe that people would be unwilling to tell others they have HIV/AIDS; over half (57 per cent) believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment; and four in ten agree that people are unwilling to be tested for HIV due to the stigma associated with this disease.

Rights and Responsibilities of People Living with HIV/AIDS

The vast majority of Canadians believe that people living with HIV/AIDS have the same right to health care and housing as they do. Most also believe that people living with HIV/AIDS have the same right to employment as they do, which stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists.

Most Canadians (81 per cent) do not believe that people living with HIV/AIDS should be legally quarantined from others to protect public health, or that names of people with HIV/AIDS should be made public so that others can avoid them (79 per cent disagree). Canadians are divided, however, on whether persons living with HIV/AIDS should have the right to be sexually active (48 per cent agree). Most Canadians believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease, and believe that they have a responsibility to tell others about their condition.

Information Sources

Newspaper articles and television in general are the two primary sources where Canadians say that they have recently heard about HIV/AIDS. Other information sources frequently cited include television news or documentaries, magazines in general, the Internet and radio news. One in ten or fewer Canadians cite advertising, schools, family or friends, or other information sources.

When asked where they would go if they were actively seeking information about HIV/AIDS today, most Canadians cite the Internet (67 per cent), followed by doctors (34 per cent), other health care professionals (20 per cent) or books and the library (16 per cent). The proportion identifying the Internet as an information source has increased dramatically from 2003 (from 48 per cent to 67 per cent), reflecting the growing usage of the Internet more generally.

Reliability of and Comfort with Information Sources

Canadians consider their family doctor or another health care professional to be the most reliable information source about HIV/AIDS (from 76 to 84 per cent since 2003), followed by the PHAC, or a pharmacist. Just over half consider the federal government to be a reliable source, while half consider a person living with HIV/AIDS to be a very reliable source. Interestingly, an anonymous clinic is perceived to be far less reliable than a family doctor or even a pharmacist.

While youth are most likely to cite school as a primary information source about HIV/AIDS, they do not consider teachers or school counsellors to be very reliable information sources. More generally, the media and friends are considered to be the least reliable information sources by Canadians despite the fact that mass media is the most frequently cited source of information on HIV/AIDS.

Canadians would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional, or a pharmacist, which are also the sources identified as the most reliable. Perhaps surprisingly, a full three-quarters of Canadians say that they would feel comfortable seeking information from a person living with HIV/AIDS. Most Canadians (over six in ten) would feel comfortable seeking information from other sources tested, including a school counsellor, a teacher, family, an anonymous clinic, or friends, despite the fact that these sources are considered less reliable.

In terms of effective ways to provide people with information about HIV/AIDS, Canadians point most often to public education announcements on television, followed by brochures or information kits sent to people's homes, public education announcements in the newspaper and public education announcements on the radio. Just over one in three Canadians are aware of an overall federal government initiative regarding HIV/AIDS, which is largely unchanged from 2003.

Typology of Canadians

In addition to the basic analyses cited throughout the report, a typology of Canadians was created. The typology groups Canadians into segments of people with similar knowledge levels and attitudes regarding HIV/AIDS. This typology was carried out using factor and cluster analyses as well as reliability analyses.

- ***Informed Liberal-Minded:*** This segment represents the largest share of Canadians (38 per cent). This segment is the most knowledgeable and comfortable with people with HIV/AIDS, is the least stigmatizing, and the least likely to distance themselves from the issue (as a disease that only happens to others). They perceive HIV/AIDS to be a serious issue, and one that is not diminishing with time. They are more likely to know someone with HIV/AIDS. They tend to rely on newspapers, television and the Internet for information and would consult the Internet to obtain further information. They place considerable confidence in health professionals and authorities as reliable information sources. The informed liberal-minded are the most affluent, and are more apt to report post-secondary education. Women and individuals between the ages of 25 to 44 are overrepresented in this segment. Although they are more apt to be sexually active they generally do not tend to practice safer sex, citing monogamy as the reason (and generally do not perceive themselves to be at risk).
- ***Informed Distancing:*** This second largest segment (22 per cent) has the second highest knowledge scores, are moderately comfortable with people living with HIV/AIDS, and exhibit moderately stigmatizing views. They tend to minimize the seriousness of the issue and are more likely to distance themselves from the issue of HIV/AIDS (and see it as a disease affecting the third world, gay community or drug users). This group is over-represented by men, those of British descent, and individuals with post-secondary education. They are distinguishable from the first and third segments by a lesser degree of comfort and somewhat higher levels of stigmatizing attitudes.

- ***Moderately Informed Liberal-Minded:*** This group is the same size as the Informed Distancing group (at 22 per cent). Members demonstrate lower knowledge levels about HIV/AIDS, but are comfortable with people living with HIV/AIDS. This group is more likely to be misinformed about methods of transmission and testing. They generally do not hold stigmatizing attitudes towards people with HIV/AIDS and are less likely than many other Canadians to distance themselves from the issue (as a disease that only happens to others). They tend to see HIV/AIDS as a serious issue that is not declining over time. This group is most likely to know someone with HIV/AIDS. In others areas (information sources, demographic characteristics) this group is generally average.
- ***Moderately Informed Deniers/Fearful:*** This segment comprises only 11 per cent of Canadians, and is characterized by low to medium knowledge levels, the strongest discomfort around people with HIV/AIDS, and high levels of stigma. They tend to minimize and distance themselves from the issue, and are most likely to support discrimination of people living with HIV/AIDS. This group is, in many ways, similar to the fifth group (Uninformed Uncomfortable), however, their knowledge level is somewhat higher and their discomfort around and stigmatizing views of people with AIDS is more acute. They are the least likely to know someone with HIV/AIDS. This group has a higher than average proportion of senior citizens, reports lower than average education and income, and indicates closer ties to religion. This group is also over-represented among Quebec residents, visible minorities and those born outside Canada.
- ***Uninformed Uncomfortable:*** This segment comprises only seven per cent of Canadians. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS by far, the second highest discomfort around people living with HIV/AIDS, and strong stigmatizing attitudes. This group is likely to distance themselves from the issue of HIV/AIDS (viewing it as a disease found mostly in third world countries, among gay people and drug users), and are inclined to support the discrimination of people with HIV/AIDS. In terms of information sources, this group is more sceptical of doctors, the media and people with HIV/AIDS, and are more apt to consider family and friends to be reliable sources. Although this group is the least sexually active, their perceived risk of contracting HIV/AIDS is higher than that of many Canadians, yet they are least likely to have been tested. This group includes a higher number of men, senior citizens, individuals with low education and income, and are more likely to be Quebec residents, born outside Canada, religious, or belong to a visible minority group.

SOMMAIRE

Introduction et méthodologie

L'Agence de santé publique du Canada (ASPC) a confié aux Associés de recherche EKOS le soin d'effectuer le présent sondage de suivi afin de dégager un tableau d'ensemble de la sensibilisation des Canadiens au VIH/sida, de leurs connaissances en la matière, de leurs attitudes et de leurs comportements, ainsi qu'à isoler des tendances différentielles selon les sous-groupes, notamment dans l'ordre de la démographie et des attitudes. Il avait aussi pour objet de contribuer aux activités de communication et de marketing social liées au VIH/sida, qui tendent à informer la population, à hausser son degré de sensibilisation et à réduire l'incidence de comportements susceptibles de faire contracter le virus. Beaucoup de résultats ont pour point de comparaison des mesures établies pour la première fois en 2003.

Le sondage comportait 2036 entrevues complètes avec des Canadiens et des Canadiennes de plus de 15 ans, réalisées au téléphone en février 2006. Bien que les répondants aient été sélectionnés au hasard, le sondage comprenait également un suréchantillon de jeunes et de personnes nées à l'extérieur du Canada.

Connaissance et sensibilisation

La majorité des Canadiens se disent moyennement renseignés (65 p. 100) ou renseignés (30 p. 100) au sujet du VIH/sida. Par contre, ils sont un peu moins nombreux qu'en 2003 à savoir que quand quelqu'un a le VIH/sida, son corps est incapable de se défendre contre des maladies ordinaires (81 p. 100, comparativement à 84 p. 100 en 2003), et sensiblement moins nombreux à savoir qu'une personne peut être séropositive pendant dix ans ou plus sans développer le sida (70 p. 100 alors que le taux était de 77 p. 100 en 2003). Cependant, la plupart des Canadiens comprennent que le sida est une maladie mortelle et savent que le VIH/sida n'est pas guérissable même s'il est soigné à temps.

Pour la plupart, les Canadiens sont à même d'identifier les modes de transmission du VIH. Ils savent en majorité (et sans aide) que le virus du VIH peut s'attraper lors de relations sexuelles non protégées. Plus de la moitié de la population sait aussi (spontanément) que le contact par le sang (provenant, par exemple, d'une plaie ouverte) peut transmettre le virus. Si on les guide, la majorité des Canadiens reconnaissent aussi que le partage de seringues servant à l'injection de drogue de même que la fellation non protégée mettent une personne en danger d'attraper le VIH et que le VIH peut se transmettre de la mère à l'enfant pendant la grossesse ou, encore, au moyen du tatouage ou du perçage. Certains Canadiens (moins d'un sur dix) continuent à croire, à tort, que le VIH peut s'attraper par un baiser, une piqûre d'insecte, à cause d'un éternement ou de la toux ou par un contact occasionnel ou le contact avec des objets comme une fontaine d'eau potable ou une toilette.

La vaste majorité des Canadiens savent que l'analyse sanguine constitue un moyen de diagnostiquer le VIH/sida (la proportion ayant augmenté depuis 2003). Toutefois, les Canadiens sont de plus en plus portés à croire — à tort — que le VIH/sida peut être diagnostiqué lors d'un simple examen médical (17 p. 100 le croient, comparativement à 8 p. 100 en 2003).

De façon spontanée, les Canadiens ont toujours l'impression que les hommes homosexuels constituent le groupe le plus souvent victime du VIH/sida (49 p. 100), suivis des consommateurs de drogue par injection (29 p. 100). Les personnes ayant des relations sexuelles non protégées, les travailleurs et travailleuses du sexe et les jeunes sont beaucoup moins susceptibles de constituer des exemples évidents de groupes à risque auxquels on pense immédiatement (étant mentionnés spontanément par moins d'un Canadien sur dix). En outre, plus du quart des répondants demeurent incapables d'identifier quelque groupe à risque que ce soit.

Perception du risque personnel

Les résultats laissent entendre que les Canadiens sont maintenant un peu plus conscients qu'en 2003 du fait que le VIH/sida peut affecter n'importe qui. Ils sont une minorité à croire que le VIH/sida est surtout une maladie du tiers monde, une maladie de gais ou une maladie de toxicomanes (et la proportion des tenants de ces points de vue a baissé dans les trois cas depuis 2003). Une majorité écrasante de Canadiens (94 p. 100) croient que le VIH/sida demeure de nos jours un problème assez ou très sérieux au Canada. En particulier, les Canadiens sont de plus en plus conscients que les jeunes Canadiens sont un groupe à risque pour le VIH/sida; les résultats révèlent également que les Canadiens sont particulièrement portés à croire que les jeunes femmes sont de plus en plus à risque de contracter le VIH, à comparer aux jeunes hommes (57 p. 100 pensent que les jeunes femmes sont de plus en plus à risque et 42 p. 100 le pensent pour les jeunes hommes). Une forte majorité de Canadiens (88 p. 100) qualifient de faible leur propre risque de contracter le VIH.

Comportement sexuel

Comme en 2003, la majorité des Canadiens disent avoir eu une vie sexuelle active au cours des 12 derniers mois. Une forte majorité de ces personnes (87 p. 100) n'ont eu qu'un seul partenaire, et celles qui ont eu des relations sexuelles avec deux partenaires ou plus sont beaucoup moins nombreuses qu'en 2003. Près du tiers des Canadiens disent avoir subi un test de dépistage du VIH (autrement que pour des raisons d'assurance, de don de sang et de participation à une recherche), chiffre en légère hausse depuis 2003.

Compte tenu de leur relative monogamie et du sentiment de sécurité qu'elle apporte, il n'est sans doute pas étonnant qu'en forte majorité (76 p. 100), les Canadiens affirment ne pas avoir utilisé de condom lors de leur dernière relation sexuelle. Pour ceux qui ont utilisé le condom, leur raison de loin la plus fréquente était de réduire le risque de grossesse, suivie par le souci de réduire le risque de transmettre une maladie infectieuse, puis par la volonté particulière de réduire le risque de transmettre le VIH/sida.

Connaissance d'une personne ayant le VIH/sida

La proportion de Canadiens qui connaissent ou ont connu quelqu'un atteint du VIH/sida demeure à peu près inchangée depuis 2003 (37 p. 100). Plus de la moitié de ceux qui connaissent ou ont connu quelqu'un atteint du VIH/sida pensent que le fait de le savoir n'a pas eu d'influence, ou très peu, sur leur comportement envers cette personne. Ceux qui déclarent un changement de comportement sont moins susceptibles qu'en 2003 de qualifier celui-ci de négatif à l'égard des personnes dont ils savent qu'elles ont le VIH/sida, et plus portés à qualifier ce changement de positif (sous forme de plus de sympathie, d'une plus grande sensibilisation au VIH/sida ou d'une aide accrue envers les personnes concernées).

Tolérance

Bien que les Canadiens se pensent très disposés à venir en aide à quelqu'un qui aurait le VIH/sida, leur soutien s'affaiblirait s'il s'agissait de relations distantes et, en particulier, s'il y avait un enfant en cause. Les Canadiens sont plus nombreux à croire qu'ils réagiraient avec compassion s'ils découvraient qu'un bon ami a le VIH/sida (91 p. 100 soutiendraient ce bon ami en pareil cas), soit un taux de compassion plus fort que pour un collègue (80 p. 100) ou un élève qui fréquente la même école que leur enfant (71 p. 100 seraient prêts à aider dans ce cas). Signalons que le niveau de compassion déclaré à l'égard des personnes ayant le VIH/sida a baissé depuis 2003. Moins de six Canadiens sur dix affirment que les personnes qui ont le VIH/sida devraient pouvoir travailler avec le public à titre, par exemple, de coiffeur ou coiffeuse, et près du tiers sont d'avis que les personnes qui ont le VIH/sida devraient pouvoir exercer diverses fonctions dont celle de dentiste. En outre, plus de la moitié de la population canadienne se sentirait assez ou très mal à l'aise si un bon ami ou un membre de la famille fréquentait quelqu'un qui a le VIH/sida, et près du quart serait mal à l'aise de travailler dans un bureau où quelqu'un a attrapé le VIH/sida ou de faire ses emplettes dans un dépanneur dont le propriétaire a le VIH/sida. Bien que la majorité des Canadiens s'estiment renseignés sur les modes de transmission du VIH/sida, la moitié d'entre eux se sentiraient mal à l'aise au restaurant de boire dans un verre qu'a déjà utilisé une personne ayant le VIH/sida, et plus du quart (27 p. 100) seraient même mal à l'aise de porter un chandail qu'une personne ayant le VIH/sida a déjà porté.

Toutefois, les répondants ne sont qu'une minorité à avouer ne pas pouvoir devenir ou demeurer amis avec quelqu'un qui aurait le VIH/sida, ou à penser que les personnes qui attrapent le VIH/sida à cause de relations sexuelles ou de la drogue ont ce qu'elles méritent. En outre, malgré que les Canadiens témoignent de sentiments divergents quant à leur tolérance à l'égard du contact direct avec des personnes ayant le VIH/sida, ils sont peu nombreux à se montrer négatifs envers les personnes ayant le VIH/sida : la majorité des Canadiens n'éprouvent pas de crainte, de colère ou de dégoût envers les gens qui ont le VIH/sida.

Parmi les divers facteurs à l'étude, le caractère mortel du VIH/sida semble avoir le plus d'effet sur le malaise engendré dans le public par cette maladie (72 p. 100 lui attribuent une influence majeure). Les autres facteurs qui, selon plus de la moitié des Canadiens, exercent une forte influence sur le malaise que le public peut éprouver comprennent l'association entre le VIH/sida et certains comportements comme la consommation de drogue par injection (55 p. 100), les rapports sexuels occasionnels ou le vagabondage sexuel (55 p. 100) ou l'homosexualité (54 p. 100). Le malaise des Canadiens est un peu moins susceptible d'être influencé par le fait que le VIH/sida est associé à certains groupes comme les toxicomanes ou les hommes gais, ou par la crainte d'être infectés lors d'un contact occasionnel.

Les Canadiens sont d'avis que l'intolérance et la honte associées au VIH/sida ont d'importantes répercussions sur les personnes atteintes : la majorité des Canadiens (72 p. 100) pensent que les gens qui ont le VIH/sida craignent d'en informer les autres; ils sont plus de la moitié (57 p. 100) à croire que ces personnes éprouvent de la difficulté à trouver un logement, des soins de santé ou un emploi, et quatre sur dix affirment que les gens ne sont pas prêts à subir un test de dépistage du VIH par peur d'être stigmatisés à cause de cette maladie.

Droits et responsabilités des personnes ayant le VIH/sida

La vaste majorité des Canadiens pensent que les personnes qui ont le VIH/sida ont les mêmes droits qu'eux en matière de soins de santé et de logement. La plupart pensent que ces personnes ont aussi les mêmes droits qu'eux en matière d'emploi, ce qui vient contredire le fait qu'ils sont nombreux à croire que les personnes ayant le VIH/sida ne devraient pas pouvoir occuper des positions qui les mettent en contact avec le public, comme celle de dentiste.

La majorité des Canadiens (81 p. 100) ne pensent pas que les personnes atteintes du VIH/sida doivent être formellement mises en quarantaine pour protéger la santé publique ou qu'il faille publier leurs noms afin que les autres puissent les éviter (79 p. 100 sont en désaccord avec cette idée). Les Canadiens sont toutefois partagés quant à savoir si les personnes ayant le VIH/sida devraient avoir le droit de mener une vie sexuelle (48 p. 100 croient que oui). La majorité des Canadiens pensent que les personnes qui ont le VIH/sida devraient assumer la responsabilité de protéger les autres contre leur maladie et qu'elles se doivent d'informer les autres de leur état.

Sources d'information

Les articles de journaux et la télévision en général sont pour les Canadiens les deux principales sources d'information récente sur le VIH/sida. Parmi les autres sources fréquemment citées, il y a les nouvelles ou les documentaires à la télévision, les magazines en général, Internet et les nouvelles à la radio. À peine un Canadien sur dix mentionne la publicité, l'école, la famille ou les amis et diverses autres sources d'information.

Interrogés quant à savoir où ils s'adresseraient aujourd'hui pour obtenir des renseignements sur le VIH/sida, la majorité des Canadiens répondent par Internet (67 p. 100), après quoi viennent les

médecins (34 p. 100), d'autres professionnels de la santé (20 p. 100) ou les livres et bibliothèques (16 p. 100). La proportion de ceux qui donnent Internet comme source d'information a augmenté radicalement depuis 2003 (passant de 48 à 67 p. 100), reflet de la popularité croissante d'Internet dans l'ensemble de la population.

Fiabilité des sources d'information et degré d'aise à leur égard

Pour les Canadiens, leur médecin de famille ou un autre professionnel de la santé est la source d'information sur le VIH/sida la plus digne de confiance (passant de 76 à 84 p. 100 depuis 2003), suivie par l'Agence de santé publique du Canada ou un pharmacien. Ils sont un peu plus de la moitié à considérer le gouvernement fédéral comme une source digne de confiance, et la moitié à juger qu'une personne qui a le VIH/sida est une source très digne de confiance. Fait intéressant, une clinique anonyme est perçue comme beaucoup moins fiable qu'un médecin de famille ou même un pharmacien.

Alors que les jeunes sont les plus susceptibles de mentionner l'école comme principale source d'information sur le VIH/sida, ils ne considèrent pas un enseignant ou un conseiller scolaire comme source d'information très digne de confiance. Pour l'ensemble des Canadiens, les médias et les amis sont les sources d'information les moins dignes de confiance malgré que les médias soient la source d'information la plus souvent citée au sujet du VIH/sida.

Les Canadiens se sentiraient le plus à l'aise de se renseigner sur le VIH/sida auprès de leur médecin de famille ou d'un autre professionnel de la santé, ou auprès d'un pharmacien, sources qui sont également mentionnées comme les plus dignes de confiance. Fait peut-être étonnant, les trois quarts au moins des Canadiens disent qu'ils seraient à l'aise de demander des renseignements à une personne qui a le VIH/sida. La majorité des Canadiens (plus de six sur dix) se sentiraient à l'aise de se renseigner auprès des autres sources proposées, notamment un conseiller scolaire, un enseignant, un membre de la famille, une clinique anonyme ou un ami, bien que ces sources soient jugées moins dignes de confiance.

Comme moyens efficaces de procurer de l'information aux gens sur le VIH/sida, les Canadiens mentionnent le plus souvent les messages d'intérêt public à la télévision, suivis par les dépliants ou dossiers d'information envoyés au domicile des gens, les messages d'intérêt public dans les journaux et les messages d'intérêt public à la radio. Un peu plus du tiers des Canadiens sont au courant d'une initiative globale du gouvernement fédéral touchant le VIH/sida, chiffre demeuré à peu près inchangé depuis 2003.

Typologie des Canadiens

Outre les analyses de base figurant dans le présent rapport, nous avons dressé une typologie des Canadiens. Celle-ci répartit les Canadiens en segments de personnes ayant un niveau de connaissance et des attitudes semblables au sujet du VIH/sida. La typologie a été effectuée au moyen d'analyses factorielles et par grappes ainsi qu'avec des analyses de fiabilité.

- ***Bien informés, d'esprit libéral*** : Ce segment représente la plus grande partie des Canadiens (38 p. 100). Il est le mieux informé et le plus à l'aise avec les personnes qui ont le VIH/sida,

c'est le segment le moins stigmatisant et qui est le moins susceptible de se distancier du problème (en tant que maladie qui n'arrive qu'aux autres). Ses membres perçoivent le VIH/sida comme un problème sérieux et dont la gravité n'est pas en train de se dissiper. Ils sont plus susceptibles de connaître quelqu'un qui a le VIH/sida. Ils tendent à compter sur les journaux, la télévision et Internet pour s'informer et ils consulteraient Internet pour obtenir de plus amples renseignements. Ils accordent beaucoup de confiance aux professionnels de la santé et aux autorités comme sources d'information. Les bien informés, d'esprit libéral sont les plus prospères et sont plus susceptibles de dire qu'ils ont fait des études postsecondaires. Les femmes et les personnes âgées de 25 à 44 ans sont surreprésentées dans ce segment. Bien que ces gens soient plus susceptibles d'avoir une vie sexuelle active, ils ne tendent pas de façon générale à avoir des relations protégées et citent comme raison leur monogamie (de même que, de façon générale, ils ne se jugent pas à risque).

- **Bien informés, distants** : Ce deuxième segment en importance (22 p. 100) arrive au second rang des personnes renseignées, ses membres sont moyennement à l'aise avec les gens qui ont le VIH/sida et ils affichent des points de vue passablement stigmatisants. Ils tendent à minimiser la gravité du problème et sont plus susceptibles de s'en distancier (et de percevoir le VIH/sida comme une maladie qui affecte le tiers monde, les gais ou les toxicomanes). Dans ce groupe, on constate une surreprésentation des hommes, des personnes d'ascendance britannique et des personnes ayant fait des études postsecondaires. Ses membres se distinguent des premier et troisième segments du fait qu'ils sont moins à l'aise à propos du VIH/sida et qu'ils ont des attitudes un peu plus stigmatisantes en cette matière.
- **Assez bien informés, d'esprit libéral** : Ce groupe est de même taille que celui des bien informés mais distants (22 p. 100). Ses membres sont moins renseignés au sujet du VIH/sida mais ils sont à l'aise avec les personnes infectées. Ils sont plus susceptibles de mal connaître les modes de transmission et les moyens de dépistage. De façon générale, ils n'ont pas d'attitudes stigmatisantes envers les personnes atteintes du VIH/sida et sont moins portés que beaucoup d'autres Canadiens à se distancier du problème (en tant que maladie qui n'arrive qu'aux autres). Ils tendent à penser que le VIH/sida est un problème sérieux qui ne s'atténue pas au fil du temps. Les personnes de ce groupe sont plus susceptibles de connaître quelqu'un qui a le VIH/sida. Sous d'autres aspects (sources d'information, caractéristiques démographiques), ce groupe se situe en général dans la moyenne.
- **Assez bien informés, négateurs/craintifs** : Ce segment ne renferme que 11 p. 100 des Canadiens et se caractérise par un niveau de connaissance allant de faible à moyen, un malaise plus marqué à l'égard des personnes qui ont le VIH/sida ainsi que des niveaux de stigmatisation plus élevés. Les personnes de ce groupe tendent à minimiser le problème et à s'en distancier et elles sont les plus susceptibles de soutenir la discrimination à l'égard des personnes atteintes du VIH/sida. Elles ressemblent à bien des égards aux membres du cinquième groupe (non-informés et mal à l'aise) mais leur degré d'information est un peu plus élevé et leurs points de vue stigmatisants à l'égard des sidéens sont plus prononcés. Elles sont le moins susceptibles de connaître quelqu'un qui a le VIH/sida. Ce groupe renferme une

proportion de personnes âgées supérieure à la moyenne, son niveau de scolarité et de revenu est inférieur à la moyenne et ses membres affichent des liens étroits avec la religion. Parmi ce groupe, on note une surreprésentation de Québécois, de membres des minorités visibles et de personnes nées à l'extérieur du Canada.

- ***Non-informés et mal à l'aise*** : Ce segment ne comprend que 7 p. 100 des Canadiens. Les membres de ce groupe sont nettement les moins informés au sujet du VIH/sida, ils sont les plus mal à l'aise à l'égard des personnes ayant le VIH/sida et possèdent le niveau le plus élevé d'attitudes stigmatisantes. Ils sont portés à se distancier du problème du VIH/sida (une maladie qui, selon eux, affecte surtout les pays du tiers monde, les gais et les toxicomanes), et ils sont enclins à appuyer la discrimination touchant les personnes atteintes du VIH/sida. En ce qui concerne les sources d'information, ce groupe se montre plus sceptique à l'égard des médecins, des médias et des personnes ayant le VIH/sida et il est plus susceptible d'accorder sa confiance aux membres de la famille et aux amis. Bien que les membres de ce groupe soient les moins actifs sur le plan sexuel, ils se croient plus à risque de contracter le VIH/sida que bon nombre de Canadiens tout en étant les moins susceptibles d'avoir subi un test de dépistage. Ce groupe comprend un nombre plus élevé d'hommes, de personnes âgées, de personnes au niveau de scolarité et de revenu plus faible, et ses membres sont plus susceptibles d'être des citoyens québécois, d'être nés à l'extérieur du Canada, d'avoir des convictions religieuses ou d'appartenir à une minorité visible.

1. INTRODUCTION

1.1 CONTEXT

Since the discovery of the human immunodeficiency virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) more than 20 years ago, millions of people throughout the world have been infected with HIV, and it has become a global epidemic. Between 36.7 and 45.3 million people around the world are living with HIV; since the epidemic began, AIDS has killed more than 24 million people. In December 2005, a report issued by UNAIDS and the World Health Organization estimated that in the past year alone, between 4.3 and 6.6 million people have been newly infected with HIV, and between 2.8 and 3.6 million people with AIDS have died. In addition, by the end of 2004, approximately 15 million children (most of whom were in Africa) had lost one or both parents to AIDS.¹

HIV attacks and damages the body's immune and nervous systems, and AIDS typically develops several years (sometimes even ten years) after a person is infected with HIV. HIV is transmitted through several routes, including having unprotected sexual intercourse with an infected person; sharing needles for injecting drugs with someone already infected; tattooing and/or skin piercing with unsterilized needles; receiving infected blood or blood products; and during pregnancy, at birth or through breastfeeding, when an infected mother can pass the virus to her child.² HIV is not transmitted through casual contact, by saliva or respiratory droplets, insect bites, or by inanimate objects such as toilet seats, drinking glasses, or eating utensils.³ There is currently no vaccine for HIV and, while there are treatments, there is no cure. Furthermore, the virus itself changes quickly, mutating, creating new strains that present challenges in detection, prevention and treatment.

In Canada, the number of people living with HIV/AIDS continues to increase, from an estimated 40,000 in 1996, to 56,000 in 2002, and just under 58,000⁴ in 2004. Many remain unaware of their HIV infection. These individuals are particularly important because, until they are diagnosed, they cannot take advantage of available care, treatment and support or appropriate counselling to prevent the further spread of HIV.

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (December, 2005). AIDS Epidemic Update.

² The Canadian Public Health Association AIDS Program (May, 1995). Basic facts about HIV/AIDS.

³ Royal Society of Canada (1988), op. cit.

⁴ Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (December, 2005). AIDS Epidemic Update.

The number of reported new annual HIV infections in Canada has risen by 20 per cent in the past five years (from 2,111 in 2000 to 2,529 in 2004); women now comprise over one quarter of new diagnoses (compared to less than 10 per cent in 1995). Among women, those aged 15–29 years appear to be most at risk; women in that age group represented 42 per cent of new diagnoses in 2004 (compared with 13 per cent in 1985–1994). These trends correspond to the growing proportion (30 per cent in 2004) of HIV diagnoses attributable to heterosexual transmission.

The HIV/AIDS epidemic in Canada is complex and changing. HIV is increasingly infecting the more vulnerable segments of the Canadian population, especially those who are marginalized by socio-economic factors, those who use intravenous drugs, women living in poverty, many Aboriginal communities, prison inmates, and young gay men. Of the estimated 56,000 Canadians living with HIV in 2002, 58 per cent were men who have sex with men, 20 per cent were injecting drug users, and 18 per cent were heterosexuals. The heterosexual exposure category is a diverse group that includes those who have had sexual contact with someone who is HIV-infected and those who were born in a country where HIV is endemic.

Aboriginal peoples continue to be over-represented among HIV/AIDS infections in Canada. While Aboriginal peoples made up only 3.3 per cent of the general Canadian population according to the 2001 census, the proportion of AIDS diagnoses among Aboriginal Peoples increased from 2.3 per cent to 14.8 per cent between 1994 and 2004.⁵

In addition to the toll on human life and costs to individuals and families in Canada (and around the world), the AIDS epidemic is placing enormous burdens on the health-care system. To contribute to a comprehensive and integrated Government of Canada response to HIV/AIDS, the Federal Initiative to Address HIV/AIDS in Canada has been developed. The Federal Initiative is an evolution from the Canadian Strategy on HIV/AIDS and builds on the recommendations from the Standing Committee on Health; lessons learned from past federal HIV/AIDS strategies; and consultations with stakeholders, provinces and territories. In May 2004, the federal government announced that ongoing federal HIV/AIDS funding would increase from \$42.2 million to \$84.4 million annually by 2008-2009. The Federal Initiative to Address HIV/AIDS in Canada was officially launched in January 2005.

The Public Health Agency of Canada (PHAC) commissioned EKOS to conduct the HIV/AIDS Attitudinal Tracking Survey 2006 to help inform the Federal Initiative's 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. The survey also includes a number of enhanced questions on HIV/AIDS-related stigma and discrimination, the responses to which will help inform the PHAC-led HIV/AIDS social marketing campaign that is currently being developed.

The survey's results will also help inform program and policy initiatives both within government and non-governmental sectors. Many of the 2006 results will have comparison points from 2003 when

⁵ Public Health Agency of Canada (2005). HIV and AIDS in Canada: *Surveillance Report to December 31, 2004*.

baseline measurements were first established. This comparison will provide an understanding of how knowledge, attitudes and behaviours have changed over time. Future HIV/AIDS Tracking Surveys will continue to measure changes in these areas.

The 2006 survey was designed to create an overall picture of Canadians' awareness and knowledge, attitudes and behaviour related to HIV/AIDS, and understand how these can differ by demographic and attitudinal group. The types 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 levels of fear and/or stigma attached to the disease;
- 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);
- frequency of specific risk-related behaviours (some directly related to factors associated with contracting HIV/AIDS);
- an assessment of the level of tolerance and acceptance of people living with HIV/AIDS;
- an assessment of the level of stigma and discrimination of people living with HIV/AIDS; and
- a better understanding of why some Canadians have discriminatory and stigmatizing attitudes towards people living with HIV/AIDS.

1.2 METHODOLOGY

The 2006 survey included a total of 2,036 completed interviews with Canadians over the age of 15 (see Appendix A for the questionnaire). Residents of all ten provinces were included. The territories were also included in the sample, although not examined in regional analysis. This survey also included an over-sample of youth and of respondents born outside of Canada, to ensure a minimum of 300 cases in both instances. The survey was conducted, by telephone, in February 2006. 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 22.5 minutes to administer, with trained, bilingual interviewers. The participation rate in the survey was 24 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 name and telephone number at the Public Health Agency of Canada, when they asked for further information about the study (particularly regarding its purpose and the legitimacy of the study and individual questions).

Fieldwork for this project was conducted by highly trained interviewers at EKOS' call centres in Ottawa and Edmonton. Throughout the data collection, survey supervisors continuously monitored interviewing to ensure consistency of questionnaire administration and interviewing techniques. Up to eight call-backs were made to each member of the sample for which initial attempts at contact were unsuccessful. Follow-up calls were made on subsequent days, at varying time periods to maximize the potential for reaching a given respondent. Appointments were made for respondents wishing to reschedule a survey. Daily records were kept of all calls made, whether successful (i.e. interviews completed or appointments made) or not.

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age and region. In the analysis of the findings⁶, a number of indices were created to represent multiple survey items (e.g., indices for knowledge and comfort). 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 in Chapter Nine).

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. Respondents were also asked about their ethnic origin. As only a total of 177 respondents reported Middle Eastern, Asian, Latin American, Caribbean, or African descent, these were collapsed into an overall "other" category. This allowed for the isolation of Canadian, French, United Kingdom, European, Aboriginal and "other". Throughout the report there is reference to people of ethnic origins other than Canadian, UK, European and so on. This refers to the group who classify themselves as being of Middle Eastern, Asian, Latin American, Caribbean, and African descent.

⁶ 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 analysis.

The following table provides the sample sizes for major demographic groups used in the analysis, along with the associated margin of error for each segment.⁷

	(n)	Margin of Error*
Overall	2,036	2.2
Region		
British Columbia	253	6.2
Alberta	204	6.9
Saskatchewan & Manitoba	203	6.9
Ontario	649	3.8
Quebec	495	4.4
Atlantic Provinces	219	6.6
Gender		
Male	917	3.2
Female	1,119	2.9
Age		
Under 25	303	5.6
25-34	245	6.3
35-44	343	5.3
45-64	762	3.6
65 or older	346	5.2
Education		
Less than high school	783	3.5
College/Some post-secondary	665	3.8
University graduate or higher	562	4.1
Income		
Less than \$20,000	209	6.8
\$20,000-\$39,000	379	5.0
\$40,000-\$59,000	338	5.3
\$60,000-\$79,000	208	6.8
\$80,000 or more	438	4.7

* Calculated at the 95 per cent confidence level. That is, the overall results of the HIV/AIDS Attitudinal Tracking Survey 2006 are considered accurate to within ± 2.2 per cent nineteen times out of twenty.

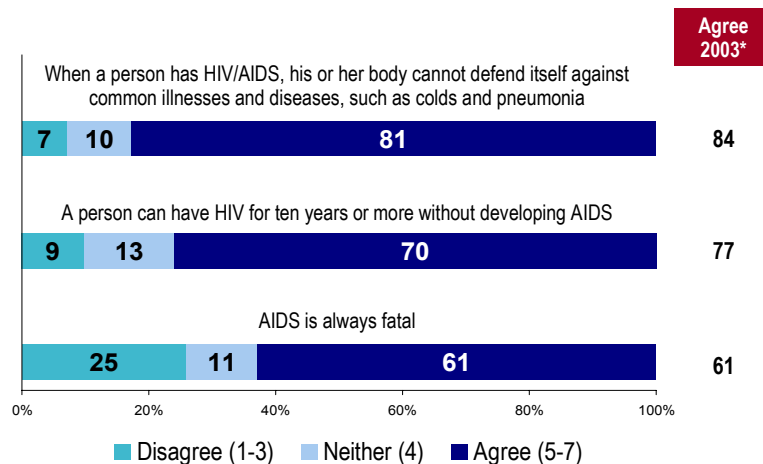
⁷ The margin of error is a measure of the accuracy of the results. The margin of error indicates how far the survey's results can stray from the true value in the entire population (i.e., the finding will be accurate to within a certain number of percentage points 19 times out of 20), in each of the segments listed.

2. KNOWLEDGE AND AWARENESS

In terms of a basic understanding of how the disease works, most Canadians know that “when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia” (81 per cent), and only seven per cent disagree with this statement. This is similar to the results found three years ago (84 per cent). Fewer Canadians know that a person can have HIV for ten or more years without developing AIDS (70 per cent). This is significantly lower than in 2003, when 77 per cent agreed with the statement, pointing to a potential slow erosion of knowledge about the nature of HIV/AIDS. Just over six in ten (61 per cent) agree that “AIDS is always fatal”, which is the same as in 2003.

General Knowledge

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



EKOS Research
Associates Inc.

n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

- Canadians who are unaware that the body cannot defend itself against common illnesses and diseases with HIV/AIDS are more often youth, seniors and residents of Quebec. Those Canadians who are between 45 and 64, and living in Alberta, in particular, are most aware of this fact, as are parents of young children.
- Canadians with higher incomes and education are more likely than others to believe that a person can have HIV for ten years or more without developing AIDS. This is less apt to be the case among the youngest and oldest Canadians (under 25 and over 64), as well as in the Atlantic provinces.
- Respondents who were born in Canada, as well as those identifying themselves as being of European ethnic origin are more likely than other ethnic groups to believe that a person can

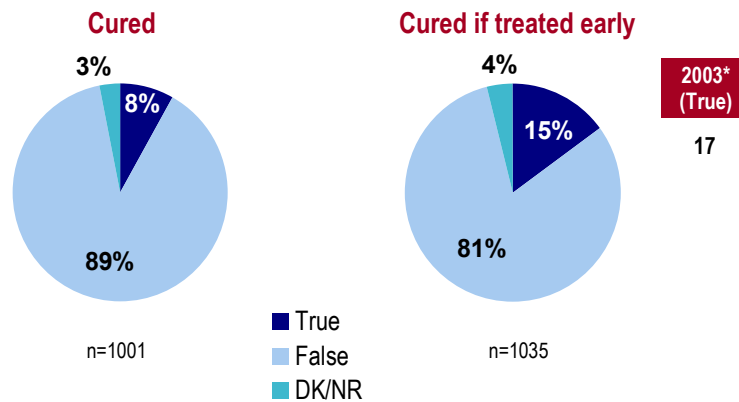
have HIV for ten years or more without developing AIDS. On the other hand, those who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are less apt to believe this.

- Awareness that a person can have HIV for ten years or more without developing AIDS is strongly correlated with greater comfort around people with HIV/AIDS, fewer stigmatizing attitudes, and greater support for the rights of people living with HIV/AIDS, as well as a greater appreciation that HIV/AIDS can affect anyone (and not just certain groups).
- Quebecers are more likely than others across the country to believe that AIDS is always fatal. Ontarians and British Columbians are least likely to agree. Those with the lowest incomes are also more likely to agree, as are those who cite their ethnic origin as European.
- Those with less stigmatizing views about people with HIV/AIDS are less likely to believe that AIDS is always fatal

By and large, Canadians understand that there is no cure for HIV/AIDS. Eighty-nine per cent know that HIV/AIDS cannot be cured, and only a slightly smaller proportion say this when confronted with the possibility of “early treatment” (81 per cent). This is an interesting finding when coupled with the results described previously, where only 61 per cent agree that “AIDS is always fatal”.

Other Knowledge – “Can it Be Cured?”

“To the best of your knowledge, can HIV/AIDS be cured/
be cured if treated early?”



EKOS Research Associates Inc.

*n=2004

HIV/AIDS Awareness Survey, February 2006

- Canadians 65 years old and over are more likely than younger Canadians to believe that HIV/AIDS can be cured. The youngest and oldest Canadians are the most likely to believe that HIV/AIDS can be cured if treated early. Those between the ages of 25 and 34 are the most likely to know that HIV/AIDS cannot be cured.
- Those with the least education and income (often over represented in the youngest and oldest age groups) are also more likely to believe that HIV/AIDS can be cured if treated early.
- Respondents who were born outside of Canada, as well as those who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are also more likely than other ethnic groups to believe that HIV/AIDS can be cured if treated early.
- Canadians who believe that HIV/AIDS can be cured, or cured if treated early, also tend to: distance themselves more often from the disease; hold more stigmatizing views; and are generally less supportive of the rights of people with HIV/AIDS.

2.1 TRANSMISSION AND DIAGNOSIS OF HIV/AIDS

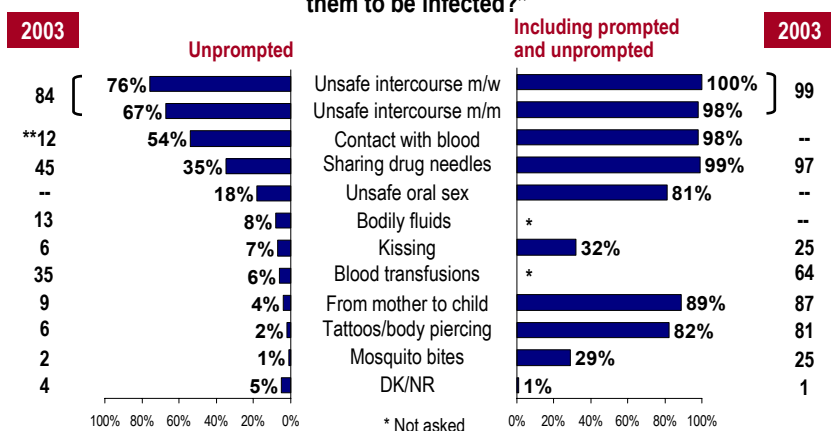
For the most part, Canadians are able to correctly identify how HIV is transmitted. Most Canadians answer without prompting that the HIV virus is spread through unsafe sexual intercourse between a man and a woman, or between a man and a man. Unprompted, 79 per cent cite unsafe intercourse in general as a method of transmission (down from 84 per cent in 2003). A small majority (54 per cent) also report that blood to blood contact (i.e., an open wound) is a way to transmit the virus. Fewer know that both sharing drug needles and unsafe oral sex (18 per cent) can put a person at risk of contracting HIV.

Without prompting Canadians also name bodily fluids (8 per cent), kissing (7 per cent), blood transfusions (6 per cent), from mother to child during pregnancy (4 per cent), tattoos and body piercing with an unsterilized needle (2 per cent) and mosquito bites (1 per cent) as methods of HIV transmission. Five per cent do not know how HIV is transmitted.

Without prompting, those who have higher levels of comfort with people living with HIV/AIDS and those with higher levels of knowledge about the disease are more likely to identify sharing drug needles and blood to blood contact as ways that HIV can be transmitted.

Knowledge of HIV Transmission Methods

“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?”



** In 2003, this item was not coded as an option and so its true incidence is likely underreported



EKOS Research Associates Inc. Only items with 2% or more shown on slide

n=2036

HIV/AIDS Awareness Survey, February 2006

Knowledge of HIV Transmission Methods, by Demographic Variables

*From what you know or have heard, can you tell me how HIV/ the virus associated with AIDS, is passed on to another person?
That is, what people might do or not do to cause them to be infected?⁸*

(Unprompted responses, n=2,030)

	Unsafe intercourse (man + man)	Unsafe intercourse (man + woman)	Unsafe oral sex	Sharing drug needles	Blood to blood contact
Overall	67	76	18	35	54
Region					
British Columbia	69	76	23	37	53
Alberta	62	72	17	33	53
Prairies	64	78	15	40	51
Ontario	69	76	22	38	51
Quebec	66	75	12	29	62
Atlantic	69	80	16	37	43
Age					
<25	69	78	18	30	58
25-34	69	76	19	43	65
35-44	69	78	23	41	58
45-64	65	74	15	37	49
65+	61	73	17	21	40
Ethnic Origin					
Canada	64	74	16	32	56
UK	70	76	19	38	50
French	67	77	21	33	55
Europe	69	77	19	44	50
Other	70	79	21	34	57
Aboriginal	72	91	19	38	57

When asked about specific methods of transmission, almost all Canadians (between 98 and 100 per cent) know that unsafe intercourse between a man and a man, or a man and a woman, sharing drug needles and contact with blood are ways in which HIV can be transmitted. Strong majorities also know that HIV can be transmitted from mother to child during pregnancy (89 per cent), through tattoos or body piercing with unsterilized needles (82 per cent) or through unsafe oral sex (81 per cent), despite the fact that far fewer named these as methods of transmission without prompting.

⁸ In the tables of detailed results by demographic group, proportions and means are presented in bold if they are statistically higher than the rest of the sample.

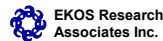
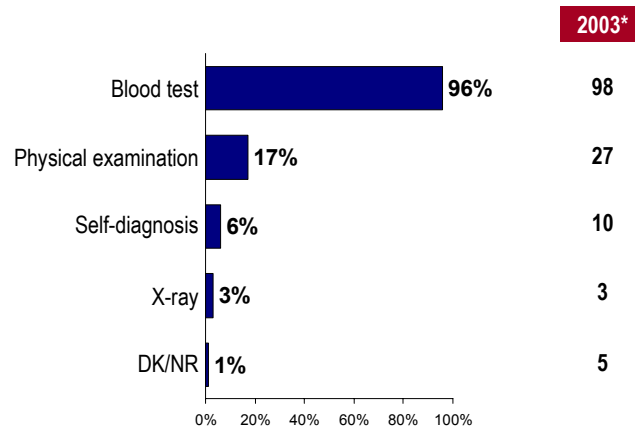
Some Canadians continue to believe (incorrectly) that HIV can be transmitted through kissing (32 per cent), from mosquito bites (29 per cent), from a sneeze or cough (11 per cent), contact with objects such as drinking fountains or toilets (10 per cent) or from casual contact (5 per cent). Clearly, certain myths about how HIV is transmitted have yet to be completely dispelled and, in fact, a comparison of results over the three years suggests some minor erosion of knowledge among the Canadian public.

- The misconception that HIV/AIDS is transmitted through mosquito bites is more prevalent among Canadians with less education (37 per cent among those with high school or less, compared with 28 per cent of those with college education, and 21 per cent of those with university education or more).
- Senior citizens are more likely to incorrectly believe that HIV can be transmitted through a sneeze or a cough (20 per cent, compared to 11 per cent overall).
- When prompted, kissing, sneezing or coughing, mosquito bites, contact with physical objects such as drinking fountains and toilet seats are more likely to be identified as a way that HIV can be passed on to another person by those who are less comfortable with people living with HIV/AIDS, by those who are more likely to believe that HIV/AIDS is a disease that affects only certain groups of the population, by those who hold more stigmatizing views towards people with HIV/AIDS, and by those who are less supportive of the rights of people living with the disease.
- Casual contact is also more likely to be cited as a way to transmit HIV by those who have less knowledge of the disease, and by those who hold more stigmatizing views toward those living with HIV/AIDS.

Canadians are about as likely in 2006 to identify a blood test to diagnose HIV/AIDS as they were in 2003 (96 per cent in 2006 compared to 98 per cent in 2003). Canadians are less likely to believe that HIV/AIDS can be diagnosed through a physical examination (17 per cent down from 27 per cent in 2003), or self-diagnosis (six per cent down from 10 per cent in 2003). Three per cent also now believe an x-ray can be used to diagnose HIV/AIDS.

Knowledge of Testing

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



n=2036; *n=2004

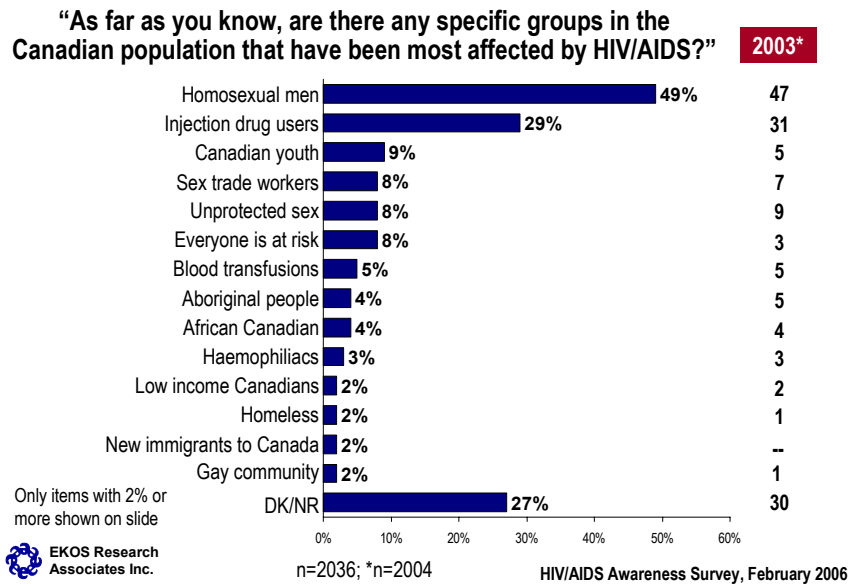
HIV/AIDS Awareness Survey, February 2006

- Quebecers as well as youth and seniors, and Canadians with lower education and income have lower levels of knowledge regarding testing. Between 20 and 29 per cent of these segments believe that detection is possible through physical examination. They are also more apt to believe that HIV/AIDS can be self-diagnosed.

2.2 KNOWLEDGE OF GROUPS MOST AFFECTED BY HIV/AIDS

One in two Canadians names homosexual men as one of the specific groups in the Canadian population that have been most affected by HIV/AIDS (49 per cent compared to 47 per cent in 2003). Injection drug users are named by about three in ten (29 per cent). Other groups such as Canadian youth, sex trade workers and those that have unprotected sex are named by less than one in ten. Two responses have seen an increase in prominence on this list compared to three years ago. Canadians are marginally more likely in 2006 than in 2003 to believe that Canadian youth are at risk, and that everyone in general is at risk. It is important to note that 27 per cent are unable to identify any specific groups at risk.

Knowledge of Groups Most Affected by HIV/AIDS



Knowledge of Groups Most Affected by HIV/AIDS, by Demographic Variables

As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?
(n=2,030)

	Injection Drug Users	Homosexual Men	Canadian Youth	Aboriginal Peoples	Everyone is at Risk
Overall	29	49	9	4	8
Region					
British Columbia	38	49	6	11	8
Alberta	36	45	13	5	9
Prairies	34	37	7	9	10
Ontario	26	49	12	4	7
Quebec	25	59	7	1	8
Atlantic	18	39	5	2	5
Age					
<25	12	29	14	4	12
25-34	26	39	9	3	9
35-44	39	54	9	5	7
45-64	34	61	7	5	6
65+	23	51	8	5	5
Education					
High School or less	19	39	8	3	10
College	31	51	9	4	7
University	39	61	10	7	6
Income					
<\$20,000	19	38	10	3	13
\$20,000-\$39,000	23	48	12	3	9
\$40,000-\$59,000	29	53	9	4	4
\$60,000-\$79,000	39	56	8	4	8
\$80,000 +	39	60	8	7	6
Ethnic Origin					
Canada	28	56	7	2	9
UK	35	52	11	6	5
French	29	44	10	3	9
Europe	34	50	12	5	6
Other	18	34	10	4	8
Aboriginal	22	35	8	15	13

- As you move from east to west across the country, more Canadians are likely to identify injection drug users as a group affected by HIV/AIDS; Atlantic Canadians are the least likely to identify this group, while Canadians in British Columbia were the most likely to do so⁹.
- Youth (16 to 24), are the least likely of all age groups to recognize injection drug users as a group affected by HIV/AIDS.
- Education is a strong determinant of the groups identified as affected by HIV/AIDS. Those with more education were considerably more likely to cite injection drug users (39 per cent) and homosexual men (61 per cent) as examples of groups most affected by HIV/AIDS. This drops considerably among those with only a high school education (19 per cent cited injection drug users and 39 per cent cited homosexual men).
- Those who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are less likely to cite injection drug users or homosexual men as a group most affected by HIV/AIDS.
- Canadians in Quebec stand out as the most likely to identify homosexual men as a group most affected by HIV/AIDS, while Canadians in the Prairies, followed by those in Atlantic Canada, are the least likely. Those who see themselves as being of Aboriginal or “Canadian” descent also cite homosexual men with the greatest frequency.
- Canadians between the ages of 45 and 64 are also much more likely than those under 35 to identify homosexual men as a group most affected by HIV/AIDS.
- Canadians with the greatest knowledge and hold the least stigmatizing views are more likely to identify drug users and homosexual men as specific groups in the Canadian population affected by HIV/AIDS.

⁹ As was the case in 2003, this finding may be related, in part, to the higher incidence of injection drug use on the lower Eastside of Vancouver.

2.3 KNOWLEDGE INDEX

A summary measure was created of the items that reflect respondents' knowledge of HIV/AIDS, creating an index of Canadians' knowledge regarding HIV/AIDS. The index included knowledge of methods of HIV transmission.

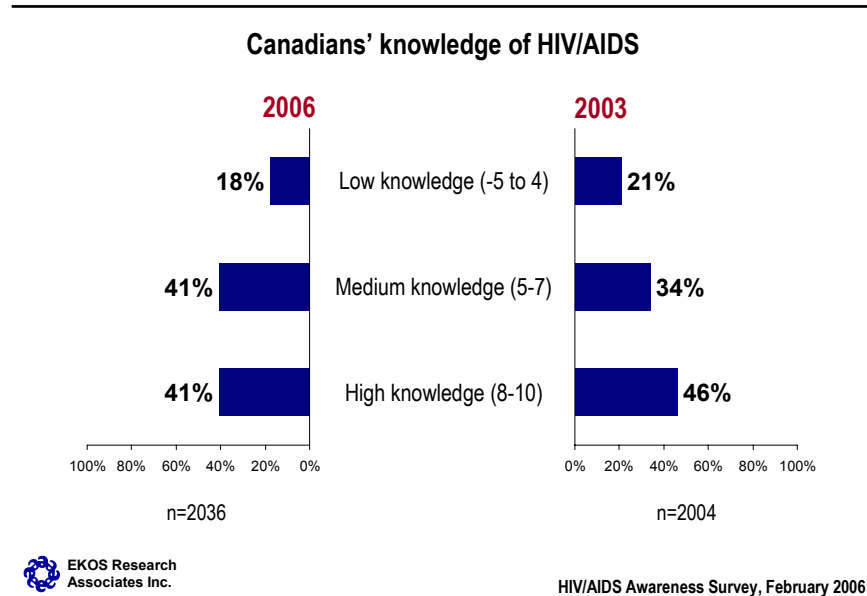
- unsafe intercourse between a man and a man;
- unsafe intercourse between a man and a woman;
- unsafe oral sex;
- sharing drug needles;
- kissing;
- tattoos/body piercing;
- contact with physical objects such as fountains or toilet seats;
- blood to blood contact, such as from an open cut;
- mosquito bites;
- casual contact such as hugging or shaking hands;
- a sneeze or cough; and
- from mother to child during pregnancy;

It also included knowledge of methods for detecting HIV (blood test; physical examination, self-diagnosis; x-ray; or other), and responses to the agree/disagree statements:

- HIV/AIDS be cured/cured if treated early;
- a person can have HIV for ten years or more without developing AIDS; and
- when a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.

Each correct answer earned a point and each incorrect deducted a point. The scores were then summed up and categorized based on a seven point range (to line up with a seven-point scale), which was then collapsed into categories of high, medium and low levels of knowledge. The overall results indicate that 18 per cent have low levels of knowledge, 41 per cent have moderate knowledge and 41 per cent have high levels of knowledge. In 2003 when 21 per cent scored in the lower range, 34 per cent scored in the middle range, and 46 per cent scored high.

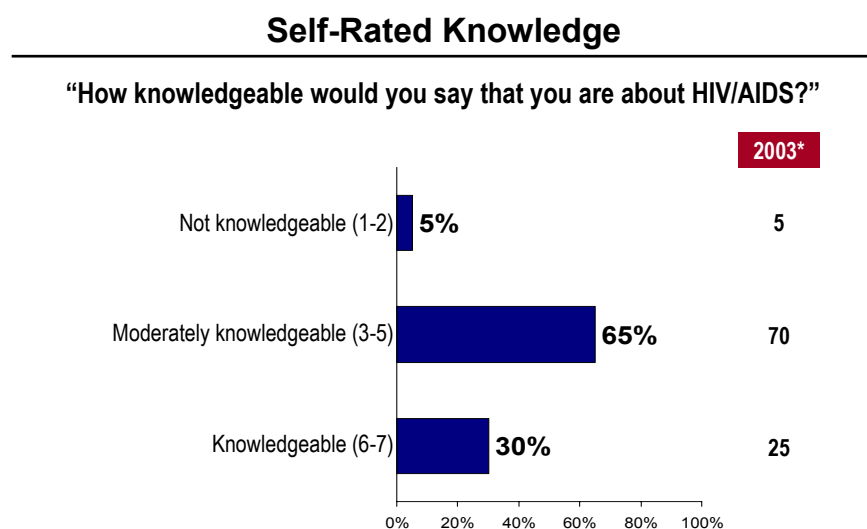
Knowledge Index



- As seen in other patterns already reported, seniors and youth score lower on the knowledge index than those who are in between the ages of 25 and 64. In particular, it is Canadians aged 25 to 34 who score the highest.
- Knowledge scores increase with levels of education and household income.
- Women generally score higher than men.
- Residents of BC score the highest across the country, while those living in Quebec score the lowest.
- Those born outside of Canada generally score higher, particularly if they are from the United Kingdom or Europe. Scores are lower among those coming from other regions of the world.
- Scores are also lower among people reporting a strong religious affiliation.

2.4 PERSONAL PERCEPTION OF KNOWLEDGE (SELF-RATED)

Irrespective of what they actually do know, Canadians generally believe that they are moderately knowledgeable about HIV/AIDS. Few believe (or will admit) that they know little about the disease. Compared with 2003, more Canadians rate themselves as being knowledgeable in 2006, although differences are marginal. Almost one in three claim to be quite knowledgeable about HIV/AIDS.



n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

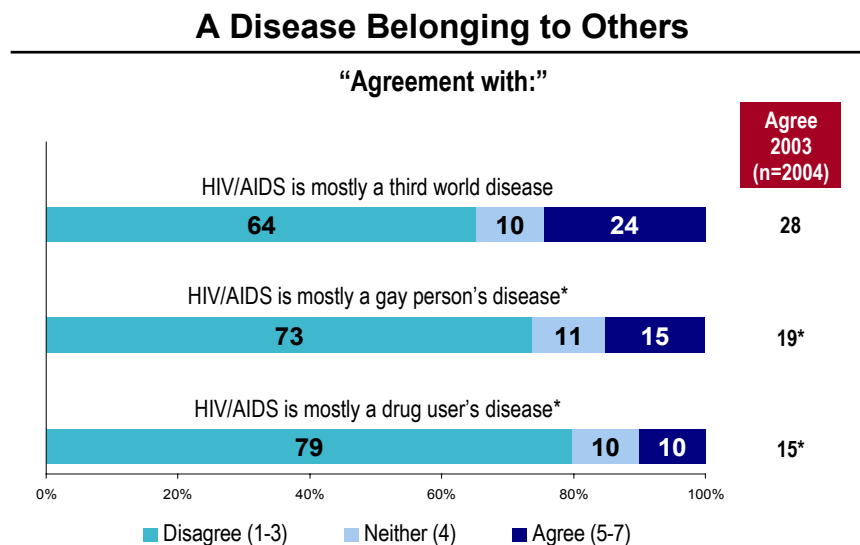
- Perceived knowledge is stronger among those who have known someone with HIV/AIDS. Forty per cent of this group report being knowledgeable about the disease, while only 24 per cent of Canadians who have never known anyone with HIV/AIDS say the same.
- Quebecers are more likely to say they are knowledgeable about HIV/AIDS than those in other parts of the country; in fact, 23 per cent of Quebecers believe they are extremely knowledgeable about HIV/AIDS.
- Seniors are aware of the fact that they know less than other Canadians on the issue of HIV/AIDS (11 per cent rate themselves as “not knowledgeable”).
- Canadians with university education or higher are more likely to believe they are knowledgeable about HIV/AIDS (37 per cent) as compared to those with high school education or less (23 per cent).

Comparing the self-reported, perceived knowledge levels with the actual knowledge levels of Canadians produces some interesting results. Roughly one in four (23 per cent) of those with low knowledge believe themselves to be very knowledgeable, with another 66 per cent who say that they are moderately knowledgeable. This segment of the population is over represented by youth and seniors, as well as by students, members of a visible minority, and those with strong religious affiliation. It is also typically characterized by individuals with lower levels of income and education. Among those who are moderately knowledgeable, 28 per cent think that they are very knowledgeable. Among those with high knowledge levels, 34 per cent think that they are very knowledgeable.

3. DISTANCING, RISK, AND TREATMENT FOR HIV/AIDS

3.1 DISTANCING FROM HIV/AIDS

It can be said that people distance themselves from the disease when they think of HIV/AIDS as a problem that only happens to others, or certain groups, rather than thinking of it as something that can affect anyone, including themselves. As suggested in results presented earlier, Canadians are now slightly more aware than in 2003 that HIV/AIDS can affect anyone. Only 24 per cent agree with the statement “HIV/AIDS is mostly a third world disease” (down from 28 per cent in 2003), while fewer still believe that it is mostly a gay person’s disease (15 per cent, down from 19 per cent in 2003) and only 10 per cent say it is mostly a drug user’s disease (down from 15 per cent in 2003).



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n=2036; *half sample

HIV/AIDS Awareness Survey, February 2006

- Canadians 65 years old and over are the most likely to agree that HIV/AIDS is mostly a drug user’s disease, a gay person’s disease or a third world disease.
- Quebecers are the most likely across the country to say that HIV/AIDS is mostly a gay person’s disease or a third world disease.
- Those who consider HIV/AIDS as a drug users’ disease are also more apt to have been born outside of Canada and to report the lowest levels of income and education.

- Canadians who are the most knowledgeable about HIV/AIDS, comfortable with people living with HIV/AIDS, who have the least stigmatizing attitudes, and who are more supportive of the rights of people living with HIV/AIDS are all less likely to agree with any of these three statements.

3.2 DISTANCING INDEX

Another summary measure was created to reflect the extent to which respondents see HIV/AIDS as a disease affecting others, or very specific groups, and not a disease that is of concern to themselves or to the general public in Canada. The index includes an agreement or disagreement with the following statements:

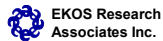
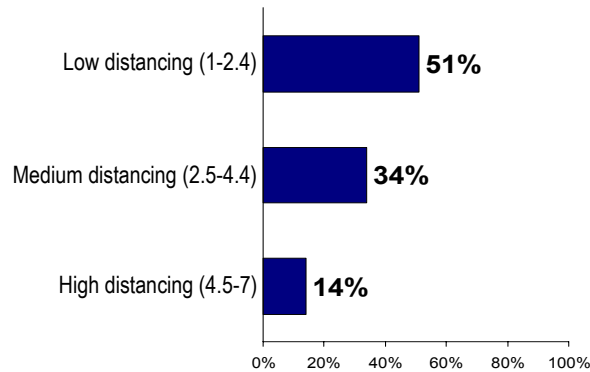
- HIV/AIDS is mostly a gay person's disease;
- HIV/AIDS is mostly a drug user's disease; and,
- HIV/AIDS is mostly a third world disease.

An average score for the three items was calculated on a 7-point scale for each respondent. Results were then collapsed into categories of high, medium and low likelihood of distancing from HIV/AIDS. Half of Canadians (51 per cent) scored low, and do not distance themselves from HIV/AIDS (and do not see it as a disease that only happens to others). Another third (34 per cent) distance themselves to a moderate degree, and the remaining 14 per cent distance themselves to a large degree; likely seeing HIV/AIDS as a disease that only happens to others and does not touch their own lives¹⁰.

¹⁰ This precise index was not used in 2003, so a direct comparison over time is not possible.

Distancing Index

Extent to which Canadians distance themselves from HIV/AIDS



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n=2036

HIV/AIDS Awareness Survey, February 2006

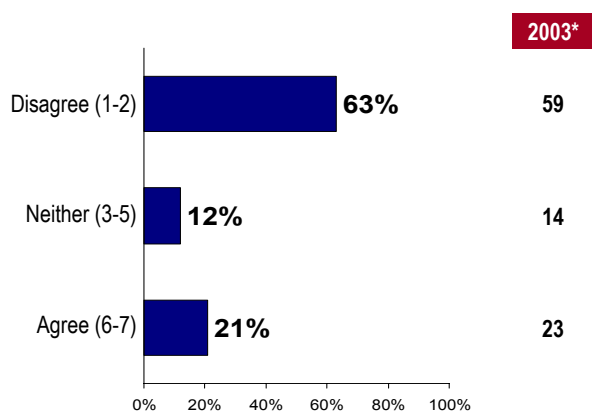
- Those scoring higher on this distancing index are more apt to come from Quebec, compared with other regions of the country.
- Seniors are also more apt to distance themselves from HIV/AIDS.
- Women are less apt to distance themselves than men.
- Canadians with higher incomes and education levels are less likely to score high on the distancing index.

3.3 PERCEPTION OF HIV/AIDS AS A SERIOUS PROBLEM

Most Canadians (63 per cent) disagree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago (up from 59 per cent in 2003). In fact, an overwhelming majority of Canadians (94 per cent) believe that HIV/AIDS is a somewhat or very serious problem in Canada today.

Seriousness of Problem

HIV/AIDS is much less of a problem in Canada today than it was ten years ago

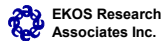
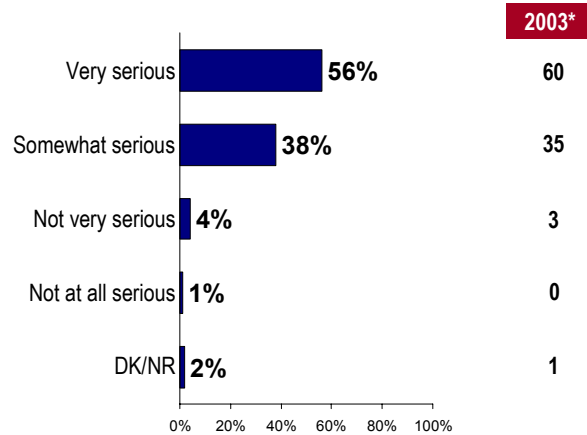


n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

General Perception of Risk

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



n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

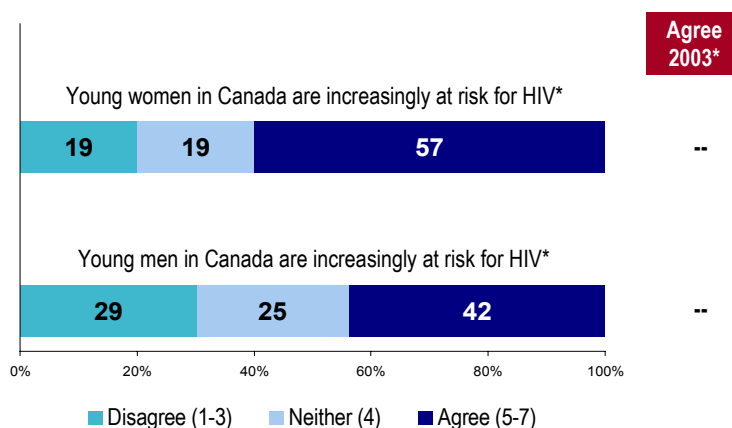
- Respondents who were born outside of Canada, as well as those who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are more likely to agree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago (although a majority of this group still disagree).
- Senior citizens are also more apt to agree that HIV/AIDS is much less of a problem in Canada today than it was ten years ago. Those reporting the lowest incomes and educations are also more likely to agree.
- Those with higher knowledge and who are less apt to distance themselves from the disease are less likely to say that HIV/AIDS is much less of a problem in Canada today.
- Those who identify their ethnic origin as Aboriginal are far more likely to say that HIV/AIDS is a very serious problem in Canada today (73 per cent), while those who identify their ethnic origin as Canadian are less likely to believe this.
- Residents of Atlantic Canada are also more likely to say that the problem is very serious (67 per cent) and women are more likely than men to say that it is very serious (61 per cent compared to 50 per cent for men).

3.4 PERCEPTION OF RISK

Canadians are more likely to agree that young women are increasingly at risk for HIV than are young men.

Perception of Risk

“To what extent do you agree with the following statements?”



n=2036; *half sample

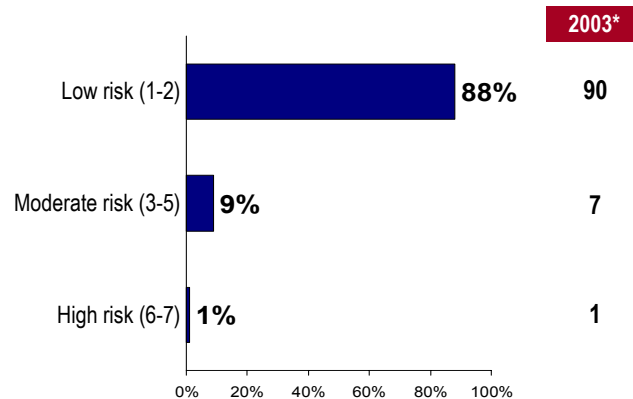
HIV/AIDS Awareness Survey, February 2006

- Atlantic Canadians are more likely to agree that young women in Canada are increasingly at risk of contracting HIV (72 per cent); Quebecers are least likely to agree (45 per cent). Canadians between the ages of 45 and 64, the university-educated, as well as those who know someone with the disease, are all more likely to agree young women are at risk.
- Respondents who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are less likely to agree that young women in Canada are increasingly at risk for contracting HIV; however, they are more likely than Canadians of other ethnic backgrounds to agree that young men are increasingly at risk.
- Those with greater knowledge are also more likely to believe that young women in Canada are increasingly at risk of contracting the disease.
- Canadians more apt to hold stigmatizing views about people with HIV/AIDS are more likely to say that young men in Canada are increasingly at risk for HIV.

The overwhelming majority of Canadians do not consider themselves to be at risk of personally contracting HIV; 88 per cent rate their risk as low. Very few perceive themselves to be at even a moderate risk of contracting the disease (nine per cent) and virtually no one sees themselves in a high risk category. Similar results were found in 2003.

Perception of Personal Risk

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



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n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

Perceptions of Personal Risk by Demographic Variables

How would you rate your own personal risk of contracting HIV, using a scale where 1 is a very low risk, 7 is a very high risk, and the midpoint 4 is moderate risk?

	Low Risk (1,2)	Moderate Risk (3,4,5)	High Risk (6,7)
Overall	88	9	1
Age			
<25	77	20	2
25-34	84	15	0
35-44	90	7	1
45-64	92	5	1
65+	93	3	1
Casual Partners			
Yes	68	29	2
No	91	8	1

- Perceived risk of contracting HIV is higher among youth. This is not altogether surprising given that youth report the highest incidence of casual and multiple sexual partners.
- The difference in perception of risk between those with and without casual partners flags this as a key driver of perceived risk. At the same time, even in this segment only two per cent believe they are at high risk.

When asked why they consider their own personal risk of contracting HIV as low, many hold this view because they are married or only have one partner (59 per cent). Other reasons include not being sexually active (17 per cent), not using drugs (16 per cent), or always using a condom (8 per cent). Nine per cent identified their risk as low for other reasons, and an equal proportion could not give a reason as to why they perceived their risk to be low.

Reasons for Perceived Low Personal Risk, by Demographic Variables

Why do you think your own personal risk of contracting HIV is low? (n=1,853)					
	Married /one partner	Not sexually active	I always use a condom	I don't do drugs	DK/NR
Overall	59	17	8	16	9
Age					
<25	37	25	24	16	12
25-34	68	7	9	16	10
35-44	75	6	8	24	7
45-64	67	13	4	16	8
65+	31	42	2	7	9
Income					
<\$20,000	38	34	12	13	8
\$20,000-\$39,000	52	24	10	17	6
\$40,000-\$59,000	61	16	7	17	7
\$60,000-\$79,000	72	5	9	22	11
\$80,000 +	78	6	5	21	6
Children in the Household					
Teenagers	72	11	3	16	7
Young children	85	4	4	26	8
None	45	24	12	14	10
Sexually Active					
Yes	77	2	9	18	7
No	13	60	7	12	11

Why do you think your own personal risk of contracting HIV is low? (n=1,853)					
	Married /one partner	Not sexually active	I always use a condom	I don't do drugs	DK/NR
Ethnic Origin					
Canada	60	16	9	16	8
UK	58	20	5	17	8
French	66	16	4	18	6
Europe	62	13	9	20	9
Other	46	22	13	17	13
Aboriginal	61	14	11	17	13
Casual Partners					
Yes *	22	4	43	11	14
No	83	2	5	19	6

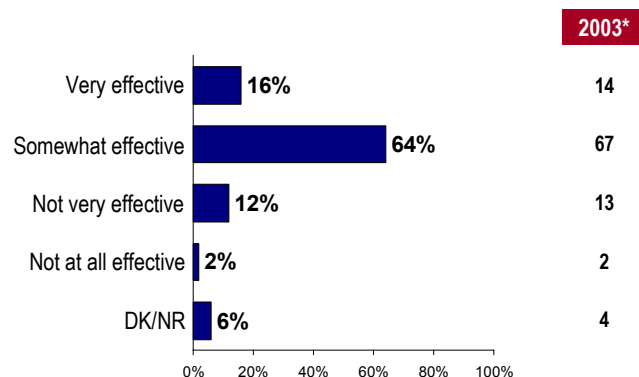
*Among those who reported having casual sexual partners, 16 per cent say their risk of contracting HIV was low because they practice a low risk sexual lifestyle. Note that this is based on a sample size of only 122 cases.

3.5 PERCEIVED EFFECTIVENESS OF TREATMENTS FOR HIV/AIDS

Most Canadians believe HIV/AIDS treatments are somewhat or very effective in helping people with the disease lead normal lives (80 per cent). Only 14 per cent believe they are not very or not at all effective. These results are similar to those obtained in 2003.

Perceptions Regarding HIV/AIDS Treatments

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

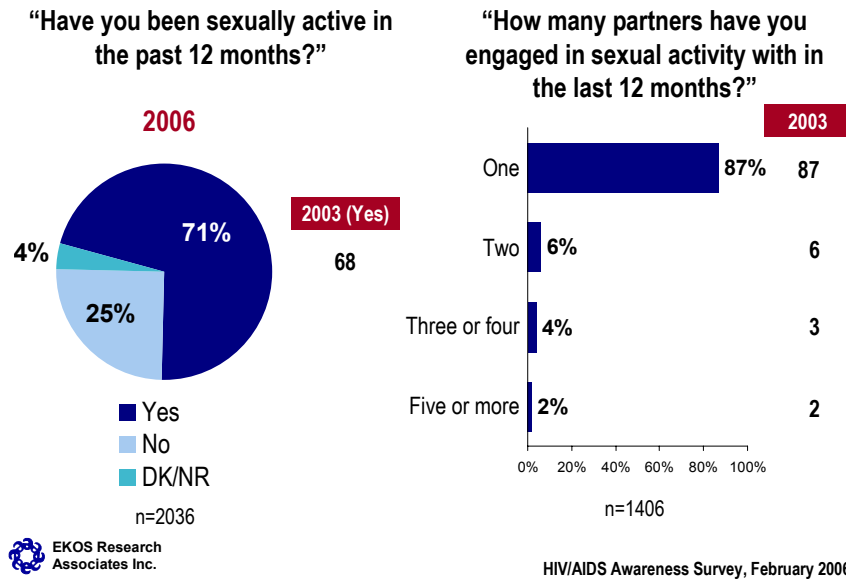


- Quebecers are significantly more likely than Canadians in other regions to say that HIV/AIDS treatments are not effective (34 per cent) in helping people with the disease lead normal lives, whereas this view is shared by ten per cent of residents or fewer elsewhere in Canada. Youth are somewhat more likely to believe that treatments are not effective (18 per cent).
- On the other hand, residents of BC, the most educated and affluent, people who know someone with HIV/AIDS, and parents of young children are more likely than others to believe that treatments are highly effective. This is also the case with individuals born outside of Canada.

4. SEXUAL BEHAVIOUR

As in 2003, at the time of this most recent study, most Canadians report having been sexually active in the past 12 months. Of those who are sexually active, a strong majority have had only one partner in the past 12 months, while far fewer report having engaged in sexual activity with two or more partners.

Sexual Behaviour



Sexual Activity and Number of Partners by Demographic Variables

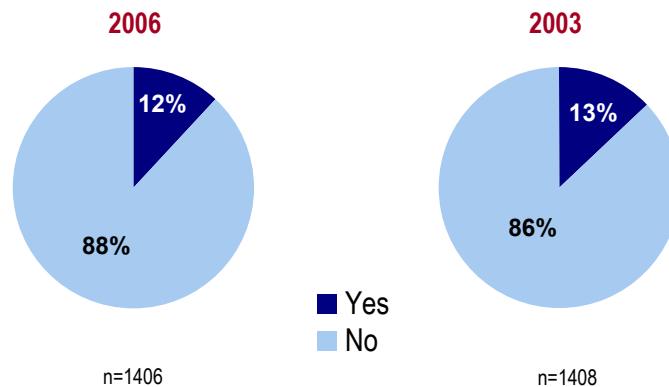
	Have you been sexually active in the last 12 months?		How many partners have you engaged in sexual activity with in the last 12 months? (Only those who reported being sexually active, n= 1,406)	
	% Yes	% One partner	% More than one partner	
Overall	71	87	13	
Age				
<25	67	67	33	
25-34	86	82	18	
35-44	88	91	9	
45-64	75	93	7	
65+	31	95	5	

- Canadians 65 years old or more are the least likely to report sexual activity in the past 12 months (30 per cent), followed by younger Canadians aged 16 to 24 years old (67 per cent); those between the ages of 35 and 44 years were the most likely to report being sexually active (88 per cent).
- Since there are also significant relationships between age and income, presence of children in the home and other variables, on the surface, it would seem to suggest that sexual activity is linked to these other variables. In actual fact, it is the age relationship (and corresponding marital status) which is driving the incidence of sexual activity.
- Although youth are less apt to be sexually active, if they are, they are considerably more likely to have multiple partners than their older counterparts.

Just over one in ten sexually active Canadians reports that they had one or more casual sexual partners in the past year (12 per cent). This is similar to 2003.

Casual Sexual Partners

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



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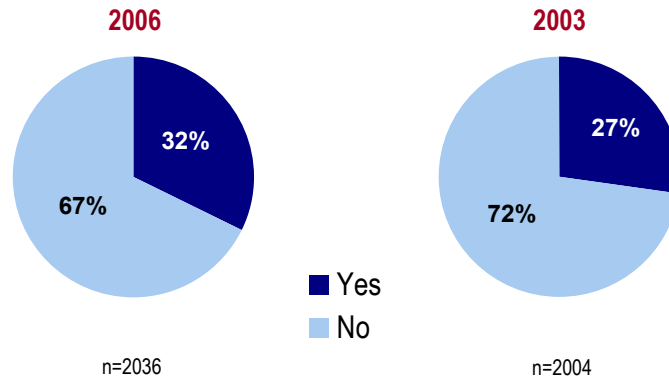
*Those who identified one or more sexual partner in last 12 months

HIV/AIDS Awareness Survey, February 2006

Thirty-two per cent of Canadians report having been tested for HIV (excluding testing for insurance, blood donation and participation in research), which is a slight increase from 27 per cent in 2003.

Testing Behaviour

“Have you ever been tested for HIV, excluding testing for insurance, blood donation and participation in research?”



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HIV/AIDS Awareness Survey, February 2006

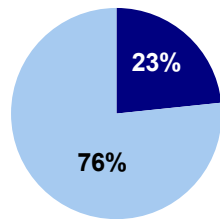
- Canadians in Ontario are more likely than others across the country to report having been tested for HIV in the past (37 per cent), while Atlantic Canadians are less likely (20 per cent) to have been tested.
- Those between the ages of 25 to 44 are more likely to have ever been tested for HIV (47 per cent), with seniors least likely to have done so (11 per cent).
- Canadians who know someone with HIV, who are sexually active, and who report having casual sexual partners are all more likely to have been tested for HIV in the past.
- Those who are more comfortable with people living with HIV/AIDS are more likely to have been tested.

4.1 SAFER SEX

Less than one in four sexually active Canadians used a condom the last time they had sex (23 per cent). For those who did use a condom, the most frequently cited reason by far was a reduction in the risk of pregnancy, followed by a reduction in the risk of getting or transmitting an infectious disease, and (specifically) a reduction in the risk of acquiring or transmitting HIV/AIDS.

Sexual Behaviour – Safer Sex

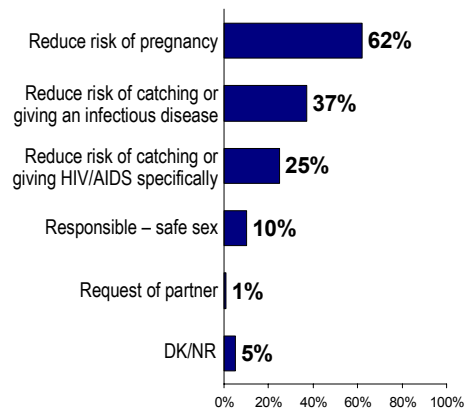
“Did you use a condom the last time you had sex?”



■ Yes
 ■ No
 n=1406

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“Why did you use a condom?”



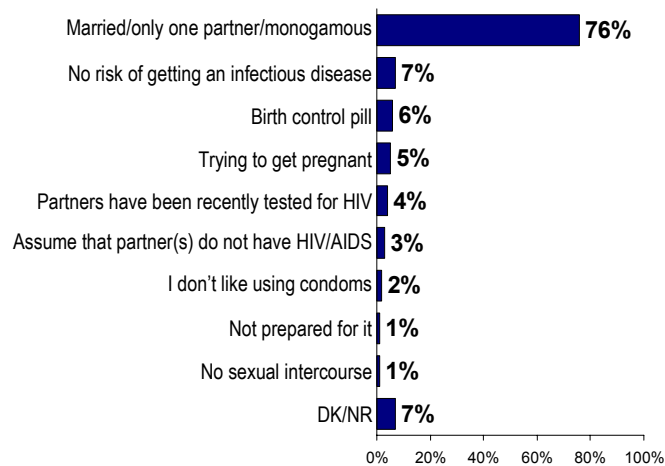
n=286

HIV/AIDS Awareness Survey, February 2006

Three in four sexually active Canadians say they did not use a condom the last time they had sex. A large majority said this was because they are married, have one partner, or are monogamous (76 per cent). Five per cent did not use a condom because they were trying to get pregnant. But other reasons for not using a condom suggest that some Canadians are taking a less cautious approach. Some reported that they felt they had no risk of getting an infectious disease, others assumed their partner(s) do not have HIV/AIDS, or said that their partner was recently tested for HIV. Finally, a few said they were simply not prepared to use a condom, or did not like using them.

Motivation Regarding Safer Sex

“Why didn’t you use a condom?”



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n=1106

HIV/AIDS Awareness Survey, February 2006

- It is perhaps alarming to see that residents of Quebec are more likely than anyone else in Canada to say that their lack of condom use was because they did not perceive any risk of infection (12 per cent of Quebecers who did not use a condom cited this reason, compared with only four to seven per cent of other provinces).

Safer Sex, by Demographic Variables

	<i>Did you use a condom the last time you had sex? (n=1,406)</i>	<i>Why didn't you use a condom?(n=1,102)</i>				
	% No	Married/one partner	No risk of infection	Trying to get pregnant	Birth control pill	DK/NR
Overall	76	76	7	5	6	7
Age						
<25	50	46	5	4	14	14
25-34	69	67	5	13	6	9
35-44	77	84	7	5	8	4
45-64	90	82	7	2	4	7
65+	92	74	12	0	6	7
Children in the Household						
Teenagers	85	86	6	0	6	6
Young children	78	78	4	9	9	7
None	71	68	9	6	6	9
Casual Partners						
Yes	42	39	9	2	3	17
No	82	78	6	5	7	7
Ethnic Origin						
Canada	79	78	8	4	5	6
UK	79	78	5	5	6	8
French	83	79	6	3	5	2
Europe	75	74	5	4	9	9
Other	56	62	4	12	7	12
Aboriginal	76	68	2	0	9	17

- Young Canadians are far more likely than older Canadians to have used a condom most recently.
- Canadians in Atlantic Canada are less likely to have used a condom in their last sexual encounter.
- Those with casual partners are far more likely (58 per cent) to have used a condom than are those who do not have casual partners.
- Canadians who identify their ethnic origin as being something other than Canadian, European, or Aboriginal are far more likely (43 per cent) than other groups to report condom use.

5. HIV/AIDS-RELATED STIGMA

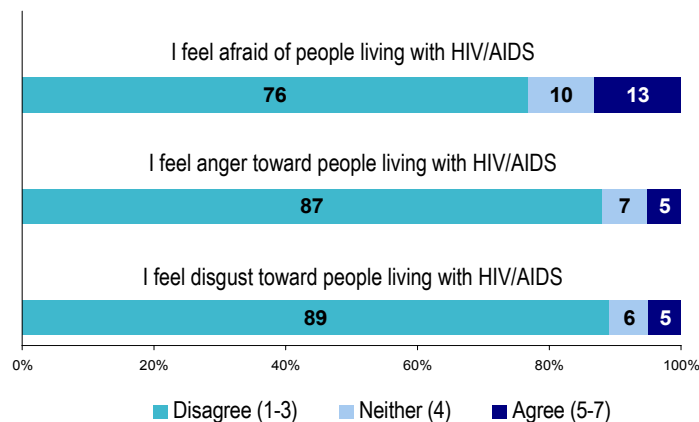
5.1 STIGMA

Stigma refers to unfavourable attitudes and beliefs directed toward someone or something. HIV/AIDS related stigma can be measured in a number of ways. The first measures presented here involve negative feelings towards people living with HIV/AIDS.

The 2006 survey findings demonstrate that few Canadians hold strong negative feelings towards people living with HIV/AIDS. Still there are some Canadians who do hold these strong negative feelings — 13 per cent of Canadians report that they “feel afraid of people living with HIV/AIDS”, and five per cent report that they feel anger or disgust towards people living with HIV/AIDS.

Negative Feelings Toward People with HIV/AIDS

“To what extent do you agree with the following statements?”



EKOS Research
Associates Inc.

n=2036

HIV/AIDS Awareness Survey, February 2006

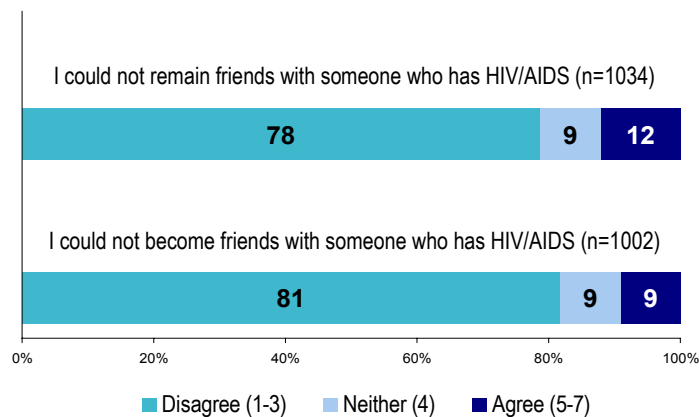
- Women are less apt to report feeling anger, fear or disgust towards people living with HIV/AIDS.
- Senior citizens (65 and older) are more likely to feel strong negative emotions (anger, fear and disgust) towards people living with HIV/AIDS.
- Canadians with high school education or less, as well as those with the lowest household incomes, are more apt than others to feel anger, fear and disgust towards those living with HIV/AIDS.

- Canadians with high levels of self-rated or actual knowledge, individuals who have personally known someone with HIV/AIDS and those who are sexually active are far less likely to feel strong negative emotions (anger, fear and disgust).
- Those born outside Canada and those reporting an ethnic origin which is neither Canadian nor European are more apt to feel anger, fear and disgust towards those living with HIV/AIDS. This is also true of those with strong religious ties.
- Canadians who are less comfortable with people living with HIV/AIDS, those who typically distance themselves from HIV/AIDS (as a disease that only happens to others), and those who are more likely to stigmatize people living with HIV/AIDS are also more likely to feel strong anger, fear and disgust towards people living with this disease.

Another way of measuring HIV/AIDS-related stigma is to understand how Canadians would deal with friendship with someone living with HIV/AIDS. Again, few Canadians hold stigmatizing views with about eight in ten saying they could stay or become friends with someone living with HIV/AIDS. Still 12 per cent agree that they could not remain friends and nine per cent agree that they could not become friends with someone living with HIV/AIDS. This is similar to 2003, when eight per cent agreed that they could not be friends with someone living with HIV/AIDS.

Tolerance of People Living with HIV/AIDS

“To what extent do you agree with the following statements?”



- Quebecers are more likely than Canadians from other regions to feel that they could not become friends with someone with HIV/AIDS (although the proportion is still low at 15 per cent).
- Senior citizens are also more apt to feel that they could not become friends or remain friends with someone with HIV/AIDS.
- Women are more likely than men to feel that they could become friends with someone with HIV/AIDS.
- The proportion of Canadians who feel that they could become or remain friends with someone with HIV/AIDS increases with educational attainment.
- Canadians who rate their knowledge of HIV/AIDS, those who demonstrate high levels of knowledge, and individuals who have already known someone with HIV/AIDS are all more apt to feel that they could become or remain friends with someone with HIV/AIDS.
- Canadians with stronger religious ties are less apt to feel that they could remain friends with someone with HIV/AIDS.
- Naturally, Canadians who are more likely to stigmatize people living with HIV/AIDS are far less likely to say that they could remain or become friends with someone with HIV/AIDS. The same is true of Canadians who are more likely to view HIV/AIDS as a disease that only happens to others, those who are less comfortable with people living with HIV/AIDS, and individuals who are less likely to acknowledge the rights of people living with HIV/AIDS.

Tolerance of People Living with HIV/AIDS by Background Variables

	"To what extent do you agree that..."	
	I could not <i>become</i> friends with someone who has HIV/AIDS	I could not <i>remain</i> friends with someone who has HIV/AIDS
	% Disagree	% Disagree
Overall	81	79
Gender		
Men	76	76
Women	86	81
Age		
<25	90	86
25-34	87	90
35-44	86	84
45-64	81	78
65+	63	52

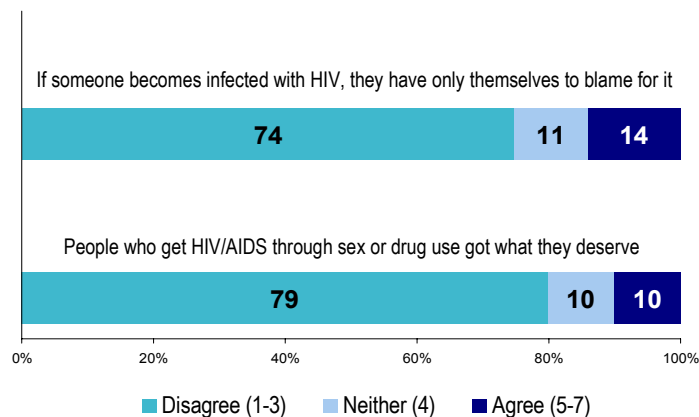
	"To what extent do you agree that..."	
	I could not <i>become</i> friends with someone who has HIV/AIDS	I could not <i>remain</i> friends with someone who has HIV/AIDS
	% Disagree	% Disagree
Education		
High School or less	72	68
College	83	83
University	90	87
Self-Rated Knowledge		
High	84	85
Low	78	70
Known Someone with HIV/AIDS		
Yes	89	85
No	76	75
Sexually Active		
Yes	84	83
No	75	67
Birthplace		
Canada	82	80
Other	77	74
Religious Ties		
Little	85	84
Moderate	82	78
Strong	75	73
Knowledge Index		
Low	66	60
Medium	80	78
High	89	86
Comfort Index		
Low	63	59
Medium	88	86
High	94	96
Distancing Index		
Low	89	86
Medium	77	73
High	63	66
Stigma Index		
Low	94	93
Medium	56	50
High	13	18

	"To what extent do you agree that..."	
	I could not <i>become</i> friends with someone who has HIV/AIDS	I could not <i>remain</i> friends with someone who has HIV/AIDS
	% Disagree	% Disagree
Discrimination Index		
High	62	56
Medium	80	77
Low	88	87

HIV/AIDS-related stigma can also be measured via "blaming attitudes", as some Canadians tend to feel that people living with HIV/AIDS are at fault for having acquired the disease. One in ten Canadians feel that people who get HIV/AIDS through sex or drug use have gotten what they deserve (10 per cent), although most do not blame people living with HIV/AIDS (79 per cent disagree). Similarly, almost three in four (74 per cent) disagree that "if someone becomes infected with HIV, they have only themselves to blame for it."

Stigma of People Living with HIV/AIDS

"To what extent do you agree with the following statements?"



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n=2036

HIV/AIDS Awareness Survey, February 2006

- Senior citizens (65 and older) and individuals with lower levels of education and income are less likely to disagree that people who contract HIV/AIDS got what they deserve or that people who become infected have only themselves to blame for it.
- Those who scored higher on the knowledge index are less likely to agree that people who get HIV/AIDS through sex or drug use got what they deserve or have themselves to blame.

- People born outside Canada, particularly those reporting ethnic origins other than Canadian or European are more apt to believe that people who contract this disease through drug use or sex have gotten what they deserve.
- Those who have personally known someone with HIV/AIDS and those who are sexually active are less likely to feel that people who contract this disease through drug use or sex have gotten what they deserve or have themselves to blame.
- Canadians who are more likely to stigmatize people living with HIV/AIDS are more apt to feel that people who became infected through sex or drug use got what they deserved or have themselves to blame. The same is true of Canadians who are more likely to view HIV/AIDS as a disease that only happens to others, those who are less comfortable with people living with HIV/AIDS, and individuals who are less likely to acknowledge the rights of people living with HIV/AIDS.

5.2 STIGMA INDEX

Several variables were combined to create a summary or index measuring the level of stigma Canadians direct towards people living with HIV/AIDS. These variables include:

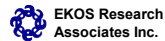
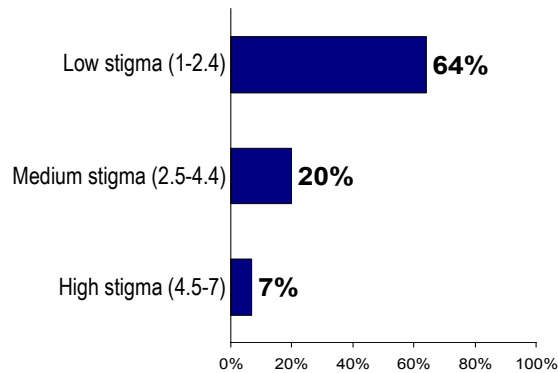
- Extent to which Canadians feel that they could become or remain friends with someone with HIV/AIDS;
- Agreement that people who contract HIV/AIDS through sex or drug use got what they deserve and that people living with HIV/AIDS have only themselves to blame; and
- Extent to which Canadians feel fear of people living with HIV/AIDS¹¹.

Results of this summary show that close to two-thirds of Canadians have little tendency to stigmatize people living with HIV/AIDS, although 20 per cent direct a moderate degree of stigma towards people with HIV/AIDS, and another seven per cent exhibit a high level of stigma.

¹¹ This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways. Other items in the battery did not load into the summary measure with the same degree of reliability.

Stigma Index

Level of stigma Canadians direct towards people living with HIV/AIDS



n=2036

HIV/AIDS Awareness Survey, February 2006

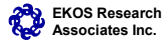
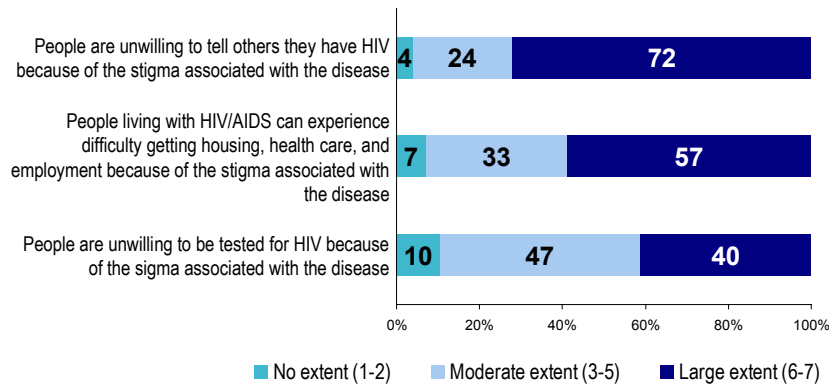
5.3 PERCEIVED REPERCUSSIONS OF HIV/AIDS-RELATED STIGMA

Patterns of results related to stigma towards people with HIV/AIDS show many of the relationships already discussed in this section. Women, Canadians with post-secondary education, those with high levels of self-rated knowledge on the topic of HIV/AIDS, and those who have known someone with HIV/AIDS are all more likely than others to demonstrate less stigmatizing attitudes towards people living with HIV/AIDS. Senior citizens are far more stigmatizing towards persons living with HIV/AIDS than are their younger counterparts. Canadians with stronger religious affiliation (who also tend to be older) and those born outside Canada are more likely than other Canadians to demonstrate stigmatizing attitudes towards people living with HIV/AIDS.

Canadians appreciate that stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS. Close to three-quarters of Canadians (72 per cent) believe that people would be unwilling to tell others they have HIV/AIDS because of the stigma associated with this disease. Over half (57 per cent) believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment, and four in ten (40 per cent) agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

Perceived Repercussions of Stigma Associated with HIV/AIDS

“To what extent do you believe the following statements?”



n=2036

HIV/AIDS Awareness Survey, February 2006

- Quebecers are less apt than others across Canada to believe that people living with HIV/AIDS suffer any of these consequences as a result of the stigma associated with this disease.
- Youth (under 25) are also less apt to believe that people living with HIV/AIDS experience difficulties obtaining housing, health care or employment, while those 35 to 64 are more apt to agree that they do.
- Canadians who perceive HIV/AIDS to be a serious problem are more apt to agree that people are unwilling to be tested for the disease due to stigma, and that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment.
- Those more likely to stigmatize people living with HIV/AIDS are also less apt to believe that people would be willing to be tested for HIV.
- Those with strong ties to religion are less apt to agree that people living with HIV/AIDS would be less willing to be tested for HIV/AIDS due to the stigma associated with this disease (which is perhaps not surprising given their relatively lower tolerance levels).
- Women are more likely than men to believe that people living with HIV/AIDS experience all three repercussions as a result of the stigma associated with HIV/AIDS.
- Those who personally know someone with HIV/AIDS are also more apt to agree that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment.

- Canadians who are more knowledgeable about HIV/AIDS are more apt to agree that people living with HIV/AIDS can experience difficulty getting housing, health care or employment and that they are unwilling to tell others they have HIV because of the stigma associated with the disease.

6. HIV/AIDS-RELATED DISCRIMINATION

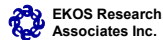
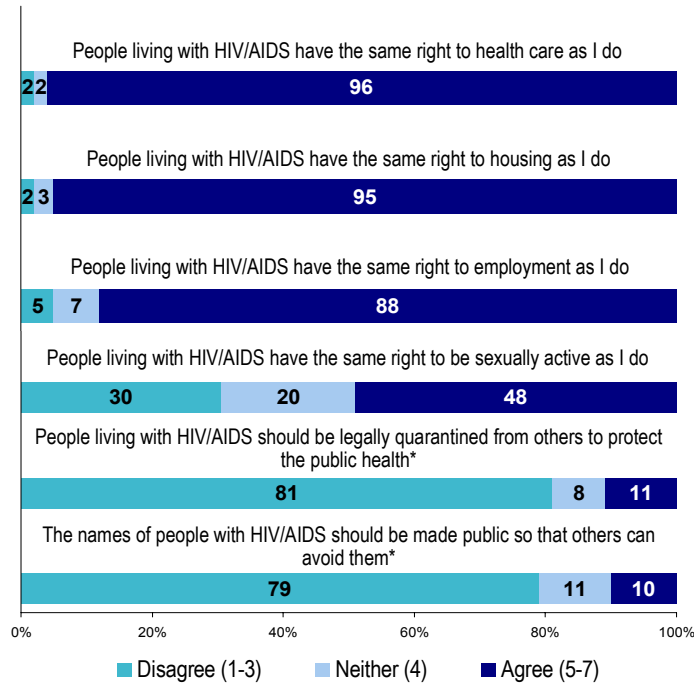
6.1 RIGHTS OF PEOPLE LIVING WITH HIV/AIDS

Discrimination is defined as the treatment of an individual or group with partiality or prejudice. Virtually all of Canadians (96 per cent) believe that people living with HIV/AIDS have the same right to health care as they do, and the same proportion (95 per cent) believe that they have the same right to housing. Most (88 per cent) also believe that people living with HIV/AIDS have the same right to employment as they do, which stands in contrast to the fact that many do not believe that those living with HIV/AIDS should be able to serve the public in positions such as dentists, and that a large proportion would feel uncomfortable working with someone with HIV/AIDS. So, while the public is supportive of the rights of people living with HIV/AIDS to employment in theory; they do not necessarily want to come into contact with them.

Very few Canadians believe that people living with HIV/AIDS should be legally quarantined from others to protect public health, or that names of people with HIV/AIDS should be made public so that others can avoid them, although one in ten do . Canadians are considerably more divided, however, on whether persons living with HIV/AIDS should have the right to be sexually active (48 per cent agree, but almost one in three disagree).

Rights

“To what extent do you agree with the following statements?”



n=2036; *half sample

HIV/AIDS Awareness Survey, February 2006

- Quebecers are more apt than Canadians from other regions to support the right of those with HIV/AIDS to be sexually active.
- Women are more likely than men to be sensitive to the rights of those living with HIV/AIDS on all points tested.
- People with greater knowledge, those who have known someone with HIV/AIDS, and the sexually active are all more likely than others to agree that those with HIV/AIDS have the same rights they do (to employment, health care, housing, and to be sexually active), and are less apt to agree that they should be quarantined for public safety.
- Those with weaker religious affiliation are more apt than others to agree that people living with HIV/AIDS have the same rights to employment and housing, and to agree that they should have the right to be sexually active. Those with stronger religious ties are more apt to believe that people with HIV/AIDS should be quarantined and their names released for public safety.
- Seniors are less likely than Canadians less than 65 years of age to support the rights of those living with HIV/AIDS to employment or housing. They are also less supportive of their right to

be sexually active. In fact, they are more likely than others to believe that people living with HIV/AIDS should be quarantined and their names released for public safety.

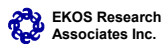
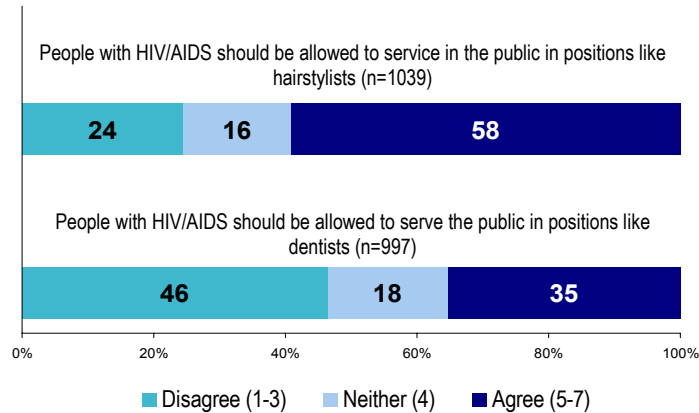
- Support for the rights of those living with HIV/AIDS to equal employment, health care and housing is lowest among those with high school education or less (compared with more educated Canadians)¹². Those with high school education or less are also less apt than others to believe that people with HIV/AIDS have the same right to be sexually active, and are more apt to believe that this group should be quarantined and their names released for public safety.
- Canadians born outside Canada, and those whose ethnic origin is neither Canadian or European are less supportive than other Canadians of the rights of those living with HIV/AIDS to employment or housing, and of their right to be sexually active. They are more apt to agree that people living with HIV/AIDS should be quarantined for public safety.
- Canadians with a high level of knowledge of HIV/AIDS, those more comfortable with people living with HIV/AIDS, people less apt to distance themselves from HIV/AIDS, and those less likely to stigmatize people with HIV/AIDS are all more supportive of the rights of people living with HIV/AIDS to employment, housing and health care, and are less likely to agree that people with HIV/AIDS should be quarantined or identified to protect the public.

¹² The inclusion or exclusion of youth, under 18 years of age (who may still be in the process of completing their high school level of education) does not have an impact on these findings.

Although most Canadians believe that people living with HIV/AIDS should have the same right to employment as they do, fewer than six in ten Canadians (58 per cent) agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists and only one-third (35 per cent) agree that people with HIV/AIDS should be permitted to work in positions such as dentists.

Service In Public Positions

“To what extent do you agree with the following statements?”



HIV/AIDS Awareness Survey, February 2006

- Senior citizens are less apt to feel that those living with this disease should serve the public in positions such as dentists or hairstylists.
- Women are more likely than men to agree that people living with HIV/AIDS should be allowed to work in positions such as dentists and hairstylists.
- The proportion of Canadians who agree that people living with this disease should serve the public in positions such as dentists or hairstylists increases with educational attainment.
- People with high levels of knowledge, or who have known someone with HIV/AIDS are also more apt to agree that people living with this disease should serve the public in positions such as dentists or hairstylists. These findings are also found in the relationship with the knowledge index.

6.2 DISCRIMINATION INDEX

The following variables were combined to create a discrimination index measuring the extent to which Canadians believe (or do not believe) that people living with HIV/AIDS should have their rights protected (or be isolated or segregated from the rest of the population):

- the rights of people living with HIV/AIDS to employment;
- the rights of people living with HIV/AIDS to be sexually active; and
- Whether people living with HIV/AIDS should be quarantined or their names made public.¹³

Those with low scores on this discrimination index believe that people with HIV/AIDS should be segregated and their rights limited, while those with high scores are more supportive of the rights of people living with HIV/AIDS.¹⁴ Based on this index, 20 per cent of Canadians do not believe in supporting the rights of people living with HIV/AIDS (i.e., they score high on the discrimination index). More than half of Canadians (58 per cent) are supportive of the rights of people living with HIV/AIDS (i.e., they score low on the discrimination index).

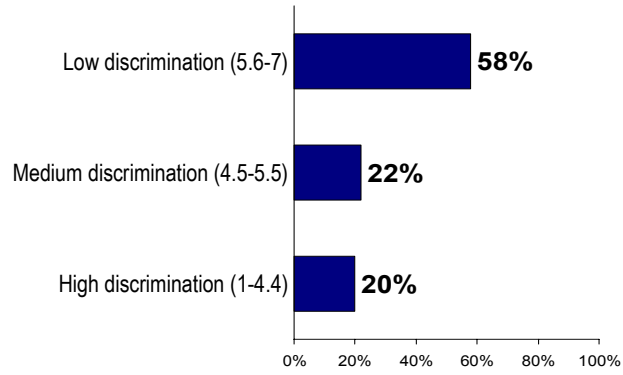
Compared with the “stigma index” presented earlier in this report (which reflects a degree of acceptance of someone with HIV/AIDS), the discrimination index reflects the degree to which people are concerned about the rights of people living with HIV/AIDS. Analysis shows that those holding stigmatizing views about people living with HIV/AIDS are also more apt to discriminate against people with the disease. Eighty per cent of those who score high on the stigma index also score medium to high on the discrimination index and 70 per cent of those who score low on stigma also score low on discrimination.

¹³ These three items loaded into a common summary measurement with a high degree of reliability. The addition of other items in the battery reduced the reliability of the measure (i.e., were not answered with the same degree of commonality).

¹⁴ The direction of the Discrimination Index is opposite compared to other indices. Low values of the index represent highly discriminatory views while high values of the index represent low discrimination.

Discrimination Index

Canadians' Level of Discrimination Towards People Living with HIV/AIDS



 EKOS Research
Associates Inc.

n=2036

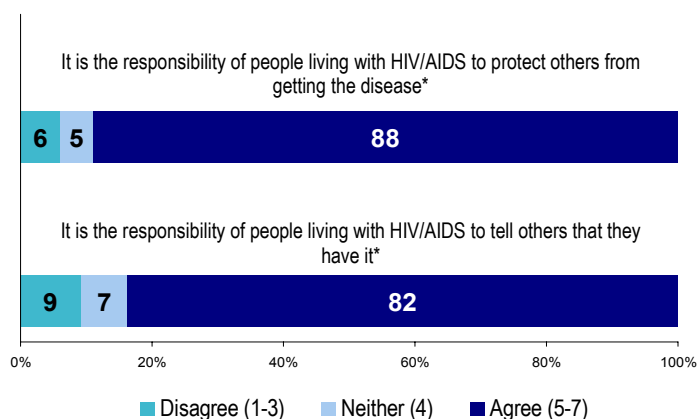
HIV/AIDS Awareness Survey, February 2006

6.3 RESPONSIBILITIES OF PEOPLE LIVING WITH HIV/AIDS

Most Canadians (88 per cent) believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease. While most do not feel that the names of people with HIV/AIDS should be made public, they do believe that they have a responsibility to tell others that they have it (82 per cent).

Responsibility of People with HIV/AIDS

“To what extent do you agree with the following statements?”



n=2036; *half sample

HIV/AIDS Awareness Survey, February 2006

- Canadians with university education are less likely than those with less education to agree that those with HIV/AIDS are responsible to tell others of their condition (perhaps because they believe that this depends on the circumstances and that not all situations should require this kind of disclosure).
- Those with casual sex partners are less apt than other Canadians to feel that it is the responsibility of those with HIV/AIDS to tell others of their condition, which is cause for concern as this group is more vulnerable to infection.
- Canadians who are uncomfortable with people living with HIV/AIDS are more likely to agree that it is the responsibility of people living with HIV/AIDS to tell others that they have it.

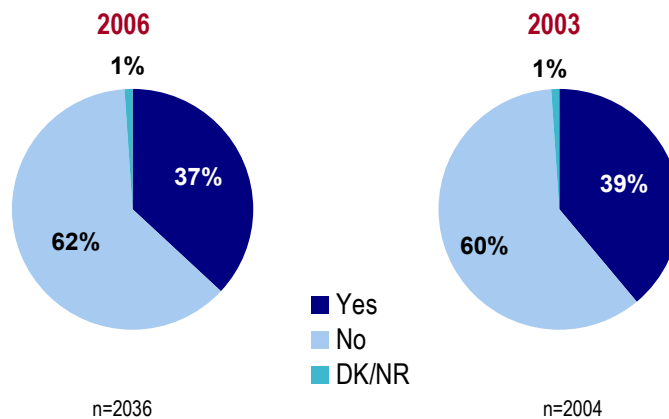
7. COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

7.1 PERSONAL EXPERIENCE WITH HIV/AIDS

The proportion of Canadians who know or have known someone with HIV/AIDS remains virtually unchanged from 2003. Just over one in three Canadians (37 per cent) know or have known someone with HIV/AIDS (compared to 39 per cent in 2003).

Personal Experience (a)

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



EKOS Research Associates Inc.

HIV/AIDS Awareness Survey, February 2006

- The youngest (under 25) and oldest Canadians (65 and older) are least likely to have known someone with HIV/AIDS, while Canadians between the ages of 35 and 64 are most likely to. This picture is identical to that found in 2003.
- The proportion of Canadians who have known someone with HIV/AIDS increases with educational attainment as well as with income (which also echoes 2003 findings).
- Those who identify themselves as being of Aboriginal descent are more likely to say that they have known someone with HIV/AIDS.

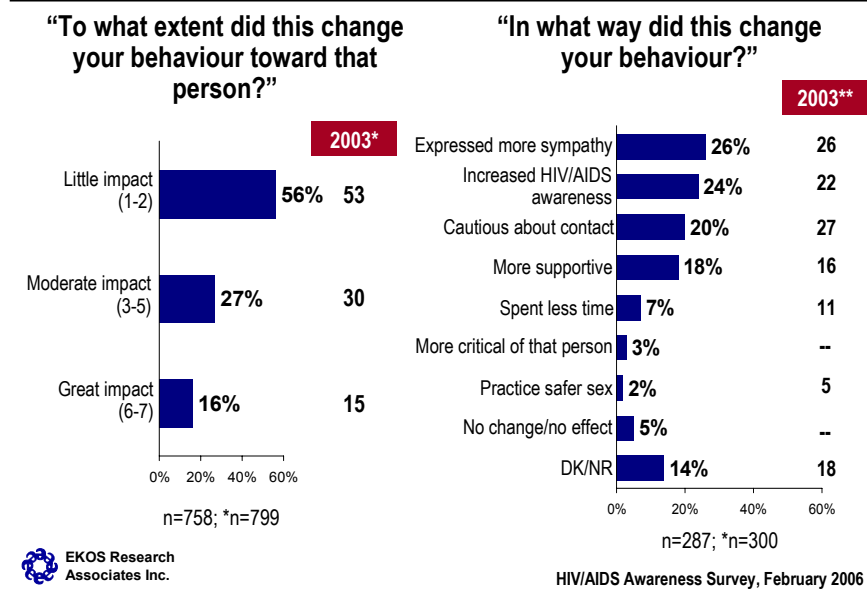
- Naturally, individuals who have known someone with HIV/AIDS are more apt to consider this disease to be a serious problem. Canadians who are most knowledgeable, those aware that there is a federal government initiative, and those with weak ties to organized religion are also all more likely to say that know or have known someone with HIV/AIDS.
- Not surprisingly, knowing someone with HIV/AIDS also goes hand in hand with greater comfort with people living with HIV/AIDS, less likelihood to see HIV/AIDS as a disease that only happens to others, fewer stigmatizing attitudes, and a greater appreciation for the rights of people living with HIV/AIDS. These relationships suggest that knowing someone with HIV/AIDS has a positive influence on one's attitudes towards people with the disease.

Over half (56 per cent) of the people who know or have known someone with HIV/AIDS believe that knowing this had little or no impact on their behaviour towards this person. On the other hand 27 per cent believe that it had a moderate impact and 16 per cent point to a great impact on their behaviour. These results were also found in 2003.

In terms of the specific direction of the change, most reported impacts were positive in nature. One in four say that they expressed more sympathy toward that person (26 per cent), that their awareness or understanding of HIV/AIDS grew (24 per cent), or that they were more supportive of the individual in question (18 per cent). A smaller proportion said that they became more cautious about casual contact with that person (20 per cent), spent less time with that person (seven per cent), or became more critical of that person (three per cent).

In comparison to 2003, Canadians are less likely to report negative changes in their behaviour towards individuals they know with HIV/AIDS, with fewer reporting more caution about casual contact (20 per cent in 2006 compared to 27 per cent in 2003) or reducing the time spent with that person (seven per cent compared to 11 per cent in 2003).

Personal Experience (b)



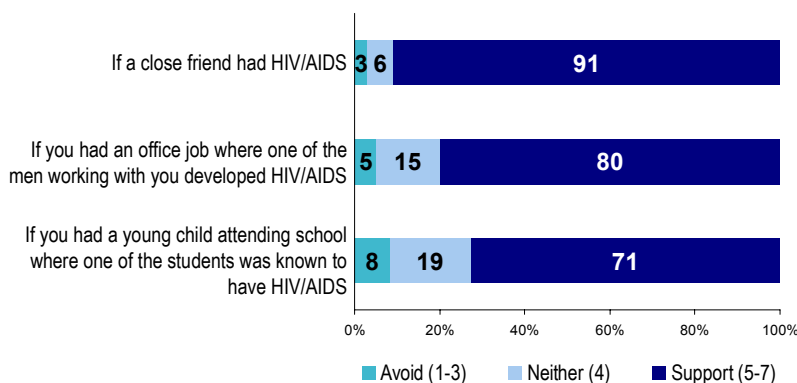
- Women are less likely than men to report any impact from knowing that someone has HIV/AIDS.
- Those with a stronger religious affiliation are more apt to report a significant impact on their behaviour towards this person.
- The degree of positive support provided to a person with HIV/AIDS increases with educational attainment.

7.2 SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Although Canadians believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships, and particularly, where a child is involved. More Canadians believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (91 per cent would support a close friend in this situation), which is higher than the support reported for a co-worker (80 per cent) or a student attending the same school as their own child (71 per cent would be supportive in this instance). Very few say that they would actively avoid a close friend or co-worker with HIV/AIDS (three and five per cent respectively), and less than one in ten (eight per cent) would actively avoid a student in their child's school with HIV/AIDS.

Support of People with HIV/AIDS

“How would you react to finding out someone you knew had HIV/AIDS?”



- Women are somewhat more apt than men to be supportive in all three scenarios.
- Seniors (65 and older) are least likely of all age groups to be supportive of a person diagnosed with HIV/AIDS in any of these situations. Youth (under 25) are also less likely to be supportive of a co-worker with HIV/AIDS.
- The extent to which Canadians would support an individual with HIV/AIDS in any of these situations increases with education. Those with the lowest household incomes (\$20,000 or less) are less likely to be supportive of a close friend or co-worker with HIV/AIDS.

- Canadians who have known someone with HIV/AIDS, individuals who are sexually active, and those who have a high level of self-rated and actual knowledge are also more apt to report support for an individual with HIV/AIDS in all three scenarios.
- Those born in Canada also believe more often that they would be supportive of an individual who contracted HIV/AIDS in all three scenarios, compared with individuals born outside of the country. More pointedly, members of other ethnic origins (other than Canadian or European) are more apt to say that they would avoid an individual with HIV/AIDS in each of these instances.
- Those with less religious affiliation are more apt to be supportive of a close friend or co-worker with HIV/AIDS.
- Naturally, Canadians who are more comfortable with people living with HIV/AIDS are also more apt than those less comfortable to indicate that they would be supportive in all three situations, as are those less likely to see HIV/AIDS as a disease that only happens to others, and those less likely to stigmatize people living with HIV/AIDS.

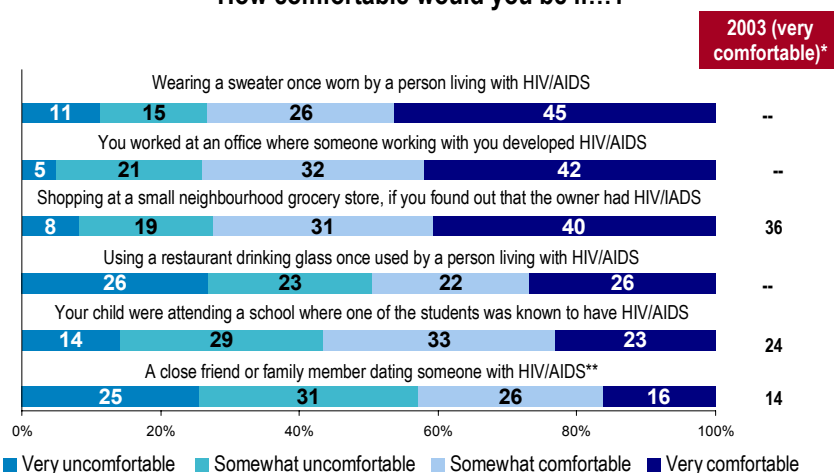
7.3 COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

Furthermore, the discomfort and imperfect knowledge of Canadians on the subject of HIV/AIDS is also demonstrated by their response to further probing on the topic of tolerance. Over half the Canadian population would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS (56 per cent); 43 per cent would feel uncomfortable if their child was attending a school where a student has HIV/AIDS; and roughly one-quarter would feel uncomfortable working in an office where someone developed HIV/AIDS (26 per cent) or shopping at a small neighbourhood grocery store where the owner has HIV/AIDS (27 per cent). The level of comfort appears to decline as the contact becomes more direct and personal. These findings are consistent with results from 2003.

Further highlighting the discomfort and lack of knowledge in this area, and despite the fact that most Canadians believe that they are knowledgeable regarding the transmission of HIV/AIDS, a full half (49 per cent) say that they would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS, and 26 per cent would feel uncomfortable even wearing a sweater once worn by a person living with HIV/AIDS. This is particularly troubling given that only a minority believe HIV/AIDS can even be transmitted by casual contact. This suggests that Canadians are not altogether convinced about the potential sources of transmission (and even if they do feel that they have a handle on it, knowing the facts and feeling a way toward a behaviour seem to be at odds with one another).

Level of Comfort

“How comfortable would you be if...?”



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n=2036; *n=2004; **half sample in 2003;
wording was “a close friend or relative”

HIV/AIDS Awareness Survey, February 2006

- Quebecers are least likely across the country to feel comfortable with their child attending a school where a student has HIV/AIDS, while residents of British Columbia are most apt to feel comfortable in this situation. Surprisingly, Quebecers are far more apt to feel comfortable with a close friend or family member dating a person with HIV/AIDS.
- Seniors are significantly less comfortable than others in all of the situations tested.
- Canadians with the least education (high school or less) are far less comfortable in any of the situations tested than their more educated counterparts.
- Those with high levels of self-rated and actual knowledge, individuals who have personally known someone with HIV/AIDS, as well as those who are sexually active are all typically more comfortable with the situations tested.
- Those born outside Canada, and individuals whose ethnic origin is neither Canadian or European, are often less comfortable in any of the situations tested.
- Those with weak religious affiliation are more apt to feel comfortable in these situations.
- Canadians who are more apt to distance themselves from HIV/AIDS (as a disease that only happens to others) are typically less comfortable in any of the situations tested, while those less likely to stigmatize people living with HIV/AIDS are more apt to feel comfortable in these situations.

Level of Comfort with People Living with HIV/AIDS by Demographic Variables

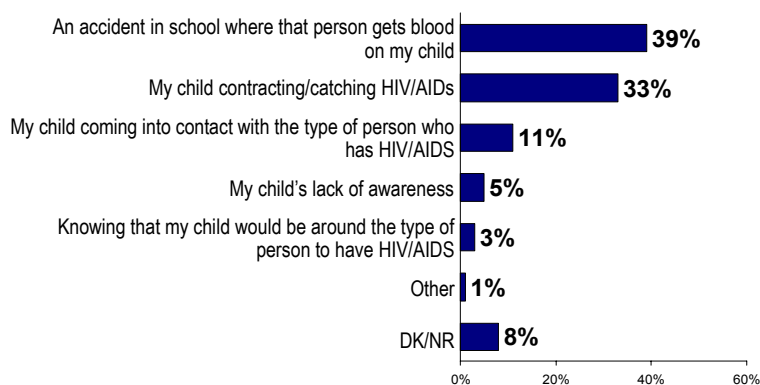
	"How comfortable would you be if..."				
	Close Friend or family dating someone with HIV/AIDS	Child attending school where student has HIV/AIDS	Worked in office where someone develops HIV/AIDS	Shopping at neighbourhood store where owner has HIV/AIDS	Drinking from restaurant glass once used by person with HIV/AIDS
	% Comfortable	% Comfortable	% Comfortable	% Comfortable	% Comfortable
Overall	43	56	74	72	49
Gender					
Men	39	54	71	71	47
Women	47	57	76	72	50
Age					
<25	46	59	78	78	54
25-34	51	63	82	85	62
35-44	52	61	80	81	56
45-64	41	57	74	68	47
65+	20	37	52	42	25
Education					
High School or less	36	48	67	62	38
College	48	60	77	76	54
University	45	62	80	79	56
Self-Rated Knowledge					
High	49	63	81	77	53
Low	36	48	66	65	44
Known Someone with HIV/AIDS					
Yes	53	67	85	80	57
No	37	50	68	67	44
Sexually Active					
Yes	47	60	79	77	54
No	34	47	62	59	35
Birthplace					
Canada	46	58	76	74	51
Other	28	47	65	61	40
Ethnic Origin					
Canada	49	56	75	74	45
UK	38	61	77	73	55
French	52	59	77	75	51
Other European	38	57	75	68	53
Other	29	44	62	62	43
Aboriginal	51	60	83	75	57

	"How comfortable would you be if..."				
	Close Friend or family dating someone with HIV/AIDS	Child attending school where student has HIV/AIDS	Worked in office where someone develops HIV/AIDS	Shopping at neighbourhood store where owner has HIV/AIDS	Drinking from restaurant glass once used by person with HIV/AIDS
	% Comfortable	% Comfortable	% Comfortable	% Comfortable	% Comfortable
Knowledge Index					
Low	37	35	49	46	26
Medium	43	54	73	69	43
High	45	65	84	84	63
Distancing Index					
Low	49	66	83	80	57
Medium	39	49	69	67	44
High	31	37	54	53	31
Stigma Index					
Low	49	65	84	81	57
Medium	29	33	52	52	29
High	19	22	31	35	21

In terms of a rationale for discomfort, most Canadians who feel somewhat or very uncomfortable with their child attending a school where a student has HIV/AIDS are most concerned about the potential for an accident where their child comes into contact with the blood of the infected student (39 per cent), followed by the possibility that their child could contract HIV/AIDS (33 per cent). A minority (11 per cent) are most concerned about their child associating with the 'type of person' who has HIV/AIDS.

Rationale for Intolerance (a)

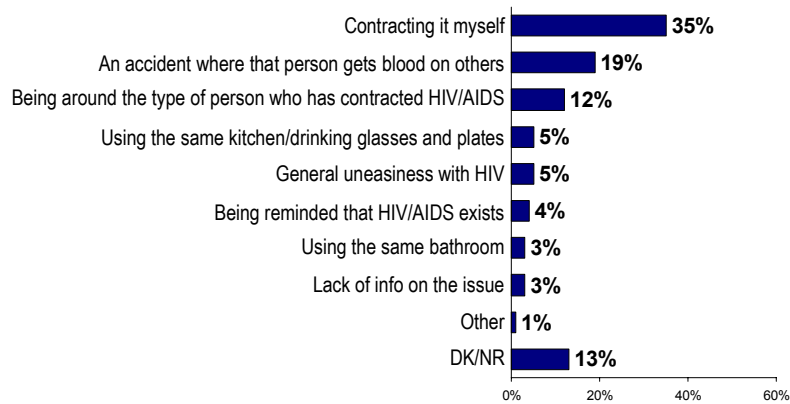
"When you think of your child attending school with a student known to have HIV/AIDS, what is the one thing that makes you most uncomfortable?"



The primary concerns of Canadians who would feel uncomfortable working with someone with HIV/AIDS are the potential for contracting it themselves (35 per cent), followed by the possibility of an accident where they come into contact with the blood of the infected person (19 per cent), or being around the 'type of person' who has contracted HIV/AIDS (12 per cent).

Rationale for Intolerance (b)

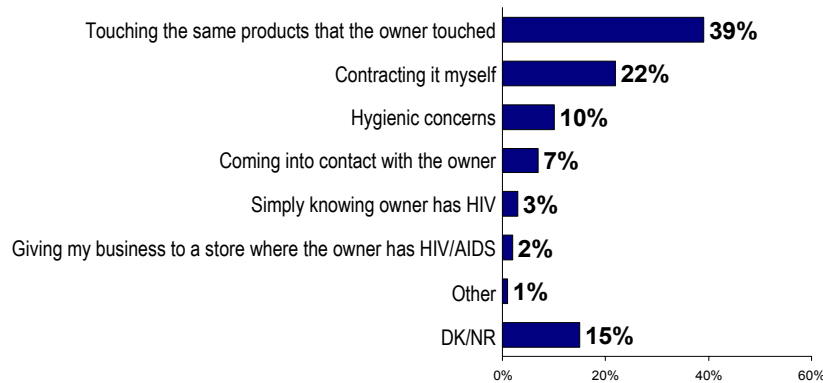
“When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?”



The primary concerns of those uncomfortable at the thought of shopping at a neighbourhood store where the owner has HIV/AIDS are of touching the same products that the owner touched (39 per cent) or contracting HIV/AIDS (22 per cent). A small proportion fear coming into contact with the owner (seven per cent).

Rationale for Intolerance (c)

“When you think about shopping at a small neighbourhood grocery store where the owner has HIV/AIDS, what is the one thing that makes you the most uncomfortable?”



EKOS Research Associates Inc.

n=602

HIV/AIDS Awareness Survey, February 2006

7.4 COMFORT INDEX

Six survey items measuring the level of comfort Canadians feel in situations with people living with HIV/AIDS were combined to create a comfort summary or index:

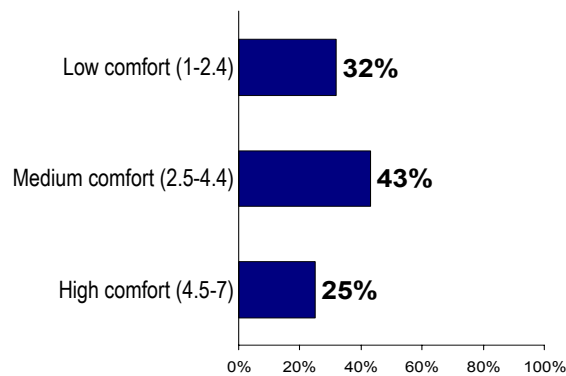
- Extent to which Canadians feel comfortable if their children were to attend a school where one of the students was known to have HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to work in an office where someone developed HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to shop at a neighbourhood grocery store where the owner had HIV/AIDS;
- Extent to which Canadians feel comfortable if their close friend or a family member was to date someone with HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to use a restaurant drinking glass once used by a person living with HIV/AIDS; and

- Extent to which Canadians feel comfortable if they were to wear a sweater once worn by a person living with HIV/AIDS;¹⁵

Based on this measure, a full one-third of Canadians (32 per cent) demonstrate a low level of comfort generally with people living with HIV/AIDS, while 43 per cent exhibit a moderate level of comfort and only one-quarter feel a high level of comfort overall with people living with HIV/AIDS.

Comfort Index

Level of comfort Canadians have with HIV/AIDS



n=2036

HIV/AIDS Awareness Survey, February 2006

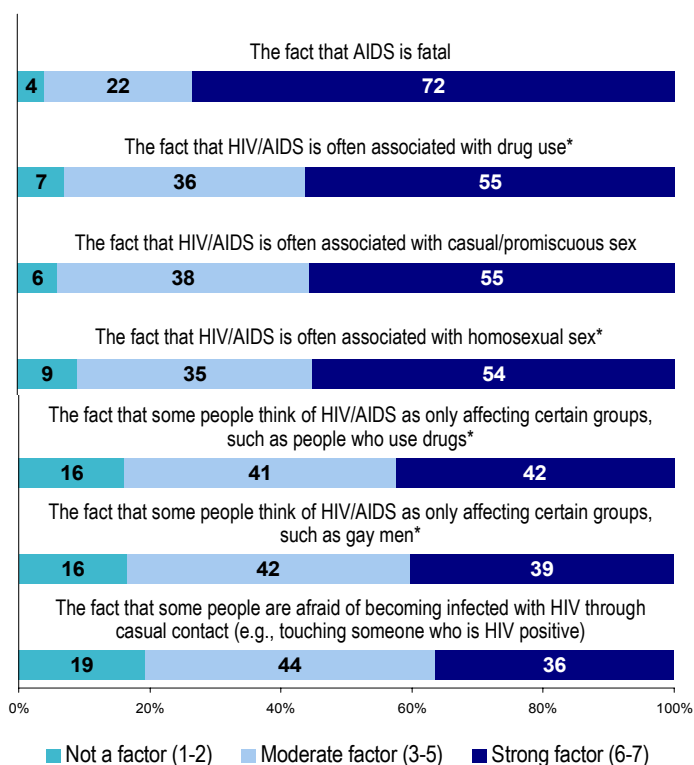
¹⁵ This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways. Other items in the battery did not load into the summary measure with the same degree of reliability.

7.5 FACTORS IN DISCOMFORT WITH HIV/AIDS

In terms of explaining the primary drivers behind the fear or discomfort that some Canadians feel when confronted with the presence of HIV/AIDS, the fact that HIV/AIDS is a fatal disease tops the list (72 per cent identify this as having a strong influence). Over half identify the association between HIV/AIDS and intravenous drug use (55 per cent), the association between HIV/AIDS and casual/promiscuous sex (55 per cent), or the association with homosexual sex (54 per cent) as factors with a strong influence on public discomfort with HIV/AIDS. Canadians are somewhat less likely to be influenced by the fact that people associate HIV/AIDS with certain groups such as drug users (42 per cent) or gay men (39 per cent) – both slightly less specific and pointed measures as the earlier two, and roughly one-third identify fear of infection through casual contact as a strongly influential factor in their level of discomfort (36 per cent).

Factors Resulting in Discomfort

“How much do you think that... factor into peoples’ discomfort with HIV/AIDS?”



- Women are more likely than men to identify the fact that HIV/AIDS is a fatal disease, that it is associated with casual/promiscuous sex, and fear of infection through casual contact as sources of public discomfort.
- Residents of the Prairies are more apt than the rest of Canadians to draw the connection between public discomfort with HIV/AIDS and casual/promiscuous sex. Those from Alberta are more apt to identify fear of infection through casual contact, and association of HIV/AIDS with gay men as key drivers of discomfort.
- Those with stronger ties to religion are more likely than others to identify the association between HIV/AIDS and casual/promiscuous sex as a source of discomfort.
- Canadians with the highest household incomes, and university educations more often point to the link between HIV/AIDS and homosexual sex, fear of infection through casual contact, and the tendency to associate HIV/AIDS with gay men or drug users as reasons for public discomfort.
- Those who perceive HIV/AIDS to be a serious problem, and individuals who have known someone with HIV/AIDS, are more apt to identify the tendency to associate HIV/AIDS with gay men as a reason for people to be uncomfortable.
- Parents of young children are more apt to identify the tendency to associate HIV/AIDS with drug use as a source of public discomfort.
- The association between HIV/AIDS and casual sex is more apt to be perceived as a strong influencing factor by Canadians who distance themselves from HIV/AIDS (as a disease that only happens to others) compared with those who distance themselves less.
- Those with a high level of comfort with people living with HIV/AIDS are more apt to see the association with homosexual sex as a key influence on public discomfort. Similarly, those with high knowledge levels, and individuals who are comfortable with people living with HIV/AIDS more often identify the tendency to associate HIV/AIDS with gay men or drug users as key drivers of public discomfort than others do.
- Canadians with high knowledge levels, with high levels of comfort, individuals who tend not to distance themselves from HIV/AIDS, and those who are less likely to stigmatize people with HIV/AIDS are all far more likely to identify fear of infection through casual contact as a strong factor influencing public discomfort.

8. INFORMATION SOURCES

8.1 CURRENT INFORMATION SOURCES

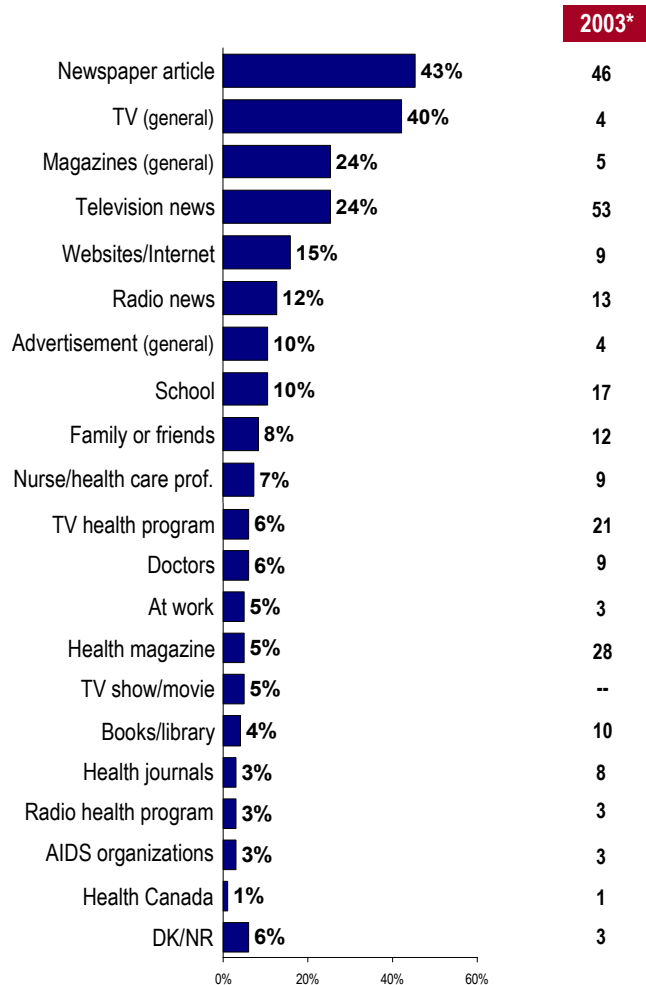
Newspaper articles (43 per cent) and television in general (40 per cent) are the two primary sources where Canadians say that they have recently heard about HIV/AIDS. Roughly one-quarter cite television news or documentaries (24 per cent) or magazines in general (24 per cent), 15 per cent identify the Internet and 12 per cent identify radio news as a source of information where they have heard, seen or read something about HIV/AIDS. A smaller proportion of Canadians cite advertising (10 per cent), schools (10 per cent), family or friends (eight per cent), or other information sources.

Compared with results in 2003, there has been a shift in the information sources from which Canadians typically hear about HIV/AIDS. This could be, in part, explained by the fact that in 2003 respondents were asked about where they had seen, read or heard about HIV/AIDS in the past (with the timeframe left unspecified), while in 2006 they were asked specifically about the past year.

In 2006, Canadians are more apt to cite television in general, and less apt to point to more specific television sources (i.e., television news and television health programs). In total, the proportions citing some form of television has dropped seven per cent since 2003. Similarly, respondents cited magazines in general more often than in 2003, but are less likely to have cited health magazines. When all sources of magazines are taken together, they are cited in similar proportions to 2003. The proportion of Canadians saying they heard, saw or read something on HIV/AIDS at school has declined somewhat from 2003 (from 17 per cent to 10 per cent). The proportion citing books has also declined (from 10 per cent to four per cent), as has the proportion citing health professionals or doctors (nine per cent to seven per cent). The proportion of Canadians who have heard about HIV/AIDS in an advertisement, however, has increased somewhat (from four to 10 per cent), as has the number that have heard about it on the Internet (from nine to 15 per cent).

Information Sources

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



EKOS Research
Associates Inc.

n=2036; *n=2004

HIV/AIDS Awareness Survey, February 2006

- Quebecers are more likely to cite television in general as where they saw something on HIV/AIDS, and are less apt to cite newspapers, magazines, documentaries or the Internet. Residents of British Columbia identified newspaper articles more often than other Canadians.
- Men are more likely than women to identify radio news, newspaper articles and the Internet as sources of information on HIV/AIDS, while women are more apt to have heard about HIV/AIDS through magazines.
- Naturally, youth (under 25) are most likely to have heard about HIV/AIDS at school (50 per cent have). They are also more apt to have cited advertising as an information source.

- Canadians aged 45 and older are far less likely to say they saw something on the Internet, and the proportion citing newspaper articles as a source increases with age.
- The number of Canadians identifying television (in general) declines with educational attainment, while the number citing radio news, newspaper articles, magazines, and the Internet rises with educational attainment.
- Canadians who are sexually active, and those with casual partners in particular, as well as those who rate their own knowledge level as high are each more apt to say they saw something on the Internet as an information source in the past year, suggesting that they have sought information on the subject.
- Canadians with a high level of self-rated knowledge and those who have known someone with HIV/AIDS are more apt to have cited a number of information sources including magazines, books, the Internet, at work and family or friends.
- Canadians born outside Canada are more likely than others to have cited newspaper articles or the Internet.
- Canadians with a low level of actual knowledge on the topic of HIV/AIDS are less apt to have cited newspaper articles, magazines or the Internet as sources. Those more likely to stigmatize people living with HIV/AIDS are less likely to have cited virtually all sources identified.
- Canadians who are more comfortable with people with HIV/AIDS are more likely to have heard, seen or read about HIV/AIDS through Internet, advertising, and health care professionals.

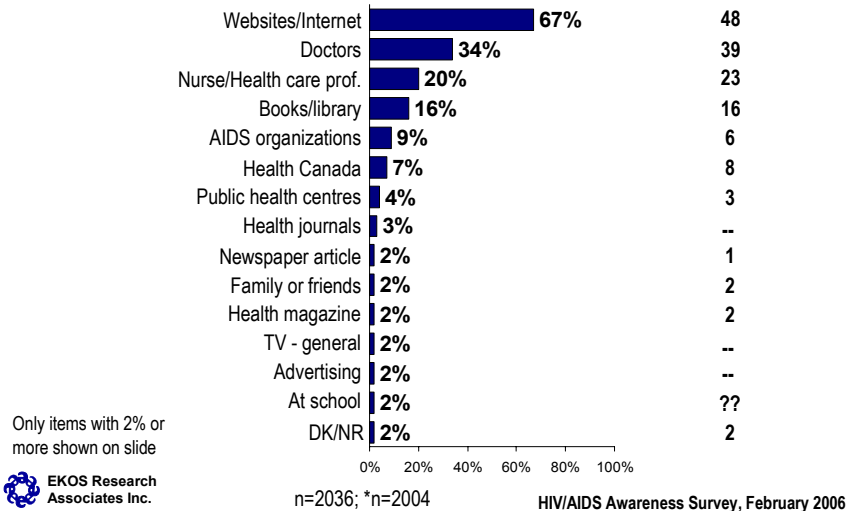
8.2 PREFERRED INFORMATION SOURCES

Canadians were then asked where they would go if they were seeking information about HIV/AIDS today. This question highlights not only the top of mind sources of information, but may also reflect more active (rather than passive) search methods. The most frequently cited information source is the Internet (identified by 67 per cent), followed by doctors (34 per cent), other health care professionals (20 per cent) or books and the library (16 per cent). The proportion identifying the Internet as an information source has increased dramatically from 2003 (from 48 per cent in 2003 to 67 per cent in 2006), reflecting the growing usage of the Internet more generally.

Preferred Information Sources

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

2003*



- Quebecers are less likely than Canadians from other regions to consult books, the Internet or doctors (18 per cent would consult a doctor, compared with between 32 and 45 per cent of those from other regions).
- Women are more likely than men to consult a doctor for information.
- Not surprisingly, seniors (65 and older) are less apt to consult the Internet compared with younger Canadians.
- Canadians with high school education or less are less apt to consult the Internet (56 per cent would, compared with 72 to 77 per cent of those with post-secondary education), but are more likely to consult a doctor or other health care professional. The likelihood of seeking information on the Internet tends to increase with income (49 per cent in the lowest income group would look for information on the Internet compared to 81 per cent in the highest income group). The tendency to consult nurses or health care professionals declines with income.
- Canadians who are the most knowledgeable, those who report themselves to be most comfortable with someone with HIV/AIDS, and individuals least likely to distance themselves from this disease or to stigmatize people living with HIV/AIDS are all more apt to consult the Internet. Those most knowledgeable and comfortable with someone with HIV/AIDS are also more apt to consult an HIV/AIDS organization, while those with low knowledge levels are more apt to consult a nurse or health care professional.

8.3 RELIABILITY OF AND COMFORT WITH INFORMATION SOURCES

Canadians were also asked to rate the reliability and their level of comfort with a variety of information sources on HIV/AIDS. To reduce the number of questions on the survey, one half of the survey sample was asked to rate the reliability and their comfort level with some of these sources, while the other half of the sample was asked to rate the reliability and comfort with the other sources.

Canadians consider their family doctor or another health care professional to be the most reliable information source (84 per cent consider this source to be very reliable), followed by the PHAC (79 per cent), and a pharmacist (68 per cent). About half of Canadians consider the federal government (55 per cent) and a person living with HIV/AIDS (50 per cent) to be very reliable sources. Interestingly, an anonymous clinic is perceived to be far less reliable than a family doctor or even a pharmacist (38 per cent).

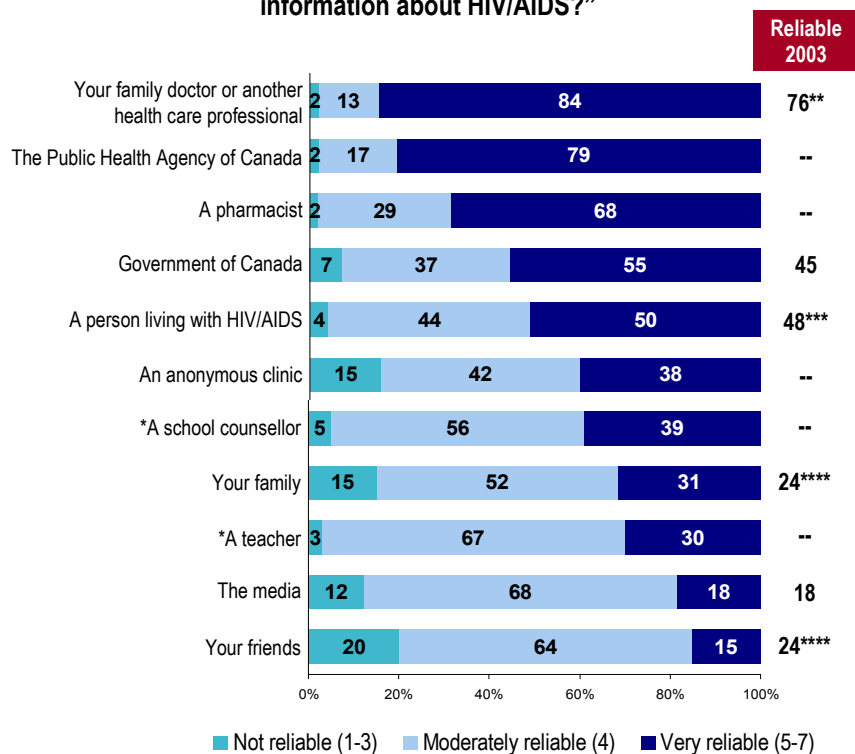
While youth are most likely to cite school as a primary source of information about HIV/AIDS, they do not consider teachers or school counsellors to be very reliable information sources. Three in ten consider a teacher to be a reliable source (30 per cent) and four in ten (39 per cent) consider a school counsellor a reliable source.

The media is considered to be one of the least reliable information sources by Canadians (considered very reliable by only 18 per cent), despite the fact that mass media is the most frequently cited source of information on HIV/AIDS. Friends are also considered to be less reliable (15 per cent said very reliable).

It is interesting to note that the perceived reliability of family doctors or other health care professionals as a source of information on HIV/AIDS has grown since 2003 (from 76 per cent to 84 per cent). The PHAC is also perceived to be far more reliable than how Health Canada was rated by Canadians in 2003 (79 per cent consider the PHAC to be very reliable, compared to 67 per cent who considered Health Canada to be very reliable in 2003). The reliability rating of the Government of Canada in general, however, has increased by 10 percentage points since 2003. The perceived reliability of a person living with HIV/AIDS and of the media remain relatively unchanged.

Reliability of Sources

“How reliable do you consider the following as a source of information about HIV/AIDS?”



**In 2003 “Your family doctor” and “Health care professionals” were two separate questions
 ***In 2003 “A person infected with HIV/AIDS”
 **** In 2003 “Your own family and friends”



n=1018; *A “school counsellor” and “teacher” were only asked of those aged 18 years or less, n=149

HIV/AIDS Awareness Survey, February 2006

- Quebecers are less likely than Canadians from other regions to consider their family doctor and the PHAC to be a reliable source of information about HIV/AIDS.
- Women are more likely than men to consider a person living with HIV/AIDS and friends to be reliable information sources.
- Canadians 65 years and older are least likely to consider the PHAC or the federal government a reliable source (62 and 43 per cent respectively), while those aged 25 to 34 are most likely to rate these sources as reliable (91 and 63 per cent respectively). Youth (under 25) are more apt than others to consider the media to be unreliable.
- Not surprisingly the extent to which a person living with HIV/AIDS is considered a reliable information source declines with age (from 60 per cent of those under 35 to 35 per cent of those 65 and older).

- The extent to which the PHAC and the federal government are considered reliable increases with individuals' education and income (e.g., 45 per cent of those with high school education or less consider the federal government reliable, compared with 67 per cent of those with university education). Those with high school education or less are more apt to consider friends or family to be reliable information sources.
- Not surprisingly, those aware of a federal HIV/AIDS initiative are more apt to consider the PHAC and the federal government to be reliable sources.
- Those who are sexually active are more apt to consider an anonymous clinic to be a reliable information source (42 per cent compared with 29 per cent of those who are not).
- Canadians with a high level of actual knowledge on the topic of HIV/AIDS are more apt than those with less knowledge to consider their doctor, the PHAC, the federal government and an anonymous clinic to be reliable information sources. Those with a high level of comfort with people living with HIV/AIDS and those less likely to stigmatize people with HIV/AIDS are also more likely than other Canadians to consider the PHAC, the federal government and a person living with HIV/AIDS to be reliable sources. Finally, those with high comfort levels and those supportive of the rights of people living with HIV/AIDS are more likely than other Canadians to consider an anonymous clinic a reliable source.
- Conversely, those with a low level of comfort with HIV/AIDS are more apt than those who are comfortable to consider the media or family to be reliable sources. Those with low knowledge levels and those more apt to stigmatize people living with HIV/AIDS are more likely than other Canadians to consider friends a reliable source.

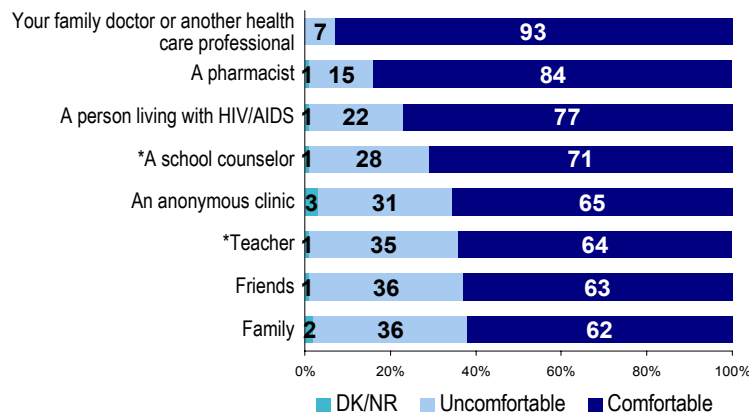
Canadians would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional (93 per cent would feel comfortable with this source) or a pharmacist (84 per cent), which are also the sources that are identified as the most reliable. Perhaps surprisingly, fully three-quarters of Canadians say that they would feel comfortable seeking information from a person living with HIV/AIDS (77 per cent).

Over six in ten Canadians feel comfortable receiving information from other sources tested, including a school counsellor (71 per cent), a teacher (64 per cent), family (62 per cent), an anonymous clinic (65 per cent), and friends (63 per cent). It is interesting to note that well over half of Canadians feel comfortable seeking information from these sources, despite the fact that less than a third of Canadians considered these sources to be very reliable.

It is also interesting to note that Canadians are less confident in and comfortable with information from anonymous health clinics (even though they are very comfortable with and confident in their family doctor or another health professional).

Comfort with Information Sources

“How comfortable would you be seeking information from...?”



n=1018; *A "school counsellor" and "teacher" were only asked of those aged 18 years or less, n=149

HIV/AIDS Awareness Survey, February 2006

- Canadians 65 years and older would be less comfortable than younger Canadians seeking information from friends, an anonymous clinic (a source this group was also less likely to consider reliable), or a person living with HIV/AIDS.
- Comfort with friends as an information source increases with education. Those with high school education or less are also less comfortable seeking information from an anonymous clinic.
- Those who have personally known someone with HIV/AIDS are much more likely to feel comfortable seeking information from friends or a person living with HIV/AIDS, and youth who have known someone with HIV/AIDS are more apt to feel comfortable obtaining information from a teacher.
- Those who are sexually active are more likely than those who are not to feel comfortable seeking information from an anonymous clinic or from a person living with HIV/AIDS. The extent to which Canadians feel comfortable seeking information from an anonymous clinic declines with the strength of their ties to religion.
- Canadians who are more comfortable with people living with HIV/AIDS are more likely than those less comfortable to seek information from their doctor, friends, an anonymous clinic, or a person living with HIV/AIDS. Those who are less likely to stigmatize people living with

HIV/AIDS are more apt to feel comfortable with virtually all information sources, compared with those demonstrating more stigmatizing attitudes.

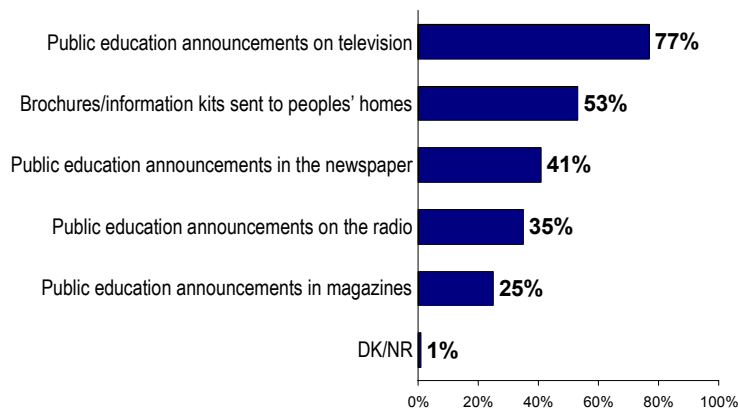
- The extent to which Canadians feel comfortable seeking information from someone with HIV/AIDS increases with their knowledge level and level of comfort with people living with HIV/AIDS, but declines as their tendency to distance themselves from HIV/AIDS (as a disease that happens to others) or to stigmatize people with HIV/AIDS increases.

8.4 MOST EFFECTIVE MEANS OF COMMUNICATING INFORMATION ON HIV/AIDS

In terms of effective ways to provide people with information about HIV/AIDS, Canadians point most often to public education announcements on television (77 per cent), which is not surprising given that television is the source by which most Canadians have received information on HIV/AIDS in the past year. Brochures or information kits sent to people's homes is also perceived to be an effective means of public communication (identified by 53 per cent), followed by public education announcements in the newspaper (41 per cent) and public education announcements on the radio (35 per cent).

Effective Methods of Informing About HIV/AIDS

"Which of the following do you think would be the most effective way to provide people with information about HIV/AIDS?"



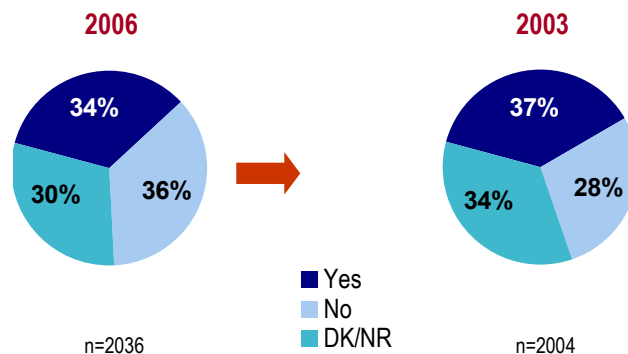
- Women are more apt than men to consider brochures mailed to homes an effective way to inform Canadians.
- Canadians 65 years and older are more apt to identify newspaper announcements as an effective means of communications, while those aged 25 to 64 are more apt to suggest announcements on radio.
- The proportion of Canadians recommending television and radio announcements increases with income level.
- Canadians with high levels of knowledge on the topic of HIV/AIDS are more apt to suggest television or radio announcements as an effective means of communication, while those with low knowledge levels suggest newspaper. Those more likely to stigmatize people living with HIV/AIDS are less likely to suggest any of the communications means tested.

8.5 KNOWLEDGE OF FEDERAL GOVERNMENT INITIATIVE

Just over one in three Canadians (34 per cent) are aware of an overall federal government initiative regarding HIV/AIDS, which is largely unchanged from 37 per cent in 2003.

Knowledge of Federal Government Initiative

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



- Quebecers are less likely than Canadians from other regions to be aware of an overall federal HIV/AIDS initiative.
- Awareness of a federal initiative declines with age (from 42 per cent of those under 25 to 28 per cent of those 65 and older).
- Canadians with low knowledge levels, low comfort levels and those more apt to stigmatize people living with HIV/AIDS are less likely than others to be aware of a federal initiative.

9. TYPOLOGY OF CANADIANS

In addition to the basic analyses cited throughout the report, a typology of Canadians was created. The typology groups Canadians into segments of people with similar knowledge levels and attitudes regarding HIV/AIDS. The methods used are factor and reliability analyses (leading to the computation of several indices presented earlier in the report), and cluster analysis.

First a replication of the precise indices and segmentation created for the 2003 baseline survey was performed. Results are described below. Because the 2006 survey instrument includes a considerable number of additional items, particularly related to stigma and discrimination, a second (completely new) segmentation was performed to see what types of segments could be distinguished. The same basic steps were performed (factor analysis for the purposes of developing summary measures or indices).

9.1 ORIGINAL 2003 TYPOLOGY

In 2003, the typology was based on a cluster analysis that was created using a knowledge index, a comfort index and a distancing index, as well as the single measure “HIV/AIDS is much less of a problem in Canada today than it was ten years ago”. To replicate this typology, these same variables and indices were used.

Composition of Indices:

Indices	Items included in the Indices
Knowledge Index	Question Q2: Is the following a way in which HIV can be passed on to another person ...?
	Question TEST: As far as you know, what ways, if any, can someone find out for certain if they have HIV/AIDS
	Question AGR7: Agreement with: A person can have HIV for ten years or more without developing AIDS.
	Question AGR9: Agreement with: When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.
Comfort Index	Question COMF1: How comfortable would you be if: Your child were attending a school where one of the students was known to have HIV/AIDS?
	Question COM2A: How comfortable would you be if: You worked in an office where someone working with you developed HIV/AIDS?

Indices	Items included in the Indices
	Question COMF3: How comfortable would you be with: Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS?
	Question CMF5A: How comfortable would you be if: A close friend or family member dated someone with HIV/AIDS?
Distancing Index	Question AGR6C: Agreement with: HIV/AIDS is mostly a third world disease; Question AGR6A: Agreement with: HIV/AIDS is mostly a drug user's disease Question AGR6B: Agreement with: HIV/AIDS is mostly a gay person's ¹⁶ Question AGR3A: Merged Agreement with: I could not become friends with someone who has HIV/AIDS. Question AGR3B: Agreement with: I could not remain friends with someone who has HIV/AIDS. ¹⁷ Question AGR4: Agreement with: People who get HIV/AIDS through sex or drug use got what they deserve.
Single measure	HIV/AIDS is much less of a problem in Canada today than it was ten years ago.

a) Segment One: Informed Concerned

This segment did not change very much since 2003. It still represents the largest share of Canadians (40 per cent), although it has decreased by two per cent since 2003. As in 2003, this group has the highest knowledge and are the most comfortable with people with HIV/AIDS, although the degree of their comfort has increased from 43 per cent scoring high on the comfort index in 2003 to 47 per cent scoring high on the same index in 2006. As in 2003, members of this group are least likely to distance themselves from HIV/AIDS. Yet, again there is a shift in the degree of distancing (28 per cent scored low on the distancing index in 2003, whereas 34 per cent have this score in 2006). They are also least likely to believe that HIV/AIDS is much less of a problem than it was ten years ago. As in 2003, this group has a slightly higher proportion of couples with children, and higher than average educations and incomes. As in 2003, Informed Concerned Canadians are somewhat more likely than the national average to be born in Canada and under-represent visible minorities.

¹⁶ Questions AGR6A and AGR6B merged due to ½ sample rotation.

¹⁷ Questions AGR3A and AGR3B merged due to ½ sample rotation.

b) Segment Two: Informed Unconcerned

The size of this segment has decreased by three percentage points, from 24 per cent in 2003 to 21 per cent in 2006. As in 2003, members of this group have the second highest score on the knowledge index and are at least moderately comfortable around someone with HIV/AIDS (40 per cent scored high on the comfort index, compared to 38 per cent in 2003). In 2006, they are marginally less likely to distance themselves from the disease and people living with HIV/AIDS (36 per cent scored high on the distancing/stigma index in 2003 *versus* 32 per cent in 2006). As in 2003, they also believe that the magnitude of the problem is diminishing with time (57 per cent agree in 2006, compared with 54 per cent in 2003). In terms of socio-demographic characteristics, however, in 2003 this group closely resembled the first segment, whereas in 2006 members of this group tend to be quite average and do not over-represent the highly educated and affluent segment that is found in the first segment.

c) Segment Three: Moderately Informed Concerned

This group has increased by seven per cent, from 14 per cent in 2003 to 21 per cent in 2006. As in 2003, members of this group have middle to low levels of knowledge about HIV/AIDS, although the level of their knowledge has increased over the past few years. This segment has also become more comfortable about being around people with HIV/AIDS (23 per cent scored low on the comfort measure in 2006, compared to 30 per cent in 2003). They are still 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 (92 per cent disagree with the statement, compared with 89 per cent in 2003). In 2003 this segment was somewhat less likely than other Canadians to distance themselves from the issue (29 per cent scored low on the distancing index). In 2006 they are even less likely to do so (34 per cent scored low on this index). Demographically, in 2003 there was little to distinguish this group from other Canadians. On the other hand, in 2006 this group is more likely to include Aboriginal Peoples, Quebec residents, and people with high school or less.

d) Segment Four: Moderately Informed Deniers

Proportionally, this segment remains the same as in 2003 (11 per cent) and is characterized by a low to mid-level of knowledge about HIV/AIDS. In 2003 this group expressed fairly significant discomfort around people with HIV/AIDS (43 per cent scored low on the comfort index). The level of discomfort has in fact risen over the last three years. (In 2006, 51 per cent scored low on the same index.) On the other hand, in 2003, 86 per cent scored high on the distancing measure, whereas in 2006 this proportion has decreased to 75 per cent. As in 2003, members of this segment 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. In 2003 this group resembled the fifth group (Uninformed Uncomfortable) in many ways, but their knowledge level was somewhat higher, and their

discomfort around people with AIDS was not as acute, although the distance they placed between themselves and HIV/AIDS was the widest. In 2006, this group still resembles the fifth group, but their discomfort around people with AIDS is more (rather than less) acute, and the distance they place between themselves and HIV/AIDS remains the highest. There are similar socio-demographic characteristics for this segment in 2003 and 2006. In 2006 this group has the highest proportion of senior citizens and individuals with the lowest income, whereas these were more characteristic of the fifth group in 2003. As in 2003, members of this group are still more likely than average to have been born outside Canada, although the over representation of Quebec residents found in 2003 is no longer the case in 2006.

e) Segment Five: Uninformed Uncomfortable

This segment has also undergone some changes since 2003. Proportionally, it remains the same (six per cent) and individuals in this group are again characterized by the lowest knowledge level about HIV/AIDS by far (100 per cent scored in the lowest range of the index). This group again reports significant discomfort around people living with HIV/AIDS, although the degree is significantly smaller in 2006, compared to 2003 results (61 per cent scored low on the comfort measure in 2003 *versus* 48 per cent in 2006). As in 2003, this group does think that HIV/AIDS is much less of a problem in Canada today than it was ten years ago. In 2006, they are less likely than they were in 2003 to distance themselves from the issue of HIV/AIDS as a disease found mostly in third world countries, and among gay people and drug users. They are also less likely now to believe that people who contract HIV through sex or drug use get what they deserve (57 per cent scored high on the distance index, compared to 82 per cent in 2003). Unlike in 2003, in 2006 this group includes a higher number of people under 25 years of age. This group is still over-represented by senior citizens in 2006, as it was in 2003, although to a much lesser degree (42 per cent of this group were over 65 years of age in 2003 study *versus* 28 per cent in 2006). Highlighting another difference, in 2006 this group is over-represented by men and parents with children (which was not the case in 2003). As in 2003, members of this group are more likely than average to be residents of Quebec and report low levels of education.

9.2 2006 TYPOLOGY

Since the 2006 HIV/AIDS study explores the issue of comfort, stigma, and discrimination in more detail than it did in 2003, these additional indicators were examined in a new factor analysis. As a result, the 2003 knowledge and comfort indices were expanded and new indices were created for distancing, stigma, and discrimination (see table below for a detailed presentation of indices and variables used in the classification). As a result of these new indices, a new typology (again with five clusters) was created. The five factors used in the new typology are the knowledge, comfort, distancing, stigma, and discrimination indices presented earlier in the report. A reliability analysis was conducted on these factors, resulting in alpha coefficients that were 0.60 or higher, suggesting that the composite scales computed on the base of the listed dimensions are statistically reliable measures.

Composition of Indices:

Indices	Items included in the Indices
Knowledge Index	Question Q2B1X: Is the following a way in which HIV can be passed on to another person - Unsafe/unprotected intercourse between a man and a man?
	Question Q2B2X: Is the following a way in which HIV can be passed on to another person - unsafe/unprotected intercourse between a man and a woman?
	Question Q2B3X: Is the following a way in which HIV can be passed on to another person - Unsafe/unprotected oral sex?
	Question Q2B4X: Is the following a way in which HIV can be passed on to another person - Sharing drug needles?
	Question Q2B5X : Is the following a way in which HIV can be passed on to another person – Kissing?
	Question Q2B6X: Is the following a way in which HIV can be passed on to another person - Tattoos/body piercing?
	Question Q2B7X: Is the following a way in which HIV can be passed on to another person - Contact with physical objects (e.g., fountains, toilet seats)?
	Question Q2B8X: Is the following a way in which HIV can be passed on to another person – Blood to blood contact (e.g. from an open cut)?
	Question Q2B9X: Is the following a way in which HIV can be passed on to another person - Mosquito bites?
	Question Q2B10X: Is the following a way in which HIV can be passed on to another person - Casual contact (e.g., hugging, shaking hands)?
Question Q2B11X: Is the following a way in which HIV can be passed on to another person - A sneeze or cough?	

Indices	Items included in the Indices
	<p>Question Q2B11X: Is the following a way in which HIV can be passed on to another person – From mother to child during pregnancy?</p> <p>Question TST1B: As far as you know, can someone find out for certain if they have HIV/AIDS from...?</p> <p>Question Q14: To the best of your knowledge, can HIV/AIDS be cured?</p> <p>Question Q15: To the best of your knowledge, can HIV/AIDS be cured if treated early?</p> <p>Question AGR7: Agreement with: A person can have HIV for ten years or more without developing AIDS.</p> <p>Question AGR9: Agreement with: When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.</p>
Comfort Index	<p>Question COMF1: How comfortable would you be if: Your child were attending a school where one of the students was known to have HIV/AIDS?</p> <p>Question COM2A: How comfortable would you be if: You worked in an office where someone working with you developed HIV/AIDS?</p> <p>Question COMF3: How comfortable would you be with: Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS?</p> <p>Question CMF5A: How comfortable would you be if: A close friend or family member dating someone with HIV/AIDS?</p> <p>Question Q41: How comfortable would you be using a restaurant drinking glass once used by a person living with HIV/AIDS?</p> <p>Question Q42: How comfortable would you be wearing a sweater once worn by a person living with HIV/AIDS?</p>
Distancing Index	<p>Question AGR6C: Agreement with: HIV/AIDS is mostly a third world disease;</p> <p>Question AGR6A: Agreement with: HIV/AIDS is mostly a drug user's disease</p> <p>Question AGR6B: Agreement with: HIV/AIDS is mostly a gay person's disease¹⁸</p>

¹⁸ Questions AGR6A and AGR6B merged due to ½ sample rotation.

Indices	Items included in the Indices
Stigma Index	Question AGR3A: Agreement with: I could not become friends with someone who has HIV/AIDS.
	Question AGR3B: Agreement with: I could not remain friends with someone who has HIV/AIDS. ¹⁹
	Question AGR4: Agreement with: People who get HIV/AIDS through sex or drug use got what they deserve.
	Question AGR1B: Agreement with: I feel afraid of people living with HIV/AIDS.
	Question AGR25: Agreement with: If someone becomes infected with HIV, they have only themselves to blame for it.
Discrimination Index	Question Q65: Agreement with ... People living with HIV/AIDS have the same right to employment as I do.
	Question Q68: Agreement with ...People living with HIV/AIDS have the right to be sexually active.
	Question Q70: Agreement with ...People living with HIV/AIDS should be legally quarantined from others to protect the public health.
	Question Q71: Agreement with ...The names of people with HIV/AIDS should be made public so that others can avoid them. ²⁰

¹⁹ Questions AGR3A and AGR3B merged due to ½ sample rotation.

²⁰ Question Q70 and Q71 merged due to ½ sample rotation and then reversed to follow the direction of Q65 and Q68 responses.

Each of the five segments is described in the next table, according to the average score of the group on each of the five measures used to create the typology. Each score is followed by an indication of whether the score is well above average (++), above average (+), average, below average (-) or well below average (--) when compared with the full sample.

Profile of Segments by Indices

Indices	Segments				
	Informed Liberal-Minded	Informed Distancing	Moderately Informed Liberal-Minded	Moderately Informed Deniers/Fearful	Uninformed Uncomfortable
Knowledge Index (avg. mean 6.6)	8.1 (++)	7.8 (+)	4.9 (-)	1.3 (--)	5 (-)
Comfort Index (avg. mean 2.8)	3.1 (++)	2.7 (avg.)	2.9 (avg.)	2.1 (-)	2 (-)
Distancing Index (avg. mean 2.5)	1.4 (--)	4 (++)	1.7 (--)	3.4 (++)	4.6 (++)
Stigma Index (avg. mean 2.2)	1.6 (--)	2.4 (avg.)	1.8 (-)	3.1 (++)	4 (++)
Discrimination Index (avg. mean 5.6) ²¹	6.1 (+)	5.4 (avg.)	5.9 (avg.)	4.5 (--)	4.2 (--)

The following table presents the results of key demographic and attitudinal indicators for each of the five segments.

Indicators	TOTAL	Informed Liberal-Minded	Informed Distancing	Moderately Informed Liberal-Minded	Moderately Informed Deniers/Fearful	Uninformed Uncomfortable
Knowledge Index						
Low	18%	0%	0%	33%	38%	100%
Medium	41%	28%	37%	67%	61%	0%
High	41%	72%	63%	0%	1%	0%
Comfort Index						
Low	32%	15%	34%	27%	75%	70%
Medium	43%	47%	48%	48%	22%	24%
High	25%	38%	18%	25%	3%	6%
Distancing Index						
Low	51%	86%	3%	71%	4%	26%
Medium	34%	14%	67%	28%	45%	49%
High	14%	0%	31%	1%	52%	25%

²¹ The direction of the Discrimination Index is opposite compared to the distancing and stigma indices. Low values of the index represent highly discriminating views while high values on the index represent low discrimination.

Indicators	TOTAL	Informed Liberal-Minded	Informed Distancing	Moderately Informed Liberal-Minded	Moderately Informed Deniers/Fearful	Uninformed Uncomfortable
Stigma Index						
Low	64%	86%	55%	74%	9%	35%
Medium	20%	8%	30%	13%	47%	37%
High	7%	0%	5%	1%	37%	18%
Discrimination Index						
Low	58%	76%	51%	68%	17%	24%
Medium	22%	17%	26%	23%	25%	27%
High	20%	7%	23%	9%	58%	50%
What is the highest level of schooling that you have completed?						
Some high school or less	15%	7%	13%	17%	31%	37%
Graduated from high school	21%	19%	17%	22%	31%	30%
Trade/College/CEGEP/Some university	33%	38%	35%	36%	19%	20%
University/Prof. Certificate	29%	35%	35%	23%	17%	10%
What is your annual household income from all sources before taxes?						
<\$29,999	18%	12%	17%	19%	30%	30%
\$30,000-\$49,999	19%	18%	19%	20%	20%	15%
\$50,000-\$79,999	19%	23%	22%	17%	9%	15%
\$80,000 or more	22%	29%	22%	20%	13%	12%
Don't know/No response	22%	19%	20%	24%	28%	28%
Minority						
Visible Minority	8%	6%	7%	9%	14%	15%
Aboriginal	4%	3%	3%	4%	4%	4%
Disable	6%	4%	4%	7%	9%	7%
None	82%	86%	87%	79%	72%	66%
To what extent do you associate yourself with a particular religion or religious group?						
Strongly (6-7)	28%	23%	26%	26%	41%	44%
Age						
<25	15%	13%	15%	16%	17%	19%
25-34	17%	23%	16%	14%	10%	12%
35-44	21%	26%	19%	21%	14%	10%
45-54	18%	17%	19%	21%	13%	17%
55-64	12%	12%	13%	12%	12%	7%
65+	16%	8%	16%	15%	33%	32%

Indicators	TOTAL	Informed Liberal-Minded	Informed Distancing	Moderately Informed Liberal-Minded	Moderately Informed Deniers/ Fearful	Uninformed Uncomfortable
Region						
BC	13%	16%	13%	12%	13%	3%
Prairies	16%	19%	15%	14%	15%	16%
Ontario	38%	40%	38%	39%	32%	37%
Quebec	25%	17%	27%	28%	31%	38%
Atlantic	8%	9%	7%	8%	8%	5%
Gender						
Male	49%	41%	56%	50%	54%	56%
Female	51%	59%	44%	50%	46%	44%
Parent Status						
Teens	25%	24%	25%	26%	26%	27%
Young children	17%	23%	15%	17%	8%	7%
No children	58%	53%	60%	58%	66%	66%
Q1 Do you think that HIV/AIDS is a very serious, somewhat serious, not very serious or not at all serious problem in Canada today?						
Very serious	56%	58%	47%	61%	53%	56%
Agr19 Agreement with: HIV/AIDS is much less of a problem in Canada today than it was ten years ago.						
Agree (5-7)	21%	14%	26%	16%	33%	33%
AGR23 Agreement with: Young women in Canada are increasingly at risk for HIV						
Agree (5-7)	57%	63%	58%	51%	63%	36%
AGR24 Agreement with: Young men in Canada are increasingly at risk for HIV.						
Agree (5-7)	42%	35%	51%	36%	53%	45%
AGR25 Agreement with: If someone becomes infected with HIV, they have only themselves to blame for it.						
Agree (5-7)	14%	7%	17%	8%	38%	22%
AGR1A Agreement with: I feel anger toward people living with HIV/AIDS.						
Agree (5-7)	5%	1%	4%	3%	16%	18%
AGR1C Agreement with: I feel disgust toward people living with HIV/AIDS.						
Agree (5-7)	5%	1%	4%	1%	20%	16%
AGR5A Agreement with: People who have HIV/AIDS should be allowed to serve the public in positions like dentists.						
Agree (5-7)	35%	41%	25%	38%	28%	28%
AGR5B (hair) Agreement with: People who have HIV/AIDS should be allowed to serve the public in positions like hairstylists.						
Agree (5-7)	58%	69%	60%	54%	39%	34%
Q67 Agreement with: People living with HIV/AIDS have the same right to housing as I do.						
Agree (5-7)	95%	99%	98%	97%	82%	78%
REAC1 How you would react ... If a close friend had HIV/AIDS.						
Support (5-7)	91%	97%	93%	93%	75%	77%
REAC2 How you would react ... If you had a young child attending school where one of the students was known to have HIV/AIDS.						
Support (5-7)	71%	82%	68%	70%	53%	54%
REAC3 How you would react ... If you had an office job where one of the men working with you developed HIV/AIDS.						
Support (5-7)	80%	91%	78%	81%	56%	62%

Indicators	TOTAL	Informed Liberal-Minded	Informed Distancing	Moderately Informed Liberal-Minded	Moderately Informed Deniers/Fearful	Uninformed Uncomfortable
REL1A How reliable do you consider ... Your family doctor or another health care professional.						
Reliable (6-7)	84%	87%	88%	82%	76%	72%
REL3A How reliable do you consider ... The Public Health Agency of Canada.						
Reliable (6-7)	79%	87%	85%	75%	67%	50%
Rel6 How reliable do you consider ...A person living with HIV/AIDS						
Reliable (6-7)	50%	55%	48%	53%	38%	40%
To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?						
Yes	37%	42%	33%	43%	21%	28%
Sex1 Have you been sexually active in the last 12 months?						
Yes	71%	80%	72%	71%	54%	49%
How would you rate your own personal risk of contracting HIV?						
Low risk (1-2)	88%	91%	91%	86%	83%	73%
Have you ever been tested for HIV, excluding testing for insurance, blood donation and participation in research studies?						
Yes	32%	39%	30%	34%	19%	15%

Each segment of the typology is described one by one in more detail in the following sections.

9.3 SEGMENT ONE: INFORMED LIBERAL-MINDED

This segment represents the largest share of the Canadian population (38 per cent). They have the highest knowledge (72 per cent scored high on the knowledge index *versus* 41 per cent in the overall sample), are the most comfortable with people living with HIV/AIDS (38 per cent scored high on the comfort index *versus* 25 per cent overall), are the least stigmatizing (86 per cent scored low on the stigma index compared with 51 per cent overall), and are the least likely to distance themselves from the issue (86 per cent scored low on the distance index compared to 51 per cent). They are also least likely to believe that people with HIV/AIDS should be legally quarantined. (76 per cent scored low on the discrimination index compared to 58 per cent overall).

- ▶ This group is most likely, compared to the other four segments, to know about methods of transmission and testing, and generally demonstrates a very good understanding of HIV/AIDS and know that there is no known cure. They are slightly more likely to be aware of a federal government initiative regarding HIV/AIDS.
- ▶ Although they are not more likely than other Canadians to believe that HIV/AIDS is a very serious issue today, they tend to disagree that HIV/AIDS is much less of a problem than 10 years ago. 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 most of the situations involving people with HIV/AIDS described in the survey (although the degree of comfort is much less when a close friend/ family member or a child is concerned) and are most likely to say that they personally could be friends with someone with HIV/AIDS. Members of this group generally believe that people living with HIV/AIDS should be able to serve the public (although, even among this group, more than one in three disagree that they should be allowed to be dentists). This segment is unlikely to blame people living with HIV/AIDS for contracting this disease and is most apt to support the rights of those with HIV/AIDS to employment, health care, housing, and to being sexually active (although to a lesser degree). This group strongly opposes the quarantine of people living with HIV/AIDS or listing their names.
- They are more likely to believe that people with HIV are unwilling to tell others about their illness due to the stigma associated with the disease. Similarly, members of this group are more likely to suggest that people with HIV/AIDS can experience difficulty getting housing, health care and employment. They also believe that seeing this disease as one exclusively affecting drug users or the gay community, as well as fear of becoming infected with HIV through casual contact are strong factors in peoples' discomfort with HIV/AIDS.
- They are marginally more likely than members of the other groups to report getting their HIV/AIDS information from newspapers, television, websites, and work. They also express a stronger preference for obtaining HIV information from websites, health care professionals, and AIDS organizations. They place a high degree of reliability on health care professionals, the Public Health Agency of Canada as well as (to a lesser degree) media, the Government of Canada, anonymous clinics, and people living with HIV/AIDS. Members of this group are also more likely to feel comfortable seeking information from health care professionals, people with HIV/AIDS, an anonymous clinic, or friends. This group is most likely to believe that announcements on TV are the most efficient way to provide people with information about HIV/AIDS.
- This group is more likely to say that they know (or have known) someone with HIV/AIDS (42 per cent). Members of this group are most apt to indicate that knowing somebody with HIV/AIDS had little impact on their behaviour and if it did, it increased their HIV awareness.
- They are the most likely to be sexually active (80 per cent are). This group is the least likely to perceive themselves to be at risk of contracting HIV/AIDS, citing one partner and not using drugs as the predominant reasons. Nonetheless, they are also the group most likely to report being tested for HIV (39 per cent versus 32 per cent in the overall sample).
- This group is over represented by women (59 per cent) and among individuals who describe their household as a couple with children under 5 years of age. This group has a higher than average proportion of individuals with post-secondary education, who are full-time employed and have higher than average household income. This group is also under-represented among Quebec residents, visible minorities, and those born outside Canada. They are also less likely to associate themselves with a particular religion or religious group.

9.4 SEGMENT TWO: INFORMED DISTANCING

This segment comprises 22 per cent of Canadians. They have, on average, the second highest score on the knowledge index (63 per cent scored high compared with 41 per cent overall) are moderately comfortable around people living with HIV/AIDS (48 per cent scored medium compared with 43 per cent overall), show moderate levels of stigma and are more likely to distance themselves from the issue of HIV/AIDS (31 per cent scored high on the distance measure *versus* 14 per cent overall). They are distinguishable from the first and third (described below) segments by a lesser degree of comfort and somewhat higher stigmatizing attitudes towards people living with HIV/AIDS.

- 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 by an inability of the body to defend itself and that the onset of AIDS may not occur for ten years or more after contracting HIV.
- This group tends to minimize HIV/AIDS to some degree. They are somewhat more likely to view it as a moderate rather than a serious problem today. They also tend to believe that HIV is much less serious than it was ten years ago and are slightly less likely to be aware of a federal government initiative regarding HIV/AIDS.
- There are few significant differences between this group and Canadians overall in terms of their comfort and views regarding most scenarios involving a person with HIV/AIDS (although, as noted earlier, they are much less comfortable than segments one and three). However, they strongly distance themselves from the disease and view it as a disease that is contained to the third world, the gay community or to drug users. Members of this group believe that young men in Canada are increasingly at risk for HIV and are more likely than the Informed Liberal-Minded (Segment 1) or the Moderately Informed, Liberal-Minded (Segment 3) to express fear of people with HIV. They are also more likely to disagree that people with HIV/AIDS should be allowed to work as dentists or should have the same rights to be sexually active. This group is the most likely to say that it is a responsibility of people with HIV/AIDS to protect others.
- In terms of media preferences, this group is no different than the national average. They express a slightly greater preference than other Canadians for obtaining information about HIV/AIDS from books and are more apt to believe that health care professionals and the Public Health Agency of Canada are reliable.
- This group is somewhat less likely to know somebody with HIV/AIDS. Although there are few significant differences for this group in terms of sexual or testing behaviour, this group is less likely to perceive themselves to be at risk of contracting HIV/AIDS.
- This group is over-represented by men (56 per cent), those of British descent and individuals with post-secondary education.

9.5 SEGMENT THREE: MODERATELY INFORMED LIBERAL-MINDED

This group includes 22 per cent of Canadians. They have a low to middle level of knowledge about HIV/AIDS (33 per cent scored low and 67 per cent scored in the mid-range), and are moderately comfortable about contact with people with HIV (27 per cent scored low on comfort index compared with 32 per cent overall). They also show few stigmatizing attitudes (74 per cent scored low) and are less likely than many other Canadians to distance themselves from the issue, disagreeing that AIDS is a disease contained to third world countries, the gay community or drug users (71 per cent scored low on the distancing index *versus* 51 per cent overall). They are also very concerned about the issue (61 per cent think it is a very serious problem today) and do not believe that AIDS is a less serious problem in Canada today than it was ten years ago (68 per cent).

- With respect to knowledge, members of this group are more likely to be misinformed about methods of transmission and testing. They believe HIV can be transmitted through kissing, body piercing, contact with physical objects, and mosquito bites, but not through oral sex or from mother to newborn. They also are more apt to think that HIV can be diagnosed through physical examination and that it can be treated. They also are less likely to know that with HIV/AIDS the body cannot defend itself against diseases and may not occur for ten years of more after contracting HIV.
- In terms of comfort with various situations, they are most likely to reflect national results, except that they are considerably less likely than the average to blame or to fear people living with HIV/AIDS. This group is also less likely to agree that young men and women in Canada are at risk. Perhaps due to the lack of knowledge, this segment is most comfortable if a family member or a friend were to date someone with HIV (54 per cent). They are also more apt to disagree with a variety of factors as having an impact on peoples' discomfort with HIV/AIDS. This group strongly believes in the human rights of people living with HIV/AIDS and opposes any discrimination.
- Their views regarding the reliability of different sources of information are reflective of opinions cited by other Canadians, with the exception of friends who are less likely to be perceived as a reliable source.
- This group is most likely to report knowing a person living with HIV/AIDS (43 per cent). There are few significant differences for this group from the average in terms of sexual or testing behaviour, although this group is somewhat more likely to be engaging in safer sex.
- Demographically, there is little about this group that sets them apart from other Canadians. They are marginally over-represented in the 45-54 age group and in Quebec.

9.6 SEGMENT FOUR: MODERATELY INFORMED DENIERS/FEARFUL

This segment comprises 11 per cent of Canadians and is characterized by a low to mid-level knowledge about HIV/AIDS (61 per cent scored medium on the knowledge index versus 41 per cent overall and 38 per cent scored low *versus* 18 per cent overall), strongest levels of discomfort around people with HIV/AIDS (75 per cent scored low on the comfort index *versus* 32 per cent overall), and higher degree of stigmatizing attitudes (35 per cent scored low on the stigma index compared with 64 per cent average). They tend to minimize and greatly distance themselves from the issue (only 4 per cent scored low on this measure, compared with 51 per cent overall) and are most likely to support discrimination of people living with HIV/AIDS (58 per cent scored low on this measure compared to 20 per cent overall). This group is, in many ways, similar to the fifth group (Uninformed Uncomfortable), however, their knowledge level is somewhat higher and their discomfort around and stigmatizing attitudes toward people with HIV/AIDS is more acute.

- This group is more likely than average to be misinformed about some methods of transmission and testing. They are less likely than average to cite injection drug users as among the most affected groups and believe that people of African descent are most affected by HIV. They are also more apt to believe that there is a cure for HIV/AIDS and that the illness can be diagnosed through physical examination and self-diagnosis.
- They are more likely to believe that AIDS is much less of a problem in Canada today than it was ten years ago (33 per cent versus 21 per cent overall), and that AIDS is a disease belonging to the third world, the gay community and drug users. They are also more likely to believe than young men in Canada have a higher risk of contacting HIV.
- As part of strong discriminatory views of HIV/AIDS, this group strongly disagrees that people with HIV/AIDS should serve the public as a dentist or hairstylist (60 per cent), or that they should have the same rights to employment, health care, or housing. A majority of this segment (52 per cent versus 30 per cent overall) believes that people with HIV have no right to be sexually active, that they should be legally quarantined (33 per cent versus 11 per cent overall) or their name made public (33 per cent versus 10 per cent overall).
- They are the most uncomfortable around people with HIV/AIDS and the most likely to say that they could not be or remain friends with someone who has AIDS. They are most likely to believe that people who contract HIV/AIDS through sex or drug use, get what they deserve and have only themselves to blame for it. Members of this group are more likely to say they feel anger (16 per cent versus 5 per cent overall) and are afraid of people with HIV (45 per cent versus 13 per cent average). This group expresses moderate levels of confidence in doctors and other health care professionals as sources of information about HIV/AIDS, and are most likely to distrust the Government of Canada 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 and would be most uncomfortable seeking information from a person with HIV/AIDS.

- They are least likely to report knowing someone with HIV/AIDS than any other group of Canadians (77 per cent say that they do not know anyone), and their typical reaction would be to spend less time with them if they knew one. As with the Uninformed Uncomfortable (the next group described), they are unlikely to have been tested for HIV/AIDS (19 per cent tested compared to 32 per cent overall).
- This group has a significantly higher than average proportion of senior citizens (as high as found in the Uninformed Uncomfortable at 33 per cent), is somewhat over-represented by men, and has lower than average education and income (as low as the next group). This group is also over-represented among Quebec residents, visible minorities and those born outside Canada. Like the Uninformed Uncomfortable (Segment 5), over 40 per cent of this group are strongly associated with a religious group.

9.7 SEGMENT FIVE: UNINFORMED UNCOMFORTABLE

This segment comprises only seven per cent of Canadians. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS by far (100 per cent scored in the lowest range of the knowledge index, compared with 18 per cent of Canadians overall). They also have the second highest level of rated discomfort around people living with HIV/AIDS (70 per cent scored low *versus* 32 per cent in the overall sample). This group is likely to distance themselves from the issue of HIV/AIDS, believing that it is a disease found mostly in third world countries, and among the gay population and drug users (25 per cent scored high on the distance measure compared to 14 per cent overall). They express high levels of stigma (35 per cent scored low on this measure compared to 64 per cent overall) and are inclined to discriminate against people living with HIV/AIDS (50 per cent compared to 20 per cent overall).

- In terms of knowledge, this group is exceedingly misinformed about methods of transmission and testing, as well as about groups most affected by HIV. Over half of this group believes that there is a cure for HIV/AIDS and are least apt to know that with HIV the body cannot defend itself against disease and infection. They tend to believe that HIV/AIDS is less of a problem today that it was ten years ago.
- They express the second greatest discomfort in any situation involving a person with HIV/AIDS and are most apt to believe that people with HIV get what they deserve.
- They are the most opposed to the idea of people with HIV/AIDS serving the public (65 per cent said that people should not work in such positions as dentists and hairstylists), less apt to

report knowing someone with HIV/AIDS than average, and are more likely to fear and feel anger towards people with HIV.

- Although this group does not have a particularly distinguishable pattern of preferences for receiving information about HIV/AIDS, they are characterized by the greatest scepticism of doctors, media, as well as people with HIV and organizations representing the interests of people living with HIV/AIDS. They are most apt than any other group to view family and friends as reliable sources of information about HIV/AIDS. This group is least likely to feel comfortable seeking information from health care professionals, anonymous clinics, or a person with HIV.
- Although this group is least 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 (81 per cent not tested compared to 67 per cent overall).
- This group includes a higher number of men (56 per cent), senior citizens (32 per cent of this group are over 65), individuals with low education and income, and Quebec residents. They are more likely to be found among Quebec residents. There also is a higher proportion than average who were born outside Canada, particularly South Asia, and belong to a visible minority group. Members of this group are most apt to strongly associate themselves with a particular religion or a religious group (44 per cent compared to 28 per cent overall).

10. SUMMARY

On the whole, Canadians are fairly knowledgeable about HIV/AIDS. For the most part, Canadians are able to correctly identify how HIV/AIDS is transmitted. Most Canadians also understand that AIDS is fatal, and cannot be cured, even with early treatment. Despite this, slightly fewer Canadians than in 2003 know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses, and significantly fewer know that a person can have HIV for ten or more years without developing AIDS. Furthermore, some Canadians (fewer than one in ten) continue to incorrectly believe that HIV can be transmitted through kissing, from mosquito bites, from a sneeze or cough, or from casual contact or contact with objects such as fountains or toilets. A vast majority of Canadians can identify taking a blood test as a way to diagnose HIV/AIDS (and the proportion has increased from 2003), yet the proportion of Canadians who believe – incorrectly — that HIV/AIDS can be diagnosed through a physical examination has increased substantially from 2003 (from eight per cent in 2003 to 17 per cent).

Gay men continue to be identified by Canadians as the number one group most often affected by HIV/AIDS, followed by injection drug users. Results suggest that Canadians are now slightly more aware than in 2003 that HIV/AIDS can affect anyone. In particular, Canadians are increasingly aware that Canadian youth are an at-risk group for HIV/AIDS; with Canadians identifying young women as a segment that is increasingly at risk of contracting HIV. Furthermore, only a minority believe that HIV/AIDS is mostly a third world disease, a gay person's disease or a drug user's disease (and the proportion who believe this has decreased from 2003). An overwhelming majority of Canadians believe that HIV/AIDS is still a somewhat or very serious problem in Canada today. Despite this, a strong majority Canadians still rate their own personal risk of contracting HIV as low.

As in 2003, most Canadians report having been sexually active in the past 12 months. Of those who were sexually active, a large majority had only one partner. Roughly one-third of Canadians report having ever been tested for HIV (excluding testing for insurance, blood donation and participation in research), which is a slight increase from 2003.

The proportion of Canadians who know or have known someone with HIV/AIDS remains virtually unchanged from 2003 at 37 per cent. Over half of those who know or have known someone with HIV/AIDS believe that this knowledge had little or no impact on their behaviour towards this person. Of those who do report a change in behaviour, they are less likely than in 2003 to report negative changes in their behaviour towards individuals they know with HIV/AIDS and are more apt to report positive changes (such as increased sympathy, increased awareness of HIV/AIDS, or increased support towards that person). Furthermore, most Canadians believe that they would react in a supportive manner if they found out that someone they knew had contracted HIV/AIDS, although they are more apt to be supportive of a close friend than a co-worker or a student attending the same school as their own child.

Although most Canadians feel that they would be supportive of someone they knew who contracted HIV/AIDS, their levels of tolerance towards people living with HIV/AIDS have in fact declined since 2003. Fewer than six in ten Canadians agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and roughly one-third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. Furthermore, over half the Canadian population would feel somewhat or very uncomfortable if a close friend or family member dated someone with HIV/AIDS and roughly one-quarter would feel uncomfortable working in an office where someone developed HIV/AIDS. Despite the fact that most Canadians believe that they are knowledgeable regarding the transmission of HIV/AIDS, half would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS, and close to three in ten would feel uncomfortable wearing a sweater once worn by a person living with HIV/AIDS.

Only a minority, however, agree that they could not remain or become friends with someone with HIV/AIDS or believe that people who get HIV/AIDS through sex or drug use have gotten what they deserve (the majority do not blame people living with HIV/AIDS). Furthermore, although Canadians demonstrate mixed feelings in terms of their tolerance of direct contact with people living with HIV/AIDS, few hold strong negative feelings (such as fear, anger or disgust) towards those living with HIV/AIDS.

The fact that HIV/AIDS is a fatal disease is seen as having the greatest impact on the level of public discomfort with this disease. Other factors identified as having a strong influence on the public's discomfort levels by over half of Canadians include the association between HIV/AIDS and intravenous drug use, the association between HIV/AIDS and casual/promiscuous sex, and the association with homosexual sex.

Most Canadians are supportive of the rights of people living with HIV/AIDS to the same health care, housing, and employment as others, but are divided on the issue of whether they should have the right to be sexually active. Canadians do not believe that the rights of people living with HIV/AIDS should be curtailed to protect the public. Canadians believe that intolerance and stigma associated with HIV/AIDS have significant repercussions for people living with HIV/AIDS; most Canadians believe that people would be unwilling to tell others they have HIV/AIDS; over half believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment; and four in ten agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease.

The majority of Canadians believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease, and believe that they have a responsibility to tell others about their condition.

Newspaper articles and television in general are the two primary sources where Canadians say that they have recently heard about HIV/AIDS. When asked where they would go if they were actively seeking information about HIV/AIDS today, most Canadians cite the Internet, followed by doctors, other health care professionals or books and the library. In terms of effective ways to provide people with information about HIV/AIDS, Canadians point most often to public education announcements on television,

followed by brochures or information kits sent to people's homes, public education announcements in the newspaper and public education announcements on the radio. As in 2003, a minority of Canadians (just over one in three) are aware of an overall federal government initiative regarding HIV/AIDS.

Canadians consider their family doctor or another health care professional to be the most reliable information source on HIV/AIDS (and perceived reliability has grown from 2003), followed by the PHAC, or a pharmacist. Just over half consider the federal government to be a reliable source, while a similar proportion consider a person living with HIV/AIDS to be a very reliable source. An anonymous clinic is perceived to be far less reliable than a family doctor or even a pharmacist. While youth are most likely to cite school as a primary information source about HIV/AIDS, they do not consider teachers or school counsellors to be very reliable information sources.

Canadians would feel most comfortable seeking information on HIV/AIDS from their family doctor or another health care professional, or a pharmacist, which are also the sources identified as the most reliable.

Overall

Although knowledge levels are high, there are significant gaps in knowledge regarding the transmission, diagnosis and health impacts of HIV/AIDS. While gay men and injection drug users are identified as the groups most at risk for infection, Canadians seem to be increasingly aware that HIV/AIDS can affect anyone and that youth in particular are at increasing risk.

While Canadians feel that they would be supportive of someone with HIV/AIDS, their tolerance levels appear to have declined somewhat. Although they do support the rights of people living with HIV/AIDS to health care, housing, and employment, many would not feel comfortable with seeing someone with HIV/AIDS serve the public in positions such as a dentist. Many also would feel uncomfortable drinking from a restaurant glass once used by a person living with HIV/AIDS, suggesting that they are not altogether convinced as to the methods of transmission. Canadians are supportive of the rights of people living with HIV/AIDS, and do believe that people living with HIV/AIDS suffer from negative repercussions as a result of the stigma associated with this disease. Results suggest that Canadians are tolerant and comfortable with people living with HIV/AIDS in theory but not always in practice.

The fact that HIV/AIDS is fatal is seen as having the greatest impact on public discomfort with this disease, followed by the association between HIV/AIDS and intravenous drug use, casual/promiscuous sex or homosexual sex.

While newspapers and television continue to be the primary sources where Canadians hear about HIV/AIDS, they are increasingly likely to cite the Internet as a source. Furthermore, Canadians are most apt to consult the Internet, doctors or other health professionals should they decide to actively seek out information on HIV/AIDS. Family doctors or other health care professionals, the PHAC or a pharmacist are considered the most reliable information sources, and those with which Canadians express the greatest comfort.

APPENDIX A
QUESTIONNAIRE

INTRO

Hello, my name is...and I work for Ekos Research Associates. We are conducting a survey for the Government of Canada to obtain the views of Canadians on important health related issues. The survey is registered with the National Survey Registration System. Can I ask if you are at least 16 years old and a permanent resident of Canada?

** IF NO: Is there someone at home now that I could speak to who is 16 years of age or older?

** IF YES: The questionnaire takes about 20 minutes to complete, but it provides you with a unique opportunity to let the federal government know how you feel about things that affect us all. May I begin?

All of your responses to the survey are completely confidential.

27:

SEX

DO NOT ASK

Record gender of respondent

Male..... 1
Female..... 2

28:

AGE2X

IF HESITANT MOVE ONTO NEXT QUESTION

In what year were you born? NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"

HESITANT 9999

29:

AGE2Y

=> +1 if NOT (AGE2X=#1)

May I place your age into one of the following general age categories?

Under 20..... 01
20-24 years..... 02
25-29 years..... 03
30-34 years..... 04
35-39 years..... 05
40-44 years..... 06
45-49 years..... 07
50-54 years..... 08
55-59 years..... 09
60-64 years..... 10
65 years or older..... 11
(DO NOT READ) DK/NR..... 99

33:

Q1

Do you think that HIV/AIDS is a very serious, somewhat serious, not very serious or not at all serious problem in Canada today?

Not at all serious.....	1
Not very serious.....	2
Somewhat serious.....	3
Very serious.....	4
DK/NR	9

34:

KNOW1

How knowledgeable would you say that you are about HIV/AIDS on a scale where one is not at all knowledgeable, 7 is extremely knowledgeable and the midpoint 4 is moderately knowledgeable?

1. Not at all knowledgeable.....	1
2.....	2
3.....	3
4. Moderately knowledgeable.....	4
5.....	5
6.....	6
7. Extremely knowledgeable.....	7
DK/NR	9

35:

Q2

DO NOT READ LIST

From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected? NOTE: (If needed) CAN YOU BE MORE SPECIFIC ABOUT HOW OR BETWEEN WHO. NEED TO PROBE FOR AS MUCH DETAIL AS NEEDED TO CODE ANSWER AND AS MANY ANSWERS AS POSSIBLE HERE

Unsafe/unprotected intercourse between a man and a man.....	01
Unsafe/unprotected intercourse between a man and a woman.....	02
Unsafe/unprotected oral sex	03
Sharing drug needles	04
Kissing.....	05
Tattoos/body piercing.....	06
Contact with physical objects (e.g., fountains, toilette seats).....	07
Blood to blood contact (e.g. from an open cut).....	08
Mosquito bites	09
Casual contact (e.g., hugging, shaking hands).....	10
A sneeze or cough	11
From mother to child during pregnancy	12
Other (specify).....	77 O
DK/NR	99 X

38:

Q2BB

SKIP ALL MENTIONED IN Q2

From what you know or have heard, can you tell me if each of the following are ways in which HIV can be passed on to another person? How about from...

NOTE: put 1-Yes, 2-No, 9-DK/NR for each category

- @q2b1 Unsafe/unprotected intercourse between a man and a man
- @q2b2 Unsafe/unprotected intercourse between a man and a woman
- @q2b3 Unsafe/unprotected oral sex
- @q2b4 Sharing drug needles
- @q2b5 Kissing
- @q2b6 Tattoos/body piercing
- @q2b7 Contact with physical objects (e.g. fountains, toilet seats)
- @q2b8 Blood to blood contact (e.g. from an open cut)
- @q2b9 Mosquito bites
- @q2b10 Casual contact (e.g., hugging, shaking hands)
- @q2b11 A sneeze or cough
- @q2b12 From mother to child during pregnancy

51:

TST1B

READ LIST AND TAKE AS MANY AS APPLY

As far as you know, can someone find out for certain if they have HIV/AIDS from... ?

Blood test.....	01	
Physical examination.....	02	
Self-diagnosis	03	
X-ray.....	04	
DO NOT READ: Other (specify).....	77	O
DO NOT READ: NONE OF THE ABOVE.....	98	X
DO NOT READ: DK/NR.....	99	X

52:

GRPS

DO NOT READ LIST!

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

Canadian youth (under 25 years of age).....	01
Injection drug users	02
Homosexual men.....	03
Women living in poverty.....	04
Aboriginal people.....	05
Prison inmates	06
Health care professionals.....	07
People who have unprotected sex.....	08
People who have blood transfusions or organ transplants.....	09
Low income Canadians	10
Sex trade workers	11
Haemophiliacs.....	12
New immigrants to Canada	13
Homeless	14
Everyone is at risk/No specific group.....	15
Children with parents carrying HIV/AIDS.....	16
People of African descent.....	17
Other ethnic groups	18
Other (specify).....	77 O
DK/NR	99 X

53:

Q14

=> +1 if NOT (ROT7=#1); HALF SAMPLE

To the best of your knowledge, can HIV/AIDS be cured?	
Yes.....	1
No.....	2
DK/NR	9

54:

Q15

=> +1 if NOT (ROT7=#2); HALF SAMPLE

To the best of your knowledge, can HIV/AIDS be cured if treated early.	
Yes.....	1
No.....	2
DK/NR	9

55:

TREAT

READ LIST

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

Not at all effective.....	1
Not very effective.....	2
Somewhat effective.....	3
Very effective.....	4
DK/NR	9

56:

PREAG

The next series of questions asks about your level of agreement or disagreement with a number of statements. Please rate your answer on a seven point scale where 1 is completely disagree, 7 is completely agree and the midpoint 4 is neither.

57:

AGR3A

=> +1 if ROT2=#1; HALF SAMPLE

Agreement with...

I could not become friends with someone who has HIV/AIDS

- 1. Completely disagree 1
- 2..... 2
- 3..... 3
- 4. Neither agree nor disagree..... 4
- 5..... 5
- 6..... 6
- 7. Completely agree..... 7
- DK/NR 9

58:

AGR3B

=> +1 if ROT2=#2; HALF SAMPLE

Agreement with...

I could not remain friends with someone who has HIV/AIDS

- 1. Completely disagree 1
- 2..... 2
- 3..... 3
- 4. Neither agree nor disagree..... 4
- 5..... 5
- 6..... 6
- 7. Completely agree..... 7
- DK/NR 9

59:

AGR4

Agreement with...

People who get HIV/AIDS through sex or drug use got what they deserve.

- 1. Completely disagree 1
- 2..... 2
- 3..... 3
- 4. Neither agree nor disagree..... 4
- 5..... 5
- 6..... 6
- 7. Completely agree..... 7
- DK/NR 9

60:

AGR5A

=> +1 if NOT(ROT11=#1);HALF SAMPLE

Agreement with...

People who have HIV/AIDS should be allowed to serve the public in positions like dentists.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

61:

AGR5C

=> +1 if NOT(ROT11=#2);HALF SAMPLE

Agreement with...

People who have HIV/AIDS should be allowed to serve the public in positions like hairstylists.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

62:

AGR1A

Agreement with...

I feel anger toward people living with HIV/AIDS.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

63:

AGR1B

Agreement with...

I feel afraid of people living with HIV/AIDS.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

64:

AGR1C

Agreement with...

I feel disgust toward people living with HIV/AIDS.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

65:

AGR6A

=> +1 if NOT ROT3=#1; HALF SAMPLE

Agreement with...

HIV/AIDS is mostly a drug user's disease

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

66:

AGR6B

=> +1 if NOT ROT3=#2; HALF SAMPLE

<i>Agreement with...</i>	
HIV/AIDS is mostly a gay person's disease	
1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

67:

AGR6C

<i>Agreement with...</i>	
HIV/AIDS is mostly a third world disease	
1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

68:

AGR23

=> +1 if NOT ROT4=#1; HALF SAMPLE

<i>Agreement with....</i>	
Young women in Canada are increasingly at risk for HIV	
1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

69:

AGR24

=> +1 if NOT ROT4=#2; HALF SAMPLE

Agreement with...

Young men in Canada are increasingly at risk for HIV

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

70:

AGR25

Agreement with...

If someone becomes infected with HIV, they have only themselves to blame for it.

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

71:

AGR7

Agreement with...

A person can have HIV for ten years or more without developing AIDS

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

72:

AGR9

Agreement with...

When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

73:

AGR12

Agreement with...

AIDS is always fatal

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

74:

AGR19

Agreement with...

HIV/AIDS is much less of a problem in Canada today than it was ten years ago.

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

75:

AGR32

=> +1 if NOT ROT5=#1; HALF SAMPLE

Agreement with...

It is the responsibility of people living with HIV/AIDS to protect others from getting the disease

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

76:

AGR33

=> +1 if NOT ROT5=#2; HALF SAMPLE

Agreement with...

It is the responsibility of people living with HIV/AIDS to tell others that they have it

1. Completely disagree	1
2.....	2
3.....	3
4. Neither agree nor disagree.....	4
5.....	5
6.....	6
7. Completely agree.....	7
DK/NR	9

77:

COMFT

Now I would like you to tell me if you would feel very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable with each of the following . . .

78:

COMF1

How comfortable or uncomfortable would you be if...

Your child were attending a school where one of the students was known to have HIV/AIDS?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

79:

Q35

=> +1 if NOT (COMF1=#1-#2)

PROMPT ONLY IF NECESSARY

When you think of your child attending school with a student known to have HIV/AIDS, what is the one thing that makes you most uncomfortable?

- My child contracting/catching HIV/AIDS..... 01
- My child hearing about HIV/AIDS 02
- Knowing that my child would be around the type of person to have HIV/AIDS.. 03
- My child coming into contact with the type of person who has HIV/AIDS..... 04
- An accident in school where that person gets blood on my child..... 05
- Other (specify)..... 97 O
- DK/NR 99 X

80:

CMF2A

How comfortable or uncomfortable would you be if...

You worked in an office where someone working with you developed HIV/AIDS?

- Very uncomfortable..... 1
- Somewhat uncomfortable 2
- Somewhat comfortable..... 3
- Very comfortable..... 4
- DK/NR 9

81:

Q37

=> +1 if NOT (CMF2A=#1-#2)

PROMPT ONLY IF NECESSARY

When you think about working with someone who has HIV/AIDS, what is it that makes you most uncomfortable?

- Using the same bathroom 01
- Using the same kitchen/drinking glasses and plates..... 02
- An accident where that person gets blood on others 03
- Being around the type of person who has contracted HIV/AIDS..... 04
- Being reminded that HIV/AIDS exists..... 05
- Contracting it myself (general-unspecified) 06
- Other (specify)..... 97 O
- DK/NR 99

82:

COMF3

How comfortable or uncomfortable would you be with...

Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS?

- Very uncomfortable..... 1
- Somewhat uncomfortable 2
- Somewhat comfortable..... 3
- Very comfortable..... 4
- DK/NR 9

83:

Q39

=> +1 if NOT (COMF3=#1-#2)

PROMPT ONLY IF NECESSARY

When you think about shopping at a small neighbourhood grocery store where the owner has HIV/AIDS, what is the one thing that makes you the most uncomfortable?

- Touching the same products that the owner touched..... 01
- Coming into contact with the owner..... 02
- Being seen in a store where the owner has HIV/ AIDS..... 03
- Giving my business to a store where the owner has HIV/ AIDS..... 04
- Contracting it myself 05
- Other (specify)..... 97 O
- DK/NR 99

84:

CMF5A

How comfortable or uncomfortable would you be with...

A close friend or family member dating someone with HIV/AIDS?

- Very uncomfortable..... 1
- Somewhat uncomfortable 2
- Somewhat comfortable..... 3
- Very comfortable..... 4
- DK/NR 9

86:

Q41

How comfortable would you be using a restaurant drinking glass once used by a person living with HIV/AIDS?

- Very uncomfortable..... 1
- Somewhat uncomfortable 2
- Somewhat comfortable..... 3
- Very comfortable..... 4
- DK/NR 9

88:

Q42

How comfortable would you be wearing a sweater once worn by a person living with HIV/AIDS.

- Very uncomfortable..... 1
- Somewhat uncomfortable 2
- Somewhat comfortable..... 3
- Very comfortable..... 4
- DK/NR 9

90:

P45

Some people in our society are uncomfortable with HIV/AIDS and with people who have it. Please tell me how much you believe that each of the following factors might explain their discomfort. Use a scale where 1 is not at all, 7 is strongly and the mid point four is a moderately.

91:

Q46

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that AIDS is fatal.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

92:

Q47

=> +1 if NOT(ROT8=#1); HALF SAMPLE

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that HIV/AIDS is often associated with drug use.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

93:

Q47B

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that HIV/AIDS is often associated with casual/promiscuous sex.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

94:

Q47C

=> +1 if NOT(ROT8=#2) ; HALF SAMPLE

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that HIV/AIDS is often associated with homosexual sex.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

95:

Q48

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that some people are afraid of becoming infected with HIV through casual contact (e.g. touching someone who is HIV positive).

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

96:

Q50B

=> +1 if NOT(ROT8=#2) ; HALF SAMPLE

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that some people think of HIV/AIDS as only affecting certain groups, such as gay men.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

97:

Q50C

=> +1 if NOT(ROT8=#1) ; HALF SAMPLE

(How much do you think that ... factor into peoples' discomfort with HIV/AIDS)
The fact that some people think of HIV/AIDS as only affecting certain groups, such as people who use drugs.

- 1. Not a factor at all 1
- 2 2
- 3 3
- 4. A moderate factor 4
- 5 5
- 6 6
- 7. A very strong factor 7
- DK/NR 9

98:

P55

To what extent do you believe the following on a scale where 1 is not at all, 7 is completely and the midpoint 4 is moderately.

99:

Q55

To what extent do you believe the following...

People are unwilling to be tested for HIV because of the stigma associated with the disease.

- 1. No extent at all 1
- 2 2
- 3 3
- 4. A moderate extent 4
- 5 5
- 6 6
- 7. A very large extent 7
- DK/NR 9

100:

Q56

To what extent do you believe the following...

People are unwilling to tell others they have HIV because of the stigma associated with the disease.

- 1. No extent at all 1
- 2 2
- 3 3
- 4. A moderate extent 4
- 5 5
- 6 6
- 7. A very large extent 7
- DK/NR 9

101:

Q57

To what extent do you believe the following...

People living with HIV/AIDS can experience difficulty getting housing, health care and employment because of the stigma associated with the disease.

- | | |
|------------------------------|---|
| 1. No extent at all | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. A moderate extent..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. A very large extent | 7 |
| DK/NR | 9 |

102:

P64

To what extent do you agree or disagree with the following on a scale where 1 is completely disagree, 7 is completely agree and the midpoint 4 is neither agree nor disagree. . .

103:

Q65

Agreement with . . .

People living with HIV/AIDS have the same right to employment as I do

- | | |
|------------------------------------|---|
| 1. Completely disagree | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Neither agree nor disagree..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Completely agree..... | 7 |
| DK/NR | 9 |

104:

Q66

Agreement with . . .

People living with HIV/AIDS have the same right to health care as I do

- | | |
|------------------------------------|---|
| 1. Completely disagree | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Neither agree nor disagree..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Completely agree..... | 7 |
| DK/NR | 9 |
-
-

105:

Q67

Agreement with . . .

People living with HIV/AIDS have the same right to housing as I do

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

106:

Q68

Agreement with . . .

People living with HIV/AIDS have the right to be sexually active

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

107:

Q70

=> +1 if NOT (ROT1=#1) ; HALF SAMPLE

Agreement with . . .

People living with HIV/AIDS should be legally quarantined from others to protect the public health.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

108:

Q71

=> +1 if NOT (ROT1=#2) ; HALF SAMPLE

Agreement with . . .

The names of people with HIV/AIDS should be made public so that others can avoid them.

- 1. Completely disagree 1
- 2 2
- 3 3
- 4. Neither agree nor disagree 4
- 5 5
- 6 6
- 7. Completely agree 7
- DK/NR 9

109:

REAC

The next questions are how you would react to finding out somebody you knew had HIV/AIDS. Please respond using a 7-point scale where 1 means you would avoid them completely, 7 means you would support them completely, and the mid-point, 4, you would neither avoid nor support them.

110:

REAC1

How you would react . . .

If a close friend had HIV/AIDS.

- 1. Avoid completely 1
- 2 2
- 3 3
- 4. Neither 4
- 5 5
- 6 6
- 7. Support completely 7
- DK/NR 9

111:

REAC2

How you would react . . .

If you had a young child attending school where one of the students was known to have HIV/AIDS.

- 1. Avoid other child completely 1
- 2 2
- 3 3
- 4. Neither 4
- 5 5
- 6 6
- 7. Support other child completely 7
- DK/NR 9

112:**REAC3***How you would react . . .*

If you had an office job where one of the men working with you developed HIV/AIDS.

- | | |
|----------------------------|---|
| 1. Avoid completely | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Neither | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Support completely..... | 7 |
| DK/NR | 9 |

114:**INFSQ**

The next series of questions asks about your information sources.

115:**INFO1***DO NOT READ LIST!*

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

- | | |
|--------------------------------------------------------|------|
| Television - general | 01 |
| Television news/documentaries..... | 02 |
| Television health program..... | 03 |
| Television show/movie..... | 04 |
| Radio news | 05 |
| Radio health program | 06 |
| Newspaper article | 07 |
| Magazines - general..... | 08 |
| Health magazine | 09 |
| Health journals | 10 |
| Books/Library..... | 11 |
| Websites/Internet..... | 12 |
| Advertising (e.g., TV, pamphlets, posters, etc.) | 13 |
| Doctors | 14 |
| Nurse or other health care professional/Hospital..... | 15 |
| Pharmacist | 16 |
| At school | 17 |
| At work..... | 18 |
| Health Canada | 19 |
| AIDS Organizations/Community organizations..... | 20 |
| Family or friends | 21 |
| Other (specify)..... | 97 O |
| DK/NR | 99 X |

116:

INFO2

DO NOT READ LIST!

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

Television - general	01
Television news/documentaries.....	02
Television health program.....	03
Television show/movie.....	04
Radio news	05
Radio health program	06
Newspaper article	07
Magazines - general.....	08
Health magazine	09
Health journals	10
Books/Library.....	11
Websites/Internet.....	12
Advertising (e.g., TV, pamphlets, posters, etc)	13
Doctors	14
Nurse or other health care professional/Hospital.....	15
Pharmacist	16
At school	17
At work.....	18
Health Canada	19
AIDS Organizations/Community organizations.....	20
Family or friends	21
Other (specify).....	97 O
DK/NR	99 X

117:

PRERE

I'd like to ask you to rate the reliability of a number of sources of information about HIV/AIDS on a scale where 1 is not at all reliable and 7 is extremely reliable, with a midpoint 4 of moderately reliable.

118:

REL1A

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider..... Your family doctor or another health care professional

1. Not at all reliable	1
2.....	2
3.....	3
4. Moderately reliable.....	4
5.....	5
6.....	6
7. Extremely reliable	7
DK/NR	9

119:

REL3A

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider..... The Public Health Agency of Canada NOTE:
The Public Health Agency of Canada has a mandate to promote and protect the
health and safety of Canadians

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

120:

REL3B

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider..... Government of Canada

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

121:

REL5

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider..... The media

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

122:**REL6**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider..... A person living with HIV/AIDS

- | | |
|------------------------------|---|
| 1. Not at all reliable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Moderately reliable..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extremely reliable | 7 |
| DK/NR | 9 |

123:**REL7**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider..... Your friends

- | | |
|------------------------------|---|
| 1. Not at all reliable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Moderately reliable..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extremely reliable | 7 |
| DK/NR | 9 |

124:**REL9A**

=> +1 if AGE=#2 OR ROT10=#2; STREAM A , UNDER 25 ONLY

to be as a source of information about HIV/AIDS?

How reliable do you consider..... A teacher

- | | |
|------------------------------|---|
| 1. Not at all reliable | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4. Moderately reliable..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extremely reliable | 7 |
| DK/NR | 9 |

125:**REL9B**

=> +1 if AGE=#2 OR ROT10=#1; STREAM B , UNDER 25 ONLY

to be as a source of information about HIV/AIDS?

How reliable do you consider..... A school counsellor

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

126:**REL10**

=> +1 if ROT10=#1; STREAM B

to be as a source of information about HIV/AIDS?

How reliable do you consider..... A pharmacist

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

127:**REL11**

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider..... Your family

- 1. Not at all reliable 1
- 2..... 2
- 3..... 3
- 4. Moderately reliable..... 4
- 5..... 5
- 6..... 6
- 7. Extremely reliable 7
- DK/NR 9

128:

REL12

=> +1 if ROT10=#2; STREAM A

to be as a source of information about HIV/AIDS?

How reliable do you consider..... An anonymous clinic

1. Not at all reliable	1
2.....	2
3.....	3
4. Moderately reliable.....	4
5.....	5
6.....	6
7. Extremely reliable	7
DK/NR	9

129:

P86

How comfortable would you be seeking information about HIV/AIDS from the following . . . Would you be very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable.

130:

Q87

=> +1 if ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

Your family doctor or another health care professional

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

131:

Q88

=> +1 if ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

A pharmacist?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

132:

Q89

=> +1 if ROT10=#1; STREAM B

How comfortable would you be seeking information from . . .

Your friends?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

133:

Q90

=> +1 if ROT10=#2; STREAM A

How comfortable would you be seeking information from . . .

Your family?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

134:

Q91

=> +1 if AGE=#2 OR ROT10=#2; STREAM A, UNDER 25 ONLY

How comfortable would you be seeking information from . . .

A teacher?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

135:

Q91A

=> +1 if AGE=#2 OR ROT10=#1; STREAM B, UNDER 25 ONLY

How comfortable would you be seeking information from . . .

A school counsellor?

Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

136:

Q92

=> +1 if ROT10=#2; STREAM A

<i>How comfortable would you be seeking information from . . .</i>	
An anonymous clinic?	
Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

137:

Q92A

=> +1 if ROT10=#1; STREAM B

<i>How comfortable would you be seeking information from . . .</i>	
A person living with HIV/AIDS?	
Very uncomfortable.....	1
Somewhat uncomfortable.....	2
Somewhat comfortable.....	3
Very comfortable.....	4
DK/NR	9

138:

Q93

READ LIST; ACCEPT UP TO THREE RESPONSES

Please tell me which of the following you think would be the most effective way to provide people with information about HIV/AIDS:

Brochures/information kits sent to people's homes	1
Public education announcements on television	2
Public education announcements on the radio.....	3
Public education announcements in newspapers.....	4
Public education announcements in magazines.....	5
(DO NOT READ) DK/NR	9 X

139:

CSHA1

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

Yes.....	1
No.....	2
DK/NR	9

142:

KNOW

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

Yes.....	1
No.....	2
DK/NR	9

143:

KNOW2

=> SEX1 if NOT(KNOW=#1)

To what extent did this change your behaviour toward that person on a scale from 1, no impact at all, to 7 which is a very strong impact and the midpoint 4 is a moderate impact?

- 1. No impact at all 1
- 2..... 2
- 3..... 3
- 4. Moderate impact..... 4
- 5..... 5
- 6..... 6
- 7. Very strong impact 7
- DK/NR 9

144:

KNOW3

=> +1 if KNOW2=#1-#3,#8

DO NOT READ LIST!

In what way did this change your behaviour?

- Spent less time with person 01
- More cautious about casual contact..... 02
- Began to practice safer sex with that partner..... 03
- Expressed more sympathy toward that person 04
- More supportive of that person..... 05
- Got angry toward that person 06
- More critical of that person 07
- Other (specify)..... 97 O
- DK/NR 99 X
- INCREASED AWARENESS/UNDERSTANDING/TOLERANCE/KNOW-LEDGE..... 08 N

145:

SEX1

These next few questions are strictly for the purposes of understanding patterns of attitudes about HIV/AIDS. If you are not comfortable with a particular question, please let me know and we can move on to the next one. All of your answers are completely voluntary and entirely anonymous. Have you been sexually active in the last 12 months?

- Yes..... 1
- No 2 => RISK
- DK/NR 9 => RISK

146:

SEX2

How many partners have you engaged in sexual activity within the last 12 months?
DK/NR 99

148:

SEX2B

=> +1 if MORE THAN ONE

Was this person a casual partner, that is someone you are not in a regular relationship with?

Yes..... 1
No..... 2
DK/NR 9

149:

SEX2C

=> +1 if ONE

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

Yes..... 1
No..... 2
DK/NR 9

151:

SEX3A

=> +1 if MORE THAN ONE

Was this partner male or female?

Male..... 1
Female 2
(Both) 3
DK/NR 9

152:

SEX3B

=> +1 if ONE

Were these partners male, female or both?

Male..... 1
Female 2
Both 3
DK/NR 9

154:

SEX4

Did you use a condom the last time you had sex?

Yes..... 1
No..... 2
DK/NR 9

155:**SEX6**

=> +1 if NOT(SEX4=#1)

DO NOT READ LIST; ACCEPT UP TO THREE RESPONSES

Why did you use a condom?	
Reduce risk of catching or giving HIV/AIDS specifically	01
Reduced risk of catching or giving an infectious disease	02
Reduce risk of pregnancy	03
Request of partner	04
RESPONSIBLE-SAFE SEX, TO PROTECT ONE SELF	05 N
Other (specify).....	77 O
DK/NR	99 X

156:**SEX7**

=> +1 if NOT(SEX4=#2)

DO NOT READ LIST; ACCEPT UP TO THREE RESPONSES

Why didn't you use a condom?	
Married/only one partner/monogamous	01
Trying to get pregnant	02
No sexual intercourse	03
No risk of getting an infectious disease	05
Already have HIV/AIDS	06
Assume that partner(s) do not have HIV/AIDS.....	07
Partners have been recently tested for HIV	08
Not prepared for it	09
I don't like using condoms.....	10
Condoms are not easy to get.....	11
Condoms don't prevent you from contracting HIV/ AIDS	12
Condoms cost too much money.....	13
My partner doesn't like using condoms	14
Other (specify).....	97 O
DK/NR	99 X

157:**RISK**

How would you rate your own personal risk of contracting HIV, using a scale where 1 is a very low risk, 7 is a very high risk and the midpoint 4 is moderate risk?

1. Very low risk.....	1
2.....	2
3.....	3
4. Moderate risk.....	4
5.....	5
6.....	6
7. Very high risk.....	7
DK/NR	9

158:**RISK2**

=> +1 if NOT(RISK=#1-#3); LOW RISK

DO NOT READ LIST; ACCEPT UP TO THREE RESPONSES

Why do you think your own personal risk of contracting HIV is low?	
I am not gay	01
Married/only one partner/monogamous	02
I am not sexually active	03
I always use a condom.....	04
I don't use drugs.....	05
Other (specify).....	77 O
DK/NR	99 X

159:**RISK3**

=> +1 if NOT(RISK=#4) ; MODERATE RISK

DO NOT READ LIST; ACCEPT UP TO THREE RESPONSES

Why do you think your own personal risk of contracting HIV is moderate?	
I am not gay	01
I only have one partner	02
I am not sexually active	03
I always use a condom.....	04
I don't use drugs.....	05
I have multiple partners	06
I use drugs	07
I don't use condoms	08
My partner is HIV positive.....	09
Other (specify).....	77 O
DK/NR	99 X

160:**RISK4**

=> +1 if NOT(RISK=#5-#7); HIGH RISK

DO NOT READ LIST; ACCEPT UP TO THREE RESPONSES

Why do you think your own personal risk of contracting HIV is high?	
I have multiple partners	01
I use drugs	02
I don't use condoms	03
My partner is HIV positive.....	04
Other (specify).....	77 O
DK/NR	99 X

161:**TEST**

Have you ever been tested for HIV, excluding testing for insurance, blood donation and participation in research studies?

Yes.....	1
No	2
DK/NR	9

166:**DEMIN**

Now I have a few more questions to be used for statistical purposes only.

167:**HOU20**

Which of the following types best describes your current household?

One person, living alone.....	01
Single, with child/children.....	02
A married or common-law couple, without children.....	03
A married or common-law couple, with children.....	04
Single, without children, living with roommate(s).....	05
Single, without children, living with family/ parents.....	06
Other (please specify).....	98 O
DK/NR.....	99

168:**CHILD**

=> +1 if NOT (HOU20=#2,#4)

READ LIST

Are any of your children between...?

0-5 Years.....	1
6-11.....	2
12 or older.....	3
DK/NR.....	9 X

169:**Q130**

Other than Canadian, to which ethnic or cultural group(s) do you belong?

British (English, Scottish, Irish, Welsh).....	01
French (includes Quebecois, Franco-Ontarian, Franco-Manitoban, Acadian, etc.).....	02
Other western European (Italian, Spanish, German).....	03
Scandinavian (Swedish, Fin, Danish, Norwegian).....	04
Eastern European (Polish, Russian, Slav, Greek).....	05
Middle Eastern (Lebanese, Turk, Iraqi).....	06
South Asian (Pakistani, Indian, Sri Lankan).....	07
Southeast Asian (Chinese, Vietnamese, Korean).....	08
Oceania (Australian, Kiwi, Polynesian).....	09
Latin American (Mexican, Brazilian, Chilean).....	10
Caribbean (Jamaican, Trinidadian, Haitian).....	11
Native American/ABORIGINAL (Ojibway, Iroquois, Cree...).....	12
American (general mention).....	13
African (Nigerian, Somali, Egyptian).....	14
Please specify.....	77 O
None.....	98 X
DK/NR.....	99 X

170:**Q131**

In what country were you born?

Canada.....	01
U.K. (England, Ireland, Scotland, Wales).....	20
Western Europe (Italy, France, Spain, etc.).....	21
Scandinavia (Sweden, Finland, Norway, etc.).....	22
Eastern Europe (Poland, Russia, Yugoslavia, etc.).....	23
Middle East (Lebanon, Turkey, Iraq, etc.).....	24
South Asia (Pakistan, India, Sri Lanka, etc.).....	25
Southeast Asia (China, Vietnam, Korea, etc.).....	26
Oceania (Australia, New Zealand, Fiji, etc.).....	27
Latin America (Mexico, Brazil, Chile, etc.).....	28
Caribbean (Jamaica, Trinidad, Haiti, etc.).....	29
Africa (Nigeria, Somalia, Egypt, etc.).....	30
United States.....	31
Other (specify).....	77 O
DK/NR.....	99 X

171:**Q132**

To what extent do you associate yourself with a particular religion or religious group? Please rate your answer on a seven point scale where 1 is not at all and 7 is very strongly.

1. Not at all.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7. Very strongly.....	7
DK/NR.....	9

173:**MINOR****READ LIST, CHOOSE ALL THAT APPLY**

Do you consider yourself to belong to any of the following groups? PROMPT IF NECESSARY: A member of a visible minority by virtue of your race or colour

A member of a visible minority.....	1
An Aboriginal person.....	2
A person with a disability.....	3
(DO NOT READ) None.....	4 X
(DO NOT READ) DK/NR.....	9 X

174:**EMP****READ LIST**

Which of the following categories best describes your CURRENT employment status? ****start by asking if they are employed and continue from there****

Self-employed	01
Employed full-time.....	02
Employed part-time.....	03
Seasonal employment.....	04
Term employment/CASUAL	05
Unemployed but looking for work	07
Student/Attending school full-time	08
Retired	09
Not in work force/Full-time Homemaker	10
Long-term disability / sick leave	11
Maternity / paternal leave	12
Other (please specify).....	77 O
DK/NR	99

176:**EDUC**

What is the highest level of schooling that you have completed?

Public/Elementary school or less (grade 1-8).....	01
Some high school	02
Graduated from high school (grade 12-13)	03
Some community/technical college or CEGEP	04
Community/Technical college or CEGEP graduate	05
Trade certification	06
Some university.....	07
Bachelor's degree.....	08
Professional certification	09
Graduate degree.....	10
DK/NR	99

177:**INC**

What is your annual HOUSEHOLD income from all sources before taxes?

<\$20,000.....	01
\$20,000-\$29,999.....	02
\$30,000-\$39,999.....	03
\$40,000-\$49,999.....	04
\$50,000-\$59,999.....	05
\$60,000-\$79,999.....	06
\$80,000-\$99,999.....	07
\$100,000-\$119,999.....	08
\$120,000 or more	09
DK/NR	99

178:**THNK****End of Interview**

Thank you for your cooperation and time!

Completion.....	1 D
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APPENDIX B

RESPONSE RATES

Call Results and Response Rates Overall Table

Total Sample	20862
Numbers not in service	3355
Non residential numbers	563
Duplicates	10
Numbers blocked by Phone companies	38
Total functional sample	16896
No answers	7138
Retired, called 10+ times without success	10
Language difficulty	285
Other	89
Unavailable	37
Total Asked	9337
Refusals	5244
Cooperative Callbacks	4093
Completes	2036
Ineligible	1411
Quota Filled	646
Response Rate	24.3%