



July 2021

# HIV:

Public knowledge  
and attitudes

Research programme conducted by:

**Britainthinks**  
— Insight & Strategy —

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# 1 Introduction

## 1.1 Background and objectives

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Since 2000, the National AIDS Trust (NAT) has undertaken national-level polling of public attitudes towards and knowledge of HIV every few years. Fast-Track Cities London contracted NAT to undertake this once again to provide evidence that will inform strategies for tackling HIV stigma in London and across the UK.

NAT commissioned BritainThinks to work on this year's research with the key objective being to **understand public perceptions and knowledge of HIV**.

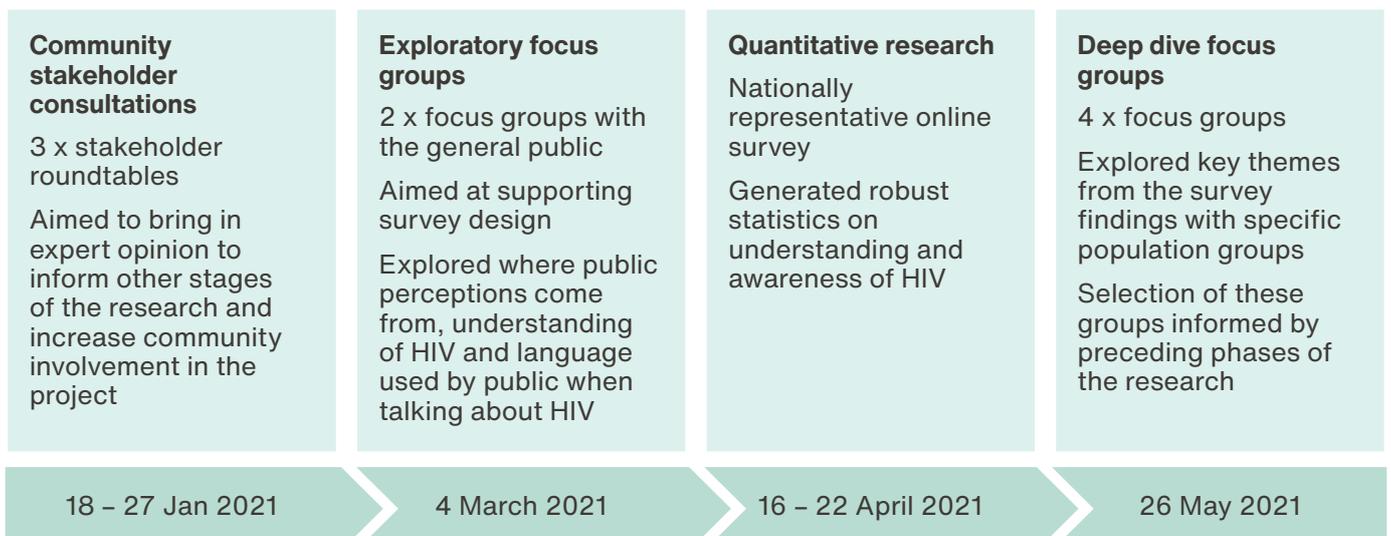
This research programme included community stakeholder consultation, including on survey questions, to ensure the work delivers maximum value to those working on HIV stigma across the UK. Previously used questions were adapted to reflect the current context of HIV. For the first time, qualitative research via focus groups was also built into the research programme. This further informed survey design and provided extra context for the quantitative findings.

This report contains findings from all phases of the research.

National AIDS Trust and BritainThinks would like to thank all of those who engaged through the community stakeholder consultation phases of this research, all research participants, and Fast-Track Cities London for funding this work.

## 1.2 Methodology

### 1.2.1 Overview and fieldwork dates



### 1.2.2 Community stakeholder consultations

#### 3 x online roundtable events with key stakeholders

##### Sample and fieldwork

3 x 2-hour virtual roundtables were conducted with a total of 18 stakeholders attending.

Stakeholders included people living with HIV, HIV clinicians, academics, and representatives from HIV community organisations and statutory bodies.

Roundtables took place on the 18, 19 and 27 January 2021.

##### Purpose

Understanding stakeholder perceptions on key developments in HIV since 2014 and how the quantitative survey should be updated to reflect this.

Collating detailed feedback on survey, giving stakeholders the opportunity to inform the survey design and questions.

### 1.2.3 Exploratory focus groups

#### 2 x 90 minute online focus groups with the general public

##### Sample and fieldwork

Fieldwork conducted on 4 March 2021, with a total of 13 participants.

Group 1 – South East	Group 2 – Yorkshire and the Humber
<ul style="list-style-type: none"><li>▪ Aged 18-40.</li><li>▪ Located in London and Guildford.</li></ul>	<ul style="list-style-type: none"><li>▪ Aged 45+.</li><li>▪ Located in Hull and East Riding.</li></ul>

Both groups:

- middling social economic grade (SEG) classification (C1C2)\*
- spread of ages within the age bracket
- balance of male and female participants
- spread of ethnicity to reflect local demographics
- mix of urban and rural participants
- one participant (per group) identifying as a gay man
- none holding extreme negative views of individuals living with HIV\*\*.

*NB. as the number of focus groups was limited to two, these locations and age bands were selected in order to hear from a broad range of members of the public whilst still being able to make meaningful comparisons between groups (e.g. between younger and older participants).*

##### Purpose

Explore and understand starting knowledge of, and attitudes towards, HIV from the general public, including:

- background views on sexual health and knowledge about HIV
- perceptions of people who are living with HIV
- views on public policies relevant to HIV.

Understand the language the public spontaneously use and understand on HIV and related issues to inform the design of the survey.

\*SEG is a system of demographic classification used in the UK, based on occupation and employment status, which is sometimes used as a proxy for social class. There are six groups: A (higher managerial roles, administrative or professional), B (intermediate managerial roles, administrative or professional), C1 (supervisory or clerical and junior managerial roles, administrative or professional), C2 (skilled manual workers), D (semi-skilled and unskilled manual workers) and E (state pensioners, casual and lowest grade workers, unemployed with state benefits only).

\*\*At the recruitment stage, potential participants were presented with two statements (hidden among others) relating to HIV: 'People with HIV deserve the same level of support and respect as those with any other long term health condition', and 'If someone in my family told me that they were HIV positive it would not damage my relationship with them'. Those who said they would disagree or strongly disagree with either of these statements were screened out of participating in focus groups.

## 1.2.4 Quantitative research

### Quantitative online survey, with a nationally representative sample

#### Sample and fieldwork

Fieldwork conducted on 16-22 April 2021.

#### Overall sample:

- total, unweighted sample of 3,002 respondents
- the data that is reported on here has been weighted to be nationally representative of the UK adult population by gender, age, region, ethnicity, socio-economic grade, work status and tenure
- all comparisons between sub-groups reported here are significant at the 95% level.

#### Boosts (to ensure robust comparisons at sub-group level)\*:

- **London:** boosted to min. 1,000 respondents (achieved 1,013)
- **Wales:** boosted to min. 125 respondents (achieved 126)
- **Northern Ireland:** boosted to min. 125 respondents (achieved 148)
- **Black ethnicity\*\*:** boosted to min. 250 respondents (achieved 269).

#### Purpose

To understand public perceptions and knowledge of HIV in detail, including differences across audiences and demographics.

To generate robust statistical evidence to inform the work of NAT and others to tackle HIV stigma at societal and community levels, in London (through the FTCL) and across the UK.

To identify possible areas for further exploration via deep dive focus groups, or in further research.

\*Boosts are conducted to ensure sample sizes for a certain group are larger than what would naturally fallout from a representative sample of UK adults, so that comparisons at the sub-group level are robust. Scotland was not boosted as in a representative sample for the UK, it would be large enough for comparison. London respondents and Black respondents were boosted as populations of specific interest to NAT and Fast Track Cities London.

\*\*The overall Black ethnicity sample size is too small to allow for comparison at the level of different Black ethnicities. However, the Black ethnicity sample included respondents identifying as Black African, Black Caribbean and other Black / African / Caribbean backgrounds.

## 1.2.5 Deep dive focus groups

### 4 x 90 minute online focus groups with specific audiences

#### Sample and fieldwork

Fieldwork conducted on 26 May 2021, with a total of 31 participants.

<p><b>Group 1 – Younger South Asian people</b></p> <ul style="list-style-type: none"> <li>▪ Aged 18-34.</li> <li>▪ Located in Birmingham.</li> </ul>	<p><b>Group 2 – Younger Black people</b></p> <ul style="list-style-type: none"> <li>▪ Aged 18-34.</li> <li>▪ Located in London.</li> </ul>
<p><b>Group 3 – Older South Asian people</b></p> <ul style="list-style-type: none"> <li>▪ Aged 35-64.</li> <li>▪ Located in London.</li> </ul>	<p><b>Group 4 – Older Black people</b></p> <ul style="list-style-type: none"> <li>▪ Aged 35-64.</li> <li>▪ Located in Birmingham.</li> </ul>

#### Recruitment criteria used for all groups:

- spread of Socio-economic grade (SEG), age (within the age bracket), and sub-ethnicities:
  - South Asian participants: min 1 person per group identifying as each of the following: Indian, Bangladeshi, Pakistani
  - Black participants: min. 1 person per group identifying as each of the following: Black African, Black Caribbean.
- balance of male and female participants
- mix of urban and rural participants
- none holding extreme negative views of individuals living with HIV\*.

#### Purpose

The general purpose was to explore themes and/or differences between demographic groups that emerged from the survey, to add qualitative insight into key quantitative findings.

Two focus groups explored views with South Asian people as the quantitative analysis showed comparatively lower levels of knowledge on average than the general public among this population. The other two focus groups were with Black people. Black populations in the UK are disproportionately affected by HIV, particularly Black African. Groups were split by age due to consistent differences in views in the general public across age groups.

There were limitations on the number of groups that could be run at this stage of the research (four), and there was a need to run two groups per audience (two per ethnic group and two per age grouping) to help validate findings. Groups were run with broader ethnic groupings rather than specific sub-groups within ethnicities (e.g. Black people overall rather than Black African people or Black Caribbean people). Although HIV prevalence is not the same among all Black population groups, there is still a disproportionate impact and higher rates of sexually-transmitted infections (STIs) are reported, particularly amongst Black Caribbean people. It must be acknowledged that these groups are in no way homogenous and there exists huge cultural variation within both the South Asian and Black cohorts, as well as within sub-groups (such as Black African) that form part of them.

\*At the recruitment stage, potential participants were presented with one statement (hidden among others) relating to HIV: 'People with HIV deserve the same level of support and respect as those with any other long term health condition'. Those who said they would disagree or strongly disagree with this statement were screened out of participating in focus groups.

## 1.3 A note on the analysis in this report

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Data from exploratory focus groups, the quantitative survey and deep dive focus groups has been analysed thoroughly by BritainThinks to produce the insights in this report.

Regarding the quantitative survey, all comparisons between sub-groups reported on within this report are statistically significant at the 95% level.

Where there is qualitative analysis of what was heard in the focus groups, terms including 'many',

'some' and 'a few' have been used to provide an indication of how common a perception or view was amongst the sample of focus group participants.

Please note: as this analysis is qualitative and not quantitative, these terms should be treated as indicative.

All quotes included in this report are from focus group participants.

### Charts and graphs in this report:

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Percentages might not always add up exactly to 100%. This is because individual percentages reported are rounded up or down to the nearest whole number. Similarly, overall percentages given that represent more than one response may appear

to add up differently to figures given for those individual responses. This is for the same reason as these given overall percentages will be based on the actual numbers not the rounded numbers.

## 2 Key findings

- 1 Most of the public don't hear (or think) about HIV much.** While there is awareness that things have changed since the 80s and 90s, most reference points are still from this period.
- 2 Sexual health isn't a front-of-mind concern for most people,** with other health issues (such as COVID-19 and mental health) dominating public discourse.
- 3 Knowledge of HIV is patchy.** While people know what to do to prevent themselves from acquiring it, few are aware of the latest developments in treatment, such as 'Undetectable=Untransmissible' ('U=U').
- 4 Knowledge is especially low in South Asian communities.** Qualitatively, taboos around discussing sex and disease/STIs appear to be linked to this lack of knowledge.
- 5 Just under 1 in 10 (8%) of the public report engaging in sexual behaviours that may increase the risk of being exposed to HIV in the past 18 months.** 7% of the general public overall report having had a sexual health check up or test for HIV specifically in the same period.
- 6 HIV continues to be seen as a serious health condition by the public.** However, it is seen as having decreased in urgency as a public health issue in recent years.
- 7 Most of the public say they are empathetic towards those living with HIV,** and that they deserve the same level of support and respect as those with other long-term health conditions. **However, sympathy and support is often qualified,** with only a third of the public completely agreeing they have sympathy for all people living with HIV, regardless of how they acquired it.
- 8 Stigma towards those living with HIV continues to exist and is felt to be deeply entrenched.** For example, 83% agree people with HIV often face negative judgement from others in society. Qualitatively, most recognise this stigma, although they feel that it has reduced in recent years. Many do not recognise that their own views are potentially stigmatising.
- 9 Stigma is seen by many to be a result of the link between HIV and other taboo behaviours** (such as condomless sex and intravenous drug use), **low knowledge (e.g. of HIV transmission/treatment) and homophobia.**
- 10 Most of the public say they are uncomfortable with having a sexual relationship with someone living with HIV,** which qualitatively appears to relate to low knowledge of how HIV can be acquired, treatment and stigma.
- 11 Exposure to information about HIV transmission and treatment appears to decrease** (although not eliminate) **discomfort about sexual relationships with people living with HIV.**
- 12 There is high support for public policies aimed at increased support for those with HIV, testing and reduction in transmission.** In particular, 9 in 10 support there being additional training for healthcare workers on HIV.

# 3 Knowledge of HIV

## 3.1 Receiving information

### Key findings

- 1 A majority (63%) of the public do not recall seeing or hearing about HIV in the last six months. TV programmes and films are the most common way in which people recall having seen or heard about HIV.
- 2 Black and South Asian people are more likely to report having heard or seen information about HIV across a range of sources than White people. Younger people are more likely to have heard about HIV online.
- 3 GPs, the NHS website, sexual health clinics and sexual health charities are the most trusted sources of information on HIV. Qualitatively, these are seen as 'official' sources of medical information.

### In focus groups, most felt they only occasionally heard about HIV

Most compare how much they hear about HIV with how much they hear about other health issues, such as cancer or COVID-19. Compared with these issues they feel they see and hear relatively little about HIV.

Participants feel that this is because HIV isn't as large an issue for society as a whole as these other health conditions. Underlying this is an assumption that information is available is being targeted at higher risk groups. Participants cited LGBT people as a potential group who may be seeing more information than them.

When recalling when they had last heard about HIV, many fell back on historical examples, such as Freddie Mercury, or fictional representations like *It's a Sin*.

For some, they felt the last time they properly heard about HIV was during Sex and Relationships Education (SRE) at school.



**I don't think I have heard about it since sex education at school to be honest.**

*Exploratory focus group, 18-40, South East*



**You only hear about HIV in the media when someone has come out with it... when someone high-profile dies of it.**

*Black participant, 35-64, Birmingham*

## Over 6 in 10 of the public report not having seen or heard anything about HIV in the last six months<sup>i</sup>



A lot of the adverts on TV and radio are about mental health and cancer, and don't really concentrate on this at all. There's not much awareness or education.

*Black participant, 35-64, Birmingham*

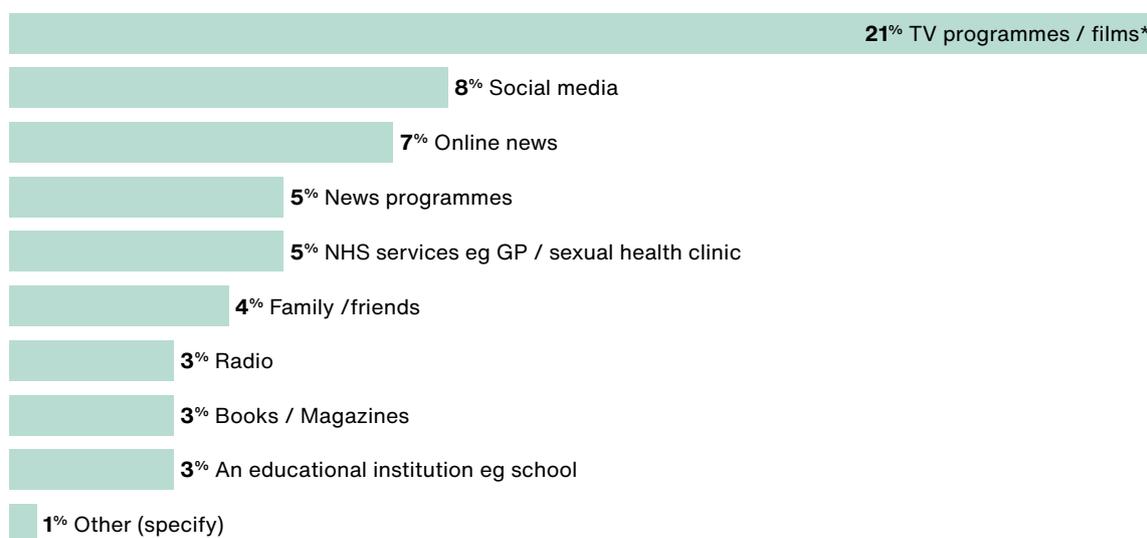
More likely to say they have **not heard** anything about HIV in the last six months are:

- **those aged 65+** compared with those aged 34-64 and those aged 18-34 (77% vs. 64% and 51% respectively)
- **C2DEs** compared with ABC1s (70% vs. 58%)
- **non-Londoners** compared with Londoners (66% vs. 47%)
- **White people and South Asian** people compared with Black people (66% and 67% vs. 40%)
- **those in rural areas** compared with those in urban areas (69% vs. 62%)
- **heterosexual cisgender people** compared with gay and bisexual men and LGBT people (66% vs. 43% and 45%).
- **those with low social media usage** compared with those with high usage (77% vs. 53%)
- **tabloid readers** compared with broadsheet readers (59% vs. 49%).

<sup>i</sup> Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); London respondents (n=1,013); Non-London respondents (n=1,989); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); High social media usage respondents (n=1,609); Low social media usage respondents (n=276); Broadsheet readers (n=926); Tabloid readers (n=1,161).

## TV programmes / films are the most common channels through which things are heard or seen about HIV<sup>i</sup>

### Where, if anywhere, have you heard or seen things about HIV in the last six months?



More likely to say they **have heard** anything about HIV in the last six months are:

- **women** compared to men (37% vs. 32%)
- **those aged 18-34** compared with those aged 35-64 and those aged 65+ (47% vs. 34% and 21%)
- **ABC1s** compared with C2DEs (40% vs. 28%)
- **Londoners** compared with non-Londoners (50% vs. 32%)
- **Black people** compared with South Asian people and White people (59% vs. 33% of both South Asian and White people)
- **those in urban areas** compared with those in rural areas (36% vs. 28%)
- **LGBT people and gay/bisexual men** compared with heterosexual cisgender people (53% and 54% vs. 33%)
- **high social media users** compared with medium and low social media users (46% vs. 26% and 22%)
- **broadsheet readers** compared with tabloid readers (49% vs. 39%).

\* Fieldwork dates were after It's a Sin first aired, which may have increased the number of people who have heard about HIV from this channel.

i Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); London respondents (n=1,013); Non-London respondents (n=1,989); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); High social media usage respondents (n=1,609); Medium social media usage respondents (n=997); Low social media usage respondents (n=276); Broadsheet readers (n=926); Tabloid readers (n=1,161).



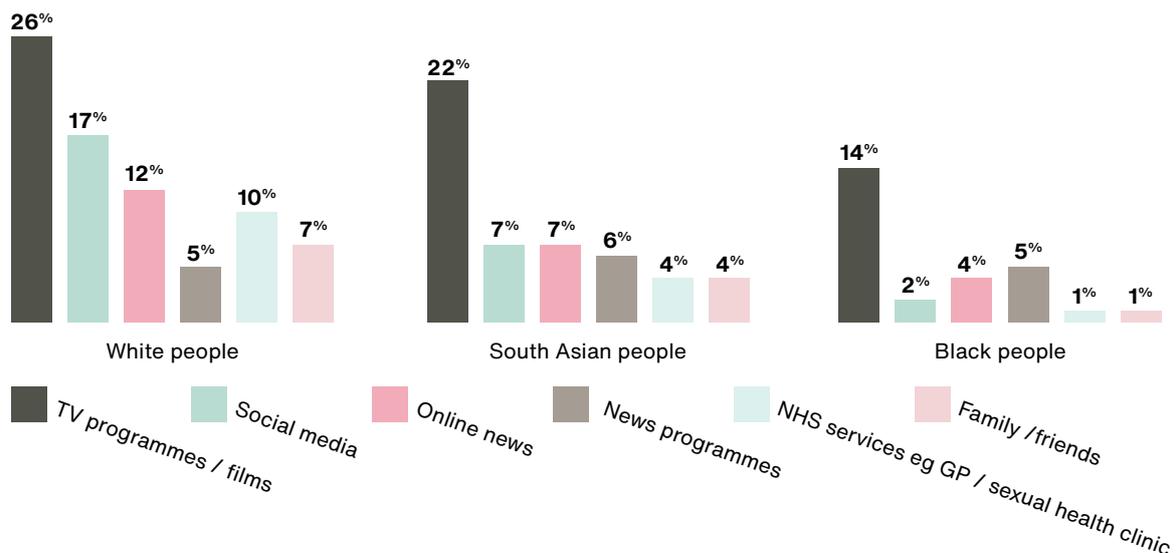
## LGBT people are particularly likely to have seen something about HIV through TV/film<sup>i</sup>

Where, if anywhere, have you heard or seen things about HIV in the last six months?

Heterosexual cisgender		LGBT
20%	TV programmes / films	34%
8%	Social media	14%
8%	Online news	10%
5%	News programmes	6%
5%	NHS services eg GP / sexual health clinic	7%
4%	Family /friends	10%

## Younger people are likely to be hearing about HIV through TV/film, social media, online news and NHS services<sup>ii</sup>

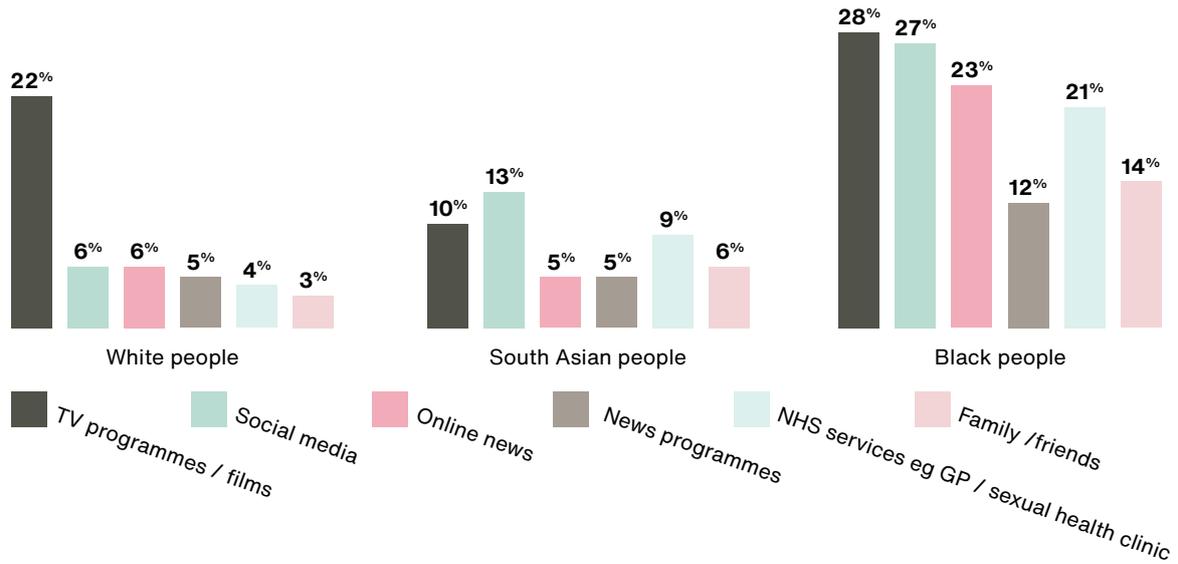
Where, if anywhere, have you heard or seen things about HIV in the last six months?



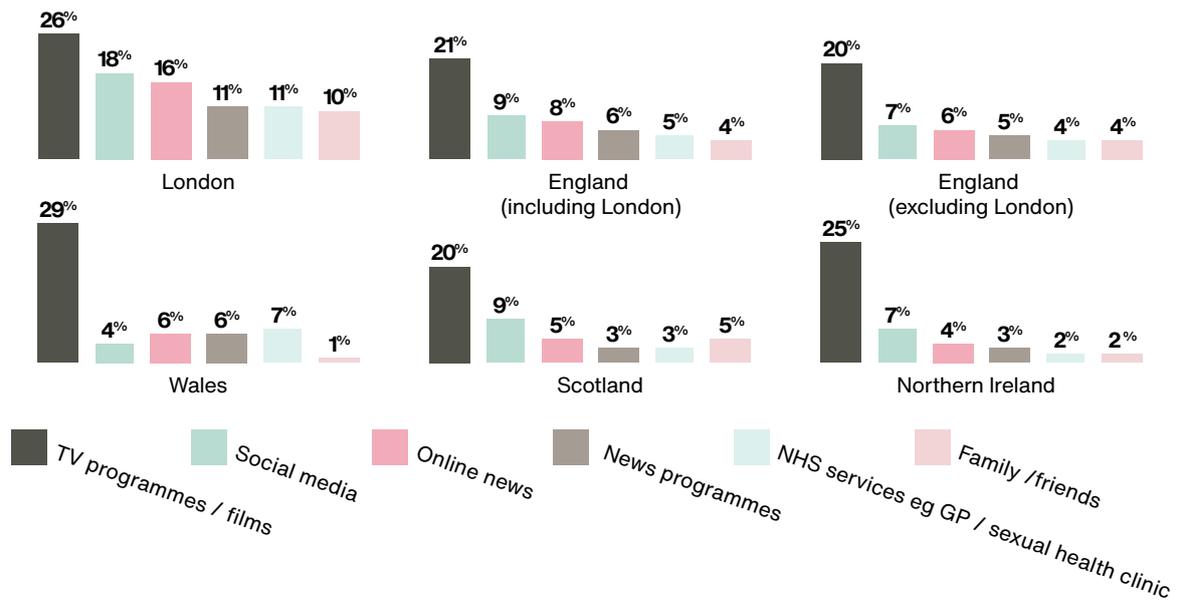
i Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247).

ii Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641).

Compared with White people, South Asian people and Black people report seeing things about HIV from a wider range of sources<sup>i</sup>



Londoners report seeing things about HIV across a wider range of sources than those living in other parts of the UK<sup>ii</sup>



i Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); White respondents (n=2,428); South Asian respondents (n=132); Black respondents (n=259).

ii Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: All respondents (n=3,002); England respondents (n=2,546); England excluding London respondents (n=1,533); Wales respondents (n=126); Scotland respondents (n=182); Northern Ireland respondents (n=148); London respondents (n=1,013).

## Some focus group participants felt a ‘new narrative’ around HIV has started to cut through, but understanding of this is vague

Some mentioned more recent examples of information and content about HIV that they felt were trying to improve education around HIV and address stigma:

TV programmes including *It’s a Sin* and soaps with HIV storylines (mentioned by several across the groups).

Celebrities ‘coming out’ as living with HIV, such as former rugby player Gareth Thomas, or talking about HIV in the media as part of HIV campaigns (one Black participant had seen Dr Ranj Singh talking about HIV on the BBC).

Somewhat recent films, such as *Dallas Buyers Club*.

Family and friends, with one young gay participant hearing about HIV and PrEP through friends in the LGBT community and another participant mentioning friends telling her that HIV testing status was now being shown on dating app profiles.

**Key insight:** Media (TV and film) and celebrities/ influencers are seen as particularly vivid and engaging formats, and a good way to raise awareness of HIV. However, the depth of information recalled from these sources is limited, suggesting other routes are better suited to communicating important specifics around HIV (such as the detail of treatment).

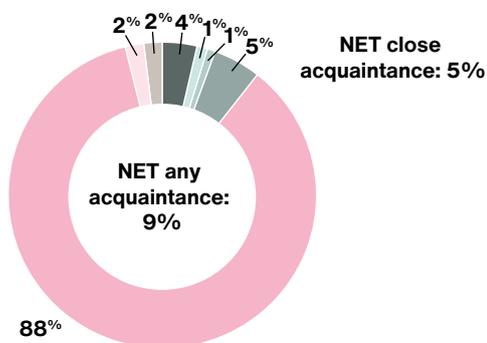


The other day I saw Dr Ranj on the BBC, he is the face of an HIV campaign, I saw it on the bus the other day, they’re using people of our generation to raise awareness. I think there’s also been shows on TV to try and make people aware as I think there are quite a lot of negative connotations with HIV...there’s room for change, but in the last year or so, I’d say that I’ve seen the narrative change slightly.

*Black participant, 35-64, Birmingham*

## Personally knowing someone living with HIV can provide a potential source of information. Less than 1 in 10 say they know someone living with HIV<sup>i</sup>

Do you personally know someone who is living with HIV?



- Yes - family or friend
- Yes - current partner
- Yes - previous partner
- Yes - someone I don't know well (an acquaintance)
- No
- Don't know
- Prefer not to say

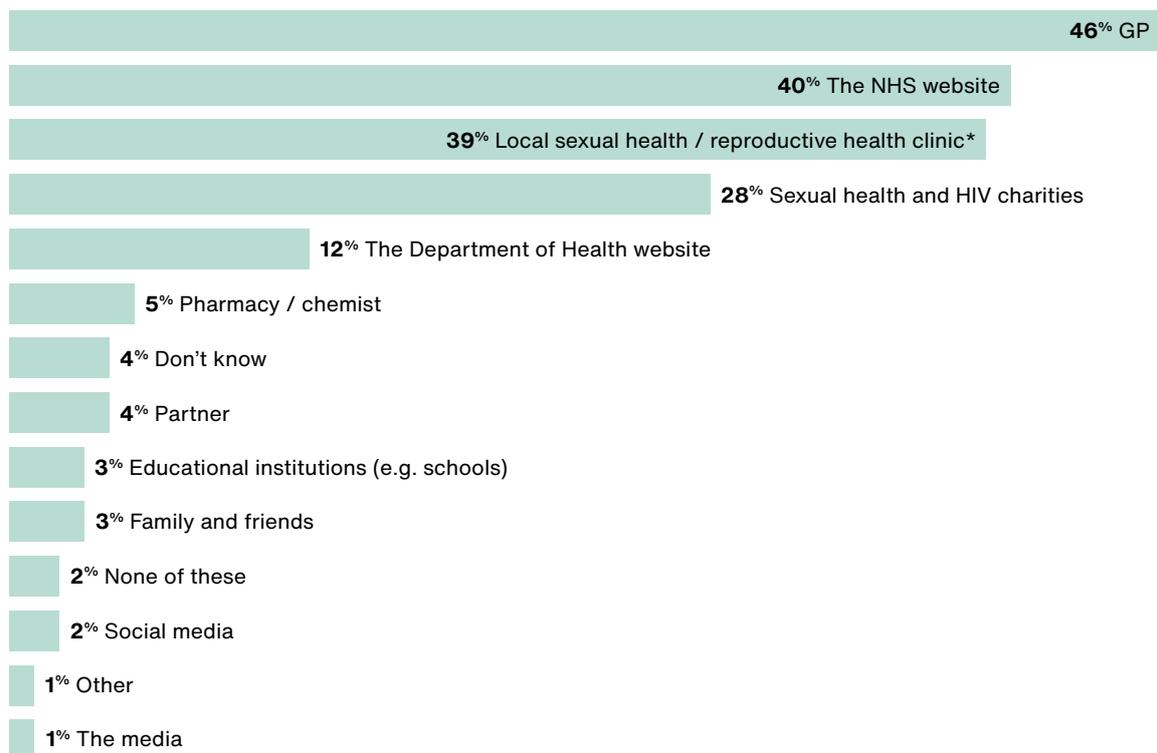
Those most likely to have any acquaintance living with HIV include:

- **Black people (26%)** compared with White people and South Asian people (7% and 8%)
- **gay and bisexual men (38%)** and LGBT people (27%) compared with heterosexual cisgender people (7%)
- **those aged 18-34 (11%)** and those aged 35-64 (10%) compared with those aged 65+ (4%)
- **respondents in London (17%)** and Scotland (13%) compared with the national average of 9%.

<sup>i</sup> Q.7 Do you personally know someone who is living with HIV? Base: All respondents (n=3,002); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); Scotland respondents (n=182); London respondents (n=1,013).

## GPs are most trusted for information on sexual health, followed by the NHS website and local sexual health services<sup>i</sup>

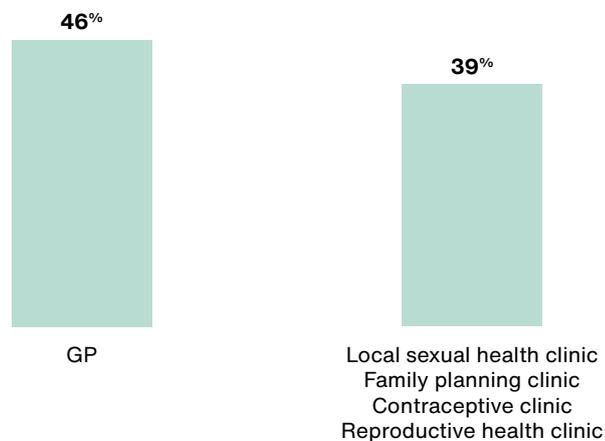
**% selecting as first or second 'most trusted to give the information you need about your sexual health'**



\* option tested in survey was 'Local sexual health clinic / family planning clinic / contraceptive clinic / reproductive health clinic'.  
i Q.10 Which, if any, of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: All respondents (n=3,002).

## Older people are more likely to identify GPs as the most trusted source of information about sexual health<sup>i</sup>

% selecting as first or second 'most trusted to give the information you need about your sexual health'



More likely to select GPs as one of their top two trusted sources are:

- **those aged 65+** compared with younger groups (53% vs. 46% of 35-64s and 39% of 18-34s)
- **non-Londoners** compared with Londoners (47% vs. 37%)
- **White people** compared with Black people (47% vs. 36%)
- **people living in rural areas** compared with those living in urban areas (50%, vs. 44%)
- **heterosexual cisgender people** compared with LGBT people (47% vs. 35%)
- **those who do not personally know someone with HIV** compared with those who do (48% vs. 32%).

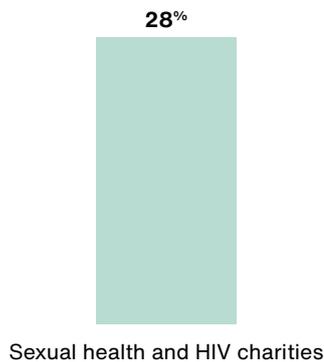
More likely to select local sexual health clinics etc. as one of their top two trusted sources are:

- **women** compared with men (42% vs. 36%)
- **older people** compared with younger people (47% of 65+, vs. 39% of 35-64s and 32% 18-34s)
- **Black and White people** compared with South Asian people (44% and 40% vs. 20%).

<sup>i</sup> Q.10 Which if any of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); London respondents (n=1,013); Non-London respondents (n=1,989); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## Londoners, Black people and LGBT people are more likely to trust sexual health and HIV charities for this information<sup>i</sup>

% selecting as first or second 'most trusted to give the information you need about your sexual health'



More likely to select sexual health and HIV charities as one of their top two trusted sources are:

- **women** compared with men (31% vs. 25%)
- **Londoners** compared with non-Londoners (32% vs. 27%)
- **Black people** compared with White people and South Asian people (38% vs. 28% and 16%)
- **LGBT people** compared with heterosexual cisgender people (44% vs. 27%)
- **those recognising the barriers faced by LGBT people** compared with those who do not (31% vs. 21%)
- **those who personally know someone with HIV** compared with those who don't (39% vs. 27%).

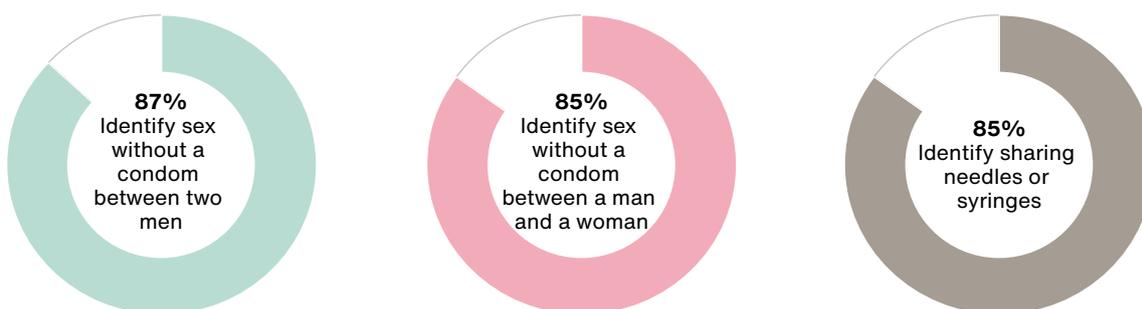
## 3.2 Modes of transmission

### Key findings

- 1 There is high knowledge of the three main ways in which someone can acquire HIV (sex without a condom between a man and another man, sex without a condom between a man and a woman and sharing needles or syringes).
- 2 However, alongside this, a majority of the public believe HIV can be transmitted in ways that are extremely low or zero risk.
- 3 Qualitatively, few feel knowledgeable about HIV and are reticent to 'rule out' potential modes of transmission. This 'excess of caution' may have negative impacts on how they interact with people living with HIV.

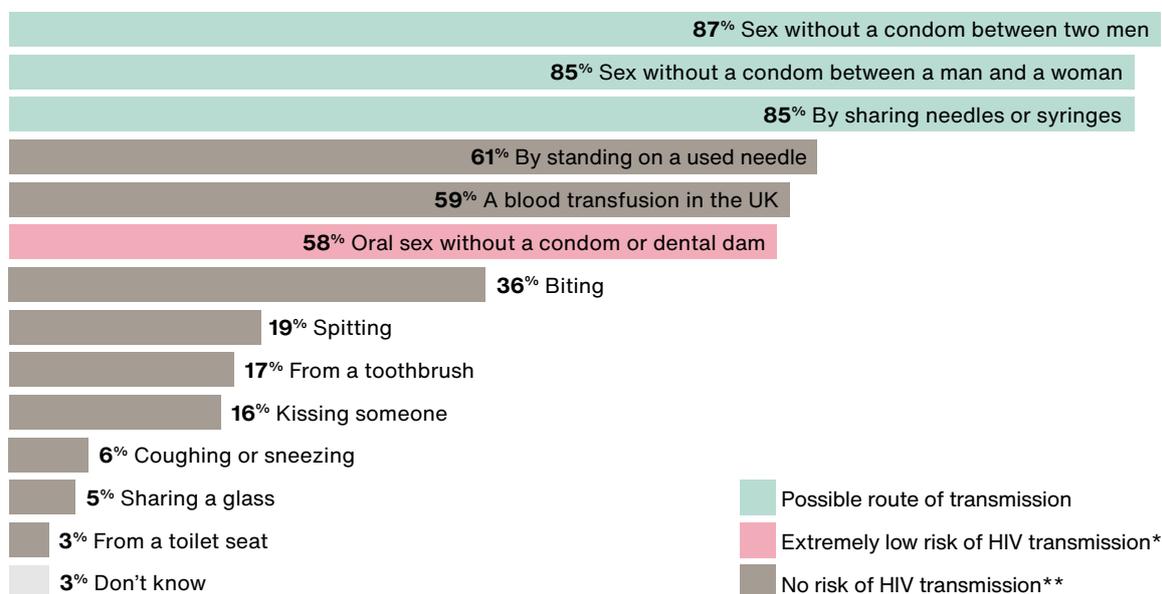
<sup>i</sup> Q.10 Which if any of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); London respondents (n=1,013); Non-London respondents (n=1,989); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## High majorities of the public can correctly identify the three main ways HIV can be transmitted<sup>i</sup>



## While awareness of high-risk modes of transmission is high, many believe HIV can be passed on through no risk modes<sup>ii</sup>

**In which of the following ways, if any, do you think HIV can be passed from person to person?**  
Showing % who selected each option



<sup>i</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: All respondents (n=3,002)

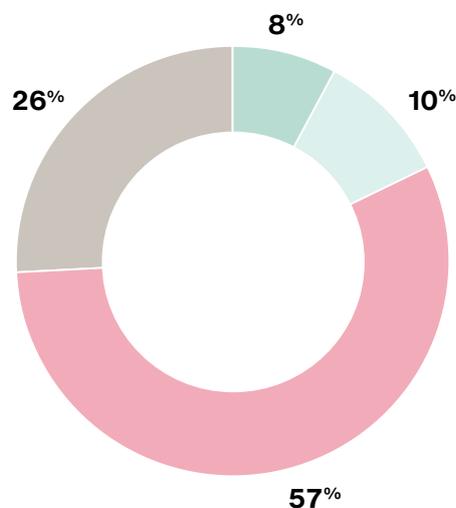
<sup>ii</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: All respondents (n=3,002).

\* Oral sex is considered extremely low risk for HIV transmission compared with anal or vaginal sex without a condom. Theoretical risk depends on factors such as whether oral sex is being given or received (receiving oral sex is not generally considered a risk) and presence of cuts or ulcers in the mouth which could provide a route for the virus into the blood stream.

\*\* Some modes of transmission are sometimes described as having 'negligible' risk (e.g. biting) and these are included in this category. Risk may be considered negligible as, while there is no definitive proof it could never happen, there is not a known, quantifiable and scientifically verified risk. In plain English, there's no risk of HIV from biting.

**A majority of the public can identify the three main modes of transmission, but also mistakenly identify at least one way which HIV cannot be acquired**

Level of knowledge of HIV transmission



**High / higher than average knowledge of HIV transmission**

- 8% of the public have high knowledge of HIV transmission – only identifying the main modes of transmission (high knowledge) and no incorrect answers.
- A further 1 in 10 have higher than average knowledge of HIV transmission – only identifying the main modes of transmission and oral sex without a condom or dental dam and no incorrect answers.
- These groups have the knowledge of the actions that will put them at risk of acquiring HIV, as well as not believing they can acquire HIV from things with no risk of transmission (e.g. spitting or biting).
- For analysis purposes we have combined these two groups into a high / higher than average knowledge of transmission group, to understand the impact that knowledge of HIV transmission has on attitudes and behaviours.

**Middling knowledge of HIV transmission**

- A majority (57%) of the public have middling knowledge of HIV transmission – identifying all the main modes of transmission and at least one way in which HIV cannot be acquired.
- While this group does know what actions may put them at risk of acquiring HIV, they also believe they can acquire HIV in ways they cannot, such as through spitting, biting or a blood transfusion in the UK, which may affect their behaviour in relation to those living with HIV or when engaging with medical services.

**Lower than average knowledge of HIV transmission**

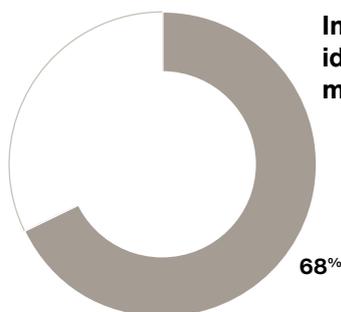
- Around a quarter (26%) of the public have lower than average knowledge of HIV transmission – failing to identify all of the main modes of transmission.
- This group may be at higher risk as they do not know all the actions that will put them at risk of acquiring HIV.

Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: All respondents (n=3,002).

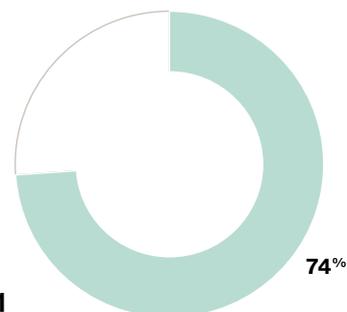
## While methodological changes mean that comparability of data between waves of the survey is limited, a larger proportion of the public appear to know what the three main modes of transmission are in 2021<sup>i</sup>

The methodology for the survey changed in two key ways in 2021 from 2014 when comparing data on levels of knowledge, which limits comparability:

- The 2014 survey was a face-to-face survey, whereas the 2021 survey was conducted online.
  - The 2021 survey had a number of additional options and the wording of other options was also amended (full list in the footnotes below).
- However, there does appear to have been an increase in the proportion of the public who are able to correctly identify the three main modes of transmission:



...increasing to 74% correctly identifying the three main modes of transmission in 2021



## South Asian people, younger people and Londoners are more likely to have lower than average knowledge of HIV transmission<sup>ii</sup>

Percentage falling into the 'lower than average knowledge of HIV transmission' group



Indicates significantly more likely to fall into the 'lower than average knowledge' category

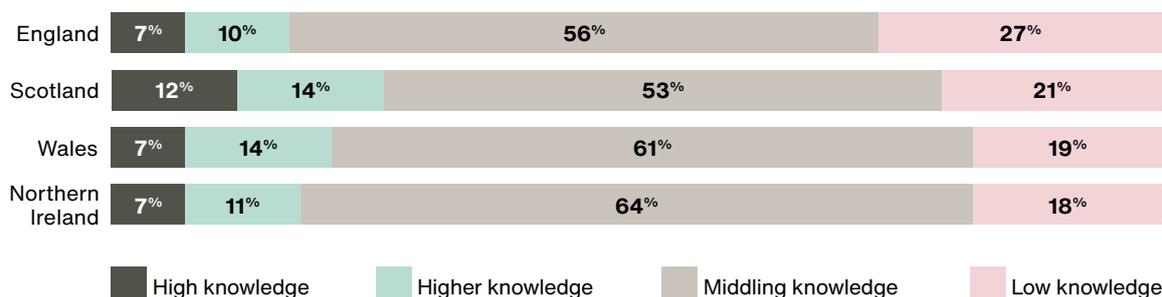
<sup>i</sup>\* Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: All respondents (n=3,002).

\* Options changed were as follows: Additional options – Oral sex without a condom or dental dam, From a toothbrush; Amended options – From a toilet seat (previously From a public toilet seat).

<sup>ii</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); London respondents (n=1,013); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739).

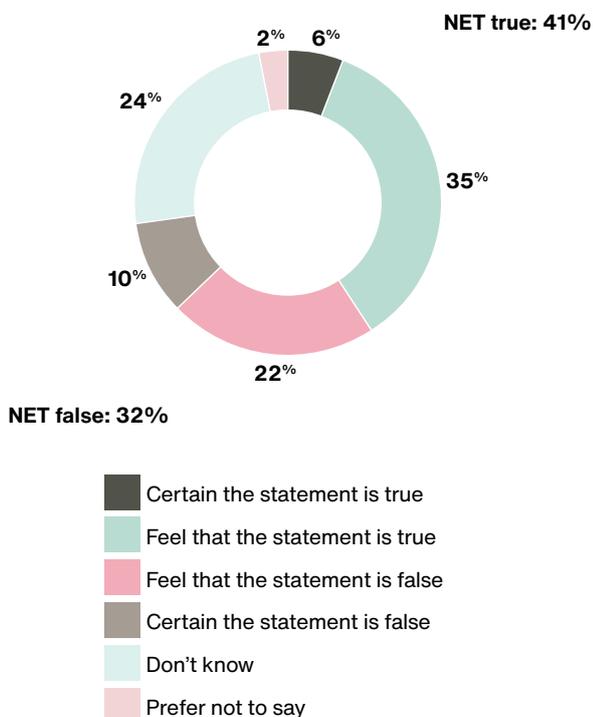
People in Scotland are most likely to have high/higher knowledge of HIV transmission, people in England are more likely to have lower knowledge<sup>i</sup>

Level of knowledge of HIV transmission



Despite having been almost eliminated in the UK, over two fifths of the public believe a child born to a woman living with HIV will also have HIV<sup>ii</sup>

A baby born to a mother living with HIV will also have HIV



Though globally vertical transmission remains a concern, in the UK it has been almost eliminated with risk at 0 - 0.5%. Hundreds of HIV negative babies are born in the UK every year to parents living with HIV and HIV need not be a barrier to having children.

HIV treatment taken during pregnancy prevents transmission of HIV to the baby. HIV tests are given in pregnancy on an opt-out basis, meaning a small proportion of mothers find out they are living with HIV early in pregnancy, but can start treatment quickly to protect them and their baby. Formula feeding is also advised in the UK to reduce risk of transmission via breastfeeding, though some do breastfeed with treatment, support and monitoring.

There is a possibility that some participants have misinterpreted 'will' for 'could' (we did not say 'will always') and have therefore answered that this statement is true despite knowing prevention methods are available and that this is rare in the UK. The youngest and oldest age groups in our survey were more likely than other age groups to believe that a baby born to a mother living with HIV will also have HIV:

- 18-24 year olds (50% true)
- 75+ year olds (47% true)

i Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: Respondents in England (n=2,522), Respondents in Scotland (n=182), Respondents in Wales (n=126), Respondents in Northern Ireland (n=148)

ii Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: All respondents (n=3,002); 18-24s (n=326); 75+s (n=171).

## Qualitative participants were reticent about ruling out potential forms of transmission

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**Focus group participants had strong awareness that HIV could “definitely” be acquired through condomless sex and through sharing needles and syringes.**

- For younger participants this was something they remembered from sex education in school. Older participants could recall this information from previous public information campaigns.

**However, few felt they knew a lot about HIV and had a number of misconceptions about what was / was not a risk.**

- Many mentioned that HIV is passed on through “bodily fluids” and therefore felt that spitting, kissing and biting are a risk. The “contaminated blood” scandal (currently being investigated in the independent Infected Blood Inquiry) was recalled by many, with most assuming this is still a risk in the UK. This reflects the survey findings where 59% identified blood transfusion in the UK as a route of transmission. All donated blood in the UK is screened for HIV and other blood-borne viruses and risk of recent infection is managed through donor eligibility criteria.

““

**I think there’s only two ways to get it, is it through blood and sex?**

---

Exploratory focus group, 45+, East Yorkshire

““

**I would know as much as the general public. Looking at this I know nothing. I know it is a disease and I know it is sexually transmitted and that is it.**

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Exploratory focus group, 18-44, South East

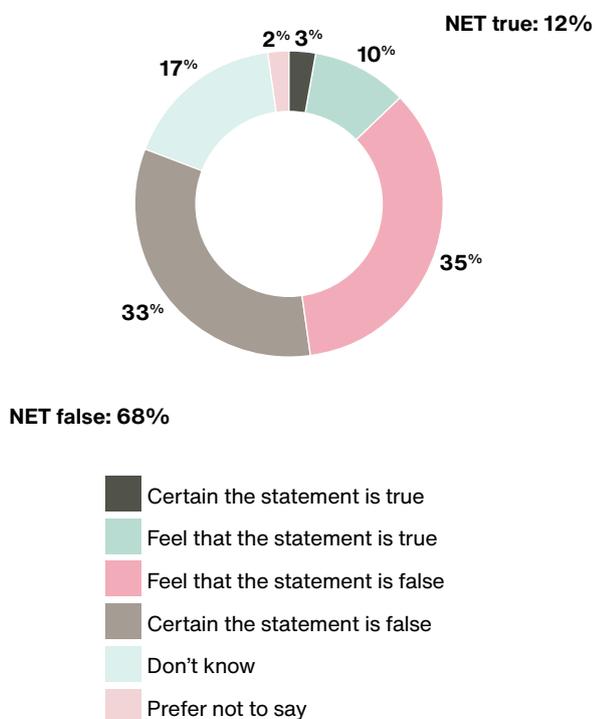
## 3.3 Treatment

### Key findings

- 1 There is strong awareness that, as a result of advances in treatment, living with HIV is no longer a 'death sentence'.
- 2 However, knowledge of the detail of how treatment has advanced and the full range of implications of this are limited. Few are aware effective treatment reduces the risk of transmission to zero and that medicine is available to stop someone from acquiring HIV.
- 3 Qualitatively, there was some scepticism about U=U and the efficacy of PrEP, with many reverting to a belief that there is "no such thing" as zero risk.

### Two-thirds believe it is false that people with HIV will always go on to develop AIDS<sup>i</sup>

#### People with HIV will always go on to develop AIDS



However, 12% believe this is true and 17% don't know, indicating there is still more to be done to move knowledge of HIV and AIDS to a point where it is reflective of the realities of HIV today where an AIDS diagnosis is not inevitable and is usually prevented.

There are a number of groups who are more likely to believe that those living with HIV will always go on to develop AIDS:

- 18-34 year olds (18% true)
- Londoners (20% true)
- Black people (21% true)
- South Asian people (30% true)
- religious people (16% true)
- heterosexual cisgender people (13% true).

“HIV turns to AIDS, and that's not curable... I think that's where the fear comes from.”

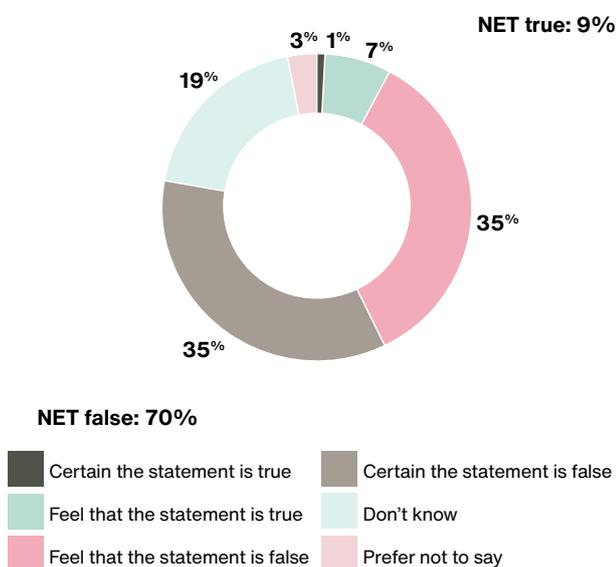
*South Asian participant, 18-34, Birmingham*

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: All respondents (n=3,002); 18-34s (n=864); London respondents (n=1,013); Black respondents (n=259); South Asian respondents (n=132); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600).



## 7 in 10 believe it is false that most people living with HIV in the UK will die within 5-10 years<sup>i</sup>

**Most people who have HIV in the UK will die within 5-10 years**



But 1 in 10 believe this is true and a further 2 in 10 do not know. Even those who answered false are not necessarily aware of the impact of HIV treatment on overall life expectancy (we did not ask a question that assessed this in the quantitative survey). Again, we have some way to go for people to understand that HIV in the UK today does not have to be life-limiting in the way it was.

There are a number of groups who are more likely to believe that those living with HIV will die within 5-10 years:

- 18-34 year olds (12% true)
- Londoners (13% true)
- South Asian people (23% true)
- religious people (11% true).

**“Potentially if you get it, it’s gonna ruin your life, alright you don’t die but you still got to take all this medication.”**

*Exploratory focus group, 45+, East Yorkshire*

## Participants believed that HIV is no longer a ‘death sentence’ and felt this was a result of improved treatment

**Across the focus groups there was a sense that an HIV diagnosis had, in the past, been akin to a death sentence.**

- Some older participants talked about the “Tombstone” and “Don’t die of ignorance” campaigns as informing this perception.

**However, few feel this is the case nowadays (in the UK at least).**

- This appeared to be based more on not hearing about deaths as a result of HIV or AIDS, rather than hearing about people living with HIV.

**While few had thought about why HIV is no longer a death sentence in much detail, most assumed this must be because of improvements in treatment.**

- However, across the groups few, if any, participants had a strong sense of what treatment may comprise.

**“**

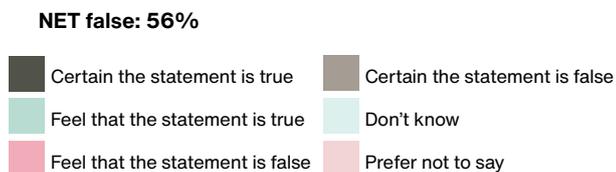
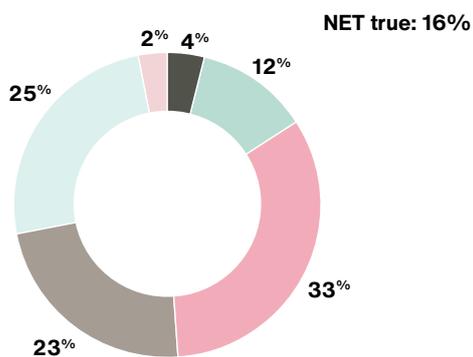
**I think more positively, unlike it used to be. I think before it was seen as a death sentence.**

*Exploratory focus group, 18-44, South East*

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: All respondents (n=3,002); 18-34s (n=864); London respondents (n=1,013); South Asian respondents (n=132); Religious respondents (n=1,739).

## Public awareness of U=U is low, with a majority believing it is false that effective treatment prevents HIV transmission<sup>i</sup>

**There is zero risk of someone who is taking effective HIV treatment passing on HIV through sex**



**Awareness of U=U is highest among:**

- women (18% true)
- 18-34 year olds (19% true)
- people living in Scotland (21% true) and London (20% true)
- Black people (28% true)
- gay and bisexual men (43% true)
- broadsheet readers (22% true)
- those who know someone living with HIV (41% true).

“People are not aware whether they can catch it or not catch it. People are not fully experts about this, I don't think anyone is.”

*Exploratory focus group, 45+, East Yorkshire*

## Focus group participants expressed scepticism about 'U=U', with many feeling there is “no such thing” as zero risk

**The public have low understanding of the details of how HIV is transmitted and how treatment works (i.e. reducing the viral load to undetectable levels).** While COVID-19 appears to have raised awareness of the term ‘viral load’ among the general public, few thought the term would have broader applicability to viruses aside from COVID-19.

**Few are aware that effective treatment reduces the risk of transmission of HIV to zero, or that most people living with HIV in the UK are on effective treatment.** Alongside this, many were worried about the extent to which U=U relies on people living with HIV consistently taking their treatment, further undermining faith in the real-world efficacy of treatment to prevent transmission.

**This also overlaps with a broader belief that there is “no such thing” as no risk, both when thinking about the transmission of disease and in life more generally.** There appeared a feeling that the idea of U=U is “too good to be true” and a tendency to assume it is still more sensible to take a “better to be safe than sorry” approach.

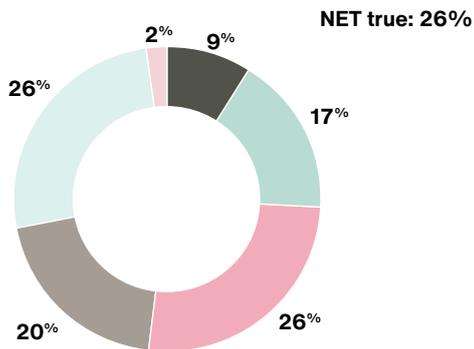
“I guess it can affect anyone. If you are sexually active especially more than one person you are more likely to catch it.”

*Exploratory focus group, 18-40, South East*

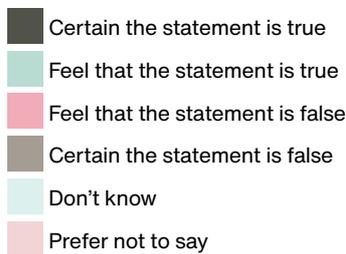
<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: All respondents (n=3,002); Women (n=1,535); 18-34s (n=864); Scotland respondents (n=182); London respondents (n=1,013); Black respondents (n=259); Gay and Bisexual men (n=144); Broadsheet readers (n=926); Respondents who know someone living with HIV (n=337).

## Awareness of PrEP is low – only a quarter believe there is medicine available that will stop someone acquiring HIV<sup>i</sup>

There is medicine people can take that will stop them acquiring HIV



NET false: 46%



Awareness of PrEP is highest among:

- 18-34 year olds (35% true)
- ABC1 people (29% true)
- Londoners (31% true)
- Black people (39% true)
- gay and bisexual men (51%)
- broadsheet readers (34% true)
- those who know someone living with HIV (51% true).

“ I’ve never heard of this [PrEP] before. I don’t know what the situation is right now, but years ago I saw it was not treatable.”

*Exploratory group participant, 18-40, South East*

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: All respondents (n=3,002); 18-34s (n=864); ABC1s (n=1,827); London respondents (n=1,013); Black respondents (n=259); Gay and Bisexual men (n=144); Broadsheet readers (n=926); Respondents who know someone living with HIV (n=263).

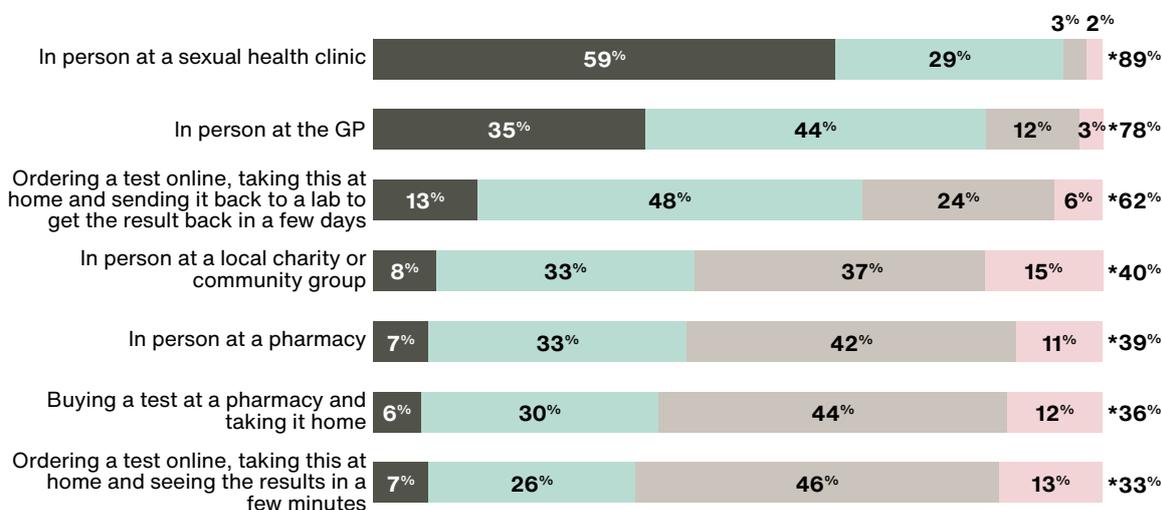
## 3.4 Testing

### Key findings

- Majorities of the public think they can get an HIV test at a sexual health clinic, GP or by ordering online. Only 3 in 5 say they can definitely get an HIV test at a sexual health clinic.
- Black people are more likely to think that testing is available in a wide range of settings, more commonly saying they can definitely get tested across all the possible options respondents were prompted with.
- Those with lower knowledge of transmission are less likely to think they can definitely get an HIV test at a sexual health clinic or the GP than those with higher levels of knowledge.

### Majorities think they can get an HIV test at a sexual health clinic, at GP, or by ordering one online<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel it is possible to get a test for each option



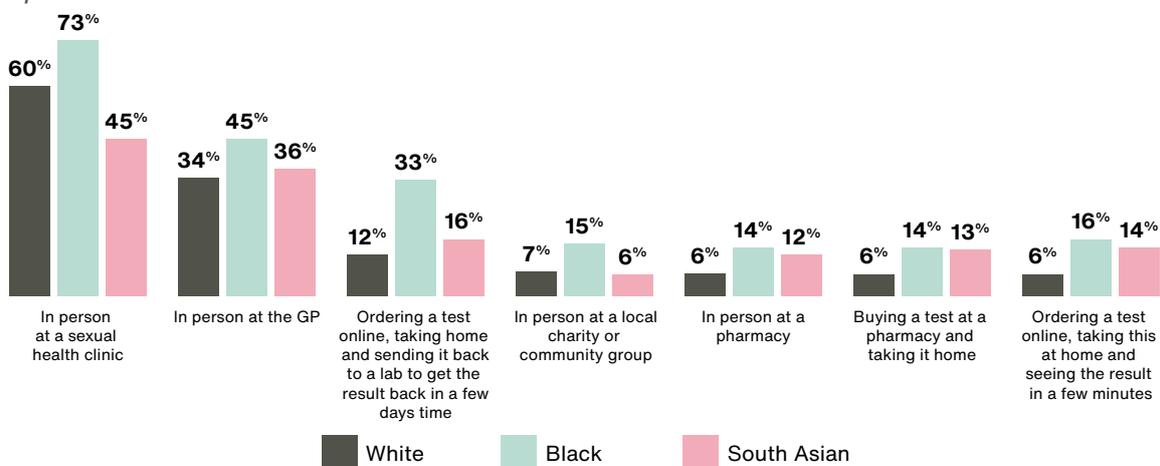
\*NET: believe they can get a test this way



<sup>i</sup> Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. Base: All respondents (n=3,002).

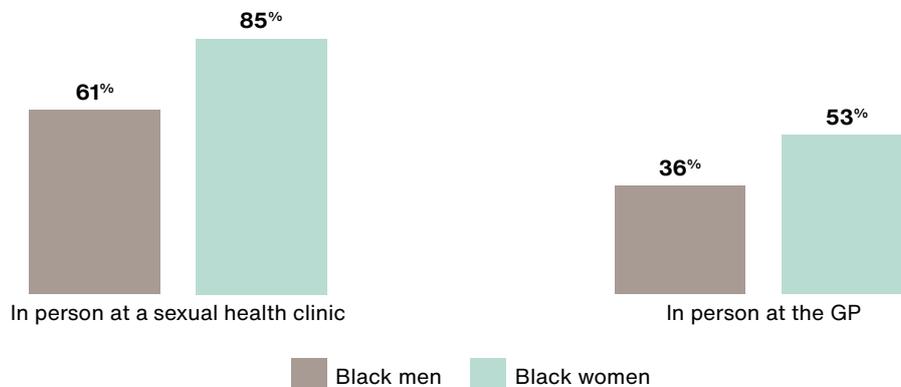
## Black respondents are more likely to think they can definitely get an HIV test across all the options<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say 'people can definitely get a test for HIV in this way' for each option



## Black women are more likely than Black men to think they can definitely get an HIV test at a sexual health clinic or the GP<sup>ii</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel they can definitely get tested in this way for each option

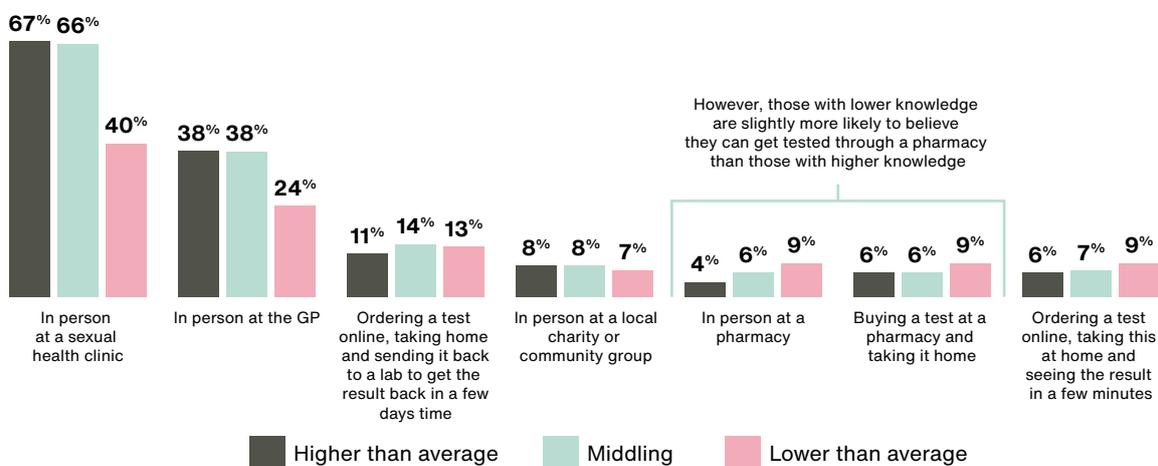


i Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. Base: All respondents (n=3,002); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132).

ii Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. Base: Black men (n=129), Black women (n=130)

## Those with lower knowledge of transmission are less likely to think they can definitely get tested at a clinic or GP<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel they can definitely get tested in this way for each option



<sup>i</sup> Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. Base: All respondents (n=3,002); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771).

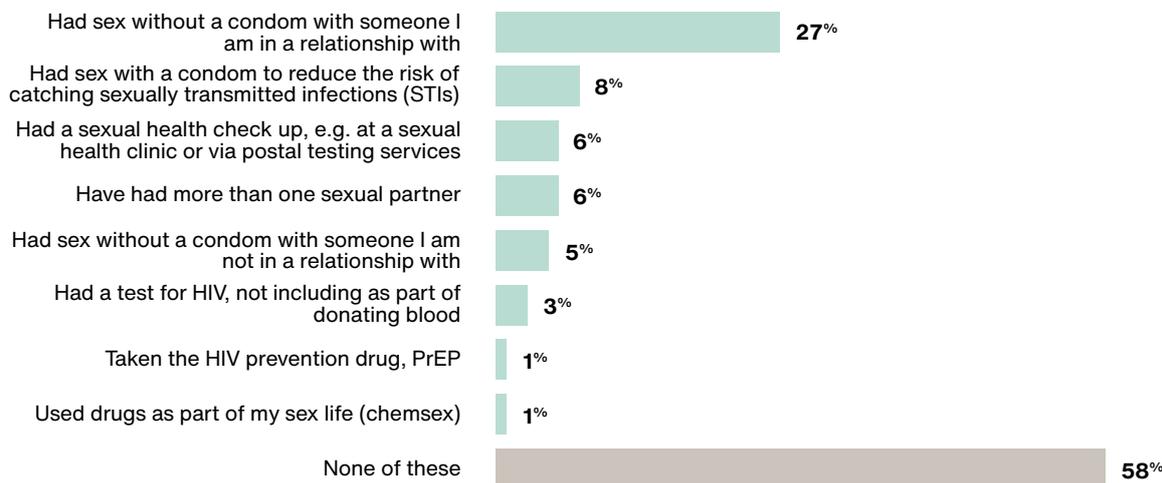
# 4 Related behaviours

## Key findings

- 1 Condomless sex is common among the general public. This is typically, but not always, with individuals who people are in a relationship with.
- 2 Just under 1 in 10 (8%) of the public report either sex with more than one partner, condomless sex outside of a relationship, or using drugs as part of their sex life. Men, Black people, gay and bisexual men, 18-34s, ABC1s and people living in Wales and London are most likely to report these.
- 3 Groups who are more likely to be engaging in higher risk sexual behaviours are also often more likely to have had a sexual health checkup and/or HIV test in the past 18 months, with 18-34s, gay and bisexual men and Black people significantly more likely than the general public to report this.

## Condomless sex is common among the general public, albeit typically within relationships<sup>i</sup>

### Which of the following, if any, have you done in the last 18 months?



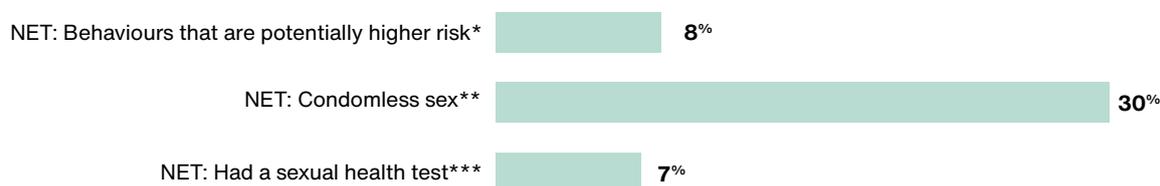
Condomless sex does not necessarily mean sex is 'unprotected'. Some who report engaging in condomless sex may also be taking PrEP (although only 1% of the public report to have taken PrEP) or have a sexual partner who is taking effective treatment for HIV.

Further, it should be noted that we did not define 'relationship' as a monogamous relationship where both parties know their HIV status.

<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: All respondents (n=3,002).

## Some groups were more likely to report potentially higher risk behaviours but were also often more concerned about getting an STI<sup>i</sup>

Which of the following, if any, have you done in the last 18 months?



Those most likely to report sex with more than one partner, condomless sex outside of a relationship, or using drugs as part of their sex life :

- **men (11%)** compared with women (6%)
- **Black people (19%)** compared with South Asian people (7%) and White people (8%)
- **gay and bisexual men (30%)** and LGBT people (23%) compared with heterosexual cisgender people (8%)
- **those aged 18-34 (15%)** compared with those aged 35-64 (8%) and 65+ (2%)
- **ABC1s (10%)** compared with C2DEs (6%)
- **those in Wales (14%) and London (13%)** compared with the national average of 8%.

Reflecting this: Men, ethnic minorities, the young and gay and bisexual men are the demographics most likely to be concerned about getting an STI.

Percentage disagreeing that "I am not personally worried that I might get a Sexually Transmitted Infection (STI)"

- **Men (18%)** compared with women (13%)
- **Black people (34%)** compared with other South Asian people (19%) and White people (14%)
- **Gay/bisexual men (32%)** compared with heterosexual cisgender people (15%)
- **Those aged 18-34 (20%)** compared with those aged 35-64 (16%) and 65+ (10%)

<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); Wales respondents (n=126); London respondents (n=1,013). Q.12 To what extent do you agree or disagree with each of the following statements about life in the UK today? Base: Men (n=1,467); Women (n=1,535); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641).

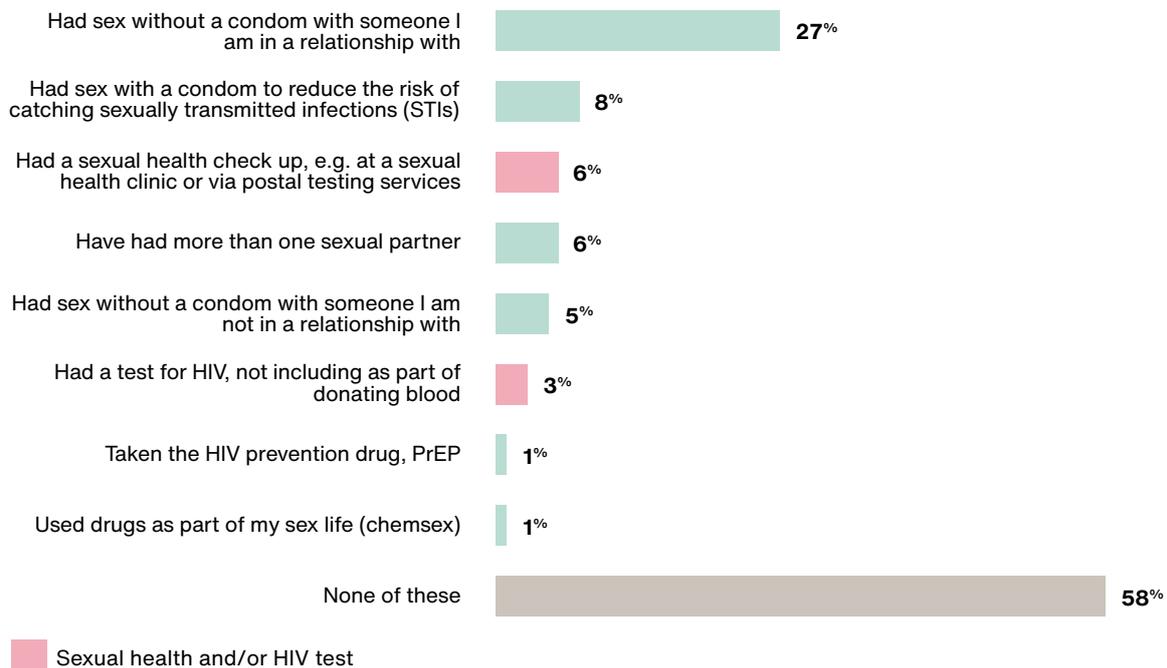
\* Includes have had more than one sexual partner, had sex without a condom with someone I am not in a relationship with, used drugs as part of my sex life (chemsex).

\*\* Includes have had sex without a condom with someone one I am in a relationship with, had sex without a condom with someone I am not in a relationship with.

\*\*\* Includes had a sexual health checkup e.g. at a sexual health clinic or via postal testing services, had a test for HIV, not including as part of donating blood.

## 6% report having had a sexual health check up; 3% report having had a test for HIV specifically<sup>i</sup>

### Which of the following, if any, have you done in the last 18 months?



This difference between those who report having had a sexual health checkup and those who report having had a test for HIV could be due to:

- people not having had an HIV test as part of a broader sexual health check up
- having been tested for HIV as part of this check up but not remembering it
- having been tested for HIV as part of this general check up but not considering it as being a specific, standalone test for HIV and so not selecting the latter option.

<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: All respondents (n=3,002).

Groups more likely to engage in behaviours with increased risk of exposure to HIV are also more likely to have had a sexual health test recently<sup>i</sup>

Percentage who report getting a sexual health check up or test for HIV specifically in the past 18 months



Indicates significantly more likely to say they have had a sexual health test (either a sexual health check up and / or a test for HIV specifically) in the past 18 months

<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Gay and Bisexual men (n=144); London respondents (n=1,013); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460).

# 5 Attitudes to HIV

## 5.1 Overarching attitudes

### Key findings

- 1 Sexual health (and therefore HIV) was not a front-of-mind concern for qualitative participants, with other health issues (such as mental health and COVID-19) dominating thinking.
- 2 The public tend to view HIV as a serious health condition (although not as serious as it was in the past) and it has strong associations with AIDS, the LGBT community and sex.
- 3 However, there are notable demographic differences in views of HIV overall. Black participants are particularly likely to associate HIV with severe health outcomes and in focus groups there was sensitivity about a perceived link between Black people and HIV. Qualitatively, South Asian participants often framed discussions around HIV through cultural taboos about sex and disease.

In the exploratory phase, participants were prompted to consider health risks facing a range of 'pen portrait' individuals:

**Alesha** is 34, works part time as a nurse and lives with her partner and their young daughter in a small town outside Manchester. Alesha and her partner often argue as he often spends long periods away from home for work, and at one point she suspected him of being unfaithful. However, she's gotten past this and they're trying for another baby.

**Rob** is 20 and studying in his final year at University in Liverpool. When he's not studying, Rob likes to go on nights out to let off steam. He's been dating his boyfriend Tom for a year now, after they met on his course.

**Ed** is 42, unemployed and lives in Coventry. He has struggled with heroin addiction in the past, recently suffering a relapse where he frequently injected himself. After breaking up with his ex-girlfriend due to his relapse, he has had a series of one-off sexual encounters with other women.

**Jen** is 66 and lives in Devon nearby her two grown up daughters. Jen has been divorced for two years now, and is enjoying being single (although she has been on a few dates recently) as well as spending more time with her friends and on her hobbies in retirement.

## During exploratory focus groups sexual health (and HIV) were not front-of-mind concerns for participants

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**When prompted to think about health in relation to these pen portraits, participants spontaneously raised issues that feel ‘current’.**

Across groups, participants spontaneously raised:

- Mental Health
- Coronavirus
- Diet and lifestyle

**Only mentions of ‘partying’, perceived promiscuity and/or infidelity sparked spontaneous concerns around sexual health, with participants expressing confidence about what constitutes ‘sensible’ behaviour.**

- Particularly among older participants, ‘partying’ and ‘drinking’ were used as euphemisms for ‘promiscuous’ behaviour and raised concerns about sexual health.
- HIV was only specifically mentioned as a potential health issue when participants were prompted to think about sexual health in relation to the specific example of someone who injects drugs (which brought to mind the risk of sharing needles).



**Depression is the biggest issue - sounds like she is quite isolated.**

---

*Exploratory focus group, 18-40, South East*



**Poor diet, especially when you first go to University. You might not be getting your 5 a day.**

---

*Exploratory focus group, 18-40, South East*



**[The student] should be careful about his alcohol consumption. If you drink too much you are more likely to have unprotected sex.**

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*Exploratory focus group, 18-40, South East*



**[He’ll be at risk of a] Blood infection, maybe HIV if he has shared a needle.**

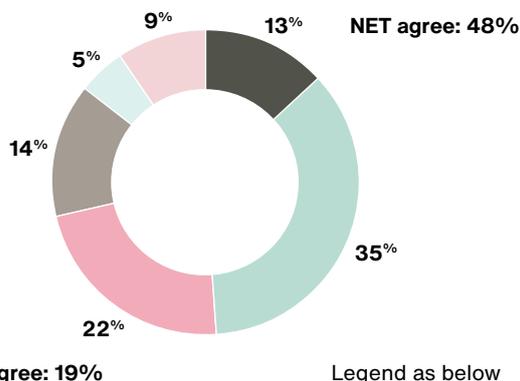
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*Exploratory focus group, 45+, Yorkshire and Humber*



## When prompted to think about HIV, the public are likely to think of it as a serious health condition<sup>i</sup>

**'HIV is one of the most serious illnesses someone can get'**

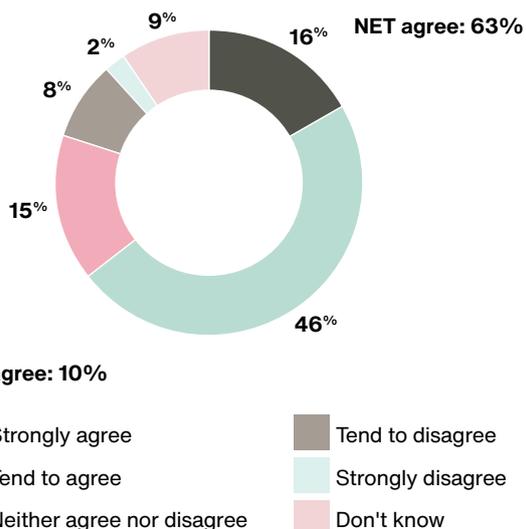


Those more likely to agree include:

- **men (50% agree)** compared with women (45% agree)
- **those aged 18-34 (52% agree)** compared with those aged 65+ (43% agree)
- **those in London (55% agree)** compared with the national average (48% agree)
- **Black men (69% agree)** compared with White people (47% agree) and South Asian people (56% agree)
- **heterosexual cisgender people (49% agree)** compared with LGBT people (41% agree).

## There is a strong sense within the public that HIV is a less urgent issue now than it has been in the past<sup>ii</sup>

**'HIV is not as much of an issue as it used to be for UK society'**



Those more likely to agree include:

- **those aged 65+ (74% agree)** compared with younger groups: 35-64 (64% agree) and 18-34 (52% agree)
- **Northern Ireland respondents (71% agree)**, compared with a UK average of 63%
- **White people (65% agree)** and Black people (62% agree) compared with South Asian people (43% agree)
- **those with higher than average knowledge of transmission (73% agree)**, compared to those with low knowledge (49% agree).

i Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 65+ (n=641); London respondents (n=1,013); White respondents (n=2,428); Black men (n=129); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247).

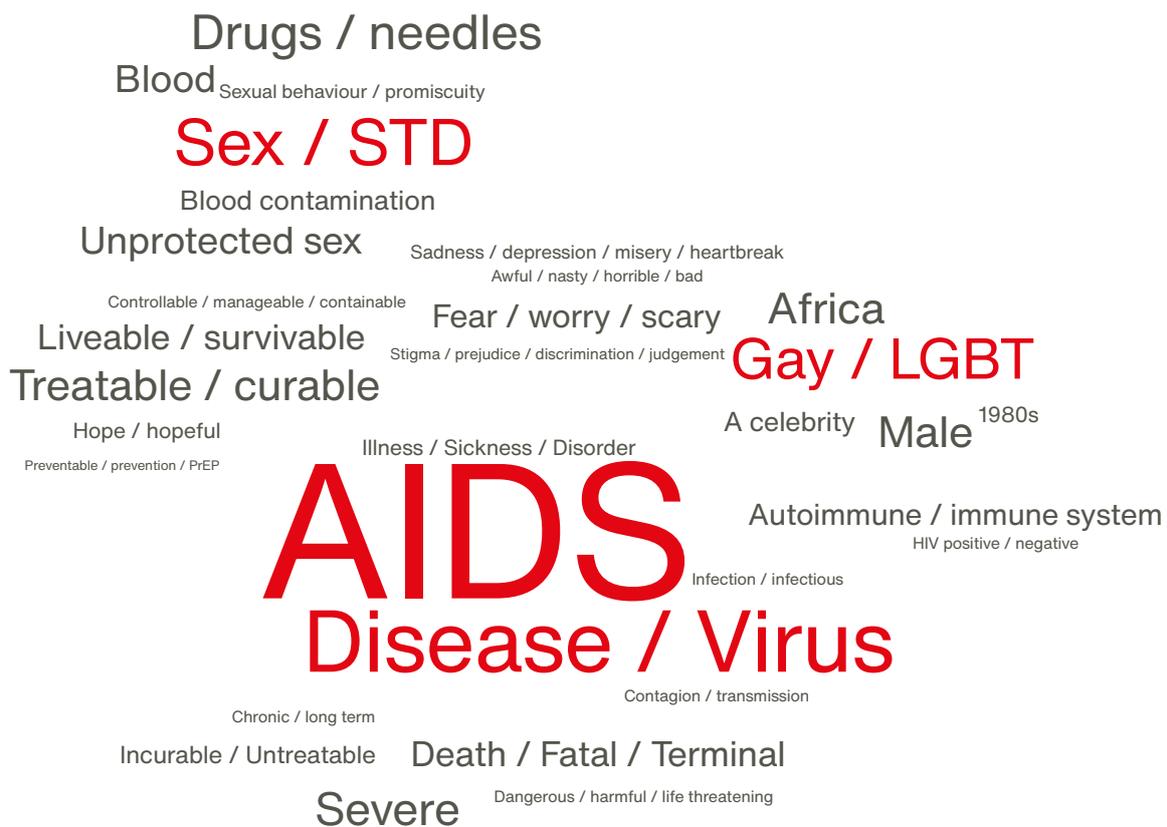
ii Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); Northern Ireland respondents (n=148); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); High HIV transmission knowledge respondents (n=530); Low HIV transmission knowledge respondents (n=771).

**Qualitatively, participants explained this sense as driven by:**

- hearing about HIV in the media very rarely, or never, particularly in comparison to previous decades
- personally knowing someone with HIV during the 80s or 90s while not knowing anyone with it now
- hearing about advances in treatment for HIV that mean the condition is more “manageable” for those who have it.

**HIV raises spontaneous associations with AIDS, the LGBT community, drugs and sex<sup>i</sup>**

What **three words** come to mind when you hear the word ‘HIV’?



I'm not sure how much of a problem this is, how many people are suffering from HIV. I don't know.. It's certainly not as rife as it used to be.

*Exploratory focus group, 45+, East Yorkshire*

<sup>i</sup> Q.1 What three words come to mind when you hear the word 'HIV'?; Base; All respondents (n=3002)

## Top of mind associations with HIV vary notably by age and region

### Younger participants are most likely to view HIV through a medical lens - associating it with being a virus and lifelong, as well as with sexual health.

- 23% of those aged 18-34 say “disease/ virus”, compared with 18% of those aged 35-64 and 14% of those aged 65+
- 19% of those aged 18-34 say “Sex / Sexual health”, compared to 10% of those aged 35-64 and 12% of those aged 65+
- 8% of those aged 18-34 say “Incurable / lifelong condition”, compared with 5% of those aged 35-64 and 1% of those aged 65+.

### Older participants are most likely to spontaneously associate HIV with AIDS and the LGBT community.

- 37% of those aged 65+ and 39% of those aged 35-64 say “AIDS” compared with 29% of those aged 18-34
- 19% of those aged 65+ and 15% of those aged 35-64 say “LGBT” compared with 8% of those aged 18-34.

### Northern Ireland respondents stand out as significantly more likely to spontaneously associate HIV with the LGBT community and severe illness.

- 21% of Northern Ireland respondents say “Gay” or “LGBT community” compared with 14% across the UK
- 21% of Northern Ireland respondents say “Illness” or “sickness” compared with 11% across the UK.

**Key insight:** in the focus groups, older participants’ associations with HIV were rooted in the experience of the 1980s, with AIDS often being mentioned before HIV. Younger participants’ associations with HIV are linked to their learning about sexual health. They commonly referenced learning about HIV and AIDS at school, and this acted as a strong foundation/ reference point of knowledge.

## Black participants expressed awareness of associations between HIV and Black communities, affecting their responses<sup>i</sup>

### Quantitatively, Black respondents are more likely to spontaneously associate HIV with severe illness than people of other ethnicities.

- 23% of Black people say “Death” or “fatal” or “terminal”, compared with 9% of South Asian people and 11% of White people
- 29% of Black people say “Disease” or “virus”, compared with 17% of South Asian people and 18% of White people.

### They are also less likely than White people to spontaneously associate HIV with the LGBT community specifically.

- 9% of Black people say “LGBT” or “Gay”, compared with just 3% of South Asian people and 15% of White people.

In focus groups, Black participants expressed there was heightened sensitivity around the topic of HIV in their communities relative to other ethnicities; driven by:

- **association with Black communities:** top of mind for participants was an awareness that HIV is often portrayed as associated with the Black community, and to a lesser extent with Africa and this was seen as unhelpful and often stigmatising
- **historical perceptions of HIV:** some (particularly older) participants described lingering psychological fear from the earlier years of HIV and AIDS, even if they felt they had changed their perspective generally
- **stigma within Black communities:** Specifically, participants expressed concern about an intersection of HIV stigma and homophobia in their communities.

<sup>i</sup> Q.1 What three words come to mind when you hear the word ‘HIV’?, Base; All respondents (n=3002); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132).

## 5.2 Attitudes to people living with HIV

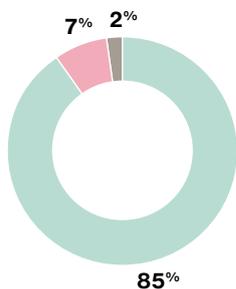
### Key findings

- 1 Generally, the public believe those living with HIV deserve the same support and respect given to those with other health conditions. Participants strongly felt that society is now more positive towards those living with HIV than in the past.
- 2 Nevertheless, stigma towards people living with HIV continues to persist deep in society. There is an appreciation among the public that negative judgements exist and that these may be felt by people living with HIV towards themselves (self-stigma). Qualitatively, many imply being scared to say ‘the wrong thing’ for fear of perpetuating stigma and some expressed views that they may not have been aware were potentially stigmatising.
- 3 HIV stigma is complex but there were three key themes that emerged: the link between HIV and broader taboo behaviours (condomless sex and intravenous drug use), low knowledge of how HIV can be transmitted (leading to differential treatment) and homophobia (with associations between HIV and the LGBT community still strong for many).

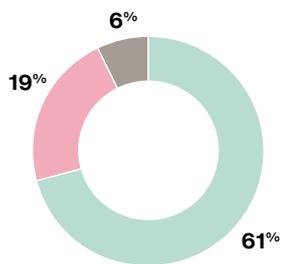
### Public perceptions of how people living with HIV are viewed and treated initially present a complex picture<sup>i</sup>

**The public express empathy to those living with HIV and think society is increasingly positive towards those living with HIV...**

‘People with HIV deserve the same level of support and respect as people with any other long term health condition’

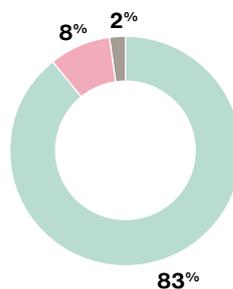


‘Society is more positive towards people living with HIV than it has ever been’

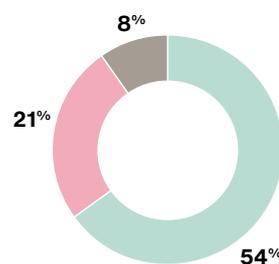


**...but believe that stigma from others continues to exist, as well as believing that those living with HIV are likely to feel ashamed about it.**

‘People living with HIV often face negative judgement from others in society’



‘People living with HIV are likely to feel ashamed about it’

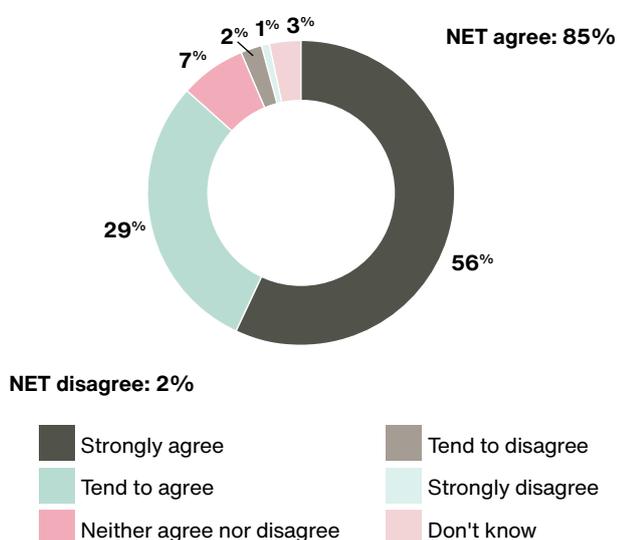


■ Agree   
 ■ Neither agree nor disagree   
 ■ Disagree

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: all respondents (n=3,002).

## The public widely agree those with HIV deserve the same support and respect given to those with other health conditions<sup>i</sup>

**‘People living with HIV deserve the same level of support and respect as people with any other long-term health condition’**



Significantly more likely to agree with this statement are:

- **White and Black people**, compared with South Asian people (86% and 88%, vs. 75%)
- **those who recognise barriers against LGBT people**, compared with those who do not (92% vs. 79%)
- **women** compared with men (88% vs. 82%)
- **those aged 65+ and those aged 35-64** compared with 18-34s (88% and 87% vs. 80%)
- **ABC1s** compared with C2DEs (87% vs. 83%)
- those with high / higher than average and middling knowledge of transmission compared with those with lower than average knowledge (91% vs. 69%)
- **those with high and medium awareness of PrEP** compared with those with low awareness (92% and 90% vs. 80%).

## It is generally believed people with HIV should, and do, have access to treatment through the NHS

In line with the quantitative findings, focus group participants strongly agreed that people with HIV should have access to the same support as those with other long term health conditions.

It was generally assumed there is access to treatment through the NHS, and that there are charities / organisations able to support with providing information, resources and a degree of mental health / emotional support.

However, some South Asian people reported support being less accessible to ethnic minority groups and South Asian communities specifically, or that where support exists people are too embarrassed to access it for fear they will be discriminated against (one person knew someone who had this experience).



**If it's from the NHS, I would think they are treated the same. They are another patient with a diagnosis...but there is stigma, people can be very judgemental.**

*Black participant, 18-34, London*

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771); High PrEP knowledge respondents (n=288); Medium PrEP knowledge respondents (n=1,046); Low PrEP knowledge respondents (n=905); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450).

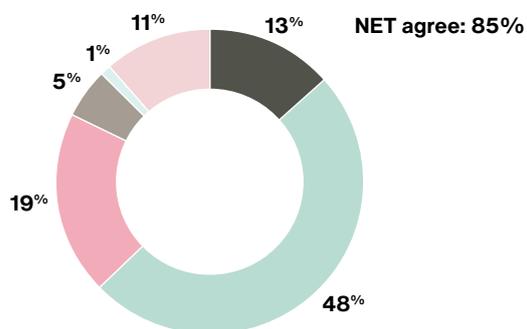
Some assume support is less accessible for heterosexual cisgender people than it is for LGBT people, feeling it would be targeted at the latter and therefore “harder to find” for heterosexual cisgender people.

“The person that had HIV I knew, they did say they were kind of embarrassed and they were discriminated against when they went to get the support...it’s such a taboo in Asian culture.

*South Asian participant, 18-34, Birmingham*

## A majority of the public believe that society is more positive towards those living with HIV than it has been in the past<sup>i</sup>

‘Society is more positive toward people living with HIV than it has ever been’



NET disagree: 2%



Significantly more likely to **agree** are:

- **White people**, compared with Black people and South Asian people (63% vs. 58% and 41%)
- **those aged 65+** compared with those aged 35-64s and 18-34 (68% vs. 60% and 58%)
- **ABC1s** compared with C2DEs (63% vs. 58%)
- **those in Northern Ireland** compared with England (71% vs. 60%)
- **those in rural areas** compared with those in urban areas (67% vs. 60%)
- **those with high and medium knowledge of transmission** compared with those with low knowledge (67% and 65%, vs. 49%).

Significantly more likely to **disagree** are:

- **LGBT people** compared with heterosexual cisgender people (11% vs. 6%)
- **those who personally know someone with HIV** compared with those who do not (13% vs. 6%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); England respondents (n=2,546); Northern Ireland respondents (n=148); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771); Respondents who know someone living with HIV (n=263); Respondents who don't know someone living with HIV (n=2,687).

## Older people are more likely to emphasise how much attitudes to people living with HIV have improved since the 80s and 90s

Older participants used the stigma around those with HIV they personally witnessed during this period as a baseline, emphasising how much progress has been made. This is despite feeling current attitudes to people with HIV are still often negative. Younger participants tended to have a less direct and weaker sense of historical attitudes, but still described being aware that attitudes to people with HIV have improved over time.

### Perceived improvements in attitudes to people with HIV are linked to:

- a perceived increased tolerance and awareness of LGBT people, who are still strongly associated with HIV
- perceived better education about HIV in schools, including how it can be passed on and telling people how to protect themselves from acquiring it (reducing fear of acquiring it)
- awareness that treatment has improved, and that HIV is no longer a death sentence
- more high-profile figures having talked openly about living with HIV, such as Gareth Thomas.

## However, stigma towards individuals living with HIV is felt to persist deep in society

In focus groups, some participants did not appear to recognise their own (low) levels of knowledge about HIV and / or that their views may be linked to stigma. For example, some participants presented some subjective comments and 'myths' around HIV (for example, that people with HIV have had lots of unprotected sex) as fact, that were potentially stigmatising or used to explain stigma.

“ Back in the day HIV was viewed really negatively, but it is still the same, people are living with negative judgement.

*South Asian participant, 35-64, London*

“

I think its accepted more by the population now. Back in the 1980s, someone who contracted HIV was shunned, but it can affect anyone.

*Exploratory focus group, 45+, East Yorkshire*

“

I had a colleague with HIV. They went for a blood test and the person doing it put double gloves on. You don't need to say something to their face to let them know you have a negative judgement.

*South Asian participant, 35-64, London*

“

It's education from the 80s to now, also the drugs are far more advanced so people can still have relationships and their partner won't catch it.

*Black participant, 35-64, Birmingham*

“

Everything you hear about HIV is negative. Until they change the narrative, that's not going to change. Older generations have a certain viewpoint on it, younger generations don't really know about it, and then there's the rest of us in the middle. It's a shame, but it's down to ignorance isn't it.

*Black participant, 35-64, Birmingham*

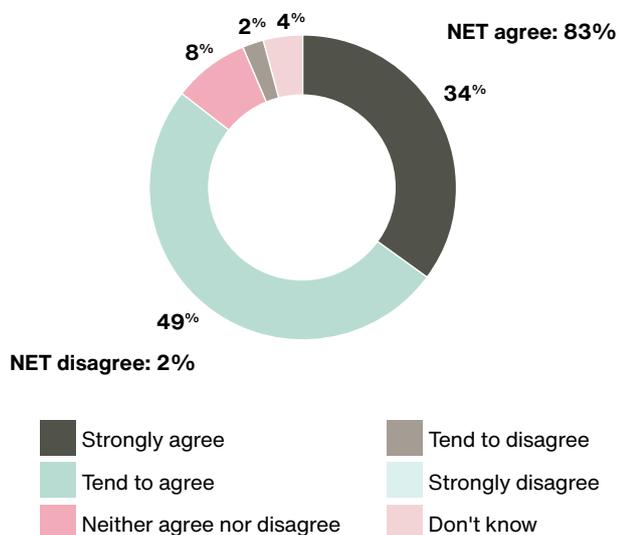
“

Years ago people used it [HIV] as a weapon and infected people and that gave it a bad name. Even the word now feels dirty. Unless you get the right treatment, it's a death sentence.

*Exploratory focus group, 45+, East Yorkshire*

## Over four fifths feel that people with HIV still frequently face negative judgement from others<sup>i</sup>

**'People living with HIV often face negative judgement from others in society'**



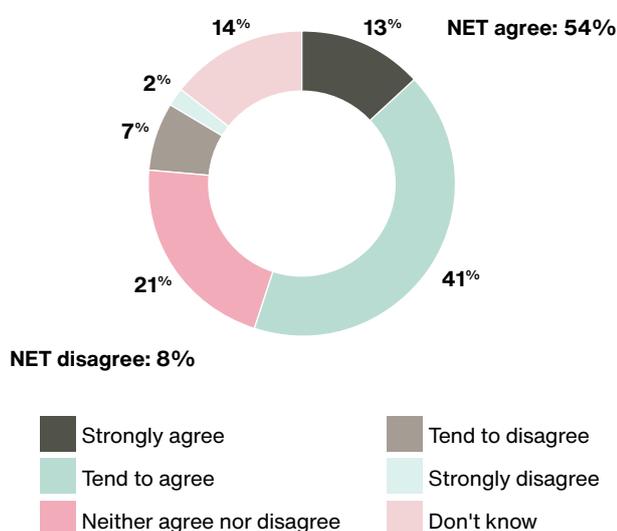
Significantly more likely to agree are:

- **those who recognise barriers against LGBT people**, compared with those who do not (90% vs. 78%)
- **non-religious people** compared with religious people (86% vs. 82%)
- **those in Northern Ireland** compared with England (91% vs. 82%), as well as non-Londoners compared with Londoners (84% vs. 79%)
- **those aged 65+** compared with those aged 18-34 (86% vs. 80%)
- **ABC1s** compared with C2DEs (84% vs. 81%)
- **broadsheet readers** compared with tabloid readers (85% vs. 81%)
- **those with high / higher than average knowledge of transmission and middling knowledge of transmission** compared with those with *lower than average* knowledge (91% and 88%, vs. 66%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); 18-34s (n=864); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); England respondents (n=2,546); Northern Ireland respondents (n=148); London respondents (n=1,013); Non-London respondents (n=1,989); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Broadsheet readers (n=926); Tabloid readers (n=1,161); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450).

## Over half of the public also believe people are likely to feel ashamed about living with HIV<sup>i</sup>

**'People living with HIV are likely to feel ashamed about it'**



Significantly more likely to agree are:

- **LGBT people** compared with heterosexual cisgender people (65% vs. 54%)
- **those who personally know someone with HIV** compared with those who do not (63% vs. 54%)
- **those who recognise barriers against LGBT people**, compared with those who do not (60% vs. 52%)
- **Black people** compared with White people (67% vs. 53%)
- **those aged 18-34** compared with those aged 35-64 and 65+ (69% vs. 51% and 44%)
- **ABC1s** compared with C2DEs (57% vs. 52%)
- **those in Scotland** compared with England (63% vs. 53%), and Londoners compared with the rest of England (58% vs. 54%)
- **those with middling knowledge of transmission** compared to those with lower than average knowledge (59%, vs. 46%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); England respondents (n=2,546); Scotland respondents (n=182); London respondents (n=1,013); England respondents excluding London (n=1,533); White respondents (n=2,428); Black respondents (n=259); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450); Respondents who know someone living with HIV (n=263); Respondents who don't know someone living with HIV (n=2,687);

## Qualitatively, many express concern that people living with HIV are stigmatised by others

All expressed a strong view that people living with HIV deserve respect but felt in reality this is not always granted. Many attributed this to “ignorance” and a “lack of education” around HIV.

Reflecting this, many were reticent to share their more unfiltered views for fear of “saying the wrong thing” – indicating a strong element of social desirability bias at play. Most had a generalised sense that stigma exists, although few knew how this stigma is expressed to those living with HIV. Consequently, it is often seen as safer to say

nothing at all, rather than risk saying something wrong or offensive.

Importantly, this desire to not say the wrong thing, and lack of confidence on the topic of people living with HIV, suggest that the general public may be receptive to campaigns and other efforts to reduce the stigma that people living with HIV face.

The belief that those living with HIV may not be treated with respect was particularly strong in the focus groups with South Asian people. This was specifically raised by South Asian participants as a particular issue within South Asian communities.

**Note:** In addition to comments made in the qualitative groups, the quantitative survey also demonstrates that most of the public hold at least some stigmatising/potentially stigmatising views of those living with HIV. For example, only one third completely agree that they ‘have sympathy for all people living with HIV, regardless of how they acquired it’.

“ The person that had HIV I knew, they did say they were kind of embarrassed and they were discriminated against when they went to get the support.

*South Asian participant, 18-34, Birmingham*

“ In the Asian community, it will create some sort of uproar, where they think “Oh my God! What the hell?!... S\*\*\*. What the f\*\*\*!

*South Asian participant, 35-64, London*

## Stigma is seen to centre around three main themes:

Participants feel the relatively low salience of HIV as a topic in public discourse (even lower in some communities, notably the British South Asian community) and limited education on HIV, act as barriers to addressing potentially inaccurate perceptions of who is at risk, transmission, treatment and outcomes.

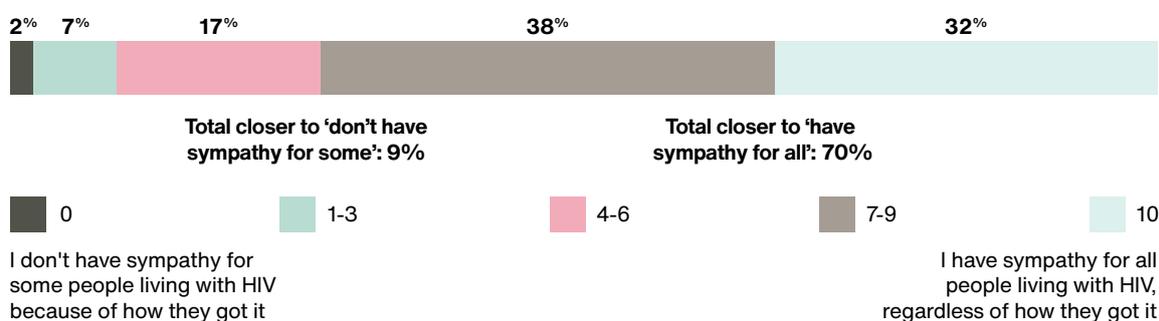
1. Acquiring HIV is associated with ‘irresponsible’ or ‘taboo’ behaviours, including condomless sex and promiscuity.

2. Low knowledge of transmission, treatment and outcomes.

3. Negative attitudes towards LGBT people, who are closely associated with HIV.

## Only around a third of the public say they have sympathy for all people living with HIV, regardless of how they acquired it<sup>i</sup>

Please select the statement that comes closest to your view



Significantly more likely to place themselves at 10 (i.e. full agreement with 'I have sympathy for all people living with HIV...') are:

- **LGBT people** compared with heterosexual cisgender people (48% vs. 31%)
- **those who personally know someone with HIV** compared with those who do not (46% vs. 31%)
- **Black people** compared with White people and South Asian people (39% vs. 32% and 14%)
- **women** compared with men (36% vs. 28%)
- **non-religious** people compared with religious people (38% vs. 28%)
- **those recognising the barriers faced by LGBT people** compared with those who do not (38% vs. 27%)
- **broadsheet readers** compared with tabloid readers (40% vs. 27%)
- **those with high / higher than average and middling knowledge of transmission** compared with those with lower than average knowledge (41% and 36% vs. 19% with low knowledge).

It should be noted that 64% of the public placed themselves at 0-9 on the scale, indicating their sympathy for someone with HIV would be qualified / that they could think of instances in which they would not have sympathy for all living with HIV.

<sup>i</sup> Q.5 Please pick the statement that best represents your view. The closer you move the slider towards a statement, the stronger you feel that this statement represents your view. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450); Respondents who know someone living with HIV (n=263); Respondents who don't know someone living with HIV (n=2,687).

## This was reflected qualitatively, with some more judgemental of people who acquire HIV through condomless sex or shared injecting equipment

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Focus group participants emphasised that they would have sympathy for anyone living with HIV regardless of how they acquired it, that people living with HIV deserve support and respect, and that no one deliberately gets or deserves to get HIV.

However, a significant minority were keen to point out that some people acquire it “by accident” and “through no fault of their own”, e.g., being born

with HIV or through “coming into contact with blood”. These discussions appeared to undermine previously stated support for all. It was implied that those people deserve more sympathy than those who had acquired it through condomless sex or through sharing injecting equipment. Older and / or South Asian participants were more likely to express this sentiment in relation to condomless sex in particular.

“

**I think there is a bit of a difference sadly...someone who is born with it it is out of their control. Someone who has acquired it, is it sex without a condom, or an exchange of bodily fluid, it could be because they're not protecting themselves.**

---

*Black participant,  
18-34, London*

“

**HIV is not always through sex. It could be injection or children are born with it. People need to understand that.**

---

*South Asian participant,  
35-64, London*

“

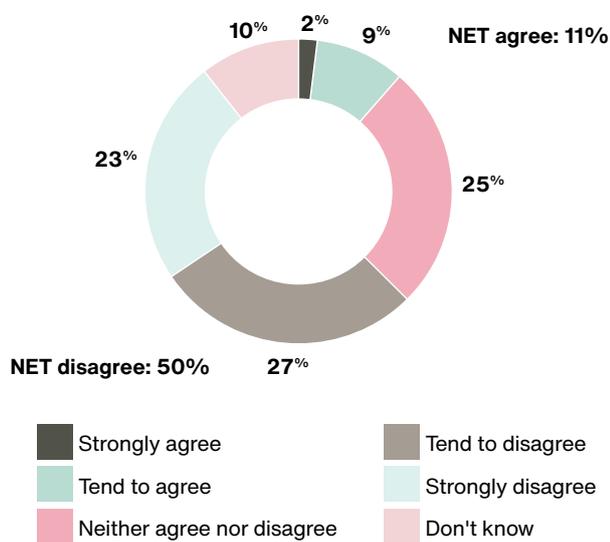
**If you want to have unprotected sex with someone, you can throw [protecting yourself] out the window, because there's a high chance you could get HIV.**

---

*South Asian participant,  
18-34, Birmingham*

## Around a tenth of the public think people with HIV have probably had lots of sexual partners<sup>i</sup>

**'People living with HIV have probably had lots of sexual partners'**



Those more likely to agree include:

- **men** compared with women (14% vs. 9% women)
- **those aged 18-34** compared with older groups (15% vs. 10% of those aged 35+)
- **South Asian people**, compared with White and Black people (31%, vs. 10% and 11%)
- **religious people** compared with non-religious people (14% vs. 7%)
- **heterosexual cisgender people** compared to LGBT people (12% vs. 5%).

**“ I guess it can affect anyone, but if you are sexually active with more than one person you are more likely to catch it. ”**

*Exploratory focus group, 18-40, South East*

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247).

## For South Asian respondents, HIV intersects with a range of taboo behaviours and issues, including sex itself

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In focus groups, South Asian participants emphasised that the topics of sex and illnesses (especially mental health) are “taboo” in South Asian communities. They felt an HIV diagnosis would be interpreted as someone having been up to “bad things”, and there would be a high chance it would be either ignored or that the person would face intense stigma from the community.

Many indicated they were less comfortable talking about sexual behaviours including condomless sex, having multiple sexual partners and gay sex in a group setting. Discussion with South Asian participants was less explicit when compared with both Black participants and White participants (in the earlier exploratory groups). This often manifested in them being hesitant to speak about, or being less direct / euphemistic, when referring to these topics.



**It would be very difficult if you had it in a Muslim community. You'd be an outcast and never accepted. It would be very, very difficult. People might think you've been up to bad things. It's a lack of knowledge, education and negative perceptions. It's judgemental.**

---

*South Asian participant, 35-64,  
London*



**It's more of a cultural issue, it's not just about HIV. A lot of illnesses that happen within the family, you just don't talk about it...Struggling with mental health in particular, Everyone is expected to be happy, healthy.**

---

*South Asian participant, 18-35,  
Birmingham*



**If you've got an STI in the South Asian community, you'd never tell your family.**

---

*South Asian participant, 18-35,  
Birmingham*



## Low knowledge of HIV transmission and advances in treatment and outcomes are also felt to drive fear and stigma

Significant portions of the public and participants in focus groups assumed HIV could potentially be transmitted in ways where there is essentially zero risk, including by blood transfusion, kissing, standing next to someone and shaking hands. This led to them expressing fear around interacting with people living with HIV, including

if it were friends and family, in case it could easily be acquired from them.

Similarly, low knowledge of treatment advances and outcomes among some groups leaves many thinking those living with HIV will live short and painful lives, further increasing fear of acquiring it and being 'associated' with it.

## Some attribute a lot of the negativity toward people with HIV to latent and overt homophobia in society

Although there is some reluctance to express that they personally identify LGBT people as being at higher risk, many discussed this as a perception that exists "in society". It is assumed much of the negative attitudes to HIV remaining today stem from forms of homophobia.

Black focus group participants were more comfortable than White participants when discussing the association with the LGBT community. By contrast, South Asian focus group participants did not mention LGBT people or acknowledge the historical association with gay men.

## Many are empathetic towards the challenges people with HIV face, and want to see education utilised as a tool to tackle stigma

Participants across focus groups expressed concern about the stigma experienced by people living with HIV.

They ultimately expressed a desire for the public to know more about HIV (including knowledge of who is

at risk, transmission and treatment). South Asian people felt there was a particular need for this within their community and expressed a strong desire for more information on HIV to be made available to them.

**Key insight:** There was also a clear desire to hear and better understand the real-life experiences of people living with HIV – in particular through hearing from people living with HIV. There is a sense of this as a clear route to tackling the stigma people with HIV face.

**“** You know when people take 10 steps back from them, losing friends and family, they feel like they can't be near them. People will avoid them. Their mental health is probably off the charts. They lose loved ones.

*South Asian participant, 35-64, London*

**“**

It's down to people being misinformed about HIV. I used to be quite misinformed about it myself. It's a taboo...people are not educated enough now. People don't understand you can live with HIV now without dying. It's just from a long time ago, how they think it can be passed around.

*Black participant, 18-34, London*

**“**

I've still got friends that are very homophobic – its laughable.

*Black participant, 35-64, Birmingham*

**“**

They face the negative prejudice from family, religious groups, in the Middle East or certain places in Africa where you can't be gay or you'll go to jail or be stoned. This shows how far we've still got to go.

*Black participant, 18-34, London*

“ I’ve seen someone speak about being HIV positive, they are still able to live their normal life. They talked about that and how people treat them. I heard from someone going through it. That helped me change my view on it.”

*Black participant, 18-34, London*

## 5.3 Attitudes to relationships with people living with HIV

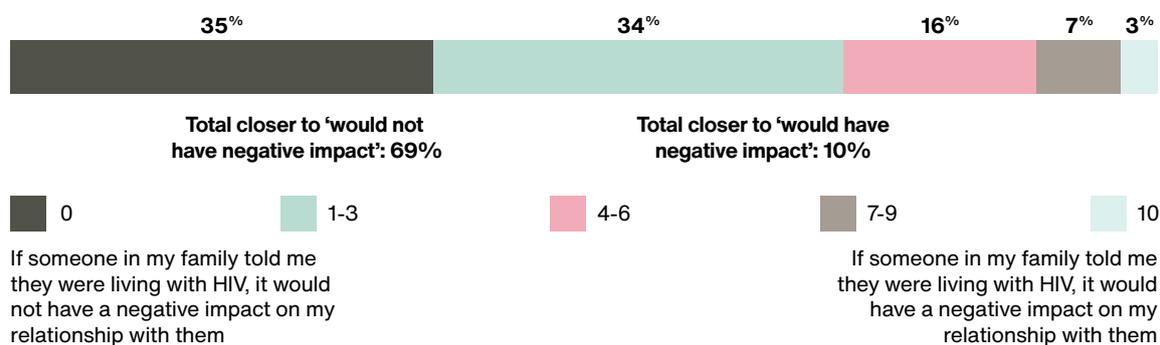
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### Key findings

- 1 Only a third of the public say that it wouldn't negatively impact their relationship with a family member if that family member were to tell them that they were living with HIV. Focus group participants said they would be concerned for their family member's health and wellbeing, as well as that they may be engaging in 'risky' behaviours. However, they also said this experience would make them keen to learn about HIV so they could support the family member.
- 2 Most of the public say they are uncomfortable with the idea of having a sexual relationship with someone living with HIV. For focus group participants, underlying this discomfort was a concern that they might acquire HIV (low knowledge and comprehension of U=U) as well as worries they might personally face stigma or judgement for being in a relationship with someone living with HIV.
- 3 A large majority of the public think people living with HIV should always tell this to any sexual partners. Qualitatively, this was often framed around the idea of 'trust' in relationships and the concept of allowing people to make informed decisions or take informed risks, with many believing it would be dishonest to withhold this information.

Just over a third completely agree if someone in their family told them they had HIV, it would not negatively impact the relationship<sup>i</sup>

Please select the statement that comes closest to your view



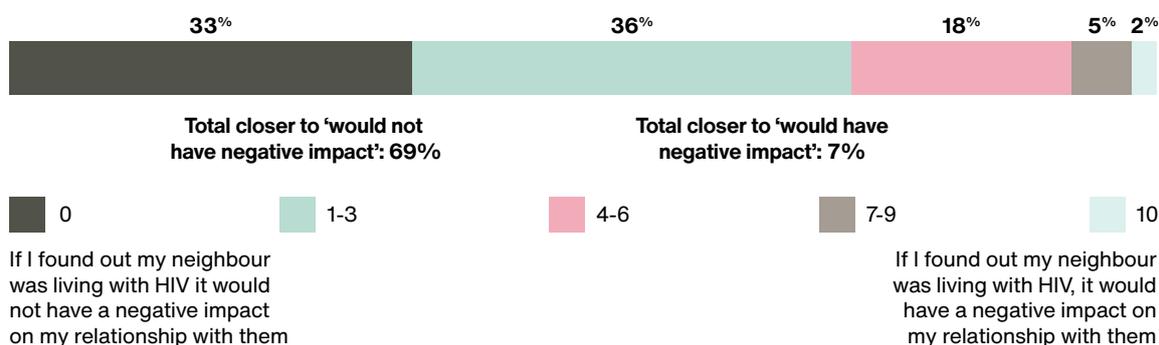
Significantly more likely to say 'If someone in my family told me they were living with HIV, it would not have a negative impact...' (selecting 0) are:

- **women** compared with men (38% women vs. 31% men)
- **those in Scotland** compared with England (42% vs. 34%)
- **White and Black people** compared with South Asian people (36% and 39%, vs. 14%)
- **non-religious people** compared with religious people (41% vs. 30%)
- **LGBT people** compared with heterosexual cisgender people (52% vs. 34%)
- **broadsheet readers** compared with tabloid readers (38% vs. 30%)
- **those with high / higher than average or middling knowledge of transmission** compared with those with *lower than average* knowledge (45% and 38%, vs. 19%).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. The closer you move the slider towards a statement, the stronger you feel that this statement represents your view. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); England respondents (n=2,546); Scotland respondents (n=182); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771).

## Only a third confidently say if a neighbour told them they were living with HIV, it would not damage the relationship<sup>i</sup>

Please select the statement that comes closest to your view



Significantly more likely to select 'If I found out my neighbour was living with HIV, it would not have a negative impact...' (selecting 0) are:

- **women** compared with men (36% women vs. 29% men)
- **ABC1s** compared with C2DEs (35% vs. 30%)
- **Black people** compared with White people and South Asian people (37% vs. 34% and 14%)
- **non-religious people** compared with religious people (39% vs. 28%)
- **LGBT people** compared with heterosexual cisgender people (53% vs. 31%)
- **broadsheet readers** compared with tabloid readers (37% vs. 26%)
- **those with high / higher than average or middling knowledge of transmission** compared with those with lower than average knowledge (43% and 36%, vs.18%).

## Personally knowing someone living with HIV is felt to be one of the biggest motivators to wanting to learn more about it

When asked how they would react to a family member telling them they had HIV, most say it would motivate them to educate themselves about HIV so as to be able to support the person. A small number with low knowledge of transmission also said they would have immediate concerns about how it could "spread" in their household. Parents came across as particularly emotive imagining finding out their child was living with HIV.

Some said they would immediately want to ask questions related to the person's welfare, such as what treatment would be available. However, some

questions (which participants also often framed as relating to the person's welfare) could be considered intrusive depending on how and why they were being asked, such as details of the person they had acquired it from and whether they were or are still engaging in any "risky" behaviour such as condomless sex or drug use.

South Asian participants said they would have a particularly strong emotional reaction and be very shocked and concerned (with some attributing this to how stigmatised having HIV would be in South Asian communities / families).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. The closer you move the slider towards a statement, the stronger you feel that this statement represents your view. Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771).

“ It would effect you mentally, but you have to be there as a support network. It would throw me a bit, but I’d have to get over it and be there for that person.

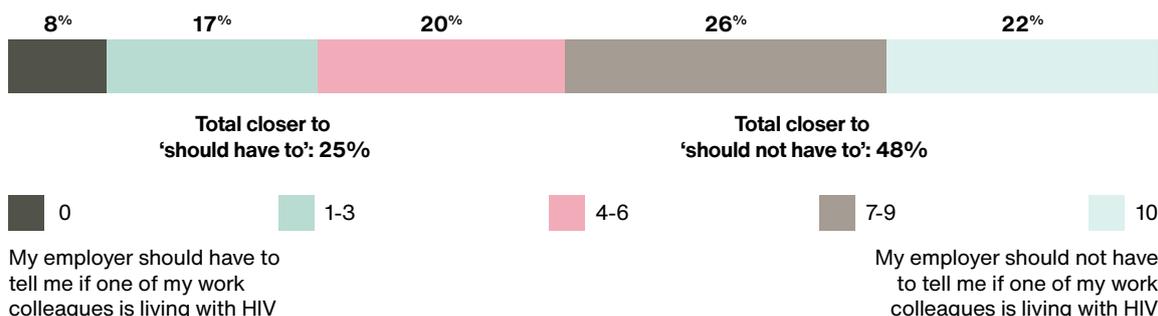
*South Asian participant, 35-64, London*

“ I’d want to understand why, have they met someone, been with them for how much time, did they contract it by accident? I’d try to be understanding.”

*Black participant, 18-34, London*

## A quarter of the public seem to feel their employer should have to tell them if their colleague is living with HIV<sup>i</sup>

Please select the statement that comes closest to your view



Significantly more likely to select ‘My employer should not have to tell me if one of my work colleagues is living with HIV’ (selecting 10) are:

- **ABC1s** compared with C2DEs (25% vs. 18%)
- **Black people** compared with White people and South Asian people (26% vs. 22% and 11%)
- **non-religious people** compared with religious people (29% vs. 16%)
- **LGBT people** compared with heterosexual cisgender people (42% vs. 20%)
- **broadsheet readers** compared with tabloid readers (28% vs. 16%)

- **those with high or medium knowledge of HIV transmission** compared with those with low knowledge (31% and 23%, vs. 13%).

Significantly more likely to select an option closer to the statement ‘My employer should have to tell me...’ (scoring 0-3) are:

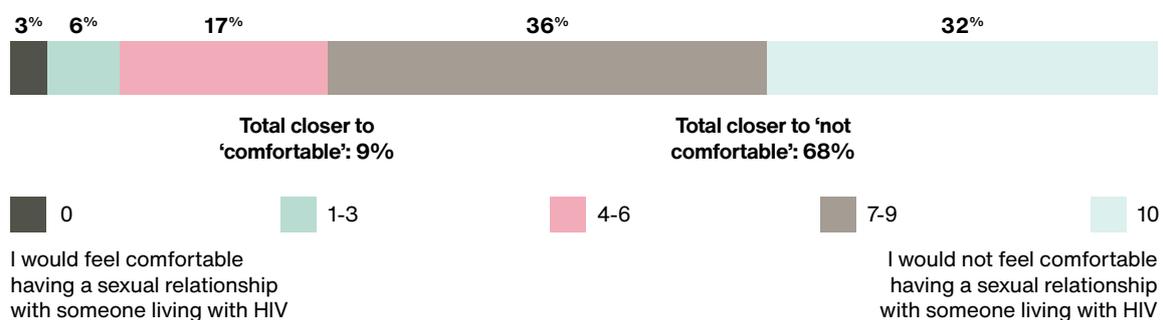
- **heterosexual cisgender people** compare with LGBT people (27% vs. 17%)
- **tabloid readers** compared with broadsheet readers (31% vs. 22%).

In exploratory focus groups, participants could not see why employees would ever need to disclose their HIV status, feeling it to be a ‘personal matter’ similar to having any other long-term health condition.

<sup>i</sup> Q.5 Please pick the statement that best represents your view. The closer you move the slider towards a statement, the stronger you feel that this statement represents your view. Base: All respondents (n=3,002); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771).

## Just 3% indicate they would definitely feel comfortable having a sexual relationship with someone living with HIV<sup>i</sup>

Please select the statement that comes closest to your view



Significantly more likely to say 'I would not feel comfortable having a sexual relationship with someone living with HIV' (selecting 10) are:

- **those aged 65+ and those aged 35-64** compared with those aged 18-34 (40% vs. 32% and 25%)
- **Black people** compared with White people and South Asian people (42% vs. 32% and 18%)
- **heterosexual cisgender people** compared with LGBT people (34% vs. 15%)
- **tabloid readers** compared with broadsheet readers (34% vs. 29%)
- **those who don't recognise the barriers faced by LGBT people** compared with those who do (44% vs. 31%)
- **those who do not personally know someone with HIV** compared with those who do (33% vs. 26%).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. The closer you move the slider towards a statement, the stronger you feel that this statement represents your view. Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); Respondents who recognise barriers for LGBT people (n=2,156); Respondents who don't recognise barriers for LGBT people (n=450); High HIV transmission knowledge respondents (n=530); Medium HIV transmission knowledge respondents (n=1,701); Low HIV transmission knowledge respondents (n=771).

## During focus groups reported concerns about sexual relationships with people living with HIV centered on two main themes:

### 1. Risk of acquiring HIV and impact on personal health / health of future children.

- Concern among all Black and South Asian participants in focus groups, including those with relatively high knowledge of transmission / treatment.
- Particularly stark fear around this amongst those with low knowledge of transmission and / or treatment, who perceived this risk as relatively high (typically due to their low knowledge).

### 2. Stigma / judgement from others about being in a relationship with someone who is living with HIV.

- Strong concern for both South Asian and Black participants, but particularly South Asian participants.
- Fear of being judged negatively or ostracised for being with someone who has HIV.

## The risk to personal health was the most front of mind factor for all when thinking about sex with someone living with HIV

Participants were worried that regardless of how effective HIV treatment is, there would remain a risk of them personally acquiring it. They expressed that “no treatment could be 100% effective” and that there remains room for human error when it comes to taking HIV treatment properly. Even among those with some awareness of how effective treatment now is and the concept of U=U, there was some reluctance to set aside the potential personal risk.

Parents said they would be extremely concerned about the safety of their child if that child were in a relationship with someone living with HIV. They would immediately want reassurance of precautions

being taken to stop their child from acquiring it. A very small number with awareness of treatment stopping HIV from being passed on mentioned this could make people more comfortable.

For South Asian participants, and to an extent older participants, the worry that HIV could be passed onto future children was more front of mind. This aligned with a tendency to towards considering long-term relationships (i.e. marry and start a family) rather than casual sex or dating. It also reflected a low understanding that children born to mothers living with HIV on effective treatment will not be born with HIV themselves.

“You hear now and again that HIV is undetectable, and I think it then becomes a matter of trusting that the drugs work and that the person is taking them. If there’s not a lot of information out there, a lot of people might see a relationship with someone with AIDS as a gamble. Does that put them at risk?”

*Black participant, 35-64, Birmingham*

“Until someone said about the medication, I didn’t know it existed. I know about the severe impacts it can have on someone’s life. You have to be able to prioritise my own health... If you change HIV for another STI, it wouldn’t change the answer.”

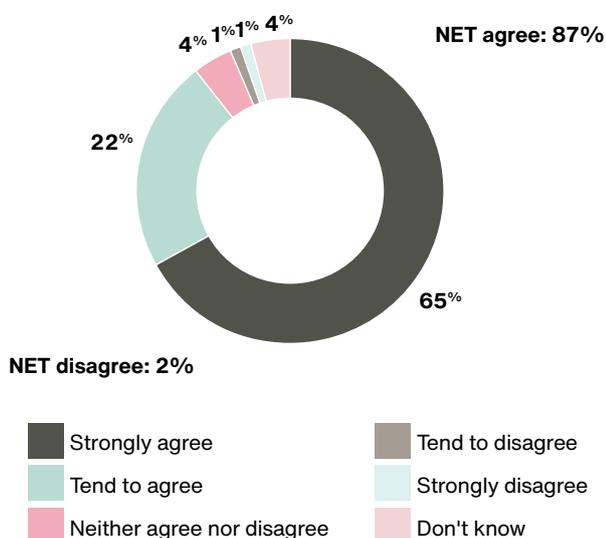
*Black participant, 18-34, London*

“You could pass it on to your baby... People might think negatively about your children if they have HIV.”

*South Asian participant, 35-64, London*

## A large majority of the public think people with HIV should always tell sexual partners their HIV status<sup>i</sup>

**'People living with HIV should always tell any sexual partners, even if they definitely can't pass it on because they are on effective treatment'**



Significantly more likely to agree are:

- **those aged 35-64 and 65+** compared with those aged 18-34 (89% and 93%, vs. 80%)
- **Black people** compared with South Asian people (92% vs. 80%)
- **those in rural areas** compared with those in urban (91% vs. 86%)
- **those in Wales** compared with those in Scotland (93% vs. 85%)
- **heterosexual cisgender people** compared with LGBT people (89% vs. 82%)
- **tabloid readers** compared with broadsheet readers (90% vs. 85%)
- **those who do not personally know anyone with HIV** compared with those who do (89% vs. 84%).

## Participants framed the matter of telling sexual partners their HIV status as one of trust, and informed decision making in healthy sexual relationships

Participants felt on balance that someone with HIV should always tell a new sexual partner, even if it was a one-off encounter and the person with HIV was on effective treatment. They felt there could still be a risk to personal health and framed it as a matter of being “honest” so that they could make an “informed decision” about whether to continue the relationship or sexual encounter.

Older South Asian people focused on the potential for it to be passed on to future children and felt the person should have to tell a potential partner upfront for this reason.

One Black participant acknowledged there could be situations where someone reasonably might not wish to talk about it, e.g. if their personal safety might be at risk. This sparked recognition amongst some others that the fears and safety of the person living with HIV had not necessarily been considered.

There is sympathy for the position this puts individuals living with HIV in. Many imagined it would be difficult to not know how a potential partner could react to being told about a diagnosis of HIV. Participants felt this stigma could lead to a lot of mental stress and anxiety for those living with HIV, particularly when deciding whether to talk about their diagnosis to someone.

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Urban respondents (n=2,542); Rural respondents (n=460); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); Respondents who know someone living with HIV (n=263); Respondents who don't know someone living with HIV (n=2,605).

“

I think that partner has the right to know before they consent to having sex. From that disclosure being made you can make the decision about whether you are comfortable.

*Black participant,  
18-34, London*

“

We are looking at it from our side, not someone who has HIV's side. Lots of people think they should be saying something, 70% aren't comfortable having sex with someone with HIV. How does the person with HIV feel about that? They know lots of people have negative opinions about them.

*Black participant,  
18-34, London*

“

I imagine it would be really hard to disclose, especially if the relationship is new it might have an effect on the new partner, it depends on the level of education the partner has on it.

*Exploratory focus  
group participant,  
18-40, South East*

## The possibility of being condemned for dating someone with HIV was a foremost concern amongst South Asian participants

Both younger and older South Asian participants expressed feeling they would be “shunned”, or at a minimum negatively judged, by family, friends and others in their community if they chose to be in a relationship with someone living with HIV. They felt this was largely due to HIV being associated with taboo sexual behaviours and simply not acknowledged as an issue in South Asian

communities. This was seen similar compared to how other illnesses such as mental health conditions are treated.

Black participants were less likely to seem affected by negative judgements from others, with concerns being more about the personal health impacts if they acquired HIV.

“

I don't think friends would approve of it and no doubt friends would be speaking behind your back about it.

*South Asian participant,  
18-34, Birmingham*

“

My mum and dad would hit the roof if they heard someone was in a relationship with someone living with HIV. They live in the olden times... My mum wouldn't even listen.

*South Asian participant,  
34-64, London*

“

It's not my family dating the person with HIV or in a relationship with them, but it makes things more challenging [if they judge]. But at the end of the day, it's only you and them [the person with HIV].

*Black participant,  
18-34, London*

“

At the end of the day some people are going to be unhappy, but if I'm being honest, it would just be about how much I loved the person.

*Black participant,  
35-64, Birmingham*

# 6. Support for policy interventions on HIV

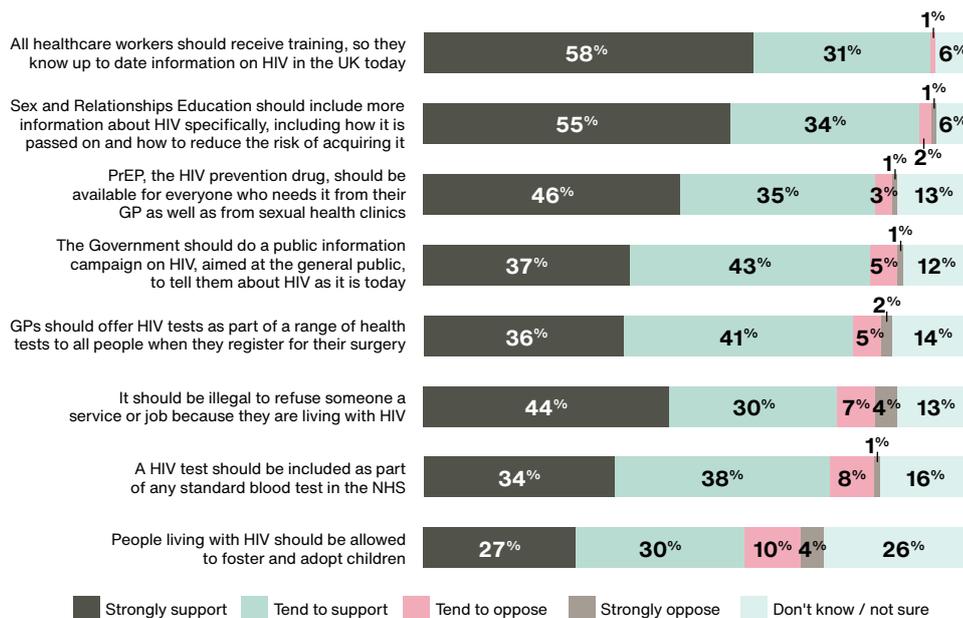
We asked participants about their level of support for some key policy interventions that are suggested to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already UK policy, but many aren't.

Those that we tested were informed by: existing policies in place, possible future policies recommended by National AIDS Trust and the HIV Commission, and feedback on comprehensibility from the exploratory focus groups.

## Key findings

- 1 Clear majorities of the general public support suggested policy interventions that would serve to reduce HIV transmission and protect the rights and wellbeing of people living with HIV. Only small minorities of the public actively oppose any of them.
- 2 There is particular support for better education, training and information on HIV. This includes training for healthcare workers to ensure they are up-to-date on HIV (90% support) and Sex and Relationships Education (SRE) in schools having specific information about HIV (88% support).

## Majorities of the public support all of the tested policies<sup>i</sup>

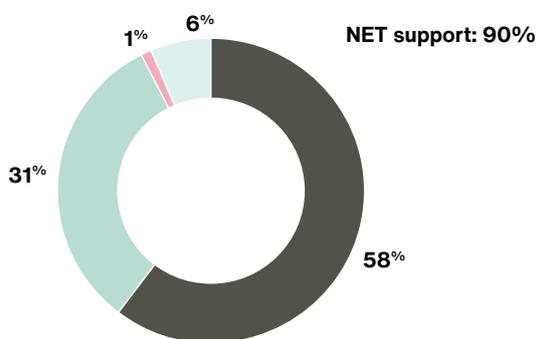


**Note:** Those with high / higher than average or middling knowledge of transmission of HIV (compared to lower than average knowledge), those with high or medium awareness of PrEP (compared to low awareness) and those recognising the barriers faced by LGBT people (compared to those who do not) are more likely to support all of these policies.

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: all respondents (n=3,002).

## 9 in 10 support all healthcare workers receiving training so they know up to date information about HIV in the UK today<sup>i</sup>

**'All healthcare workers should receive training, so they know up to date information on HIV in the UK today'**



NET oppose: 2%



Those more likely to *support* this include:

- **Those aged 65+ and 35-64** compared with those aged 18-34 (94% and 91% vs. 84%)
- **ABC1s** compared with C2DEs (92% vs. 87%)
- **Black people** compared with White people and South Asian people (95% vs. 91% and 78%)
- **those who personally know someone with HIV** compared with those who do not (95% vs. 90%).

More likely to *oppose* this are:

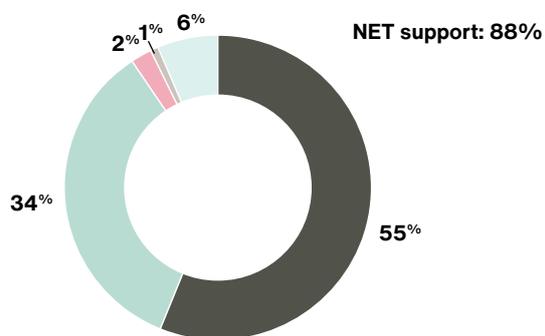
- **South Asian people** compared with White and Black people (5% vs. 2% and 1%).

Note: policy not tested in qualitative focus groups.

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## Women and older participants are more likely to support SRE including more information on HIV specifically<sup>i</sup>

**‘SRE should include more information about HIV specifically, including how it is passed on and how to reduce the risk of acquiring it’**



**NET support: 88%**

**NET oppose: 3%**



In focus groups, there was agreement that essential information about HIV (including how it is transmitted and how to reduce the risk of acquiring it) should be given. It was assumed HIV would be covered as part of education about sexual health generally.

While some questioned whether HIV needed a special focus over and above other sexual health issues, others felt it should be given greater weight given the seriousness of the illness and that extra information would support prevention.

Those more likely to *support* this include:

- **women** compared with men (91% vs. 86%)
- **those aged 65+ and 35-64** compared with those aged 18-34 (92% and 89% vs. 85%)
- **ABC1s** compared with C2DEs (91% vs. 85%)
- **Black people** compared with White people and South Asian people (95% vs. 89% and 78%)
- **those who personally know someone with HIV** compared with those who do not (94% vs. 89%).



**I think it should be at the top [of sexual health issues], because the others can be cured and this can't....alright you don't die but you still got to take all this medication.**

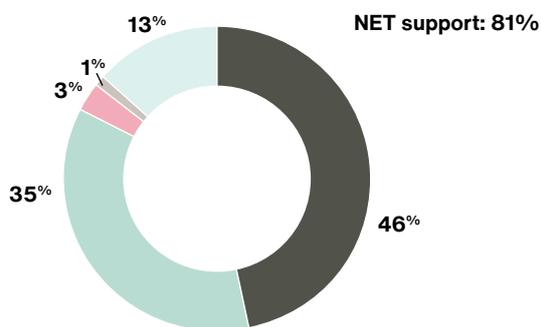
*Exploratory focus group, 45+, East Yorkshire*

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).



## Over 8 in 10 support PrEP being available via the GP for anyone who needs it<sup>i</sup>

**'PrEP, the HIV prevention drug, should be available for everyone who needs it from their GP as well as from sexual health clinics'**



NET support: 81%



Those more likely to support this include:

- **women** compared with men (83% vs. 79%)
- **ABC1s** compared with C2DEs (84% vs. 78%)
- **Black people** compared with White people and South Asian people (91% vs. 81% and 74%)
- **LGBT people** compared with heterosexual cisgender people (91% vs. 81%).

In focus groups, the wording led some to assume it would be made available free of charge (including prescription fees) from GPs, which divided participants. Some older participants queried why this would be provided for free when they had to pay prescription charges for other medications. Younger participants understood this to mean PrEP could be provided on prescription from the GP and were very supportive of this policy, feeling it would be effective in reducing HIV transmissions.



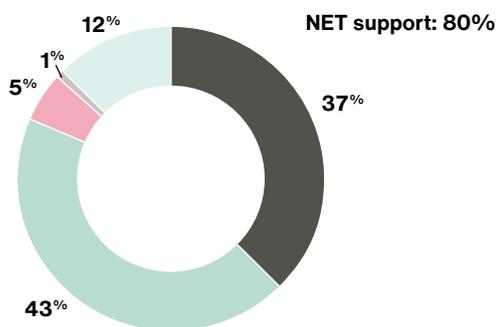
**I think this would be very effective at controlling the spread.**

*Exploratory focus group, 18-40, South East*

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247).

## 8 in 10 think the Government should do a public information campaign on HIV to tell them about how it is today<sup>i</sup>

**‘The Government should do a public information campaign on HIV, aimed at the general public, to tell them about HIV as it is today’**



NET oppose: 6%



Those more likely to support this include:

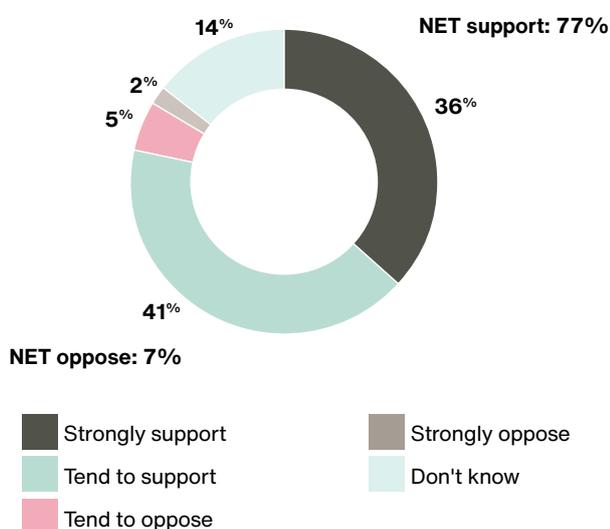
- **women** compared with men (83% vs. 76%)
- **ABC1s** compared to C2DEs (82% vs. 72%)
- **Londoners** compared with non-Londoners (83% vs. 79%)
- **LGBT people** compared with heterosexual cisgender people (91% vs. 80%)
- **those who personally know someone with HIV** compared with those who do not (89% vs. 80%).

**Note:** policy not tested in qualitative focus groups.

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); ABC1s (n=1,827); C2DEs (n=1,175); London respondents (n=1,013); Non-London respondents (n=1,989); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## Almost 8 in 10 think GPs should offer HIV tests as part of a range of tests upon registration with their surgery<sup>i</sup>

**‘GPs should offer HIV tests as part of a range of health tests to all people when they register for their surgery’**



Those more likely to support this include:

- **Those aged 18-34 and 35-64** compared with those aged 65+ (79% and 77% vs. 72%)
- **ABC1s** compared with C2DEs (80% vs. 73%)
- **those in Wales** compared with those living in other parts of the UK (86% vs. 77%)
- **non-religious people** compared with religious people (80% vs. 76%)
- **LGBT people** compared with heterosexual cisgender people (85% vs. 78%)
- **those who personally know someone with HIV** compared with those who do not (65% vs. 77%).

In focus groups, this was largely seen as a “no brainer” for screening for HIV and helping reduce transmission. Offering the test within a package of standard tests (e.g. including sexual health as well as other tests) was felt to reduce the risk of people feeling judged or placed on the spot when offered one.

A small number suspected they knew of others who would object or be offended if offered it, e.g. elderly relatives who are no longer sexually active. There was also confusion over whether this would also be available to existing patients, with commenting it should be and it would be unfair to only offer this to new patients.



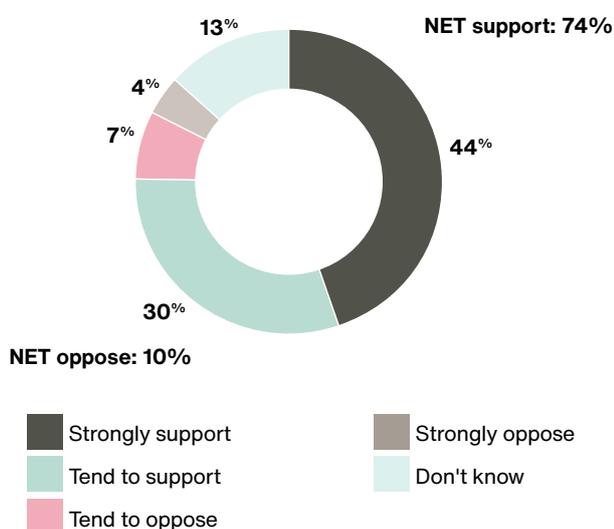
**I think it's better if they mix it in with other stuff, 'we're testing for everything'.**

*Exploratory focus group, 45+, East Yorkshire*

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); England respondents (n=2,546); Wales respondents (n=126); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## Three quarters agree it should be illegal to refuse someone a service or job because they are living with HIV<sup>i</sup>

**'It should be illegal to refuse someone a service or job because they are living with HIV'**



Those more likely to *oppose* this include:

- **men** compared with women (12% vs. 9%)
- **heterosexual cisgender people** compared with LGBT people (11% vs. 6%).
- **ABs and DEs**, compared to C1s and C2s (11% and 13%, vs. 8% and 9%)
- **religious people** compared with non-religious people (12% vs. 8%)
- **tabloid readers** compared with broadsheet readers (13% vs. 10%).



**No one should be treated like a leper...Isn't this covered by disability discrimination?**

*Exploratory focus group, 45+, East Yorkshire*

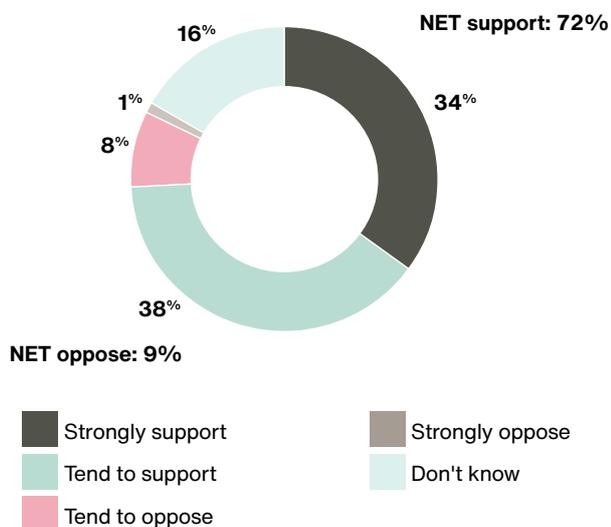
In focus groups, participants understood “to treat someone differently, or refuse them a service or job” to be referring to discrimination, which they felt was deeply wrong and unfair to those living with HIV. Many assumed, correctly, this was already illegal, e.g. under the Equality Act 2010. Some also could not see why employees would ever need to tell an employer their HIV status, feeling it to be a “personal matter” like having any other long-term health condition.

It is illegal to discriminate against a person based on their HIV status under the Equality Act 2010. However, despite this many people living with HIV still experience discrimination, including in employment. This question looked at levels of support, rather than awareness of the law, but the significant minority of people who either disagree with the statement or who aren't sure is concerning for NAT and indicates that they may be more likely to fall foul of the law.

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); ABC1s (n=1,827); C2DEs (n=1,175); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); Broadsheet readers (n=926); Tabloid readers (n=1,161); High social media usage respondents (n=1,609); Medium social media usage respondents (n=997); Low social media usage respondents (n=276); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## There is broad support for HIV tests being included in standard blood tests<sup>i</sup>

### 'A HIV test should be included as part of any standard blood test in the NHS'



Those more likely to support this include:

- **Those aged 18-34** compared with those aged 35-64 and 65+ (77% vs. 71% and 68%)
- **ABC1s** compared with C2DEs (74% vs. 70%)
- **Those in London** compared with those in the rest of the UK (77% vs. 71%)
- **Black people** compared with White people and South Asian people (82% vs. 72% and 69%)
- **High and medium users of social media** compared with low users (78% and 70% vs. 63%)
- **Those who personally know someone with HIV** compared with those who do not (81% vs. 72%).

In focus groups, this was widely seen as an effective way of reducing transmission and having a positive impact on those living with HIV. Most were aware they are normally tested for a variety of things in a standard blood test and emphasised they probably 'wouldn't notice' if HIV was added to the list.

- Participants questioned whether it would be always be flagged that the person was being tested for HIV specifically, with some feeling it would be better for uptake to simply include it in the standard blood test and not draw specific attention to it.
- A very small number reported they had received a HIV test, e.g. at visits to A&E, and had been comfortable with this.
- Some older participants questioned the costs of conducting HIV tests and whether the scale of the issue justifies this in the context of NHS funds being squeezed.



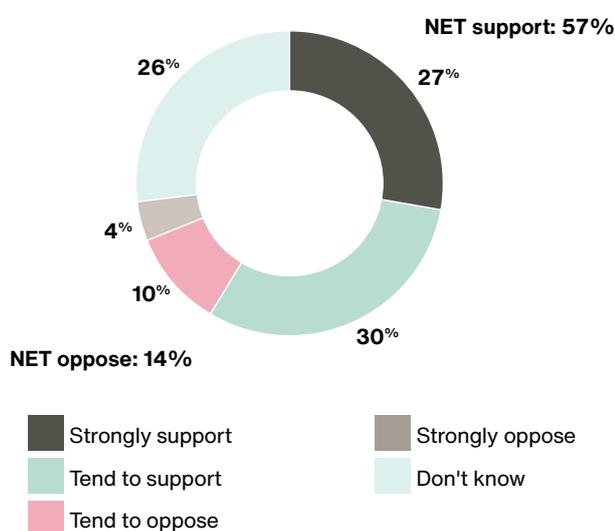
**I don't see why they wouldn't do this; people don't check themselves enough.**

*Exploratory focus group, 18-40, South East*

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); England respondents (n=2,546); Wales respondents (n=126); London respondents (n=1,013); White respondents (n=2,428); Black respondents (n=259); South Asian respondents (n=132); High social media usage respondents (n=1,609); Medium social media usage respondents (n=997); Low social media usage respondents (n=276); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## The public are less certain about people with HIV adopting and fostering children, but a majority are still supportive<sup>i</sup>

### 'People living with HIV should be allowed to foster and adopt children'



Those more likely to *support* this include:

- **women** compared with men (61% vs. 53%)
- **those aged 18-34** compared with those aged 35-64 and 65+ (71% vs. 56% and 41%)
- **ABC1s** compared with C2DEs (61% vs. 51%)
- **Black people** compared with White people (67% vs. 56%)

This was only tested with younger participants in focus groups, who were in wide support for people living with HIV being able to adopt and did not raise any spontaneous concerns related to why this should not be the case.

- **non-religious people** compared with religious people (63% vs. 53%)
- **LGBT people** compared with heterosexual cisgender people (80% vs. 56%)
- **broadsheet readers** compared with tabloid readers (68% vs. 53%)
- **high and medium users of social media** compared with low (67% and 52% vs. 39%)
- **those who personally know someone with HIV** compared with those who do not (81% vs. 55%).

Those more likely to *oppose* this include:

- **men** compared with women (18% vs. 11%)
- **heterosexual cisgender people** compared with LGBT people (15% vs. 6%)
- **those aged 65+ and 35-64** compared with those aged 18-34 (21% vs. 14% vs. 9%)
- **religious people** compared with non-religious people (16% vs. 12%)
- **people who believe it is true most people who have HIV in the UK will die within 5-10 years,** compared with those who think it false (24% vs. 13%)
- **people who believe it true someone with HIV will always go on to develop AIDS** vs. those who think it false (21% vs. 14%)

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: All respondents (n=3,002); Men (n=1,467); Women (n=1,535); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); ABC1s (n=1,827); C2DEs (n=1,175); White respondents (n=2,428); Black respondents (n=259); Non-religious respondents (n=1,184); Religious respondents (n=1,739); Heterosexual cisgender respondents (n=2,600); LGBT respondents (n=247); High social media usage respondents (n=1,609); Medium social media usage respondents (n=997); Low social media usage respondents (n=276); Broadsheet readers (n=926); Tabloid readers (n=1,161); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605). People who believe it is true most people who have HIV in the UK will die within 5-10 years (n=276); people who believe this to be false (n=2,103). People who believe it true someone with HIV will always go on to develop AIDS (n=408); people who believe this to be false (n=2,015).

# 7. Impact of information on views of HIV

## Key findings

- 1 Information about HIV was positively received by focus group participants. In particular, information about treatment and transmission was seen by many as new and useful, as well as assuaging some concerns about interacting with those living with HIV.
- 2 Exposure to information on HIV appeared to decrease, although not eliminate, discomfort around having a sexual relationship with someone living with HIV.

## Black and South Asian focus group participants were shown a series of slides with information about HIV

Information was mainly taken from NAT's 'Understanding HIV' webpage and covered 4 main areas:



## Exposure to information on HIV appears to decrease - but not eliminate - discomfort about having a sexual relationship with someone with HIV

“Knowing about the treatments definitely helps, the CD4 increase and the reduction in the virus. Up until now I thought once you got HIV that was it. Knowing there's something that almost eradicates it [makes a difference]

*Black participant, 18-34, London*

“To be honest, any kind of risk of it happening, even though I know there is effective treatment I'd be uncomfortable.

*Black participant, 18-34, London*

Exposure to information on treatment (more specifically on U=U) and transmission was felt to be particularly important for reducing stigma around HIV and people living with HIV, with

participants calling for this to be made widely available to the public. In particular, as many focus group participants had relatively low knowledge of transmission and / or treatment (see section

3 of this report and 3.3 on treatment and U=U specifically), this information felt particularly new and useful to them.

When it comes to sexual relationships, the information goes some way to addressing concern over the assumed risk to personal health, with some saying it would encourage them to want to find out more and be more open to the possibility. As previously discussed (see section 3.3 for further detail on responses to U=U), there was a reluctance to entirely rule out risk.

- Young Black participants were the most likely group to indicate that the information would make them more open to having a sexual relationship with someone with HIV.
- Other groups were likely to say that they thought the information might shift others' views on this and be empowering for people to be aware of, but that they personally would still have concerns around the potential risks (e.g. relying on someone to take treatment correctly).

### Information on HIV and AIDS was mainly seen as a useful reminder of the differences between the two

- HIV (Human Immunodeficiency Virus) is a virus which attacks the immune system - the body's defence against diseases.
- HIV stays in the body for life, but treatment can keep the virus under control and the immune system healthy. Without medication people with HIV can develop AIDS.
- AIDS (Acquired Immune Deficiency Syndrome) is the most advanced stage of HIV when the immune system can no longer fight infections.
- Someone with AIDS has both HIV and at least one of a specific list of 'AIDS-defining' diseases, which include tuberculosis, pneumonia and some types of cancer.
- AIDS is life-threatening, but people can recover if the AIDS-defining illnesses are successfully treated, and HIV treatment is started.
- If HIV is caught early and is treated, it will not lead to AIDS and a person can enjoy a normal life expectancy.
- If HIV is caught late, it may lead to complications due to damage done to the immune system. That is why it is so important to get tested early if you have been at risk of HIV, so you can get treatment that will keep you healthy.

Participants mostly described this as a useful, clear and easy to understand reminder of the basics of HIV and AIDS which they had forgotten about or not heard about since school. They felt this was important information for the public to be aware of.

The information on AIDS-defining illnesses was new/surprising to the majority of participants and seen as genuinely interesting detail.

The reference to people whose HIV is diagnosed early having a normal life expectancy was seen as reassuring, and to have the potential to reduce fear-based stigma around HIV being a death sentence.

**“ It's the starter information isn't it. I don't think people are aware that HIV can turn into AIDS. It's good information and easy to understand.**

*South Asian participant, 35-64, London*

## Information on CD4 and viral load was seen as helpful context for understanding how HIV treatment works

- CD4 count is a measure of immune function (CD4 cells are part of the immune system and are attacked by HIV). By measuring someone's CD4 levels you can see how HIV has affected their immune system, showing how far the virus has progressed.
- Treatment should mean that CD4 count increases again.
- Viral load is a measure of how much HIV is in someone's body. Usually, higher viral load means lower CD4 count.
- Treatment significantly lowers the viral load.

Some, mainly younger participants, were familiar with the term and concept of 'viral load' from the COVID-19 pandemic, making this relatively straightforward for them to follow.

Those with higher starting knowledge of HIV and / or higher engagement with HIV as an issue tended to find this useful clarification on how treatment works.

A small number, mainly some older participants and some South Asian participants, found all this information hard to understand. The more specific, scientific nature of it felt less relevant and 'need to know' to them.

“ This is clear to me...I was aware of the term viral load and the treatment helped cell count but I needed this to explain it.

*Black participant, 18-34, London*

“ The more in depth, scientific stuff like this, I didn't know...I don't think I've ever come across that before, CD4 or viral load.

*South Asian participant, 18-34, Birmingham*

## Information on treatment reassures that people with HIV can live full and long lives, reducing fear around HIV

- There is currently no cure for HIV. Therefore, you must take treatment for life.
- HIV medication (normally 1-2 pills a day) reduces a person's viral load which means their CD4 count will increase.
- Treatment is now so effective that it reduces someone's viral load to undetectable levels in about 6 months (often faster), maintaining a healthy immune system.
- When someone has an undetectable viral load, they cannot pass on the virus to other people.
- PrEP (Pre-Exposure Prophylaxis) is a medication you can take which will stop you from getting HIV.

Participants found this information easy to follow and it reassuring to have confirmation that someone with an undetectable viral load cannot pass HIV on.

They felt it would be useful for those supporting people with HIV and might reduce fear and stigma among the public around having a close relationship (including potentially sexual) with someone living with HIV.

A small number, mainly some older participants and some South Asian participants, found all this information hard to understand. The more specific, scientific nature of it felt less relevant and 'need to know' to them.

The reference to PrEP widely sparked questions about why / in what circumstances someone would be taking it, with most assuming this would be taken if in a long-term relationship with someone with HIV (as opposed to for more casual sexual encounters).

“

I didn't know any of that. I think this is what should be in the media, this is what they should be talking about to change the stigma towards HIV and AIDS... It changes my mind on how I'd be if a family member was with [dating] someone with HIV.

*Black participant,  
35-64, Birmingham*

“

Knowing about the treatments definitely helps [attitudes to sexual relationships with those with HIV], the CD4 increase and the reduction in the virus. Up until now I thought once you got HIV that was it. Knowing there's something that almost eradicates it is good.

*Black participant,  
18-34, Birmingham*

“

That's really good. If you have that information to hand, it would help you understand that it can be treated. I didn't know that stuff. It would be so useful to family and friends to know that.

*South Asian participant,  
35-64, London*

## Along with information on treatment, knowing how HIV can and cannot be passed is seen as key in addressing stigma

HIV can be passed on through semen, vaginal fluids, rectal secretions, blood or breast milk. But this can be prevented. You **can** get HIV from:

- Vaginal or anal sex without a condom if your partner has an unknown HIV status, a detectable viral load and you aren't taking PrEP
- Sharing injecting drug equipment
- Oral sex – BUT extremely low risk or no risk in most cases
- HIV can pass from a woman to baby in the womb, during childbirth or through breastfeeding. BUT HIV medication can be taken safely to stop this, so many women living with HIV give birth to HIV-negative babies every year in the UK.

How HIV **won't** be passed on:

- Sex with a partner who has HIV but is on treatment and has an undetectable viral load (undetectable equals untransmissible, or 'U=U')
- Touching, hugging, shaking hands or sharing utensils
- Kissing, spitting or sharing saliva
- Urine or faeces
- Biting or scratching
- Insect bites
- Contact with a discarded needle – HIV is not very stable outside the body and prevalence rates are low among people who inject drugs in the UK

As with the other information, participants found this information and the list format clear and easy to understand.

Whilst some said they already knew how it could and couldn't be passed on, many found it useful to know it could not be transmitted through ways such as touching, kissing, biting and discarded needles. They felt this information would make the public more comfortable having close/physical contact with people with HIV and reduce stigma.

They also felt this information would ultimately help people better understand how to stop themselves from acquiring HIV, i.e. wearing a condom.

“ For me, the most important thing is how it can be passed on and how it can be prevented, and this shows it's not through holding hands or hugging. I'd be more relaxed, I'd know I could show them affection.

*Black participant, 18-34, London*

“ This is really important as some people think you can get HIV from standing next to someone or a handshake.

*South Asian participant, 18-34, Birmingham*

# 8 The London report

## 8.1 London: Methodology

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### Overview and fieldwork dates

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#### Quantitative Research

- Nationally representative online survey – including London
- Generated robust statistics on understanding and awareness of HIV

#### Deep dive focus groups

- 2 x London focus groups – one with Black participants, one with South Asian participants
- Explored key themes and audiences emerging from the survey, with the composition of groups informed by the previous phases

16th – 22 April 2021

26 May 2021



## Quantitative Research

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### Quantitative online survey, with a nationally representative sample

#### Sample and fieldwork

Fieldwork conducted on 16-22 April 2021

#### Overall sample:

- total, unweighted sample of 3,002 respondents – 1,013 London respondents
- the data that is reported here has been weighted to be nationally representative of the adult population by gender, age, region, ethnicity, socio-economic grade, work status and tenure
- all comparisons between sub groups reported in this appendix are significant at the 95% level.

#### Boosts (to ensure robust comparisons at sub-group level)

- London: boosted to min. 1,000 respondents (achieved 1,013)
- People of Black ethnicities: boosted to min. 250 respondents (achieved 269 – London: 147)

#### Purpose

- To understand public perceptions and knowledge of HIV in detail, including differences across audiences and demographics.
- To generate robust statistical evidence to inform the work of NAT and others to tackle HIV stigma at societal and community levels, in London (through the FTCL) and across the UK.
- To identify possible areas for further exploration via deep dive focus groups, or in further research.

## Deep dive focus groups

### 2 x 90 minute online focus groups with specific audiences

#### Sample and fieldwork

Fieldwork conducted on 26 May 2021

<b>Group 2 – Younger Black people</b>	<b>Group 3 - Older South Asian people</b>
<ul style="list-style-type: none"><li>▪ Aged 18-34</li><li>▪ Located in London</li></ul>	<ul style="list-style-type: none"><li>▪ Aged 35-64</li><li>▪ Located in London</li></ul>

#### All groups:

- spread of SEG, age (within the age bracket), and sub-ethnicities
  - South Asian participants (group 3): min one person identifying as each of the following: Indian, Bangladeshi, Pakistani
  - Black participants (group 2): min. one person identifying as each of the following: Black African, Black Caribbean
- balance of male and female participants
- mix of urban and rural participants
- none holding extreme negative views of individuals living with HIV\*.

#### Purpose

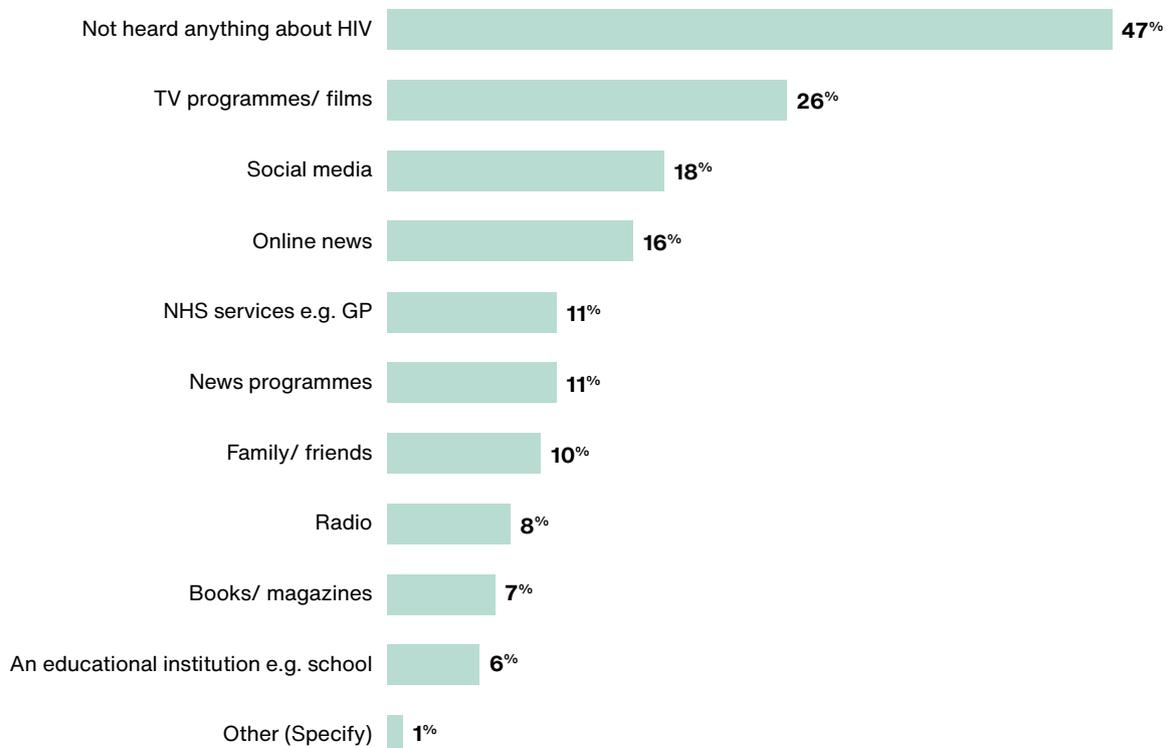
- The general purpose was to explore themes and/or differences between demographic groups that emerged from the survey and to add qualitative insight into key quantitative findings.
- Two focus groups explored views with South Asian people as the quantitative analysis showed comparatively lower levels of knowledge on average than the general public among this population. The other two focus groups were with Black people. Black populations in the UK are disproportionately affected by HIV, particularly Black African. Groups were split by age due to consistent differences in views in the general public across age groups.
- There were limitations on the number of groups that could be run at this stage of the research (four; two of which were in London), and there was a need to run two groups per audience (two per ethnic group and two per age grouping) to help validate findings. Groups were run with broader ethnic groupings rather than specific sub-groups within ethnicities (e.g. Black people overall rather than Black African people or Black Caribbean people). Although HIV prevalence is not the same among all Black population groups, there is still a disproportionate impact and higher rates of sexually-transmitted infections (STIs) are reported, particularly amongst Black Caribbean people. It must be noted that these groups are in no way homogenous and there exists huge cultural variation within both the South Asian and Black cohorts, as well as within sub-groups (such as Black African) that form part of them.

\* At the recruitment stage, potential participants were presented with one statement (hidden among others) relating to HIV: 'People with HIV deserve the same level of support and respect as those with any other long term health condition'. Those who said they would disagree or strongly disagree with this statement were screened out of participating in focus groups.

## 8.2 Knowledge of HIV

### Receiving information

Nearly half of Londoners say they haven't seen or heard anything about HIV in the last six months<sup>i</sup>



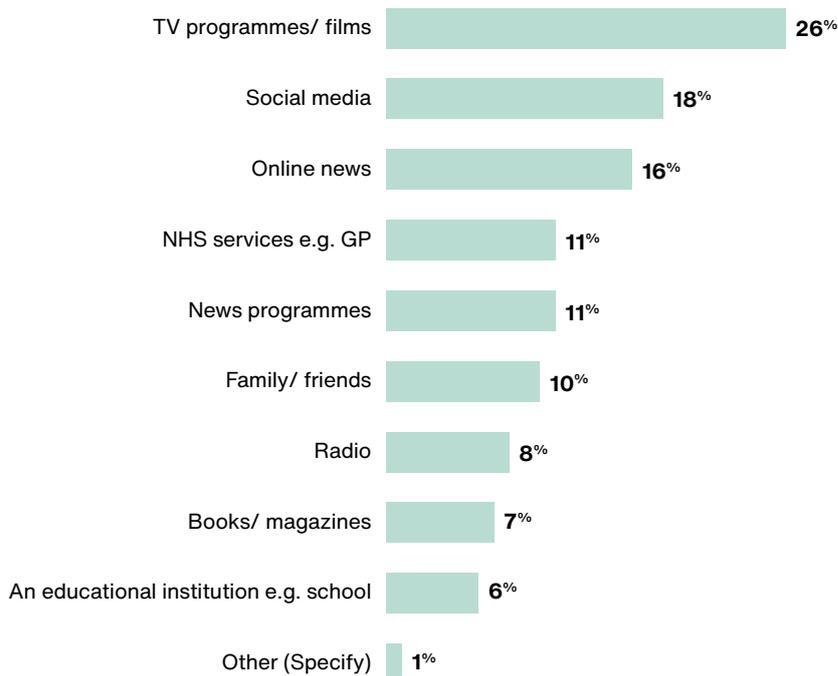
More likely to say they have *not* heard anything about HIV in the last 6 months are:

- **women** compared with men (53% vs. 41%)
- **those aged 65+** compared with those aged 34-64 and 18-34 (69% vs. 48% and 37% respectively)
- **C2DEs** compared with ABC1s (55%, vs. 44%)
- **tabloid readers and broadcast news viewers** compared with broadsheet readers (40% and 37% respectively vs. 32%)
- **those who know someone living with HIV** compared with those who don't (54% to 26%).

i Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); ABC1s (n=718); C2DEs (n=295); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## TV programmes / films are the most common ways of hearing or seeing things about HIV in London<sup>i</sup>

Where, if anywhere, have you heard or seen things about HIV in the last six months?



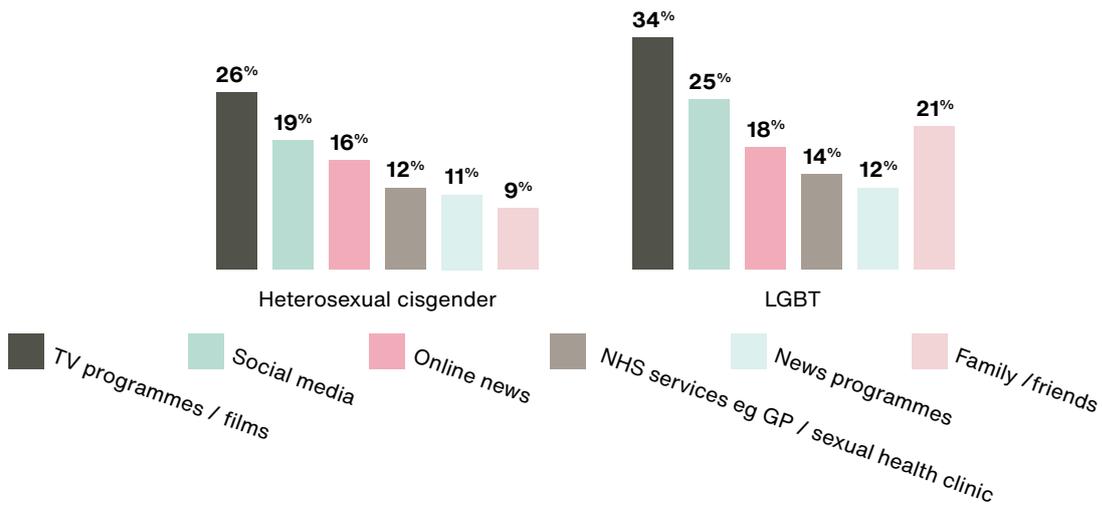
The following groups are more likely to say that they have seen anything about HIV from at least one of the listed sources in the last six months:

- **men** compared with women (55% vs. 45%)
- **those aged 18-35 and 35-64** compared with those aged 65+ (58% and 50% respectively, vs. 30%)
- **ABC1s** compared with C2DEs (53%, vs. 43%)
- **LGBT people** compared with heterosexual cisgender people (63% vs. 50%)
- **those with high social media usage** compared with those with medium and low (59% vs. 34% and 32% respectively)
- **broadsheet readers** compared with tabloid readers and broadcast news viewers (66% vs. 58% and 61% respectively)
- **those who know someone living with HIV** compared with those who don't (74% to 45%).

<sup>i</sup> Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); ABC1s (n=718); C2DEs (n=295); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents (n=56); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

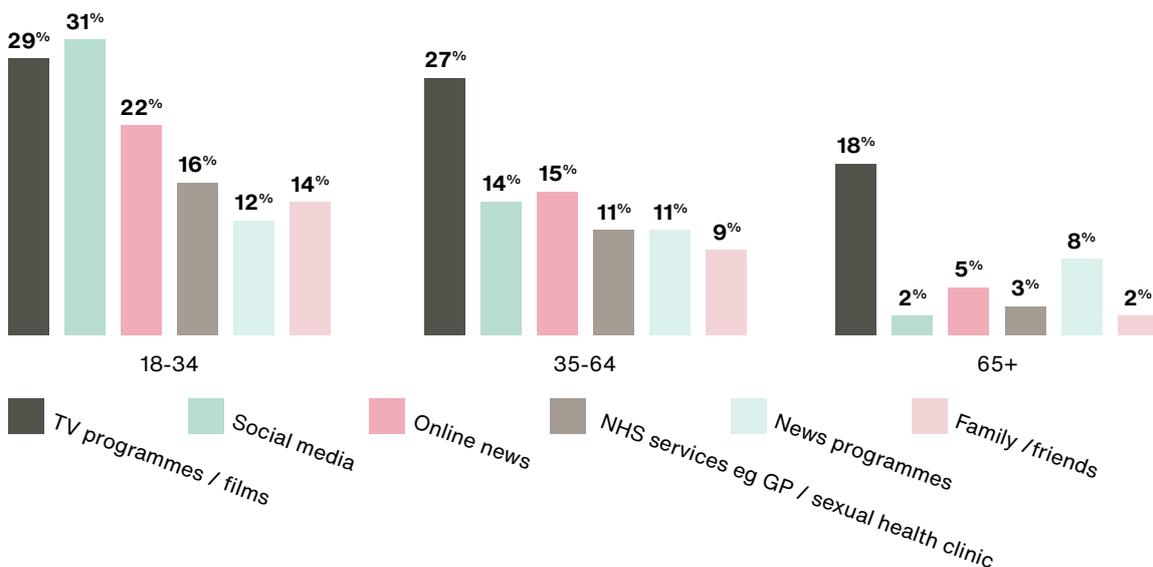
Over a third of LGBT respondents in London have seen something about HIV through TV / film<sup>i</sup>

Where, if anywhere, have you heard or seen things about HIV in the last six months?



Social media is the largest source of information about HIV for 18-34-year-olds in London, whereas TV and films are for older people<sup>ii</sup>

Where, if anywhere, have you heard or seen things about HIV in the last six months?

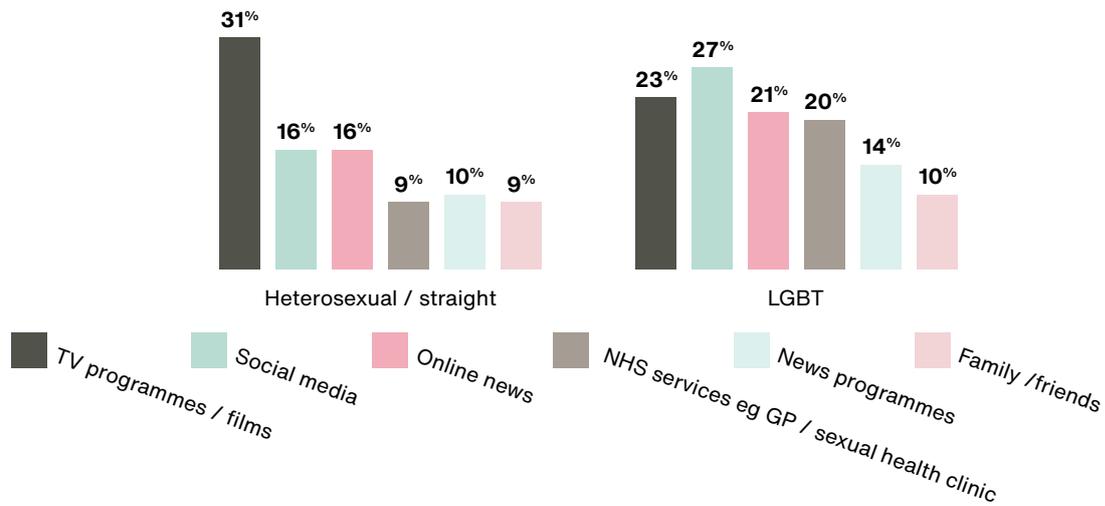


i Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: London respondents (n=1,013); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90).

ii Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157).

**Around a quarter of Black respondents in London have seen something about HIV through social media compared to around 1 in 6 White people<sup>i</sup>**

Where, if anywhere, have you heard or seen things about HIV in the last six months?



“

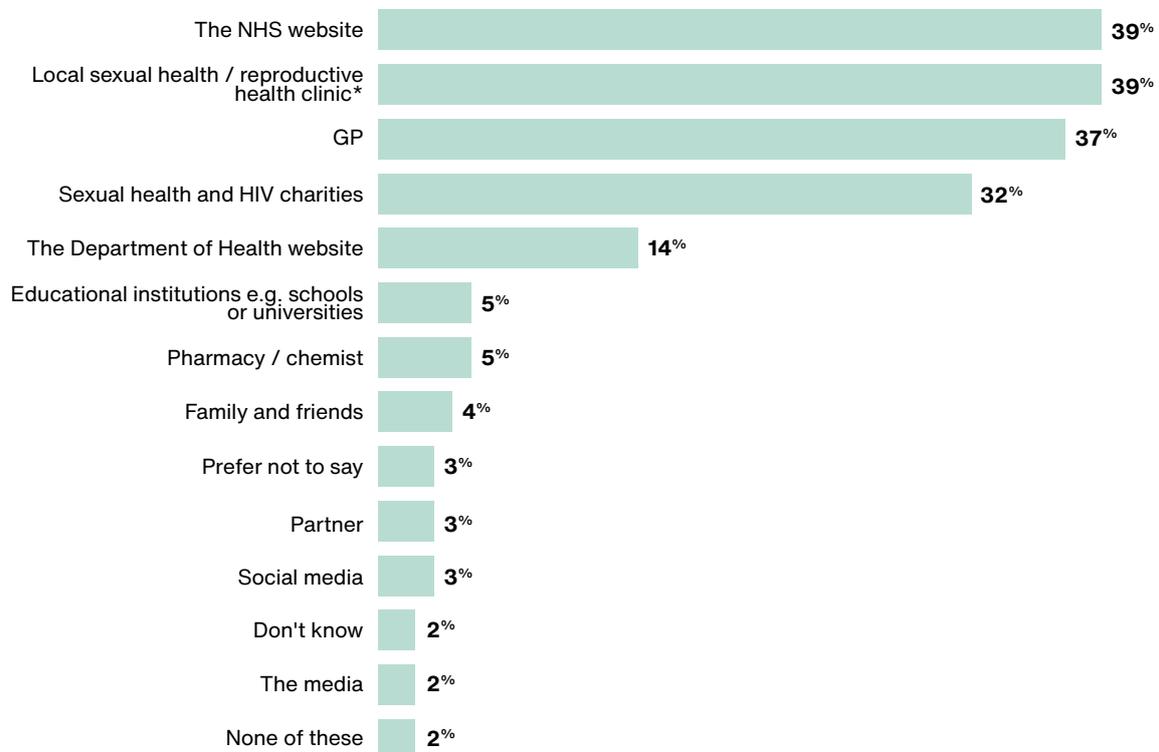
My knowledge of HIV has been in the things I have watched [...] Like Philadelphia, a film with Tom Hanks. He gets dismissed from his job because he has it. You see the damage of the stigma.

*Black participant,  
18-34, London*

<sup>i</sup> Q.9 Where, if anywhere, have you heard or seen things about HIV in the last 6 months? Please select all that apply. Base: London respondents (n=1,013); White respondents (n=656); Black respondents (n=147).

## The NHS website and local sexual health services are most trusted for information on sexual health by people in London, followed by GPs and sexual health charities<sup>i</sup>

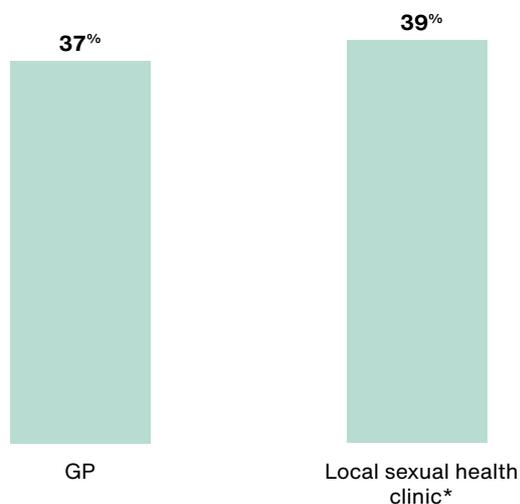
**% selecting as first or second 'most trusted to give the information you need about your sexual health'**



\* option tested in survey was 'Local sexual health clinic / family planning clinic / contraceptive clinic / reproductive health clinic'.  
i Q10. Which if any of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: London respondents (n=1,013).

## Older Londoners are more likely than Londoners in general to trust their GPs most for information on sexual health<sup>i</sup>

% selecting as first or second 'most trusted to give the information you need about your sexual health'



The following groups are *more likely* to select GPs as one of their top two trusted sources:

- **those aged 65+** compared with younger groups (50% vs. 36% of 35-64s and 31% of 18-34s)
- **heterosexual cisgender people** compared with LGBT people (39% vs. 21%)
- **those who do not personally know someone with HIV** compared with those who do (41% vs. 20%).

The following groups are *more likely* to select *local sexual health clinics\** as one of their top two trusted sources:

- **women** compared with men (43% vs. 35%)
- **older people** compared with younger people (51% of 65+, vs. 40% of those aged 35-64 and 33% aged 18-34)
- **non-religious people** compared with religious people (53% vs. 34%).

## LGBT Londoners are more likely to trust sexual health and HIV charities for this information<sup>ii</sup>

% selecting as first or second 'most trusted to give the information you need about your sexual health'



*More likely* to select *sexual health and HIV charities* as one of their top two trusted sources are:

- **non-religious people** compared with religious people (38% vs. 30%)
- **LGBT people** compared with heterosexual cisgender people (49% vs. 31%)
- **those who personally know someone with HIV** compared to those who don't (39% vs. 31%).

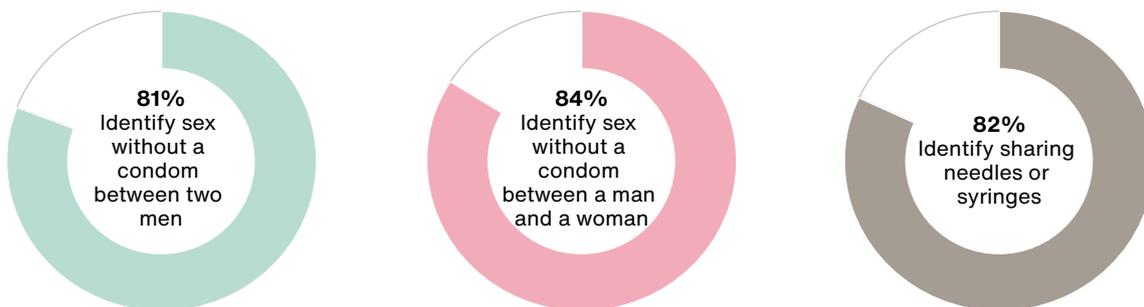
\* option tested in survey was 'Local sexual health clinic / family planning clinic / contraceptive clinic / reproductive health clinic'.

i Q.10 Which if any of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

ii Q.10 Which if any of the following do you trust the most to give you the information you need about your sexual health? Please select up to 2, choosing the most trusted first, followed by the second most trusted. Base: London respondents (n=1,013); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

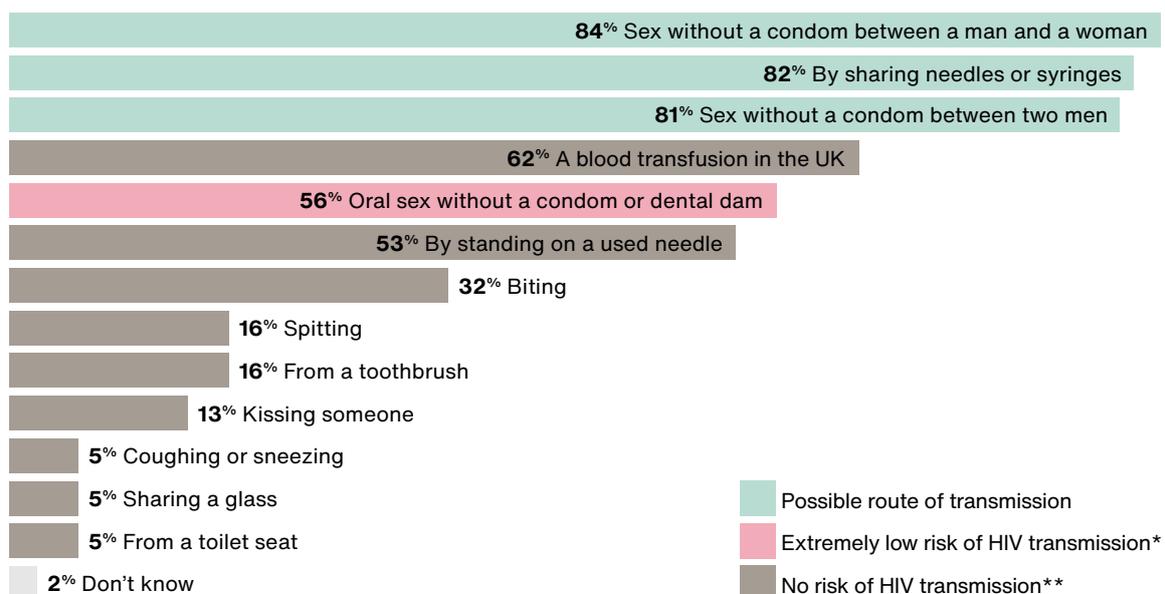
## Modes of transmission

High majorities of Londoners can correctly identify the three main ways HIV can be transmitted<sup>i</sup>



Whilst awareness of high-risk modes of transmission is high, many believe HIV can be passed on through no risk modes<sup>ii</sup>

In which of the following ways, if any, do you think HIV can be passed from person to person?  
Showing % who selected each option



<sup>i</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: London respondents (n=1,013).

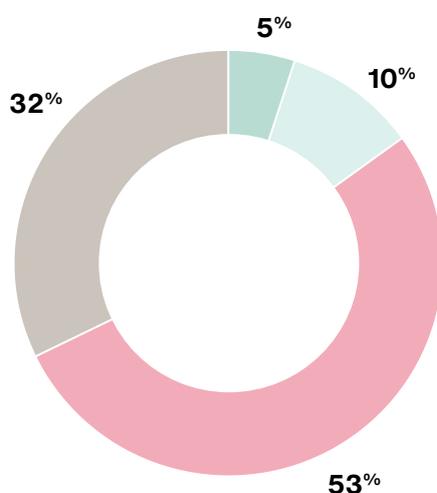
<sup>ii</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: London respondents (n=1,013).

\* Oral sex is considered extremely low risk for HIV transmission compared with anal or vaginal sex without a condom. Theoretical risk depends on factors such as whether oral sex is being given or received (receiving oral sex is not generally considered a risk) and presence of cuts or ulcers in the mouth which could provide a route for the virus into the blood stream.

\*\* Some modes of transmission are sometimes described as having 'negligible' risk (e.g. biting) and these are included in this category. Risk may be considered negligible as, while there is no definitive proof it could never happen, there is not a known, quantifiable and scientifically verified risk. In plain English, there's no risk of HIV from biting.

A majority of Londoners can identify the three main modes of transmission, but also mistakenly identify at least one way which HIV cannot be acquired<sup>i</sup>

Level of knowledge of HIV transmission



**Lower than average knowledge of HIV transmission**

- Around a third (32%) of Londoners have **lower than average knowledge of HIV transmission** – failing to identify all of the main modes of transmission. **This is higher than the general UK population (26%).**
- This group may be more at risk as they do not know all the actions that will put them at risk of acquiring HIV.

**Middling knowledge of HIV transmission**

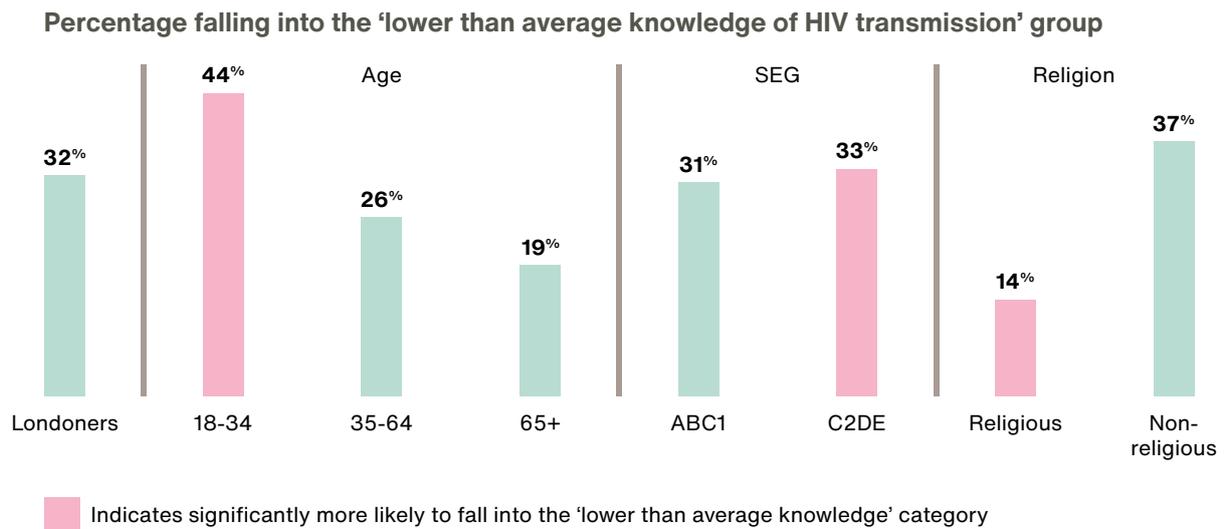
- A majority (53%) of Londoners have **middling knowledge of HIV transmission** – identifying all the main modes of transmission and at least one way in which HIV cannot be acquired.
- Whilst this group does know what actions may put them at risk of acquiring HIV, they also believe they can acquire HIV in ways that carry no risk, such as spitting or biting, which may affect their behaviour in relation to those living with HIV.

**High / higher than average knowledge of HIV transmission**

- 5% of Londoners have **high knowledge of HIV transmission** – only identifying the main modes of transmission (high knowledge) and no incorrect answers. This is lower than the general UK population (8%).
- A further 1 in 10 have **higher than average knowledge** of HIV transmission – only identifying the main modes of transmission and oral sex without a condom or dental dam and no incorrect answers.
- These groups have knowledge of the actions that will put them at risk of acquiring HIV, as well as not believing they can acquire HIV from things with no risk of transmission (e.g. spitting or biting).
- For analysis purposes we have combined these two groups into a high / higher than average knowledge of transmission group, to understand the impact that knowledge of HIV transmission has on attitudes and behaviours.

<sup>i</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: London respondents (n=1,013).

There are significant differences in knowledge by demographic group<sup>i</sup>

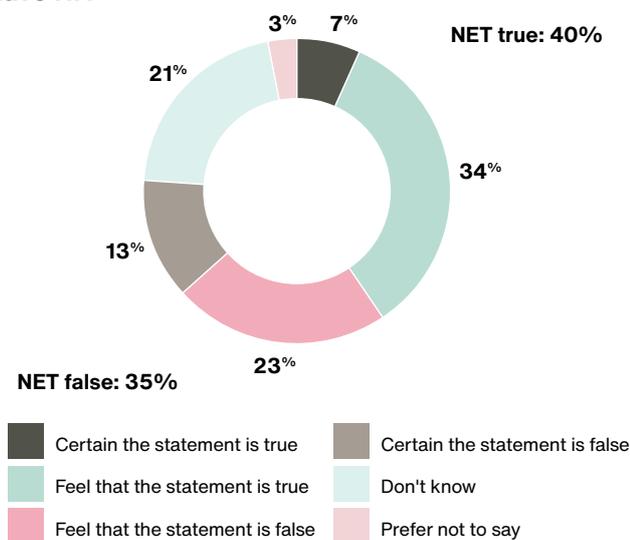


<sup>i</sup> Q.2 In which of the following ways, if any, do you think HIV can be passed from person to person? Base: London respondents (n=1,013); 18-34 respondents (n=354); 35-64 respondents (n=502); 65+ respondents (n=157); ABC1 respondents (n=718); C2DE respondents (n=295); White respondents (n=656); Black respondents (n=147); South Asian respondents (n=78); Religious respondents (n=661); Non-religious respondents (n=307).



## Two-fifths of Londoners believe a child born to a woman living with HIV will also have HIV<sup>i</sup>

**A baby born to a mother living with HIV will also have HIV**



Though globally vertical transmission remains a concern, in the UK it has been almost eliminated with risk at 0 - 0.5%. Hundreds of HIV negative babies are born in the UK every year to parents living with HIV and HIV need not be a barrier to having children.

HIV treatment taken during pregnancy prevents transmission of HIV to the baby. HIV tests are given in pregnancy on an opt-out basis, meaning a small proportion of mothers find out they are living with HIV early in pregnancy, but can start treatment quickly to protect them and their baby. Formula feeding is also advised in the UK to reduce risk of transmission via breastfeeding, though some do breastfeed with treatment, support and monitoring.

There is a possibility that some participants have misinterpreted 'will' for 'could' (we did not say 'will always') and have therefore answered that this statement is true despite knowing prevention methods are available and that this is rare in the UK.

**Comparatively, religious people, and tabloid readers are more likely groups in London to believe that a child born to a woman living with HIV will also have HIV:**

- **Religious people** compared to non-religious people (43% true vs. 36% true)
- **Tabloid readers** compared to broadcast news viewers (45% true vs. 40% true)



**[You should give] that little bit of advice [to a friend or a family member in a relationship with someone living with HIV], asking are you sure what you are doing is right. That baby could most likely contract HIV.**

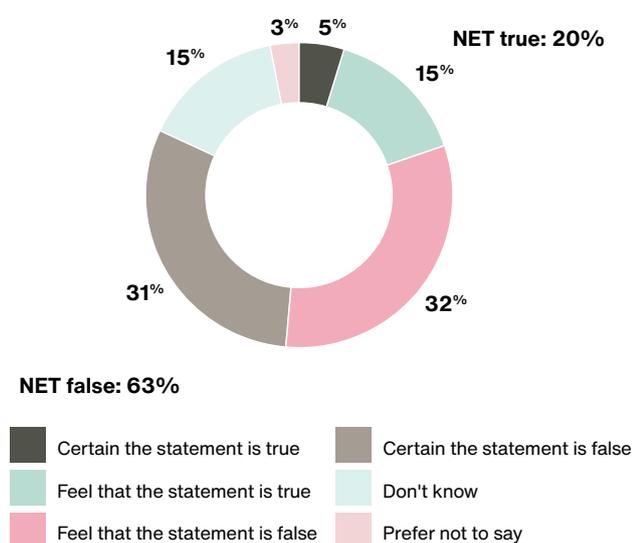
*South Asian participant, 34-64, London*

<sup>i</sup> may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: London respondents (n=1,013); Non-religious respondents (n=307); Religious respondents (n=661); Tabloid readers (n=496); Broadcast news viewers (n=524).

## Treatment

### 1 in 5 Londoners believe that it is true that people with HIV will always go on to develop AIDS<sup>i</sup>

#### People with HIV will always go on to develop AIDS



20% believe this is true and 15% don't know (12% and 17% respectively UK-wide), indicating there is still more to be done in London to move knowledge of HIV and AIDS to a point where it is reflective of the realities of HIV today where an AIDS diagnosis is not inevitable and is usually prevented.

There are a number of groups who are *more likely* to believe that those living with HIV will always go on to develop AIDS:

- **men** compared with women (25% true vs. 14% true)
- **those aged 18–34** compared with those aged 35–64 and those 65+ (28% true vs. 16% and 9% respectively)
- **religious people** compared with non-religious people (24% true vs. 9%)



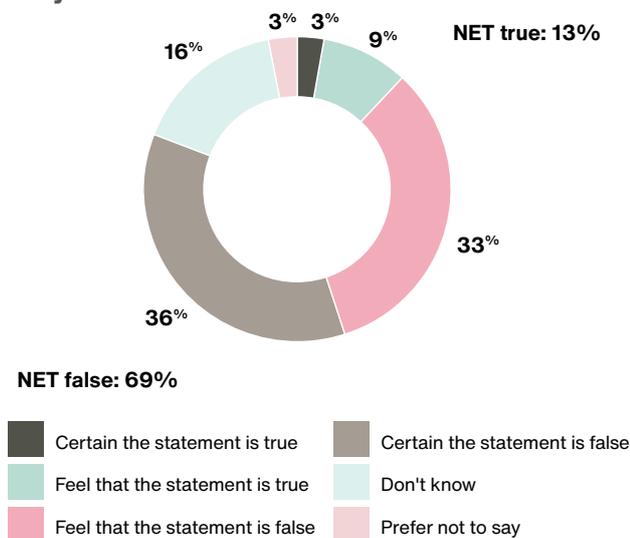
**I didn't know HIV and AIDS are different.**

*Exploratory focus group, 18-40, South East (London)*

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Non-religious respondents (n=307); Religious respondents (n=661).

## 7 in 10 believe that it is false that most people living with HIV in the UK will die within 5-10 years<sup>i</sup>

### Most people who have HIV in the UK will die within 5-10 years



However, over 1 in 10 Londoners (13% compared to 9% UK-wide) believe this is true and a further 1 in 6 do not know. Even those who answered false are not necessarily aware of the impact of HIV treatment on overall life expectancy (we did not ask a question that assessed this in the quantitative survey). Again, we have some way to go for people to understand that HIV in the UK today does not have to be life limiting in the way it was.

There are a number of groups in London who are *more likely* to believe that those living with HIV will die within 5-10 years:

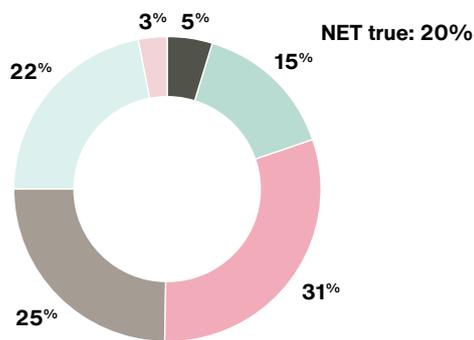
- **those aged 18–34** compared with those 35-64 (17% true vs. 10%)
- **White people and South Asian people\*** compared with Black people (11% true and 26% respectively, vs. 5%)
- **religious people** compared with non-religious people (15% true vs. 6%)
- **heterosexual cisgender people** compared with LGBT people (14% true vs. 6%)
- **those who know someone living with HIV** compared with those who don't (21% vs. 11%).

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); White respondents (n=656); Black respondents (n=147); South Asian respondents (n=78); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

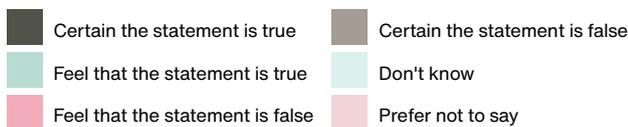
\* Caution: small sample size (n<100).

## Public awareness of U=U is higher than the rest of the UK but still low in London<sup>i</sup>

There is zero risk of someone who is taking effective HIV treatment passing on HIV through sex



NET false: 55%



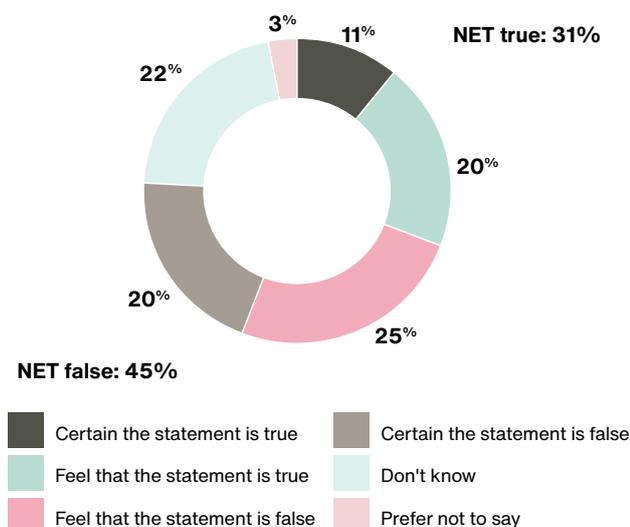
A majority believe that it is false that effective treatment prevents transmission. Awareness of U=U is *highest* in London amongst:

- **those aged 18–34** compared with those aged 35-64 and 65+ (26% true vs. 17% and 14% respectively)
- **gay and bisexual men** compared to heterosexual cisgender people (52% true vs. 19%)
- **those who know someone living with HIV** compared to those who don't (34% true vs. 17%).

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## Awareness of PrEP is higher in London than the rest of the UK, but still low<sup>i</sup>

**There is medicine people can take that will stop them acquiring HIV**



Nearly a third of Londoners believe there is a medicine that will stop someone acquiring HIV. Awareness of PrEP is *highest* amongst:

- **those aged 18–34 and 35–64** compared with 65+ (32% true and 33% true respectively, vs. 22% true)
- **ABC1 people** compared with C2DE people (34% true vs. 25% true)
- **non-religious people** compared with religious people (37% true vs. 29% true)
- **gay and bisexual men** compared with heterosexual cisgender people (68% true vs. 29% true)
- **those who know someone living with HIV** compared with those who don't (44% true vs. 29% true).



**I have heard of this new drug called PrEP. It's a daily pill that [you] take for the infection. I have heard about it from friends.**

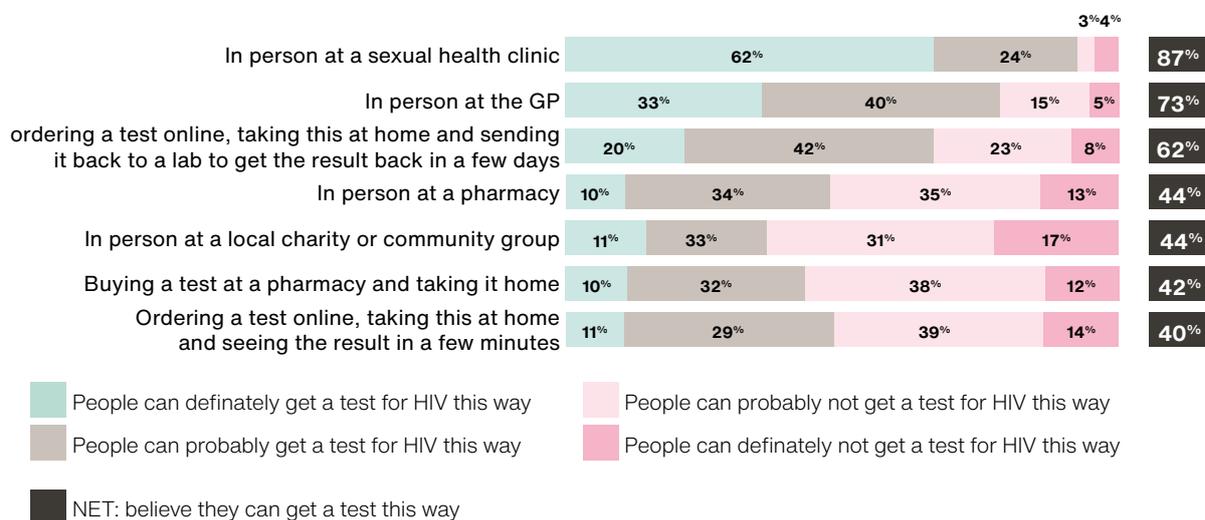
*Exploratory focus group, 18-40, South East (London)*

<sup>i</sup> Q.3 Below are a number of statements about HIV which may or may not be true. I would like you to indicate whether you are certain the statement is true, you feel that the statement is true, you feel that the statement is false or you are certain that the statement is false. Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); ABC1s (n=718); C2DEs (n=295); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## Testing

### Majorities of Londoners think they can get an HIV test at a sexual health clinic, at the GP, or by ordering one online<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel that it is possible to get an HIV test for each option

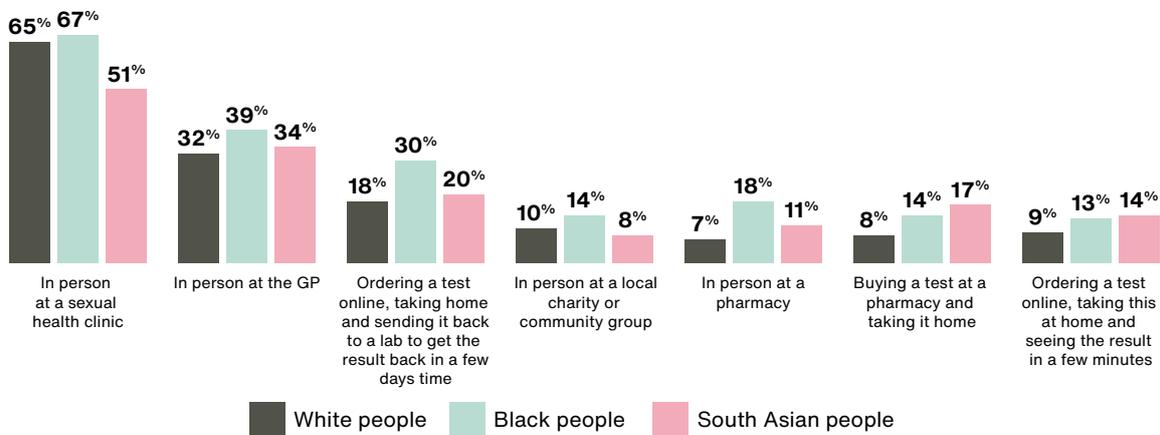


These results are broadly consistent with the rest of the UK.

<sup>i</sup> Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. – Summary. Base: London respondents (n=1,013).

## Black people are more likely to think they can definitely get an HIV test through all the options than other ethnicities<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel they can definitely get tested in this way for each option



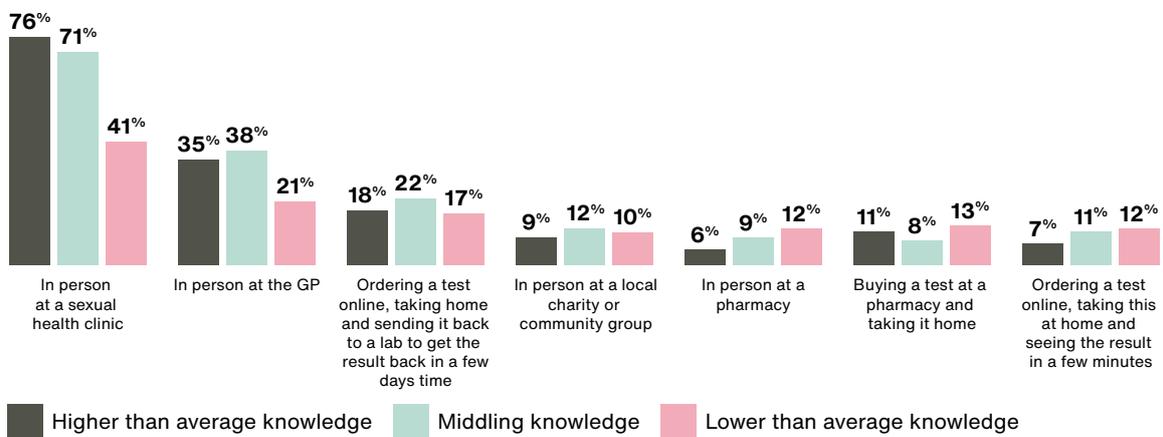
Racial disparities are narrower in London than UK-wide. Black people in the UK as a whole are substantially more certain than White people. Black Londoners are less certain than Black people in the rest of the UK, and White Londoners are more certain than White people in the rest of the UK (see section 3.4).

<sup>i</sup> Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. Base: White respondents (n=656); Black respondents (n=147); South Asian respondents (n=78).

\* Caution: small sample size (n<100).

Those with lower-than-average knowledge of transmission are less likely to think they can definitely get tested at a clinic or GP<sup>i</sup>

Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel they can definitely get tested in this way for each option



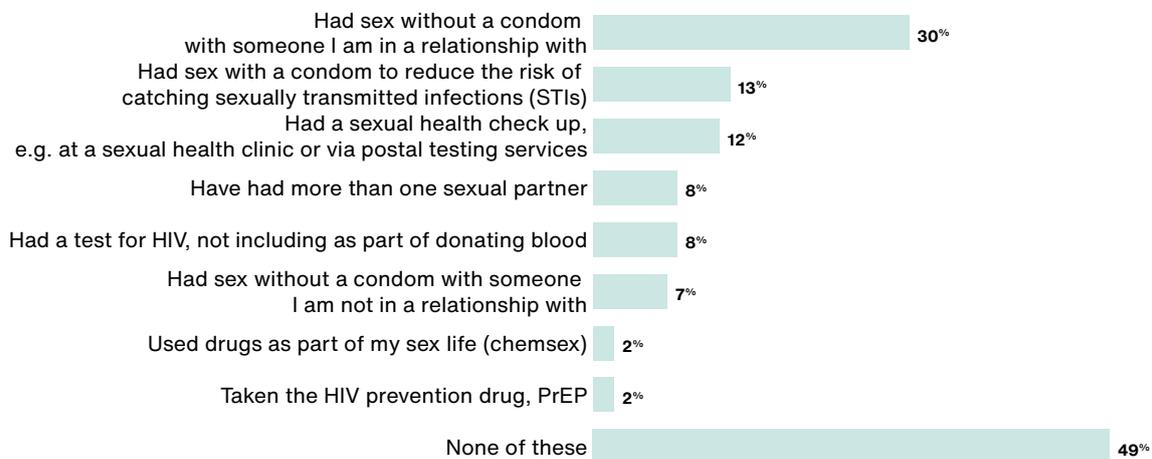
Regardless of knowledge of transmission, Londoners are marginally more likely than people in the UK as a whole to believe that they are able to access a test through all of these options (see section 3.4).

<sup>i</sup> Q.4 Below are some ways that people in the UK may or may not be able to access a test for HIV right now. For each please rate how certain you are that it is possible to get a test for HIV in this way. – Summary. Base: Higher than average transmission knowledge London respondents (n=161), Average transmission knowledge London respondents (n=546), Lower than average transmission knowledge London respondents (n=306).

## 8.3 Related behaviours

### Condomless sex is common amongst Londoners, albeit typically within relationships<sup>i</sup>

Which of the following, if any, have you done in the last 18 months?



Condomless sex does not necessarily mean sex is 'unprotected'. Some who report engaging in condomless sex may also be taking PrEP (although only 2% of Londoners report to have taken PrEP) or have a sexual partner who is taking effective treatment for HIV.

Further, it should be noted that we did not define 'relationship' as a monogamous relationship where both parties know their HIV status.

<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: London respondents (n=1,013).

## 13% of Londoners report engaging in sexual behaviours with a higher risk of exposure to HIV in the last 18 months<sup>i</sup>

### Which of the following, if any, have you done in the last 18 months?



Londoners are more likely to have engaged in higher risk sexual behaviour, had condomless sex, and had an HIV test than people in the UK as a whole (8%, 30%, and 7% respectively)

Those most likely to say they have engaged in potentially higher risk sexual behavior include:

- **men (18%)** compared with women (8%)
- **gay and bisexual men (42%)** compared with heterosexual cisgender people (11%)
- **those aged 18-34 (20%)** compared to those aged 35-64 (10%) and 65+ (3%)
- **those who have high social media usage (17%)** compared with medium (5%) and low\* (3%) usage
- **broadsheet readers (20%)** compared with tabloid readers (16%) and broadcast news viewers (14%)
- **those who know someone living with HIV (23%)** compared with those who don't (10%).

Reflecting this; **Ethnic minorities, young Londoners, and Londoners who know someone living with HIV**, are the demographics most likely to be concerned about getting an STI.

The following *disagree* with “I am not personally worried that I might get a Sexually Transmitted Infection (STI)”:

- **Black people (32%)** compared with White people (14%)
- **Those aged 18-34 (21%)** compared with 65+ (12%)
- **those who know someone living with HIV (26%)** compared with those who don't (17%)

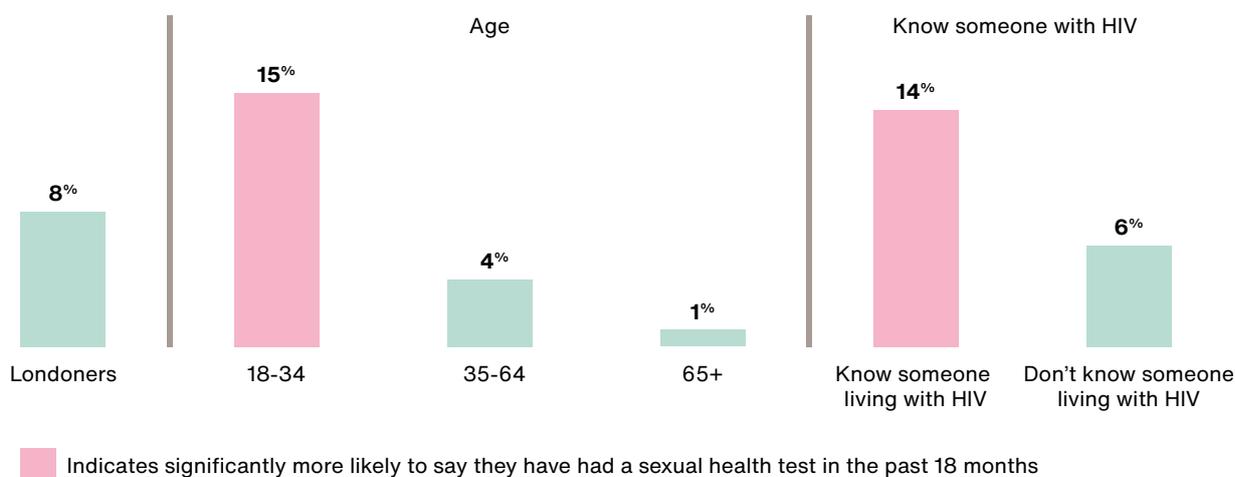
<sup>i</sup> Q.11 Which of the following, if any, have you done in the last 18 months? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Heterosexual cisgender respondents (n=864); Gay/bisexual men (n=55); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

Q.12 To what extent do you agree or disagree with each of the following statements about life in the UK today? Base: London respondents (n=1,013); 18-34s (n=354); 65+ (n=157); White respondents (n=656); Black respondents (n=147); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

\* Caution: small sample size (n<100).

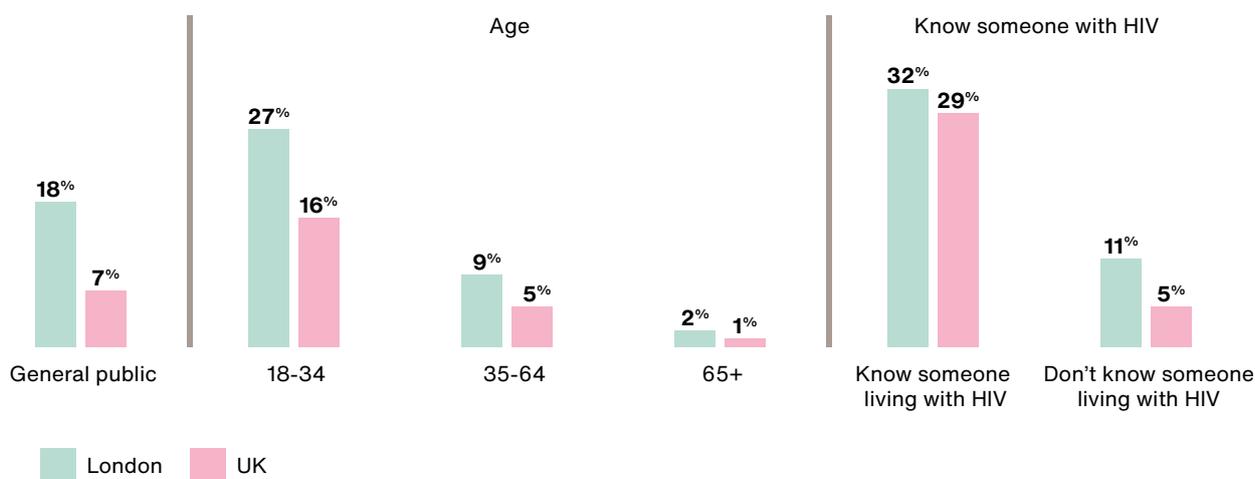
London groups who are more likely to report potentially higher risk behaviours are also more likely to have been tested recently<sup>i</sup>

Percentage who report getting an HIV health test in the past 18 months



Younger people in London are even more likely than younger people in the UK overall to have had an HIV test in the past 18 months<sup>ii</sup>

Percentage who report getting an HIV health test in the past 18 months



i Q.11 Which of the following, if any, have you done in the last 18 months? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

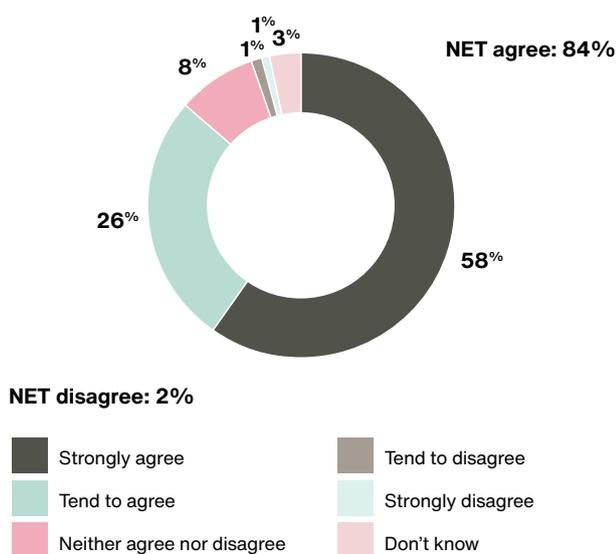
ii Q.11 Which of the following, if any, have you done in the last 18 months? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797). Base: All respondents (n=3,002); 18-34s (n=864); 35-64s (n=1,497); 65+ (n=641); Respondents who know someone living with HIV (n=337); Respondents who don't know someone living with HIV (n=2,605).

## 8.4 Attitudes to HIV

### People living with HIV

Londoners widely agree those with HIV deserve the same support and respect given to those with other health conditions<sup>i</sup>

People living with HIV deserve the same level of support and respect as people with any other long-term health condition



In general responses in London are broadly in line with the rest of the UK. Significantly more likely to agree with this statement are:

- **women** compared with men (87% vs. 79%)
- **Those aged 65+ and 35-64** compared with those aged 18-34 (92% and 87% respectively vs. 75%)
- **White and Black people**, compared with South Asian\* people (86% and 89% respectively, vs. 62%)
- **non-religious people** compared with religious people (91% vs. 82%)
- **those who recognise barriers against LGBT people**, compared with those who do not (91% vs. 80%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (94% and 91% respectively, vs. 66%).

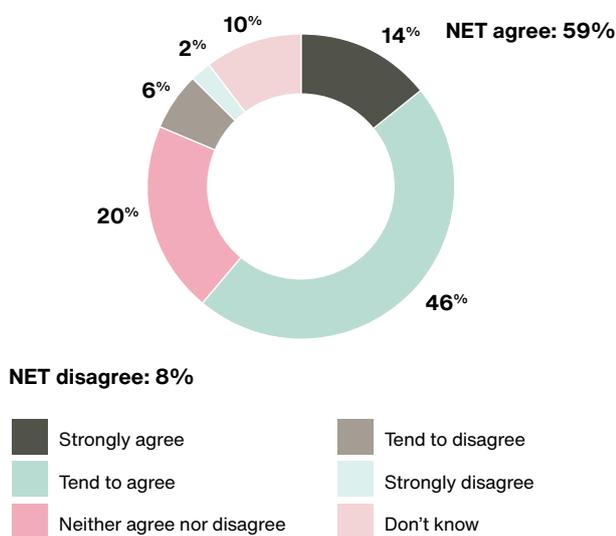
<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); White respondents (n=656); Black respondents (n=147); South Asian respondents (n=78); Non-religious respondents (n=307); Religious respondents (n=661); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142).

\* Caution: small sample size (n<100).



## Londoners who personally know someone with HIV are more likely to agree that society is more positive than ever towards those with HIV<sup>i</sup>

**'Society is more positive toward people living with HIV than it has ever been'**



In general responses in London are broadly in line with the rest of the UK. Significantly more likely to *agree* with the statement are:

- **those aged 65+ and 35-64** compared with those aged 18-34 (70% and 61% respectively vs. 53%)
- **White people**, compared with ethnic minority participants (63% vs. 56%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (66% and 63% respectively, vs. 49%)
- **those with high awareness of PrEP** compared with those with medium and low awareness (72% vs. 64% and 59% respectively)
- **those who personally know someone with HIV** compared with those who do not (70% vs. 59%).

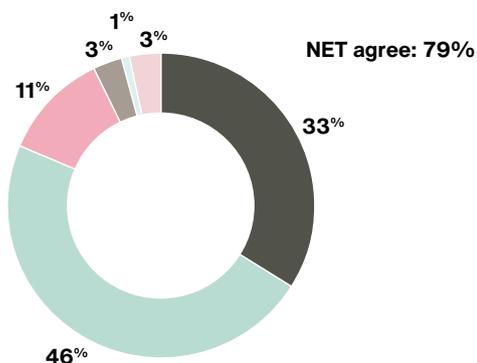
Significantly more likely to *disagree* with the statement are:

- **men** compared with women (10% vs. 6%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); White respondents (n=656); Ethnic minority respondents (n=332); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## 4 in 5 Londoners feel that people with HIV still frequently face negative judgement from others<sup>i</sup>

**‘People living with HIV often face negative judgement from others in society’**



**NET disagree: 4%**



Londoners are less likely to agree with this statement than the public UK-wide (79% vs. 84%). Significantly more likely to *agree* with this statement in London are:

- **women** compared with men (82% vs. 75%)
- **Those aged 35-65** compared to those aged 18-34 (82% vs. 74%)
- **non-religious people** compared with religious people (87% vs. 77%)
- **LGBT people** compared with heterosexual cisgender people (96% vs. 79%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (84% and 89% respectively, vs. 60%)
- **those who recognise barriers against LGBT people**, compared with those who do not (85% vs. 75%).

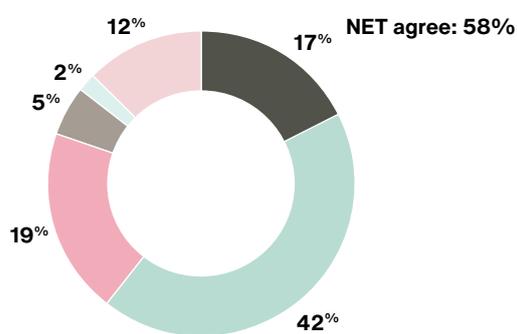
Significantly more likely to *disagree* with the statement are:

- **those with low awareness of PrEP** compared with those with medium awareness (6% vs. 2%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142).

## Over half also believe people are likely to feel ashamed about living with HIV<sup>i</sup>

**'People living with HIV are likely to feel ashamed about it'**



**NET disagree: 7%**



Londoners are slightly more likely than the public UK-wide to agree with this statement (58% vs. 53%). Significantly more likely to agree with this statement in London are:

- **those aged 18-34** compared with those aged 35-64 and 65+ (68% vs. 56% and 42%)
- **ethnic minority people** compared with White people (64% vs. 57%)
- **those with high social media usage** compared with those with medium and low usage\* (64% vs. 50% and 40% respectively)
- **those who perceive HIV to have low seriousness**, compared with those who have a perception of high seriousness (70% vs. 59%).

Significantly more likely to disagree with the statement are:

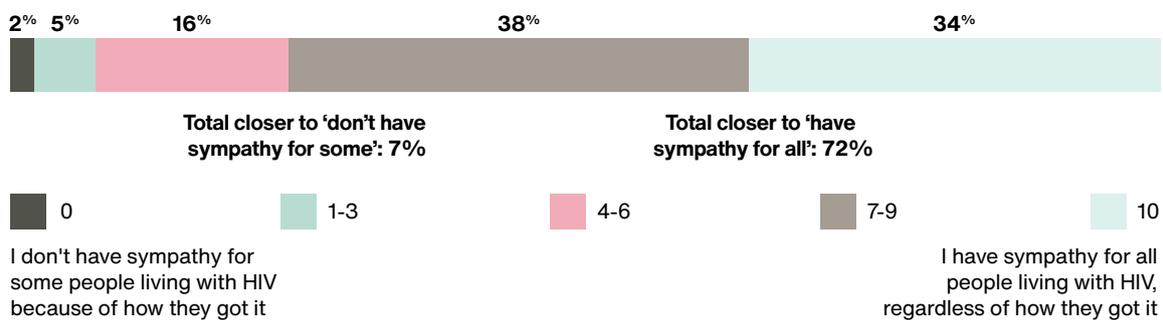
- **those who don't recognise barriers against LGBT people**, compared with those who do (17% vs. 7%)
- **those who personally know someone with HIV** compared with those who do not (13% vs. 6%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); White respondents (n=656); Ethnic minority respondents (n=332); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

\* Caution: small sample size (n<100).

## One third of Londoners say they have sympathy for people living with HIV regardless of how they acquired it<sup>i</sup>

Please select the statement that comes closest to your view



The following groups are Significantly more likely to say they 'have sympathy for all people living with HIV regardless of how they acquired it' (selecting 10):

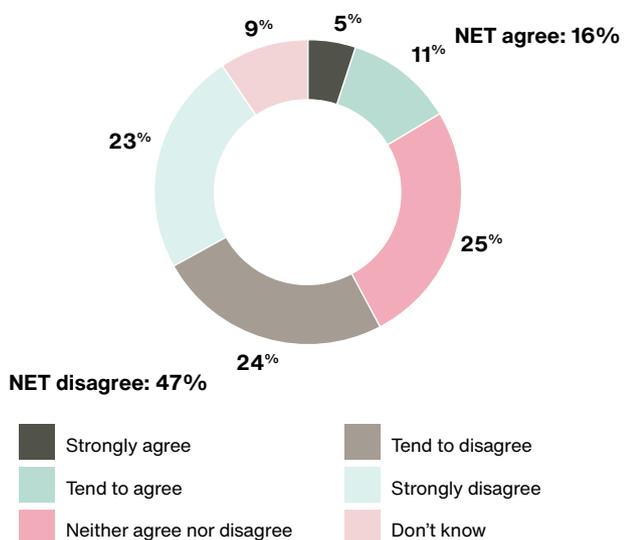
- **women** compared with men (39% vs. 28%)
- **Black and White people** compared with South Asian people\* (40% and 35% respectively vs. 16%)
- **non-religious people** compared with religious people (51% vs. 27%)
- **broadsheet readers and broadcast news viewers** compared with tabloid readers (36% and 36% respectively, vs. 29%)
- **those with higher and average knowledge of HIV transmission** compared to those with lower-than-average knowledge (44% and 41% vs. 16% with low knowledge).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. Base: London respondents (n=1,013); Men (n=495); Women (n=518); White respondents (n=656); Black respondents (n=147); South Asian respondents (n=78); Non-religious respondents (n=307); Religious respondents (n=661); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306)

\* Caution: small sample size (n<100).

## Over a tenth of Londoners think people with HIV have probably had lots of sexual partners<sup>i</sup>

### 'People living with HIV have probably had lots of sexual partners'



Londoners were slightly more likely to agree with this than the public UK-wide (16% vs. 11%). Those more likely to agree with this statement are:

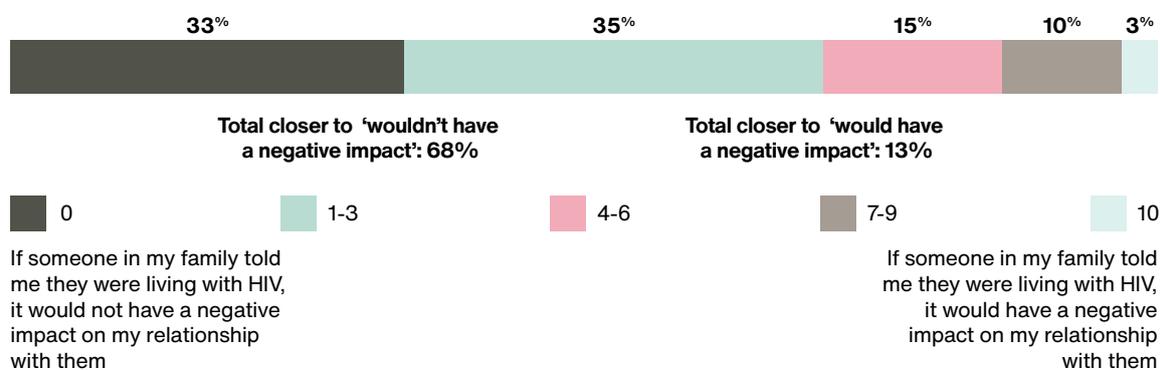
- **men** compared to women (20% vs. 12% women)
- **those aged 18-34** compared with those aged 35-64 (21% vs. 12%)
- **religious people** compared with non-religious people (19% vs. 6%)
- **those who personally know someone with HIV** compared with those who do not (27% vs. 13%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); Non-religious respondents (n=307); Religious respondents (n=661); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## Attitudes to relationships with people living with HIV<sup>i</sup>

**A third of Londoners completely agree if someone in their family told them they had HIV, it would not negatively impact the relationship\***

Please select the statement that comes closest to your view



Significantly more likely to select 'If someone in my family told me they were living with HIV, it *would not* have a negative impact...' (selecting 0) are:

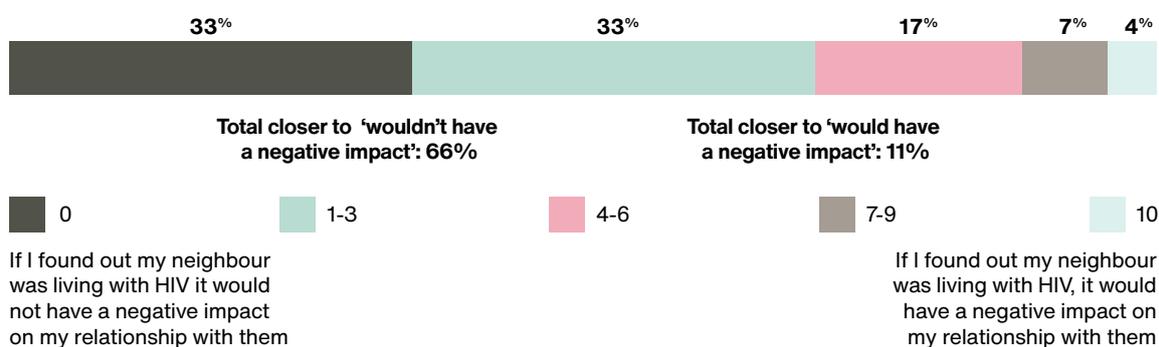
- **women** compared with men (38% women vs. 29% men)
- **non-religious people** compared with religious people (51% vs. 27%)
- **LGBT people** compared with heterosexual cisgender people (54% vs. 32%)
- **those with low\* and medium social media usage** compared to those with high usage (45% and 39% respectively, vs. 30%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (46% and 39% respectively, vs. 19%)
- **those who perceive HIV to have low seriousness,** compared with those who have a perception of high seriousness (49% vs. 31%).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. Base: London respondents (n=1,013); Men (n=495); Women (n=518); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174).

\* Low base size (n=56)

Similarly, only a third confidently say if a neighbour told them they were living with HIV, it would not damage the relationship<sup>i</sup>

Please select the statement that comes closest to your view



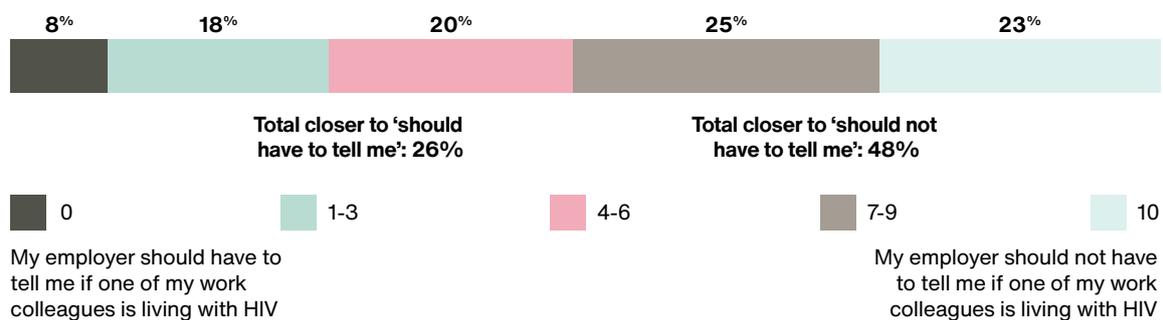
Significantly more likely to select 'If I found out my neighbour was living with HIV it *would not* have a negative impact on my relationship with them' (selecting 0) are:

- **women** compared with men (38% women vs. 27% men)
- **those aged 65+** compared with those aged 18-34 and 35-64 (43% vs. 28% and 33% respectively)
- **non-religious people** compared with religious people (49% vs. 26%)
- **LGBT people** compared with heterosexual cisgender people (52% vs. 32%)
- **those with low\* and medium social media usage** compared to those with high usage (43% and 41% respectively, vs. 28%)
- **broadsheet readers and broadcast news viewers** compared with tabloid readers (34% and 33% respectively, vs. 29%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (45% and 38%, vs. 18%)
- **those who perceive HIV to have low seriousness**, compared with those who have a perception of high seriousness (50% vs. 29%).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174) \*Low base size (n=56)

## Londoners, like most in the UK, are more divided on whether an employer should have to disclose someone's HIV status<sup>i</sup>

Please select the statement that comes closest to your view



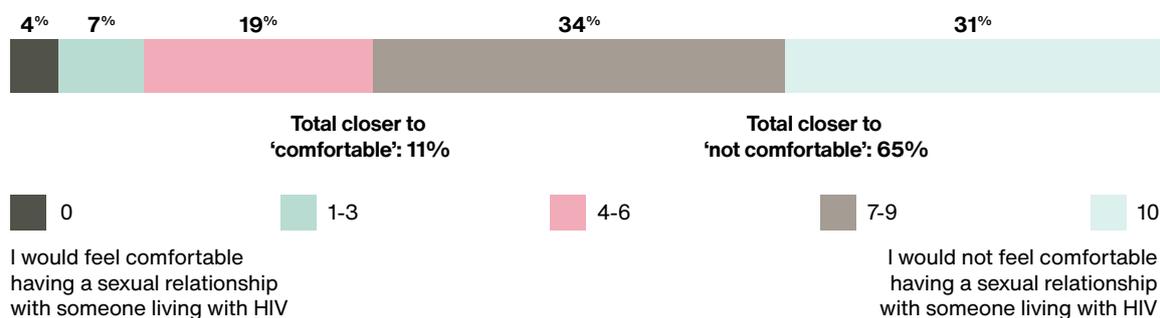
Significantly more likely to select 'My employer *should not* have to tell me if one of my work colleagues is living with HIV' (selecting 10) are:

- **non-religious people** compared with religious people (38% vs. 17%)
- **LGBT people** compared with heterosexual cisgender people (44% vs. 22%)
- **broadsheet readers and broadcast news viewers** compared with tabloid readers (26% and 23% respectively, vs. 17%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (29% and 27% respectively, vs. 13%)
- **those with high awareness of PrEP** compared with those with low awareness (34% vs. 20%)
- **those who perceive HIV to have low seriousness**, compared with those who have a perception of high seriousness (42% vs. 18%)
- **those who personally know someone with HIV** compared with those who do not (31% vs. 22%).

<sup>i</sup> Q.5 Please pick the statement that best represents your view. Base: London respondents (n=1,013); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Low PrEP knowledge respondents (n=273); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## Just 4% of Londoners indicate they would definitely feel comfortable having a sexual relationship with someone living with HIV<sup>i</sup>

Please select the statement that comes closest to your view



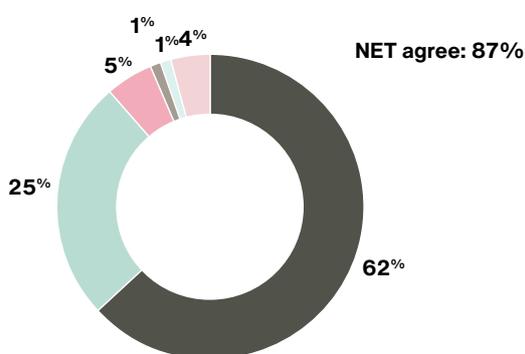
Significantly more likely to select 'I would not feel comfortable having a sexual relationship with someone living with HIV' are:

- **those aged 65+ and 35-64** compared to those aged 18-34 (39% vs. 34% and 23%)
- **heterosexual cisgender people** compared with LGBT people (34% vs. 13%)
- **those who don't recognise the barriers faced by LGBT people** compared with those who do (44% vs. 31%)
- **those who do not personally know someone with HIV** compared with those who do (33% vs. 24%).

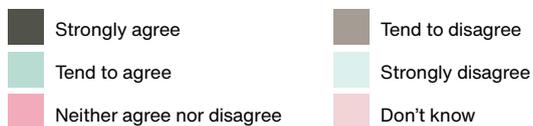
<sup>i</sup> Q.5 Please pick the statement that best represents your view. Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## A large majority of Londoners think people with HIV should tell any sexual partners<sup>i</sup>

**'People living with HIV should always tell any sexual partners, even if they definitely can't pass it on because they are on effective treatment'**



**NET disagree: 2%**



Londoners answered this question broadly in line with the rest of the UK. Significantly more likely to *agree* with this statement in London are:

- **women** compared with men (89% vs. 84%)
- **those aged 35-64 and 65+** compared with those aged 18-34 (88% and 97% respectively, vs. 81%)
- **heterosexual cisgender people** compared with LGBT people (89% vs. 81%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (86% and 94% respectively, vs. 75%).

Significantly more likely to *disagree* with this statement are:

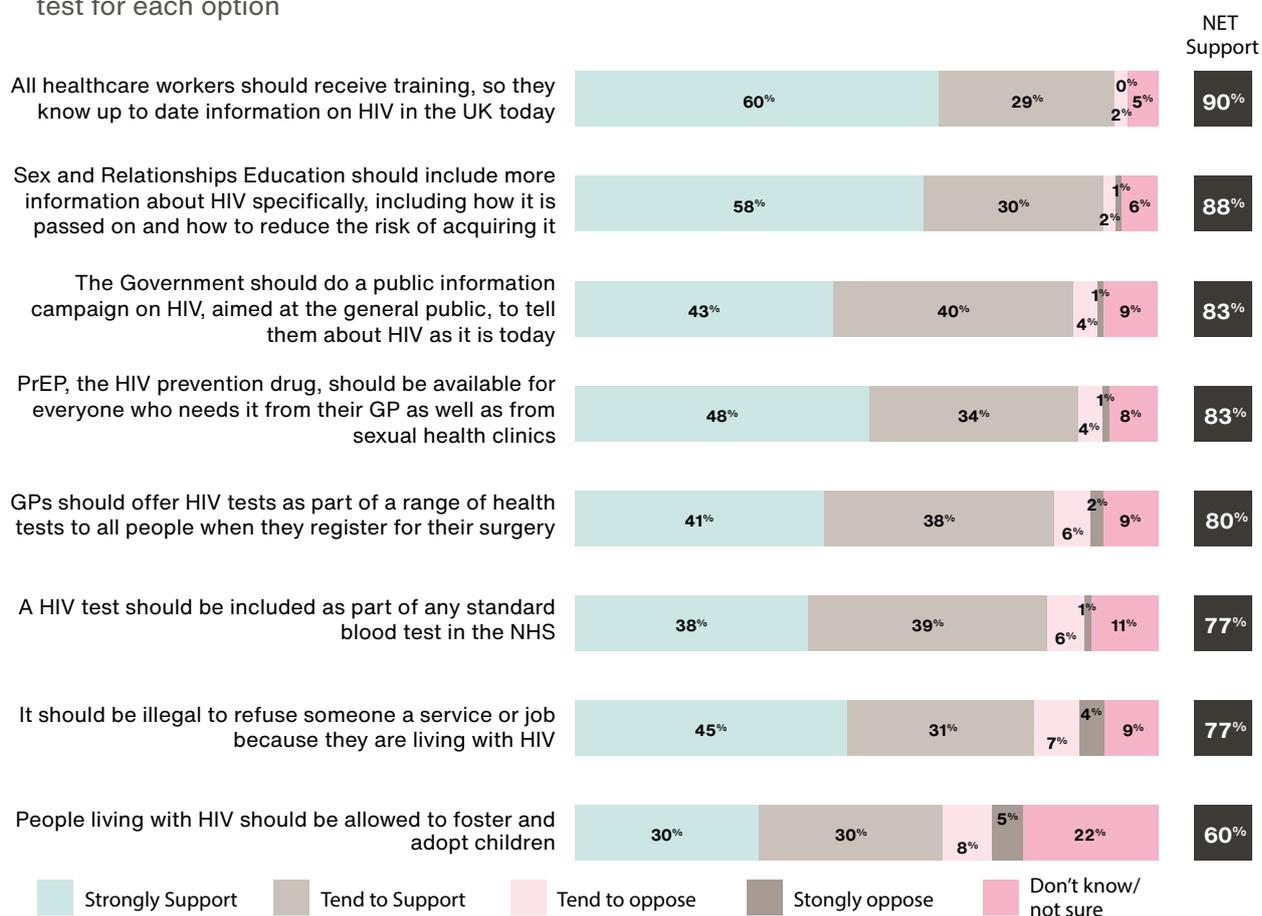
- **those who perceive HIV to have low seriousness**, compared with those who have a perception of high seriousness (5% vs. 1%).

<sup>i</sup> Q.6 Following is a number of statements about HIV. Could you please indicate how strongly you agree or disagree with each of them? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174).

## 8.5 Support for policy interventions on HIV

### Majorities of Londoners support policies aimed at reducing transmission of HIV and / or improving the lives of those with HIV<sup>i</sup>

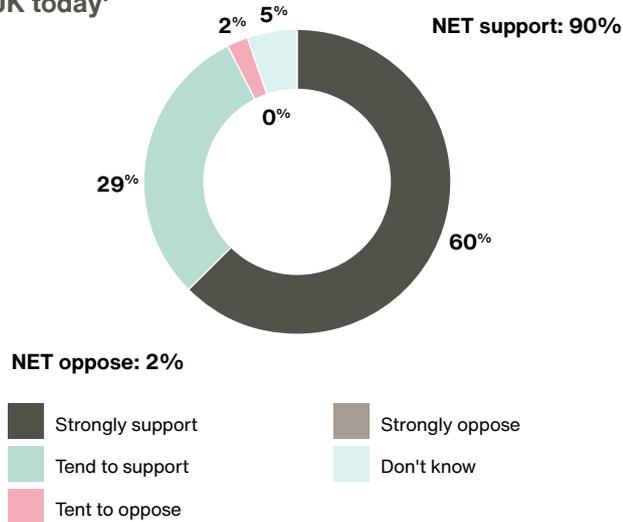
Below are some ways that people in the UK may or may not be able to access a test for HIV right now. Showing % who say how certain they feel that it is possible to get an HIV test for each option



<sup>i</sup> Q8. Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013)

## 9 in 10 Londoners support all healthcare workers receiving training so they know up to date information about HIV in the UK today<sup>i</sup>

**'All healthcare workers should receive training, so they know up to date information on HIV in the UK today'**



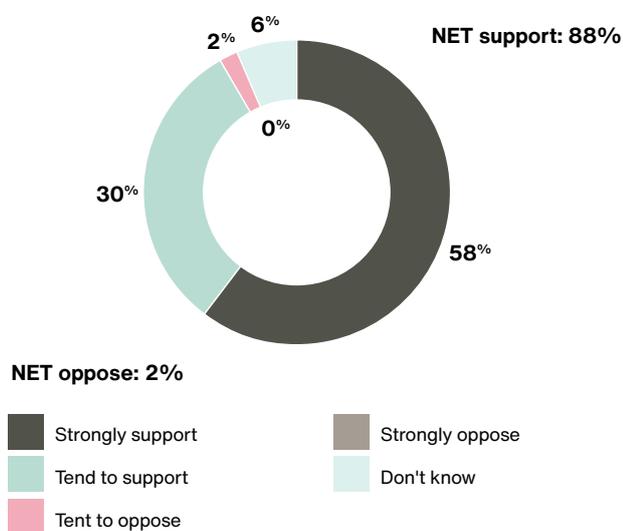
Those more likely to *support* this include:

- **Those aged 65+ and 35-64** compared with those aged 18-34 (95% and 92% respectively, vs. 85%)
- **non-religious people** compared with religious people (95% vs. 89%)
- **LGBT people** compared with heterosexual cisgender people (98% vs. 91%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (94% and 96% respectively, vs. 77%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (97% or 95% respectively, vs. 85%)
- **those who recognise barriers against LGBT people** compared with those who don't (96% vs. 91%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142).

## Londoners broadly support more information on HIV being provided through SRE in schools<sup>i</sup>

**‘SRE should include more information about HIV specifically, including how it is passed on and how to reduce the risk of acquiring it’**



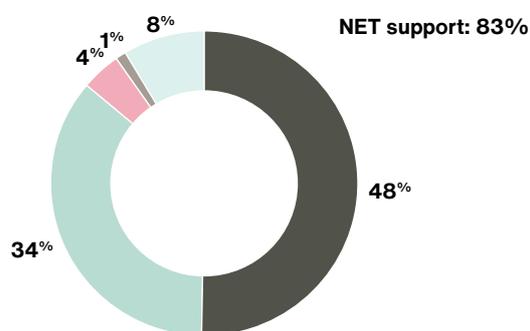
Those more likely to *support* this include:

- **Those aged 65+ and 35-64** compared with those aged 18-34 (95% and 89% vs. 84%)
- **non-religious people** compared with religious people (95% vs. 86%)
- **LGBT people** compared with heterosexual cisgender people (98% vs. 89%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (94% and 94% respectively, vs. 75%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (95% or 94% respectively, vs. 82%)
- **those who personally know someone with HIV** compared with those who do not (95% vs. 89%).

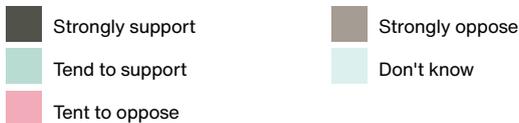
<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## More than 4 in 5 Londoners support PrEP being available for anyone that needs it from their GP<sup>i</sup>

**'PrEP, the HIV prevention drug, should be available for everyone who needs it from their GP as well as from sexual health clinics'**



NET oppose: 5%



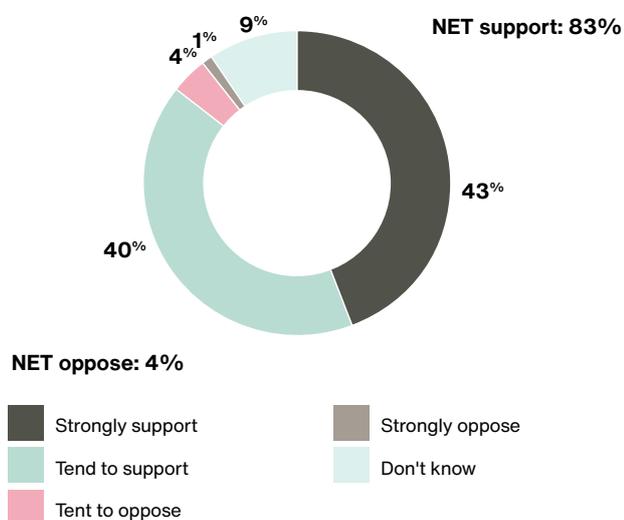
Those more likely to *support* this include:

- **non-religious people** compared with religious people (88% vs. 82%)
- **LGBT people** compared with heterosexual cisgender people (96% vs. 83%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (85% and 89% respectively, vs. 71%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (91% or 90% respectively, vs. 75%)
- **those who recognise barriers against LGBT people** compared with those who don't (89% vs. 83%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142).

## More than 8 in 10 Londoners also support the Government doing a public information campaign on HIV to tell them about how it is today<sup>i</sup>

**‘The Government should do a public information campaign on HIV, aimed at the general public, to tell them about HIV as it is today’**



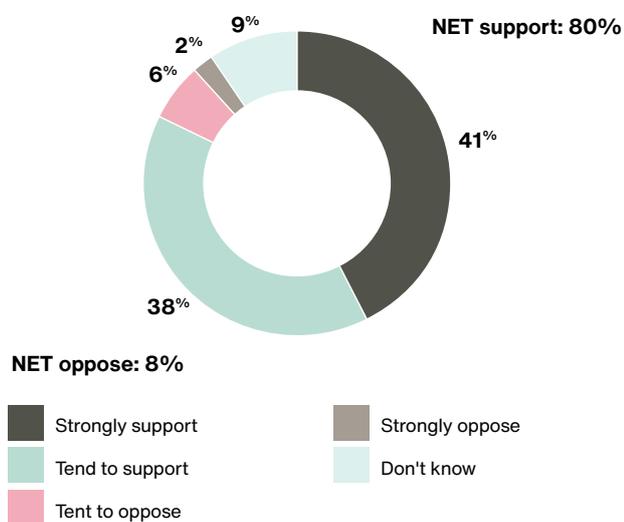
Those more likely to *support* this include:

- **those with high and medium social media usage** compared with those with low usage\* (84% and 85% respectively, vs. 67%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (85% and 89% respectively, vs. 72%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (91% or 91% respectively, vs. 81%)
- **those who recognise barriers against LGBT people**, compared with those who don't (90% vs. 81%)
- **those who personally know someone with HIV** compared with those who do not (91% vs. 84%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797). \*Low base size (n=56)

## 4 in 5 Londoners support GPs offering HIV tests as part of a range of tests for new patients<sup>i</sup>

**‘GPs should offer HIV tests as part of a range of health tests to all people when they register for their surgery’**



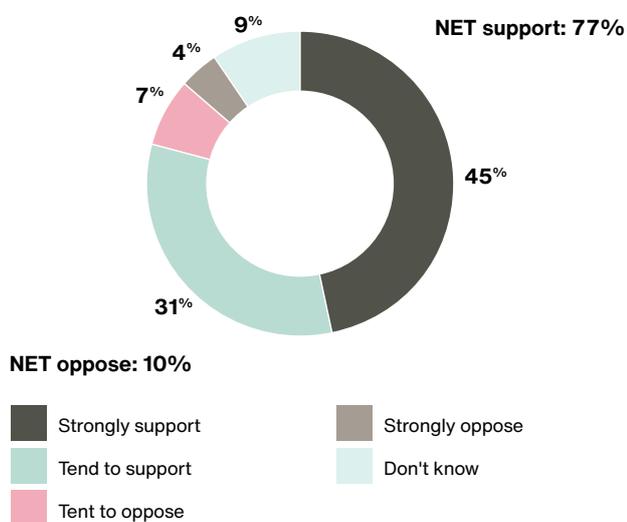
Those more likely to *support* this include:

- **LGBT people** compared with heterosexual cisgender people (92% vs. 80%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (80% and 87% respectively, vs. 67%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (88% or 89% respectively, vs. 73%)
- **those who recognise barriers against LGBT people** compared with those who don't (86% vs. 77%)
- **those who personally know someone with HIV** compared with those who do not (88% vs. 80%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## Over three quarters of Londoners agree it should be illegal to refuse someone a service or job because they are living with HIV<sup>i</sup>

**'It should be illegal to refuse someone a service or job because they are living with HIV'**



Those more likely to *support* this include:

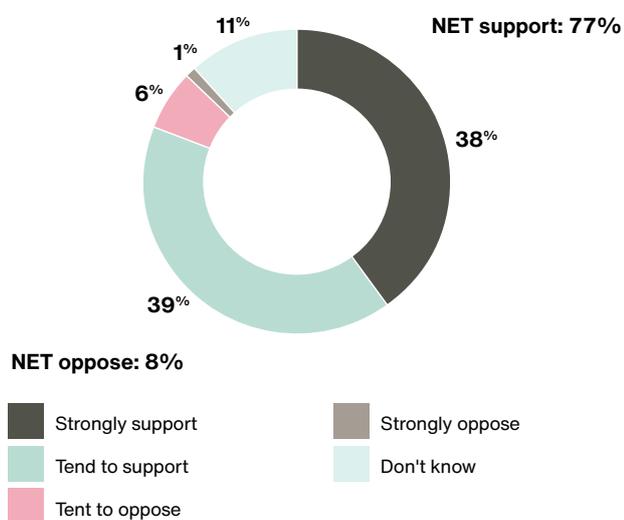
- **women** compared with men (80% vs. 74%).
- **Those aged 35-64** compared with those aged 18-34 (80% vs. 71%).
- **non-religious people** compared with religious people (82% vs. 76%)
- **LGBT people** compared with heterosexual cisgender people (88% vs. 78%)
- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (80% and 86% respectively, vs. 61%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (92% or 85% respectively, vs. 70%)
- **those who recognise barriers against LGBT people** compared with those who don't (84% vs. 68%).

It is illegal to discriminate against a person based on their HIV status under the Equality Act 2010. However, despite this many people living with HIV still experience discrimination, including in employment. This question looked at levels of support, rather than awareness of the law, but the significant minority of people who either disagree with the statement or who aren't sure is concerning for NAT and indicates that they may be more likely to fall foul of the law.

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); Men (n=495); Women (n=518); 18-34s (n=354); 35-64s (n=502); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); LGBT respondents (n=90); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142).

## There is broad support for HIV tests being included as part of standard blood tests in London<sup>i</sup>

**‘A HIV test should be included as part of any standard blood test in the NHS’**



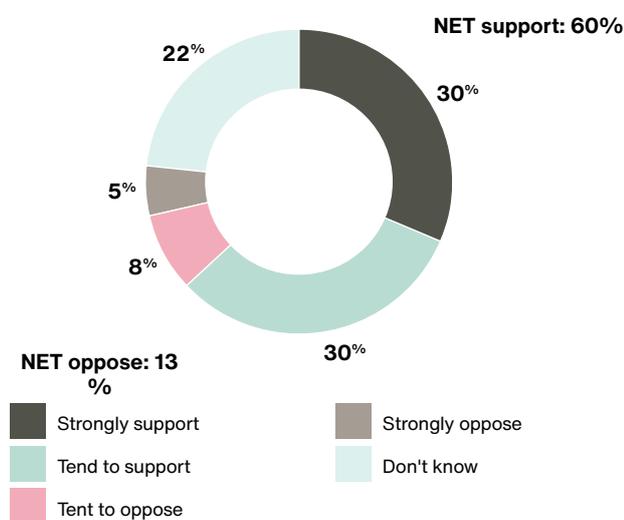
Those more likely to *support* this include:

- **those with higher and middling knowledge of HIV transmission** compared with those with lower-than-average knowledge (83% vs. 74% and 68% respectively)
- **those with high or medium awareness of PrEP** compared with those with low awareness (85% or 84% respectively, vs. 75%)
- **those who perceive HIV to have high seriousness** compared with those who have a perception of low seriousness (85% vs. 78%)
- **those who recognise barriers against LGBT people** compared with those who don't (83% vs. 70%)
- **those who personally know someone with HIV** compared with those who do not (86% vs. 77%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents with a high perception of HIV's seriousness (n=555); Respondents with a low perception of HIV's seriousness (n=174); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797).

## A clear majority of Londoners support people with HIV being allowed to adopt and foster children<sup>i</sup>

### 'People living with HIV should be allowed to foster and adopt children'



Those more likely to *support* this include:

- **Those aged 18-34** compared with those aged 35-64 and 65+ (70% vs. 58% and 42%)
- **ABC1s** compared with C2DEs (63% vs. 54%)
- **non-religious people** compared with religious people (68% vs. 57%)
- **LGBT people** compared with heterosexual cisgender people (87% vs. 59%)

- **those with high\* social media usage** compared with those with medium and low\* usage (68% vs. 49% and 41% respectively)
- **Broadsheet readers and broadcast news viewers** compared with tabloid readers (67% and 65% respectively, vs. 59%)
- **those with higher and average knowledge of HIV transmission** compared with those with lower-than-average knowledge (67% and 63% respectively, vs. 51%)
- **those with high or medium awareness of PrEP** compared with those with low awareness (85% or 73% respectively, vs. 50%)
- **those who recognise barriers against LGBT people** compared with those who do not (68% vs. 53%)
- **those who personally know someone with HIV** compared with those who do not (77% vs. 58%).

Those more likely to *oppose* this include:

- **those aged 65+** compared to aged 18-34 and 35-64 (21% vs. 13% and 10%)
- **gay and bisexual men** compared with LGBT people in general (14% vs. 8%)
- **religious people** compared with non-religious people (16% vs. 8%).

<sup>i</sup> Q.8 Below are some ideas that have been suggested for how to help reduce the transmission of HIV and / or improve the lives of those living with HIV. Some of these are already the case, some aren't. To what extent, if at all, do you support each of the following? Base: London respondents (n=1,013); 18-34s (n=354); 35-64s (n=502); 65+ (n=157); ABC1s (n=718); C2DEs (n=295); Non-religious respondents (n=307); Religious respondents (n=661); Heterosexual cisgender respondents (n=864); Gay and bisexual men (n=55); LGBT respondents (n=90); High social media usage respondents (n=662); Medium social media usage respondents (n=262); Low social media usage respondents\* (n=56); Broadsheet readers (n=426); Tabloid readers (n=496); Broadcast news viewers (n=524); Higher than average HIV transmission knowledge respondents (n=161); Average HIV transmission knowledge respondents (n=546); Lower than average HIV transmission knowledge respondents (n=306); High PrEP knowledge respondents (n=116); Medium PrEP knowledge respondents (n=409); Low PrEP knowledge respondents (n=273); Respondents who recognise barriers for LGBT people (n=742); Respondents who don't recognise barriers for LGBT people (n=142); Respondents who know someone living with HIV (n=181); Respondents who don't know someone living with HIV (n=797). \*Low base size (n=56)

# 9 Appendix – Survey demographics

## Gender

Gender	Unweighted Count	Weighted Count	Percentage
Male	1,467	1,468	49%
Female	1,535	1,534	51%

## Q.D3 Is your gender identity different from the sex you were assumed to be at birth?

	Unweighted Count	Weighted Count	Percentage
NET: Yes – Trans or non-binary	6	5	*
Yes - Trans	3	2	*
Yes – Non-binary	3	3	*
No	2,829	2,835	94%
Prefer not to say	167	162	*

### Age

Age	Unweighted Count	Weighted Count	Percentage
18-24	326	325	11%
25-34	538	516	17%
35-44	556	478	16%
45-54	531	523	17%
55-64	410	459	15%
65+	641	701	23%
NET: 18-34	864	841	28%
NET: 35-54	1,087	1,001	33%
NET: 55+	1,051	1,160	39%

### Social Grade

Social Grade	Unweighted Count	Weighted Count	Percentage
A	257	194	6%
B	724	596	20%
C1	846	867	29%
C2	510	629	21%
D	336	372	12%
E	329	344	11%
NET: AB	981	790	26%
NET: ABC1	1,827	1,657	55%
NET: C2DE	1,175	1,345	45%
NET: DE	665	716	24%

**Region**

Region	Unweighted Count	Weighted Count	Percentage
NET: England	2,546	2,522	84%
North East	79	123	4%
North West	241	333	11%
Yorkshire & Humberside	156	249	8%
West Midlands	223	258	9%
East Midlands	159	216	7%
Eastern	198	279	9%
South East	305	408	14%
South West	172	258	9%
London	1,013	396	13%
Scotland	182	255	8%
Wales	126	141	5%
Northern Ireland	148	84	3%

**Q.D9 Which of the following best describes how you think of yourself?**

Ethnicity	Unweighted Count	Weighted Count	Percentage
NET: White	2,428	2,581	86%
English / Welsh / Scottish / Northern Irish / British	2,209	2,438	81%
Irish	55	31	1%
Gypsy or Irish Traveller	0	0	*
Other European	103	72	2%
Any other White background	61	40	1%
NET: Mixed	88	57	2%
White and Black Caribbean	10	7	*
White and Black African	29	11	*
White and Asian	32	30	1%
Any other Mixed / Multiple ethnic background	17	10	*
NET: Asian	178	127	4%
Indian	60	43	1%
Pakistani	45	43	1%
Bangladeshi	27	12	*
Chinese	25	16	1%
Any other Asian background	21	13	*
NET: Black / African / Caribbean	259	197	7%
African	151	113	4%
Caribbean	94	75	2%
Any other Black / African / Caribbean background	14	9	*
Arab	10	9	*
Latin American	1	*	*
Any other ethnic group	9	4	*
Prefer not to say	29	26	1%

### Religion

Religion	Unweighted Count	Weighted Count	Percentage
NET: Religious	1,739	1,638	55%
Christian	1,459	1,420	47%
NET: Other	280	218	7%
Muslim	136	102	3%
Hindu	39	29	1%
Jewish	32	18	1%
Sikh	3	1	*
Buddhist	22	17	1%
Other	48	51	2%
None	1,184	1,295	43%
Prefer not to say	79	69	2%

### Rurality

Rurality	Unweighted Count	Weighted Count	Percentage
NET: Urban	2,542	2,404	80%
Urban – Population over 10,000	1,631	1,315	44%
Town and Fringe	911	1,088	36%
NET: Rural	460	598	20%
Village	384	516	17%
Hamlet & Isolated Dwelling	76	82	3%

**Sexual orientation**

Sexual orientation	Unweighted Count	Weighted Count	Percentage
Heterosexual/straight	2,600	2,607	87%
NET: LGB	247	241	8%
Lesbian/gay woman	18	22	1%
Gay man	99	86	3%
Bisexual	130	133	4%
Prefer to self-describe	11	12	*
Prefer not to say	144	142	5%

**Q.D17 Which newspapers or news websites, if any, do you read regularly? By regularly, we mean at least once a week.**

News Source	Unweighted Count	Weighted Count	Percentage
Daily Express / Scottish Daily Express / Sunday Express	155	153	5%
Daily Mail / Mail Online / Scottish Daily Mail / Mail on Sunday	568	565	19%
Daily Star / Daily Star Scotland	75	67	2%
The Sun / Scottish Sun / Sun on Sunday	259	255	8%
Daily Mirror / Mirror Online / Scottish Daily Mirror	247	243	8%
The Times / Sunday Times	266	218	7%
The Independent	216	187	6%
I	72	68	2%
The Guardian / Observer	550	445	15%
The Financial Times	166	121	4%
Telegraph	209	164	5%
The Herald	29	25	1%
The Scotsman / Scotland on Sunday	30	25	1%
The Metro	412	302	10%
Local / regional newspaper	363	380	13%
BBC News website	1,261	1193	40%
Sky News website	410	369	12%
Pink News	34	21	1%
Google News	404	356	12%
Other	90	85	3%
I don't regularly read a newspaper or news website	714	794	26%
NET: Broadsheet	926	797	27%
NET: Tabloid	1,161	1,086	36%
NET: Broadcasters	1,381	1,312	44%

**Q.D18 Thinking back over the last 7 days, how frequently have you used each of the following? - Summary**

Frequency	Facebook	Instagram	Twitter	TikTok	WhatsApp	Snapchat	YouTube	LinkedIn
More than once a day	<i>1,376*</i>	<i>687</i>	<i>529</i>	<i>220</i>	<i>1,473</i>	<i>266</i>	<i>847</i>	<i>141</i>
	1,386 (46%)	614 (20%)	474 (16%)	211 (7%)	1,302 (43%)	266 (9%)	753 (25%)	107 (4%)
Once a day	<i>472</i>	<i>329</i>	<i>298</i>	<i>131</i>	<i>318</i>	<i>161</i>	<i>460</i>	<i>160</i>
	466 (16%)	310 (10%)	271 (9%)	107 (4%)	313 (10%)	134 (4%)	435 (14%)	124 (4%)
2-3 times a week	<i>271</i>	<i>239</i>	<i>238</i>	<i>146</i>	<i>356</i>	<i>119</i>	<i>627</i>	<i>209</i>
	271 (9%)	230 (8%)	228 (8%)	137 (5%)	395 (13%)	103 (3%)	644 (21%)	174 (6%)
Once a week	<i>184</i>	<i>167</i>	<i>218</i>	<i>110</i>	<i>160</i>	<i>122</i>	<i>453</i>	<i>319</i>
	169 (6%)	153 (5%)	195 (7%)	97 (3%)	161 (5%)	120 (4%)	488 (16%)	256 (9%)
Not at all	<i>699</i>	<i>1,580</i>	<i>1,719</i>	<i>2,395</i>	<i>695</i>	<i>2,334</i>	<i>615</i>	<i>2,173</i>
	711 (24%)	1,696 (57%)	1,834 (61%)	2,450 (82%)	830 (28%)	2,379 (79%)	683 (23%)	2,341 (78%)

\* Numbers in italics are unweighted counts.

# Thank you

National AIDS Trust, Fast-Track Cities London and Britain Thinks would like to thank all those who have contributed to this research programme.

If you would like to find out more about the data collected, including queries on data access for further research, please email [info@nat.org.uk](mailto:info@nat.org.uk)

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**We're the UK's HIV rights charity. We work to stop HIV from standing in the way of health, dignity and equality, and to end new HIV transmissions.**

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Research programme conducted by:

**Britainthinks**  
Insight & Strategy