



2012 HIV/AIDS Attitudinal Tracking Survey

FINAL REPORT

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Appendix A: Questionnaire (English and French)

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A handwritten signature in black ink, appearing to read 'Susan Galley', with a long horizontal flourish extending to the right.

Susan Galley, Vice President, EKOS Research

EXECUTIVE SUMMARY

The Federal Initiative to Address HIV/AIDS in Canada focuses on preventing the spread of HIV/AIDS, slowing its progression, and improving the quality of life of people living with HIV/AIDS. As a horizontal initiative, it leverages a collaborative approach by the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and the Correctional Service of Canada, along with provincial and territorial governments, non-governmental organizations, researchers, health care professionals, and people living with, and vulnerable to, HIV/AIDS.

In 2003 and 2006, national attitudinal surveys on HIV/AIDS were conducted as part of the Initiative in order to establish baseline measures of Canadians' awareness, knowledge, attitudes and behaviours related to HIV/AIDS. The purpose of the 2012 HIV/AIDS Attitudinal Tracking Survey is to build on the previous research to provide an overview of how the environment has evolved since 2006. The survey also explores the attitudes, knowledge and behaviour of Canadians on the issue of hepatitis C to inform the activities of the Hepatitis C Prevention, Support and Research Program. The research results will be used to provide critical evidence for the federal response to the prevention and control of community acquired infection, and support the public health function of preventing and controlling communicable disease by creating and sharing credible knowledge among stakeholders in order to facilitate coherent action with a focus on key populations. Evidence gathered through this survey is intended to enhance the capacity of community-based stakeholders to contribute to the prevention and control of communicable diseases in Canada. The total cost of the study is \$153,566.62 inclusive of HST.

Methodology

The 2012 survey consisted of telephone interviews with Canadians 16 years of age and older, conducted between March 1 and May 1, 2012. A total of 2,000 Canadians were interviewed, yielding a margin of error of +/- 2.2 percent for the sample overall, 19 times out of 20, and +/- 3.0 to 7.8 percent for most sub-groups that could be isolated in the analysis. The sample included over-samples of youth (Canadians ages 16 to 24), Aboriginal Canadians, and individuals born outside of Canada in order to analyze results from these groups in greater detail. Of the 2,000 cases sampled, 845 cases were completed using the EKOS Research Probit panel of randomly selected households. The remaining cases were collected randomly from the public using a random digit dial (RDD) process to select households. The sample was weighted based on 2006 Census figures available from Statistics Canada.

Perceived Seriousness of Diseases

Compared to other diseases such as cancer, heart disease, diabetes and obesity, HIV/AIDS is not perceived to be a particularly serious disease in Canada today. Just under half of Canadians (47 percent) say HIV/AIDS is very serious, much lower than the proportions who believe that cancer (85 percent) and heart disease (73 percent) are very serious. One-third of Canadians (33 percent) believe

that HIV/AIDS is much less of a problem in Canada today than it was ten years ago, which is considerably higher than the 21 and 23 percent who indicated this in 2006 and 2003.

Knowledge and Awareness

Knowledge regarding specific information about HIV/AIDS has waned over the last nine years. For example, most Canadians know that when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia (75 percent); however, this finding is lower than in 2006 (81 percent) and 2003 (84 percent). Fewer Canadians know that a person can have HIV for ten or more years without developing AIDS (70 percent); this finding has also declined since 2003 (77 percent), although it is the same as found in 2006. Significantly fewer Canadians think that AIDS is always fatal (43 percent, compared to 61 percent in both 2006 and 2003). Most Canadians understand that HIV/AIDS cannot be cured even with early treatment (73 percent) but this proportion has also declined from 81 percent in 2006.

A decreasing number of Canadians are able to correctly identify, top of mind, some of the main ways that HIV is transmitted. Most Canadians answer, without prompting, that the HIV virus is spread through unsafe sexual intercourse between a man and a woman (63 percent, down from 76 percent in 2006) or between a man and a man (52 percent, down from 67 percent in 2006). A slight majority, 55 percent, also report that blood to blood contact (i.e., an open wound) is a way to transmit the virus. Fewer know that both sharing drug needles (31 percent) and unsafe oral sex (19 percent) can put a person at risk of contracting HIV. Some Canadians (4 percent unprompted and 23 percent prompted) continue to incorrectly believe that HIV can be transmitted through kissing.

Almost all Canadians (93 percent) understand that a blood test is required to diagnose HIV/AIDS (similar to 2006 when 96 percent believed this to be the case). Canadians are much less likely to believe that HIV/AIDS can be diagnosed through a physical examination (14 percent; similar to the 17 percent in 2006) or self-diagnosis (six percent; unchanged from 2006). Few believe an x-ray can diagnose the disease (three percent; unchanged from 2006).

From a top of mind perspective, homosexual men continue to be identified by Canadians as the number one group most often affected by HIV/AIDS (51 percent; 49 percent in 2006), followed by injection drug users (22 percent; down from 29 percent in 2006). Other segments such as Aboriginal people, Canadian youth, those that have unprotected sex, sex trade workers, and African Canadians were named by fewer than ten percent each and generally cited in similar, though slightly lower proportions than found in the past. Twenty-six percent of Canadians were unable to or did not identify any specific groups at risk, which reflects similar proportions to those found in past years.

Perceptions of Personal Risk

There is still a strong perception that “HIV/AIDS is another person’s disease” — in other words, most Canadians believe the disease is not likely to affect them personally. Eighty-seven percent rate

their risk of contracting HIV as low (on par with 88 percent in 2006). Very few perceive themselves to be at a moderate risk of contracting the disease (11 percent) and virtually none see themselves in a high risk category. When asked why they consider their own risk of contracting HIV as low, many respondents reply that that they are married or only have one partner (58 percent). Other reasons include not using drugs (23 percent), not being sexually active (17 percent), or always using a condom (10 percent).

In terms of risk by gender, Canadians are more likely to see young women (51 percent; down from 57 percent in 2006) as increasingly at risk for HIV compared to young men (37 percent; down from 42 percent in 2006). That said, a minority of Canadians agree that certain specific groups are most at risk for HIV/AIDS: 21 percent believe that HIV/AIDS is mostly a third world disease (24 percent in 2006) or a gay person's disease (14 percent; 15 percent in 2006). An increasing proportion see HIV/AIDS as mostly a drug user's disease (13 percent; compared with 10 percent in 2006).

Sexual Behaviour

As in 2003 and 2006, seventy percent of respondents in the survey report having been sexually active in the past 12 months. Of those who were sexually active in the last 12 months, 86 percent had had only one partner in the past 12 months (on par with the 87 percent reported in each of 2003 and 2006). Six percent or fewer report having engaged in sexual activity with two or more partners. Thirty-seven percent of Canadians report having been tested for HIV (excluding testing for insurance, blood donation and participation in research), up from 27 percent in 2003 and 32 percent in 2006.

A large majority (77 percent) of Canadians report not using a condom the last time they had sex. For those who used a condom, the most frequently cited reason was a reduction in the risk of pregnancy (47 percent, down from 62 percent in 2006). Thirty-nine percent said they used a condom because it was responsible to have "safe sex" – a nearly four-fold increase from the proportion having reported this in 2006 (10 percent). The numbers of Canadians who attribute their use of a condom to wanting to reduce their chance of acquiring or transmitting an infectious disease (22 percent), or acquiring or transmitting HIV/AIDS in particular (17 percent), have decreased from 2006 (37 percent and 25 percent, respectively).

Support for People with HIV/AIDS

Forty percent of Canadians know or have known someone with HIV/AIDS, a proportion that has remained essentially the same since 2003. Sixty percent of people who know or have known someone with HIV/AIDS believe that knowing that the person had the disease had little or no impact on their behaviour towards this person. Although Canadians believe that they would be highly supportive of someone with HIV/AIDS, this support weakens in more distant relationships. Almost all Canadians indicate that they would be supportive if they found out that a close friend had HIV/AIDS (91 percent; unchanged from 2006). Eighty-one percent would be supportive if they had an office job where a co-worker had HIV/AIDS (80 percent in 2006). Seventy percent would be supportive if they had a child attending school with a student who had HIV/AIDS (unchanged from 2006); nine percent would not be supportive in this

situation or would avoid this person. Fewer would not be supportive if they had a friend or co-worker with the illness (three and four percent, respectively).

Stigma

Canadians feel that stigmatizing beliefs associated with HIV/AIDS have significant repercussions for people living with the disease. Sixty-nine percent of Canadians believe that people would be unwilling to tell others they have HIV/AIDS because of the stigma associated with this disease, a finding which is similar to 2006 (72 percent). Fifty-five percent believe that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment (57 percent in 2006), and thirty-eight percent agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease (40 percent in 2006).

Discomfort

Increasing numbers of Canadians appear to be growing very comfortable in situations where they may encounter a person with HIV/AIDS. Large majorities would be comfortable working in an office with someone with the illness (81 percent), wearing a sweater previously worn by someone with HIV/AIDS (73 percent), shopping in a grocery store where the owner was known to have HIV/AIDS (75 percent), or knowing their child attends school with a student with HIV/AIDS (62 percent). In all of these situations, the proportion that would be “very comfortable” has increased since 2006.

On the other hand, many are still uncomfortable with the thought of certain specific situations involving more perceived direct contact with a person with HIV/AIDS. Forty-eight percent say that they would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS (relatively unchanged from 49 percent in 2006). Fifty-one percent say they would be uncomfortable if a close family member or friend dated someone with the illness (compared to 56 percent in 2006).

Sixty percent of Canadians say that people are uncomfortable with HIV/AIDS because the disease is fatal, down considerably from 72 percent in 2006. Compared to 2006, more Canadians now say that people are uncomfortable with the disease because it is associated with casual or promiscuous sex (60 percent, compared to 55 percent in 2006). Over half also identify the association between HIV/AIDS and drug use (56 percent; unchanged from 2006) and the association with homosexual sex (55 percent; unchanged from 2006) as factors influencing people’s discomfort with HIV/AIDS. Forty-one percent attribute people’s discomfort with HIV/AIDS to the fear that the disease may be transmitted through casual contact (an increase from 36 percent in 2006).

Rights and Responsibilities of People Living with HIV/AIDS

Results show that few Canadians acknowledge holding discriminatory beliefs about people with HIV/AIDS. Almost all Canadians believe that people living with HIV/AIDS have the same right to health care as they do (95 percent; 96 percent in 2006). Most also believe that people with HIV/AIDS have the

same right to housing (94 percent; 95 percent in 2006). The vast majority also believe that people living with HIV/AIDS have the same right to employment as they do (90 percent; 88 percent in 2006); however, when Canadians are asked whether individuals with HIV/AIDS should be allowed to serve in public positions such as hairstylists or dentists, there is broader disagreement. Twenty percent of Canadians disagree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists (24 percent in 2006), and thirty-two percent disagree that people with HIV/AIDS should be permitted to work in positions such as dentists (46 percent in 2006).

Very few Canadians believe that names of people with HIV/AIDS should be made public so that others can avoid them, although one in ten agrees (10 percent; unchanged from 2006). Canadians are considerably more divided on whether people living with HIV/AIDS should have the right to be sexually active: 55 percent agree that people with HIV/AIDS have the same right to be sexually active (an increase from 48 percent in 2006) but 22 percent disagree (down from 30 percent in 2006). Large majorities of Canadians believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease (86 percent; 88 percent in 2006), and most believe that people with HIV/AIDS have a responsibility to tell others about their condition (79 percent; 82 percent in 2006).

Information Sources

Compared with results from 2006, there has been a notable shift away from the previously most common sources of information – newspapers, magazines, television. This shift is likely a result of an increase in the number of Canadians who get their information from the Internet and websites. Forty-one percent have found information on HIV/AIDS in the past year on the Internet and websites, including news and health sites, as well as Google and social media, up from 15 percent in 2006, and nine percent in 2003. Television (31 percent) and newspaper articles (31 percent) still remain common sources of information, but virtually all other sources of information have been usurped by the widespread access and use of the Internet by Canadians. Even in-person information sources – doctors, nurses and other health care professionals – are being accessed less often for information about HIV/AIDS. Doctors were a source of information for four percent of Canadians in 2012, falling from nine percent in 2003; and nurses and other health care professionals were accessed by just two percent in 2012, also down from nine percent in 2003.

The Internet remains the top of mind source for Canadians when they think about where to get information on HIV/AIDS. Eighty percent of Canadians say they would go to the Internet (in general) for information and 38 percent of these respondents say that they would go to Google specifically. The pervasiveness of the Internet as a top of mind information source has climbed steadily since 2003, when 48 percent said it was their first choice when looking for information about HIV/AIDS. After the Internet and Google, 18 percent of Canadians say they would go to doctors as their primary source of information about HIV/AIDS, if they were looking for information, whereas only four percent have actually gone to a doctor for information about HIV/AIDS in the past year.

Reliability of and Comfort with Information Sources

Canadians consider their family doctor or another health care professional to be the most reliable source for information about HIV/AIDS (85 percent; 84 percent in 2006), followed by the Public Health Agency of Canada (80 percent; largely unchanged from 2006) and Health Canada (79 percent). In spite of the fact that media such as television and newspapers are some of the most frequently cited sources of information on HIV/AIDS, just 17 percent of Canadians say that the media are reliable information sources (18 percent in 2006). Family and friends are also considered to be a generally unreliable information source: only 25 percent say family and 14 percent say friends are reliable.

More than half of Canadians feel comfortable seeking information on HIV/AIDS from a variety of information sources even when they do not see those sources as being particularly reliable. However, the vast majority of Canadians feel comfortable seeking information on HIV/AIDS from their family doctor or another health care professional (94 percent; 93 percent in 2006) or a pharmacist (84 percent; unchanged from 2006), which are sources that are also widely identified as being very reliable.

Effective Means of Communicating with Canadians about HIV/AIDS

Results indicate that Canadians are changing in their perceptions of the best ways to communicate messages about HIV/AIDS. The most recommended methods of communicating remain public service announcements on television (60 percent) and information brochures sent to homes (40 percent), but the number of Canadians who say these methods are effective has decreased significantly from 2006 (by 13 to 17 points). These large changes may be explained by shifting preferences in favour of Internet communications channels. Thirty-six percent of Canadians think that information on the Internet is an effective method, and slightly fewer think that social media would be effective (32 percent). (Neither of these was offered as an option in 2006.)

Hepatitis C

Thirteen percent of Canadians believe they are highly knowledgeable about hepatitis C, while 31 percent feel they are not knowledgeable. With respect to actual knowledge, twenty-three percent of Canadians incorrectly believe that there is a cure for the disease, and 22 percent are unsure. Half of Canadians incorrectly believe there is a vaccine available to prevent someone from becoming infected with hepatitis C (50 percent), and 24 percent are unsure. However, most Canadians know that “people who have shared a needle only once are at risk of being infected with the hepatitis C virus” (85 percent), and that “many people who have been infected with the hepatitis C virus do not know they have the disease” (83 percent). Canadians are less certain of whether “blood recipients are at a high risk of contracting the hepatitis C virus”, with 44 percent believing this statement is true and 43 percent feeling this is false. Eighteen percent feel it is true that “people in my age group are more likely to become infected with the hepatitis C virus than those in other age groups”. Canadians under age 35 are more likely to believe this than older Canadians (43 percent under age 25 and 25 percent between ages 25 and 35 feel this is true).

A majority of Canadians do not consider themselves to be at risk of contracting hepatitis C. Sixty-one percent rate their risk as low (much lower than the 86 percent of Canadians who consider themselves at low risk for contracting HIV). Twenty-eight percent perceive themselves to be at a moderate risk of contracting the disease and four percent indicate they are in a high risk category. Aboriginal respondents are more likely than other Canadians to feel they are at risk for hepatitis C, with 12 percent indicating they are at a high risk. Canadians 55 years of age and older are more likely than younger Canadians to see themselves as low risk for hepatitis C.

Twenty-seven percent of Canadians name injection drug users as a group most at risk of being infected with hepatitis C. Twenty-two percent name younger Canadians in general as an at risk group. Eleven percent name other drug users as being at risk. As with HIV awareness, where 26 percent are unable to or did not identify any specific groups at risk of contracting HIV, 23 percent of Canadians cannot or did not identify a specific group at risk of contracting hepatitis C.

Thirty-six percent of Canadians respond, without prompting, that they believe the hepatitis C virus is spread through blood transfusions. Twenty-five percent of Canadians indicate that people become infected with the hepatitis C virus through unsafe sexual intercourse between a man and a woman (compared to 63 percent naming this as a method for transmitting HIV), or through sharing drug needles (23 percent, compared to 31 percent for HIV). Twenty-five percent of Canadians do not know how or did not provide a response to the question of how hepatitis C is transmitted.

When seeking information on hepatitis C, most Canadians would go to a source on the Internet. Sixty-two percent indicate that they would seek out information on hepatitis C on the Internet (generally) and thirty-four percent would specifically go to Google. Doctors are noted as a main information source by 35 percent of Canadians.

Aboriginal Canadians

Additional analysis was performed on responses from the 423 respondents who identify as an Aboriginal person, including First Nations living on-reserve, First Nations living off-reserve, Métis, and Inuit. Overall perception of seriousness of HIV/AIDS is relatively the same for Aboriginal Canadians as it is for the Canadians population overall; however, the view that HIV/AIDS is much less of a problem today than ten years ago is more likely to be held by Aboriginal Canadians (40 percent) compared to Canadians overall (33 percent). Aboriginal Canadians are less likely to know that HIV/AIDS cannot be cured (78 percent, compared to 87 percent overall), and treatment for HIV/AIDS is more likely to be viewed by Aboriginal Canadians as not very effective (14 percent) compared to eight percent of Canadians overall who say this.

Aboriginal Canadians are more likely (21 percent) than the general Canadian population (seven percent) to name Aboriginal people as a group that has been particularly affected by HIV/AIDS in Canada, and they are more likely (17 percent) than Canadians overall (11 percent) to rate their personal risk of contracting HIV as moderate.

Aboriginal people are more likely than Canadians overall to agree that they feel anger towards people living with HIV/AIDS (10 percent, versus five percent of the rest of the general public). They are also more likely than other Canadians to agree that they feel afraid of people living with HIV/AIDS (22 percent, compared to 15 percent of the rest of the general public) and to think that “People who get HIV/AIDS through sex or drug use got what they deserve” (17 percent, compared to nine percent of the general public). Although Aboriginal respondents are on par with the proportion of other respondents in the general public who feel people living with HIV/AIDS should be allowed to serve in public positions such as dentists (45 percent), significantly fewer Aboriginal respondents (46 percent) agree that people with HIV/AIDS should be allowed to serve as hairstylists (compared to 65 percent of Canadians overall). It is also less likely for Aboriginal Canadians to agree that people living with HIV/AIDS have the same rights to employment, health care and housing (between 73 and 85 percent of Aboriginal Canadians, versus 90 percent or more Canadians overall).

Between 35 and 66 percent of Aboriginal Canadians would be comfortable in situations ranging from their child attending school with another child known to have HIV/AIDS, to working in an office where someone has HIV/AIDS, compared to 46 to 81 percent of Canadians overall who would be comfortable in these situations. Aboriginal Canadians would be less likely to offer support if they found out a close friend has HIV/AIDS (81 percent) compared to 91 percent of Canadians overall. Aboriginal Canadians are less likely than Canadians overall to think that discomfort with HIV/AIDS stems from its association with drug use (48 percent, versus 56 percent of Canadians).

Aboriginal Canadians are less likely than Canadians overall to have previously gotten information about HIV/AIDS from newspaper articles (eight percent) or magazines (20 percent). Aboriginal Canadians are more likely to have gotten information recently about HIV/AIDS through general advertising (e.g., pamphlets) or doctors (though these proportions are less than 10 percent). Though the proportion is quite small, Aboriginal Canadians are more likely than Canadians overall to have gotten information recently about HIV/AIDS through an AIDS organization or community organization (seven percent, versus two percent overall).

If looking for information about HIV/AIDS, Aboriginal Canadians are less likely than Canadians overall to search Google or go to a specific website, and are more likely to get information from a nurse, hospital, or health care professional (15 percent, versus seven percent of Canadians overall). They are more likely than the broader public to seek out information from an AIDS or community organization (nine percent, versus five percent of Canadians overall). Aboriginal Canadians are more likely than Canadians overall to be sceptical about the reliability of information sources like doctors, the Public Health Agency of Canada, the Government of Canada, and pharmacists; although 41 to 60 percent still judge these sources to be reliable, these figures are 54-85 percent for Canadians overall. Friends and family are more likely to be seen by Aboriginal Canadians as unreliable sources of information (34 to 36 percent of Aboriginals consider these sources unreliable, compared to 18-23 percent of Canadians overall). It is more likely for Aboriginal Canadians than Canadians overall to feel uncomfortable about approaching their family doctor/another health professional, a pharmacist, and their friends for information about HIV/AIDS (23-53

percent of Aboriginals would be comfortable with accessing these sources, compared to 31-79 percent of Canadians overall).

The Internet is more likely to be thought of by Aboriginal Canadians (44 percent) as an effective way to reach people with information about HIV/AIDS than it is by Canadians overall (36 percent). Public education announcements in newspapers are less likely to be thought of as effective by Aboriginal Canadians (11 percent, versus 18 percent of Canadians overall).

There are some apparent differences between Aboriginal groups (First Nations living on-reserve, First Nations living off-reserve, Métis, and Inuit):

- First Nations living on-reserve and Inuit are more likely to be unaware of some facts about HIV/AIDS. However, First Nations living on-reserve are more likely to feel that HIV/AIDS is a very serious disease, and to rate their personal risk as high. Both First Nations living on-reserve and Inuit are more likely to hold stigmatizing views toward people living with HIV/AIDS, and are generally less likely to be comfortable in many of the situations tested where they might encounter a person with HIV/AIDS. If they were looking for information on this topic, both First Nations living on-reserve and Inuit would be more likely to go to a nurse or hospital.
- First Nations living off-reserve and Métis are more likely to be aware of some facts about HIV/AIDS, and they are less likely to believe it to be a disease that mainly affects drug users or the third world. Métis are more likely to consider their personal risk of contracting the disease to be low. First Nations living off-reserve and Métis are often more likely to be comfortable in situations where they might encounter a person with HIV/AIDS. First Nations living off-reserve and Métis are generally more likely to feel comfortable with accessing sources that the majority of Canadians also consider to be reliable or approachable.

Typology of Canadians

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

- ***Informed Open-Minded:*** This segment represents the largest share of the Canadian population (41 percent). Members of this segment have the highest knowledge, are the most comfortable with people living with HIV/AIDS, are the least stigmatizing and are the least likely to distance themselves from the issue. They are also least likely to discriminate against someone with HIV/AIDS and least likely to believe that people with HIV/AIDS should have their names made public to protect others. With the same defining characteristics as found in the same segment in 2006, the current segment has grown marginally from 38 percent in 2006 to 41 percent in 2012.

- ***Informed Distancing:*** This segment comprises 20 percent of Canadians, a similar proportion as in 2006 when it represented 22 percent of the Canadian population. As with the first segment, members of this segment have a high level of knowledge on the topic of HIV/AIDS, but slightly lower than the Informed Open-Minded segment. They score similarly to the rest of the country in terms of the level of stigma and discrimination they exhibit against people with HIV/AIDS. They are marginally less comfortable than average around people with HIV/AIDS. Apart from a high level of knowledge, the key distinguishing factor for this segment is the degree to which they see the disease as something that affects others (i.e., a disease affecting mostly gay people, drug users and residents of the third world). They are more likely to distance themselves from the issue of HIV/AIDS compared to the rest of the Canadian population.
- ***Moderately Informed Open-Minded:*** This group includes 23 percent of Canadians, which is similar to this segment's proportion in 2006 (22 percent). They have a low to middle level of knowledge about HIV/AIDS, and are moderately comfortable about contact with people with HIV/AIDS. They also show few stigmatizing attitudes and are less likely than many other Canadians to distance themselves from the issue, disagreeing that AIDS is a disease mostly affecting third world countries, the gay community or drug users. They are also very concerned about the issue (54 percent think it is a very serious problem today) and do not believe that AIDS is a less serious problem in Canada today than it was ten years ago (46 percent disagreeing). Overall, they are quite similar to the first segment, but with a less rich understanding of HIV/AIDS.
- ***Moderately Informed Deniers/Fearful:*** This segment comprises 12 percent of Canadians, similar to 2006 (11 percent). The segment is characterized by a low to mid-level knowledge about HIV/AIDS, strong levels of discomfort around people with HIV/AIDS, and the highest degree of stigmatizing attitudes. They tend to minimize and greatly distance themselves from the issue and are most likely to support discrimination of people living with HIV/AIDS. Compared to the fifth group (the Uninformed Uncomfortable), their knowledge level is somewhat higher and their stigmatizing views toward people with HIV/AIDS are even more acute.
- ***Uninformed Uncomfortable:*** This segment comprises only four percent of Canadians, similar to 2006 (seven percent). Individuals in this group are characterized by the lowest knowledge about HIV/AIDS. They also have the second highest level of rated discomfort around people living with HIV/AIDS. This group is likely to distance themselves from the issue of HIV/AIDS, believing that it is a disease found mostly in third world countries, and among the gay population and drug users. They express high levels of stigma and are inclined to discriminate against people living with HIV/AIDS.

1. INTRODUCTION

1.1 CONTEXT

The human immunodeficiency virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The virus attacks and damages the body's immune and nervous systems. AIDS typically develops several years after infection with HIV (sometimes exceeding ten years). HIV is transmitted through several routes:

- having unprotected sexual intercourse with an infected person;
- sharing needles for injecting drugs with someone already infected;
- tattooing, skin piercing or acupuncture with unsterilized needles;
- receiving infected blood or blood products; and
- during pregnancy, at birth or through breastfeeding, an infected mother can pass the virus to her child¹.

HIV is not transmitted through casual contact such as hugging or shaking hands, by saliva or respiratory droplets, insect bites or through contact with inanimate objects such as toilet seats, drinking glasses or eating utensils². There is currently no vaccine to prevent the contraction of HIV and, while there are treatments, there is no cure. Furthermore, the virus itself changes quickly, mutating and creating new strains that present challenges in treatment.

The HIV/AIDS epidemic in Canada is complex and changing. The incidence of HIV is increasing within the more vulnerable segments of the Canadian population, especially women, those who are marginalized by socio-economic factors, injection drug users, Aboriginal Canadians, and prison inmates.

- Men who have sex with men (MSM) continues to be the largest single demographic represented in HIV test reports, representing 45.1 percent of positive test reports in 2008 and 48 percent of all Canadians affected by HIV/AIDS (the latter proportion remained unchanged between 2005 and 2008). Certain subgroups of MSM continue to be at considerable risk of HIV infection by engaging in risky sexual practices, such as unprotected anal intercourse (UAI) with HIV discordant partners or partners of unknown HIV status.³

¹ The Canadian Public Health Association AIDS Program (May, 1995). Basic facts about HIV/AIDS.

² Royal Society of Canada (1988), op. cit.

³ Public Health Agency of Canada. HIV/AIDS Epi Updates - July 2010 at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/9-eng.php>

- Aboriginal Canadians continue to be over-represented among those with HIV infections in Canada. While Aboriginal people make up 3.8 percent of the Canadian population according to the 2006 census, it is estimated that 8 percent of all HIV infections in Canada were among Aboriginal people in 2008.⁴ Aboriginal Canadians are also disproportionately represented among injection drug users, a group that is also at high risk of exposure to HIV/AIDS.⁵
- Canadian women (age 15 and older) now account for a significantly larger number and proportion of people living with HIV (26.2 percent of reported HIV cases in 2008) relative to the beginning of the epidemic. Aboriginal women in particular, as well as black women, are over-represented in HIV reports relative to women of other ethnic and racial backgrounds.
- Exposure to HIV through injection drug use accounted for 17.7 percent of all HIV reports in Canada up to 2008. Although the literature has noted a decreasing trend in the proportion of positive HIV tests attributed to injection drug use among men, an increasing trend has been observed for women who inject drugs, according to data from 2003 to 2008.⁶
- HIV infection rates are estimated to be nearly 10 times higher among federal and provincial inmates in Canada than in the general population.⁷ At year-end 2006, 218 people in federal correctional facilities (1.6 percent of the federal prison population) were known to be living with HIV/AIDS. The prevalence of HIV among women offenders is higher than among men in Canadian federal penitentiaries. In 2006, HIV prevalence among women offenders was 4.49% versus 1.54 percent for men.⁸

In addition to the toll on human life and costs to individuals and families in Canada (and around the world), the AIDS epidemic is placing enormous burdens on the health-care system. The Government of Canada's commitment to a comprehensive and integrated response is articulated through the Federal Initiative to Address HIV/AIDS in Canada.

Through this horizontal initiative, the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and Correctional Service of Canada collaborate with provincial and territorial governments, non-governmental organizations, researchers, health care professionals, and people living with, and vulnerable to, HIV/AIDS to prevent the spread of the disease, slow its progression, and improve the quality of life of people living with HIV and AIDS. The Public Health Agency of Canada is responsible for the overall coordination of the Federal Initiative (including joint planning, monitoring and

⁴ Public Health Agency of Canada. HIV/AIDS Epi Updates - July 2010 at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/8-eng.php>

⁵ Public Health Agency of Canada. HIV/AIDS Epi Updates - July 2010 at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/10-eng.php>

⁶ Public Health Agency of Canada. HIV/AIDS Epi Updates - July 2010 at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/10-eng.php>

⁷ Public Health Agency of Canada. Are You At Risk? At <http://www.phac-aspc.gc.ca/aids-sida/info/2-eng.php>

⁸ Public Health Agency of Canada. <http://www.phac-aspc.gc.ca/aids-sida/populations-eng.php#fpf>

evaluation), communications, social marketing, national and regional funding programs, policy development, surveillance, laboratory science and global engagement focussing on technical assistance and advice.

The Federal Initiative approach focuses on those populations most affected by HIV and AIDS – people living with HIV and AIDS, gay men, Aboriginal peoples, people who use injection drugs, people in prison, women, youth at risk, and people from countries where HIV is endemic.

The 2003 and 2006 HIV/AIDS Attitudinal Surveys established baseline measures. These surveys created an overall picture of Canadians' awareness and knowledge, their attitudes and behaviours related to HIV/AIDS, and isolated patterns of sub-group differences, including demographic and attitudinal patterns. The separate Aboriginal survey provided details on the awareness and knowledge, attitudes and behaviour in the four Aboriginal populations overall and, in particular, in comparison to the general public.

Research findings from the 2003 and 2006 surveys point to the fact that HIV/AIDS-related stigma and discrimination persist in Canada. This is of particular concern as HIV/AIDS-related stigma and discrimination act as a barrier to effective prevention, treatment, care and support programs. Stigma and discrimination can discourage people from seeking information on how to protect themselves and others, from coming forward for testing and from initiating treatments. The 2012 HIV/AIDS Attitudinal Tracking Survey builds on the 2006 research to provide an overview of how the environment has evolved since 2006, including a number of questions on HIV/AIDS-related stigma and discrimination. Responses from the current survey provide critical evidence for the federal response to the prevention and control of community acquired infection, and support the public health function of preventing and controlling communicable disease by creating and sharing credible knowledge among stakeholders in order to facilitate coherent action with a focus on key populations. Specifically, as part of phased programming to increase public knowledge and awareness of ways to prevent and control HIV, the current evidence will enhance the capacity of community based stakeholders to contribute to the prevention and control of communicable diseases in Canada.

The survey also generally supports the Public Health Agency of Canada's role in disease prevention and health promotion, with Aboriginal peoples as a specific priority target group for focused initiatives. Two other key populations for the Federal Initiative are youth and those born outside of Canada; results track changes in knowledge, attitudes and behaviour in these segments of the Canadian population.

The past research was made available to stakeholders and widely used within the Public Health Agency of Canada for program and policy decisions. Given that the research was last conducted six years ago, there was a requirement to update the information in 2012 to guide prevention and control activities conducted under the Federal Initiative and among community based stakeholders.

In addition to the issue of HIV/AIDS, the survey explores, in a more cursory way, the attitudes, knowledge and behaviour of Canadians on the issue of hepatitis C. Findings will inform the activities of the Hepatitis C Prevention, Support and Research Program.

More specifically, the research objectives for the 2012 HIV/AIDS Attitudinal Tracking Survey include:

- Determining the level of awareness of the prevalence and seriousness of HIV/AIDS in Canada;
- Assessing the level of knowledge related to HIV/AIDS: modes of transmission, treatment, populations most at risk, associated risk factors, etc.;
- Assessing the degree to which people are concerned about their perceived risk of getting HIV/AIDS;
- Determining the incidence of, and concern with, risk activities that could result in HIV/AIDS;
- Assessing the level of tolerance and acceptance of people living with HIV/AIDS;
- Assessing the level of stigma and discrimination of people living with HIV/AIDS;
- Gaining a better understanding of why some Canadians demonstrate discriminatory and stigmatizing attitudes towards people living with HIV/AIDS;
- Assessing the potential impact of increased awareness/knowledge of HIV/AIDS among respondents;
- Determining awareness of, and support for, government initiatives to combat HIV/AIDS;
- Refining target audiences for communications and social marketing purposes;
- Establishing the media and information habits of target audiences;
- Comparing results against benchmarks established in 2003 and 2006; and
- Gathering information on the knowledge, attitudes and behaviours of Canadians regarding hepatitis C.

1.2 METHODOLOGY

The 2012 survey included a total of 2000 completed interviews with Canadians 16 and older (see Appendix A for the questionnaire). This size of sample yields a level of precision of up to +/-2.2 percent for the sample overall at a 0.05 confidence level (i.e., 19 times out of 20) and +/-3.0 to 7.8 percent for most sub-groups that could be isolated in the analysis (see Table 1.1). Respondents from all ten provinces were included in the survey sample. Respondents from the territories were also included in the sample, although not examined in regional analysis because of the smaller sample sizes in the territories. This survey also included an over-sample of youth between the ages of 16 and 24, and of respondents born outside of Canada, to ensure a minimum of 300 cases in both instances. A small set of interviews (n=20) were completed and results reviewed, including a thorough vetting of the audio recordings of the interviews. This

standard approach to public opinion research survey pre-testing was conducted by telephone in late February. Minor changes were made as a result of this testing of the questionnaire. The survey data collection was conducted from March 1 to May 1, 2012. The interview required an average of 23 minutes to administer, with trained, bilingual interviewers. In order to accommodate the new questions related to hepatitis C without increasing the length of the questionnaire, the sample was split so that half of the respondents were asked the hepatitis C set, but were asked fewer of the questions related to HIV/AIDS.

Of the 2000 cases sampled, 845 cases were completed from the EKOS Research *Probit* panel of randomly selected households. These cases were completed with youth (n=246), those born outside of Canada (n=144) and Aboriginal Canadians (n=206) in order to achieve oversamples of 300 cases in each of the youth and foreign-born segments (carrying a margin of error of +/- 5.6 percent) and 200 within the Aboriginal segment (carrying a margin of error of 6.5 percent)⁹. An additional 249 of the 2000 cases were conducted with cell phone users with no landline in order to increase the representativeness of the overall sample, thus better reflecting the reality of the Canadian population which is estimated to include roughly 13 percent who own a cell phone but no landline (and cannot be reached through traditional telephone survey sampling methods. This sample also came from the *Probit* panel. The remaining 1,207 cases were collected randomly from the public using a random digit dial (RDD) process to select households. This was the same process used in the recruitment of the *Probit* panel). No specific effort was made to randomize the selection of the respondent within the household. The participation rate in the survey was 16 percent for the custom RDD sample and 23 percent for the *Probit* panel sample (details in Appendix B), which is relatively high for a national public opinion survey with a questionnaire of this length.

A comparison of the unweighted sample with 2006 Census figures from Statistics Canada suggests that there are some sources of systematic sample bias in the survey, following typical patterns found in most general public surveys, which are considered to be sufficiently representative to be able to extrapolate from survey results to the population. These include a slight underrepresentation of men (46 percent versus 48 percent in the population), as well as an overrepresentation of older Canadians (40 percent over age 55 compared with 33 percent in the population). The sample population has a higher level of education overall than the general population with 35 percent reporting university degrees compared with 28 percent in the population. The sample underrepresents Canadians with a college level of education (28 percent compared with 32 percent in the population as per 2006 Census figures), although these population figures are somewhat out of date.

The survey was registered with the Canadian Survey Registration Centre (CSRC). Potential respondents were also given the EKOS Research toll-free number, as well as a contact name and telephone number at the Public Health Agency of Canada, whenever they asked for further information about the study (particularly regarding its purpose, the legitimacy of the study and individual questions).

⁹ These samples include an overlap of 165 cases found in more than one of these segments (e.g., Aboriginal and youth).

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

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age, region, and respondents born in/outside of Canada; weighting was also performed in the survey data sets generated in 2003 and 2006. Results were also weighted for Aboriginal/non-Aboriginal status in the current data set, based on the over sampling of Aboriginal Canadians; this oversampling was not conducted in 2003 and 2006. In the analysis of the findings¹⁰, a number of indices were created to represent multiple survey items (e.g., indices for knowledge and comfort). These were created with the assistance of factor analysis and were used as independent variables to examine relationships with other items in the questionnaire. They were also used in the creation of a multivariate typology of Canadians on the issue of HIV/AIDS (which is presented in Chapter Eleven).

In the report, the term "youth" describes Canadians between the ages of 16 and 24, while the term "senior citizens" describes individuals who are 65 or over. The term Prairie Provinces refers to combined results for residents of Manitoba and Saskatchewan. Results for residents of Alberta, however, are outlined separately in the report. Results are also reported in combination for all residents of the Atlantic Provinces (i.e., Nova Scotia, New Brunswick, Newfoundland and Prince Edward Island). Respondents were also asked about their ethnic origin. As only a total of 213 respondents reported Middle Eastern, Asian, Latin American, Caribbean, or African descent, these were collapsed into an overall "other" category. This allowed for the isolation of Canadian, French, United Kingdom, European, Aboriginal and "other". Throughout the report there is reference to people of ethnic origins other than Canadian, United Kingdom, European, etc. The report also refers to Canadians with origins in the United Kingdom, which for the purposes of this report includes England, Ireland, Scotland and Wales.

¹⁰ Two statistical packages were used in the analyses. StatXp, the companion software to the data collection software Interviewer, was used to create banner tables for the analysis. SPSS was used for the segmentation analysis.

The following table provides the sample sizes for major demographic groups used in the analysis, along with the associated margin of error for each segment.¹¹

Table 1.1: Major Demographic Groups

	(n)	Margin of Error*
Overall	2,000	2.2
Region		
British Columbia (and Yukon)	270	6.0
Alberta (and Northwest Territories)	227	6.5
Prairie Provinces	275	5.9
Ontario	534	4.2
Quebec (and Nunavut)	422	4.8
Atlantic Provinces	272	6.0
Gender		
Male	916	3.2
Female	1,084	3.0
Age		
Under 25	307	5.6
25-34	244	6.3
35-44	259	6.1
45-54	386	5.0
55-64	413	4.8
65 or older	382	5.0
Education		
Less than high school	715	3.7
College/Some post-secondary	556	4.2
University graduate or higher	720	3.7
Income		
Less than \$19,999	169	7.6
\$20,000-\$39,999	302	5.6
\$40,000-\$59,999	301	5.7
\$60,000-\$79,999	244	6.3
\$80,000-\$99,999	190	7.1
\$100,000-149,999	222	6.6
\$150,000 or more	160	7.8

* Calculated at the 95 percent confidence level. That is, the overall results of the 2012 Attitudinal HIV/AIDS Tracking Survey are considered accurate to within ± 2.2 percent nineteen times out of twenty.

¹¹ The margin of error is a measure of the accuracy of the results. The margin of error indicates how far the survey's results can stray from the true value in the entire population (i.e., the finding will be accurate to within a certain number of percentage points 19 times out of 20), in each of the segments listed.

Results are presented in the text (in bullets) for specific segments of the sample if they are statistically and substantively different from the overall results for the entire sample. Differences in tables are noted in bold. If differences are not noted in the report it may be assumed that they are either not statistically significant in their variation from the overall result or that the difference was deemed to be substantively too small to be noteworthy. Detailed tables of results provide responses (e.g., collapsed and uncollapsed scales) for all segments reviewed in the analysis (along with statistical testing) and can be found in Appendix C (under separate cover).

Readers should note that results for the proportion of respondents in the sample that said either “don’t know” or did not provide a response are typically indicated in the graphic representation of the results. They are not included, however, in charts where all responses are depicted in one bar for a number of different survey items in the same chart (e.g., page 9). This is done to reduce the clutter of the charts, although, results portrayed in the charts do not necessarily add to 100 percent as a result. In all cases the proportion of responses indicating “don’t know” or “no response” is small (i.e., less than a few percentage points of the total number of responses).

2. PERCEIVED SERIOUSNESS OF DISEASES

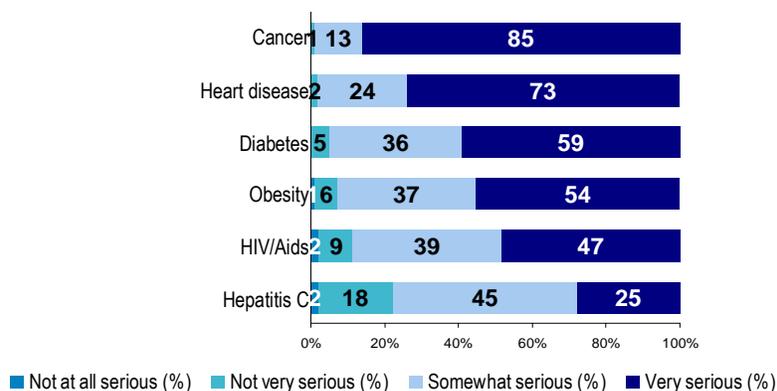
Comparatively speaking, hepatitis C ranks at the bottom of the list of six diseases in terms of perceived seriousness among members of the general public. HIV/AIDS also sits low on the list compared with cancer and heart disease, and ranks below diabetes and obesity in terms of perceived seriousness. The highest proportion of Canadians (85 percent) feels that cancer is a very serious disease in Canada today. Seventy-three percent indicate that heart disease is very serious. Over half of Canadians believe that diabetes (59 percent) and obesity (54 percent) are very serious diseases, and 47 percent of Canadians perceive HIV/AIDS as very serious. Twenty-five percent think that hepatitis C is very serious.

While virtually no one sees cancer or heart disease as not at all or not very serious, there are small proportions (six and seven percent respectively) who see diabetes and obesity as not at all or not very serious. Eleven percent perceive HIV to be not at all or not very serious and 20 percent perceive hepatitis C as not at all or not very serious.

With regard to the perceived severity of HIV/AIDS, the way the question was posed in 2012 is slightly different from the way it was worded in 2003 and 2006: in 2012, it was presented within a list of diseases, whereas in 2003 and 2006 it was presented alone. That said, results suggest an erosion of concern for the seriousness of HIV/AIDS, compared with previous years when 56 percent (2006) and 60 percent (2003) of Canadians saw it as very serious. Similarly, in 2003 and 2006, only three and five percent rated it as not at all or not very serious compared with the noted 11 percent in 2012.

Perceived Seriousness of Diseases

“Can you tell me if you think that ... is a serious disease in Canada today?”



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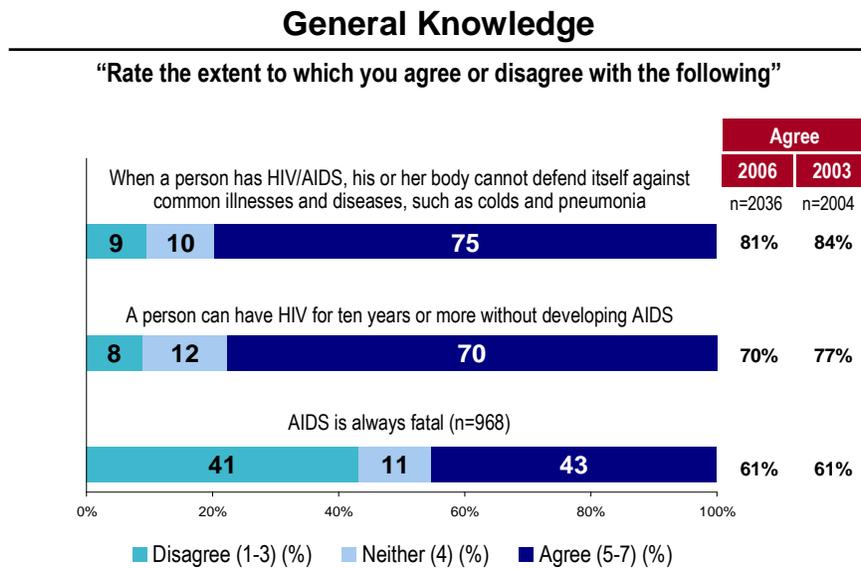
n=2000

HIV/AIDS Awareness Survey, April 2012

- Women are more apt than men to perceive all of the listed diseases as very serious.
- Canadians living in Quebec, those reporting lower household income, and members of visible minorities are more apt than other Canadians to rate HIV/AIDS as very serious.
- Canadians with higher income and education, along with younger Canadians (under 35 years of age), are more likely to perceive hepatitis C as less serious compared to other Canadians.
- People living in Atlantic Canada are more likely than Canadians living in other regions to rate heart disease, cancer, obesity and diabetes each as very serious.
- Canadians living in Quebec are least likely to believe that diabetes, obesity, cancer and heart disease are very serious. The propensity to feel that diabetes is serious increases with age, with older Canadians (65 years of age and over) more apt than the average to say that diabetes is very serious.
- Members of visible minorities are also more apt to see obesity as very serious compared with other Canadians.

3. KNOWLEDGE AND AWARENESS REGARDING HIV/AIDS

Most Canadians know that “when a person has HIV/AIDS, their body is unable to defend itself against common illnesses and diseases like colds and pneumonia” (75 percent); only nine percent disagree with this statement. This knowledge level is lower than that found in 2006 (81 percent) and 2003 (84 percent). Seventy percent of Canadians know that a person can have HIV for ten or more years without developing AIDS. This is the same level of knowledge as 2006, but lower than 2003 when 77 percent agreed with the statement. Considerably fewer Canadians agree that “AIDS is always fatal” (43 percent), compared to 2003 and 2006 (61 percent agreed each year).

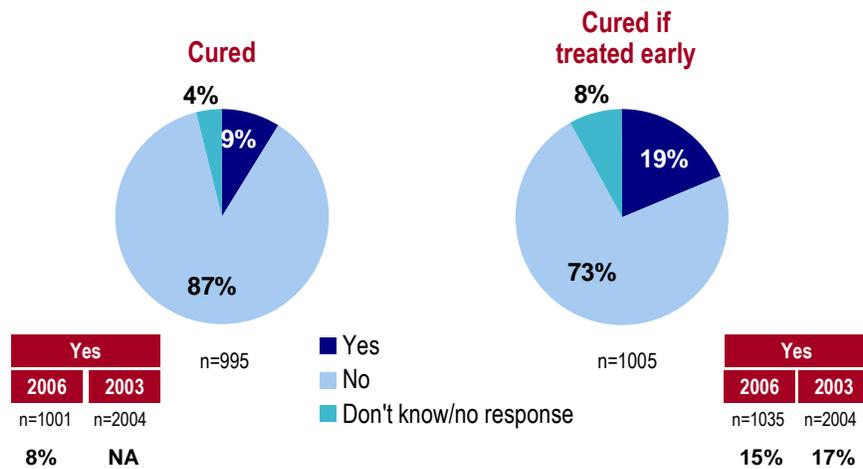


- Canadians with higher incomes more often agree that the body cannot defend itself against common illnesses and diseases with HIV/AIDS than those with lower income. Seniors are less likely than other Canadians to know that immunity is compromised with HIV/AIDS, although 68 percent are aware of this.
- Canadians with higher incomes and education, as well as limited or no religious association, are more likely than other Canadians to believe that a person can have HIV for ten years or more without developing AIDS. Knowledge is lowest among the youngest and oldest Canadians (under age 25 or 65 years old and over).
- Respondents who were born outside of Canada are less likely than those born in Canada to believe that a person can have HIV for ten years or more without developing AIDS. This is also the case with those who identify their ethnic origin as being something other than Canadian, European, or Aboriginal.
- Canadians living in Quebec are more likely than Canadians living in other provinces to believe that AIDS is always fatal. Residents of Ontario and British Columbia, those with higher incomes, a university education, men, and older respondents (55 years of age or older) are least likely to agree compared with their counterparts. Those who cite their ethnic origin as UK or European, along with those with limited or no religious association, are also more apt than average to say that AIDS is not always fatal.
- The perception that AIDS is always fatal is correlated with the perceived seriousness of HIV/AIDS (as well as hepatitis C).

By and large, Canadians are aware that there is no cure for HIV/AIDS. Eighty-seven percent know that HIV/AIDS cannot be cured. Seventy-three percent say that HIV/AIDS cannot be cured when asked in the context of “early treatment”. So, while most realize that there is no cure, many nonetheless believe that, with appropriate treatment, AIDS is not always fatal. This is largely in line with results from 2006 (i.e., nine percent versus eight in 2006 for “cured”, although not measured in 2003; 19 percent versus 15 percent in 2006 and 17 percent in 2003).

Other Knowledge – “Can it Be Cured?”

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



EKOS Research Associates Inc.

HIV/AIDS Awareness Survey, April 2012

- Canadians 65 years old and over are marginally more likely than those under 65 years of age to believe that HIV/AIDS can be cured, or cured if treated early. Those between the ages of 25 and 44, along with those with higher education, are more likely than others to know that HIV/AIDS cannot be cured.
- Aboriginal Canadians are more likely than the average to believe that HIV/AIDS can be cured (19 percent).
- Those with the least education and income are more likely to believe that HIV/AIDS can be cured if treated early compared to those with higher income and education. People with a disability are also more likely than the average to believe this (32 percent).

3.1 TRANSMISSION AND DIAGNOSIS OF HIV/AIDS

The actual factors associated with the highest risk of HIV infection include the exchange of bodily fluids during unprotected anal or vaginal intercourse (no use of a condom), or through blood to blood contact such as through the sharing of drug-use equipment, particularly needles or syringes used for injecting drugs. HIV can also be transmitted from a pregnant mother to her child before, during, or after giving birth. People from populations in Canada more adversely affected by HIV (e.g., men who have sex with men, injection drug users) are at an increased risk for exposure due to higher prevalence rates in these populations.

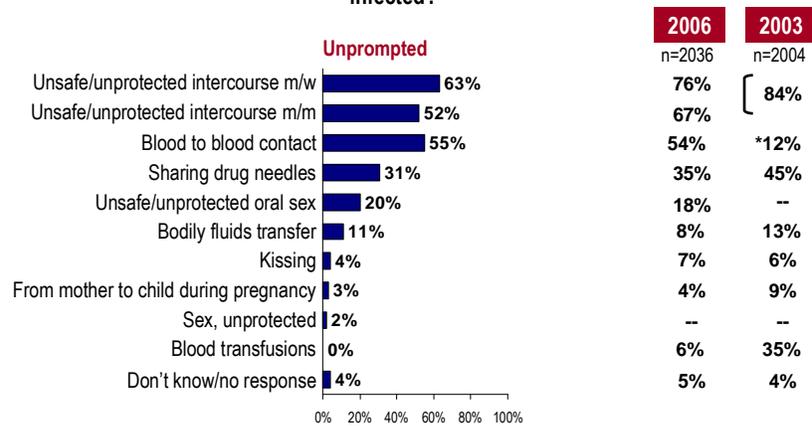
For the most part, Canadians are able to correctly identify one or more of the modes of transmission of HIV. Most Canadians answer, without prompting, that HIV is spread through unsafe/unprotected intercourse between a man and a woman (63 percent, down from 76 percent in 2006) or between a man and a man (52 percent, down from 67 percent in 2006). In 2003, unprompted, 84 percent cited unsafe/unprotected intercourse in general as a method of transmission. In 2012, 55 percent say that blood to blood contact (i.e., an open wound) is a way to transmit the virus, consistent with 2006. Thirty-one percent say that sharing drug needles is a mode of transmission (down marginally from 35 percent in 2006 and down from 45 percent in 2003). Without prompting, small segments of Canadians also name bodily fluid transfer (11 percent) and from mother to child during pregnancy (three percent) as methods of transmitting HIV.

Although unsafe/unprotected oral sex presents negligible (low, but not zero) risk, twenty percent of Canadians say this can put a person at risk of contracting HIV (unchanged from 2006). Kissing, which poses no risk for HIV transmission, was identified by four percent of respondents. While 35 percent of respondents in 2003 mentioned blood transfusions as a cause of HIV infection and six percent mentioned this in 2006, no respondents cited this in 2012¹². Since blood screening for HIV began in November 1985, transfusions and transplants are considered low risk. Four percent do not know or did not provide a response regarding how HIV is transmitted.

¹² There was considerable media coverage of blood transfusions and tainted blood in this period of time, possibly driving these results – *or is it because blood/blood products have been screened for 25+ years?*

Knowledge of HIV Transmission Methods

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



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



EKOS Research
Associates Inc.

Only items with 2% or more shown on slide

n=2000

HIV/AIDS Awareness Survey, April 2012

- Canadians living in Quebec are least likely of all Canadians to mention that HIV can be transmitted through unsafe/unprotected oral sex or through sharing drug needles.
- Those who identify themselves as lesbian, gay, bisexual, or transgender are more apt than other respondents to indicate that HIV can be passed on through sharing drug needles.
- Respondents with a UK or European ethnic origin are more apt to mention unsafe/unprotected oral sex as a method of infection, compared with other Canadians.
- Younger Canadians (aged 44 years and younger) are more likely to note blood to blood contact as a source of transmitting HIV compared with Canadians who are 45 years of age or older.

Table 3.1: Knowledge of HIV Transmission Methods, by Demographic Variables

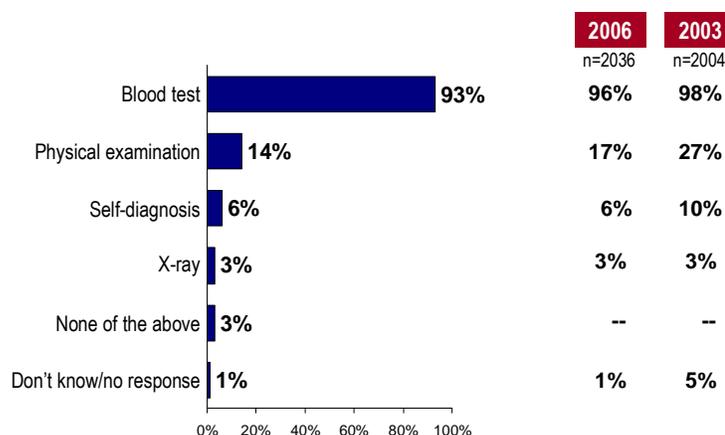
"From what you know or have heard, can you tell me how HIV/ the virus associated with AIDS, is passed on to another person? That is, what people might do or not do to cause them to be infected?" ¹³					
(Unprompted responses, n=2,000)					
	Blood to blood contact (%)	Unsafe/unprotected intercourse (man + woman) (%)	Unsafe/unprotected intercourse (man + man) (%)	Sharing drug needles (%)	Unsafe/Unprotected oral sex (%)
Overall	55	63	52	31	20
Region					
British Columbia	56	63	51	28	23
Alberta	56	59	52	33	23
Prairie Provinces	49	59	49	36	16
Ontario	56	66	54	34	24
Quebec	55	62	51	24	10
Atlantic	57	58	54	39	20
Age (in years)					
<25	61	66	55	28	19
25-34	63	71	59	34	23
35-44	67	66	51	34	20
45-54	59	63	54	37	19
55-64	48	57	48	32	16
65+	35	55	46	21	21
Ethnic Origin					
Canada	54	62	50	31	16
UK	56	61	51	35	25
French	56	61	54	27	15
Europe	57	69	56	36	26
Other	64	72	54	27	21
Aboriginal	59	59	52	25	16

As in 2003 and 2006, nearly all Canadians (93 percent) understand that a blood test is required to diagnose HIV/AIDS. Canadians are much less likely to believe that HIV/AIDS can be diagnosed through a physical examination (14 percent) or self-diagnosis (six percent). The perception that a physical examination can be used to diagnose HIV/AIDS has decreased from 27 percent in 2003, but is similar to the 17 percent found in 2006. As in past years, three percent believe an x-ray can be used to diagnose HIV/AIDS.

¹³ In the tables of detailed results by demographic group, proportions and means are presented in bold if they are statistically higher than the rest of the sample.

Knowledge of Testing

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



EKOS Research
Associates Inc.

n=2000

HIV/AIDS Awareness Survey, April 2012

- Lower levels of knowledge regarding testing are more common among youth, people living in Quebec, visible minorities, and people of lower socioeconomic status. Nine percent of people living in Quebec think someone can find out if they have HIV/AIDS from self-diagnosis, and 26 percent say this can be found out through a physical examination.
- Six percent of Canadians with no post-secondary education, and nine percent of Canadians with annual household incomes under \$40,000, believe an x-ray can be used to tell for certain if someone has HIV/AIDS. Ten percent of those with no post-secondary education, and nine percent of Canadians with annual household incomes under \$40,000, believe self-diagnosis can be used to determine if someone has HIV/AIDS. Nineteen percent of people with no post-secondary education, 22 percent of those with incomes under \$20,000, and 18 percent of those with incomes between \$20,000 and 40,000 think HIV/AIDS can be detected through a physical examination.
- Eleven percent of visible minorities believe that detection of HIV/AIDS is possible through self-diagnosis, and 21 percent believe that detection of HIV/AIDS is possible through a physical examination.
- Ten percent of people under 25 years of age think HIV/AIDS can be detected through self-diagnosis, and 18 percent think it can be detected through a physical examination.

3.2 KNOWLEDGE OF GROUPS MOST AFFECTED BY HIV/AIDS

Fifty-one percent of Canadians named homosexual men as one of the specific groups in the Canadian population that have been most affected by HIV/AIDS, similar to results from 2006 and marginally higher than found in 2003. Injection drug users as a group are named by 22 percent, which is lower than found in the past (31 percent in 2003 and 29 percent in 2006). Other populations, such as Aboriginal people, Canadian youth (under 25 years of age), people who have unprotected sex, sex trade workers, and people of African descent were named by fewer than ten percent each and generally cited in similar, if slightly lower, proportions than found in the past. Twenty-six percent were unable to identify any specific groups at risk or did not respond, which reflects similar proportions to those found in past years.

Knowledge of Groups Most Affected by HIV/AIDS

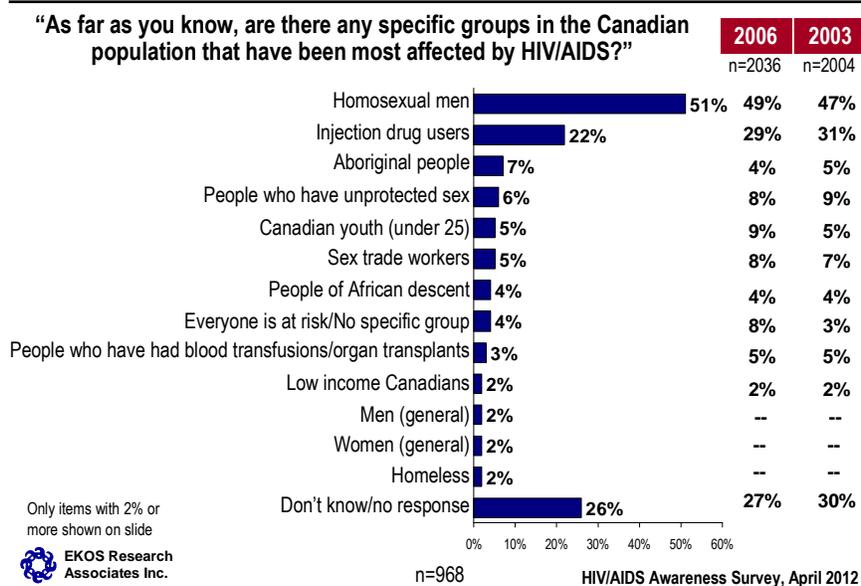


Table 3.2: Knowledge of Groups Most Affected by HIV/AIDS, by Demographic Variables

“As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?”				
(n=968)				
	Homosexual Men (%)	Injection Drug Users (%)	Aboriginal Peoples (%)	Canadian Youth (%)
Overall	51	22	7	5
Region				
British Columbia	57	32	11	6
Alberta	44	28	9	2
Prairie Provinces	42	28	14	3
Ontario	52	21	6	3
Quebec	53	13	2	12
Atlantic	49	23	9	4
Age (in years)				
<25	26	11	5	5
25-34	51	12	7	10
35-44	50	28	9	6
45-54	61	27	5	3
55-64	57	29	10	7
65+	51	20	6	3
Education				
High School or less	39	15	6	4
College	53	24	5	7
University	59	26	9	6
Income				
<\$20,000	33	19	5	8
\$20,000-\$39,000	48	14	9	7
\$40,000-\$59,000	46	25	6	1
\$60,000-\$79,000	54	25	5	8
\$80,000-\$99,000	60	29	7	9
\$100,000-\$149,000	60	23	7	6
\$150,000 +	65	28	7	2
Ethnic Origin				
Canada	51	23	6	3
UK	61	31	7	5
French	57	18	4	8
Europe	59	28	9	7
Other	25	9	7	7
Aboriginal	34	21	21	9

- Canadians living in Quebec are the least likely of all Canadians across the country to identify injection drug users as a group affected by HIV/AIDS, while Canadians in British Columbia are the most likely to do so.¹⁴
- Youth (ages 16 to 24) are the least likely of all age groups to recognize injection drug users or homosexual men as groups affected by HIV/AIDS. Canadians between the ages of 45 and 64 are more likely than those under age 35 or over 65 years of age to identify homosexual men as a group most affected by HIV/AIDS.
- Education is a strong determinant of the groups identified as affected by HIV/AIDS. Those with a university education are considerably more likely to cite injection drug users (26 percent) and homosexual men (59 percent) as examples of groups most affected by HIV/AIDS compared to those with a college education. This drops considerably among those with only a high school education (15 percent cited injection drug users and 39 percent cited homosexual men).
- Those who identify their ethnic origin as being something other than from the UK or Europe are less likely than other Canadians to cite injection drug users or homosexual men as a group most affected by HIV/AIDS.
- Aboriginal people are much more likely than other Canadians to indicate that Aboriginal people are a group in the Canadian population that have been most affected by HIV/AIDS (21 percent).

3.3 KNOWLEDGE INDEX

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

- unsafe/unprotected intercourse between a man and a man;
- unsafe/unprotected intercourse between a man and a woman;
- unsafe/unprotected oral sex;
- sharing drug needles;
- kissing;
- tattoos/body piercing;
- contact with physical objects such as fountains or toilet seats;

¹⁴ As was the case in 2003 and 2006, this finding may be related, in part, to the higher incidence of injection drug use on the lower Eastside of Vancouver.

- blood to blood contact, such as from an open cut;
- mosquito bites;
- casual contact such as hugging or shaking hands;
- a sneeze or cough; and
- from mother to child during pregnancy;

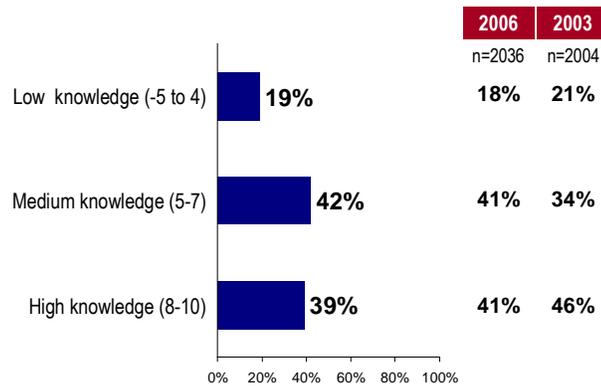
It also included knowledge and misconceptions of methods for detecting HIV (blood test; physical examination, self-diagnosis; x-ray; or other), and responses to the following agree/disagree statements:

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

Each correct answer earned a point and each incorrect deducted a point. The scores were then summed up and categorized and then collapsed into categories of high, medium and low levels of knowledge. The overall results indicate that 19 percent of Canadians have low levels of knowledge, 42 percent have moderate knowledge and 39 percent have high levels of knowledge, similar to 2006 results.

Knowledge Index

Canadians' knowledge of HIV/AIDS



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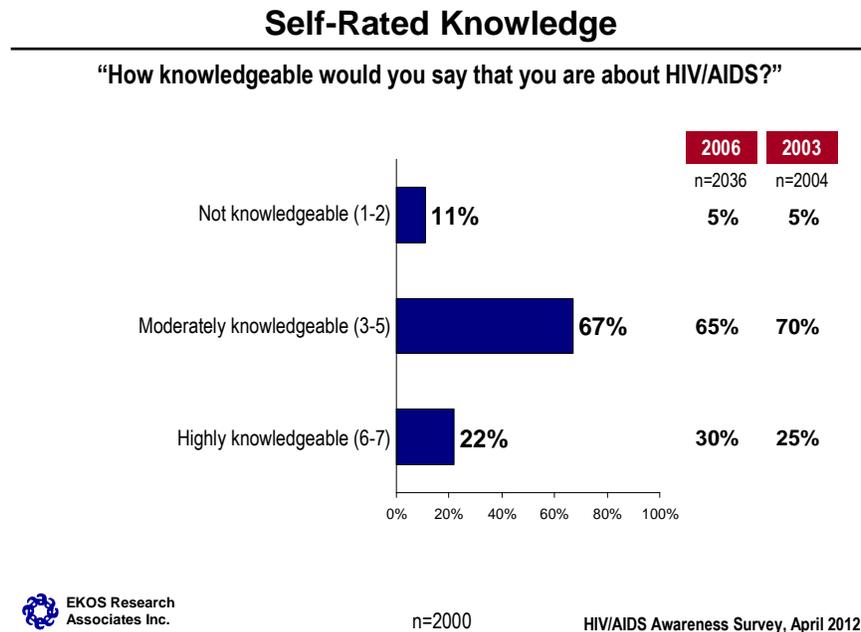
n=2000

HIV/AIDS Awareness Survey, April 2012

- As with the individual items related to knowledge, the overall knowledge scores are lower among those with the least education and income, as well as among the oldest Canadians, those born outside of Canada, visible minorities and people with disabilities. This is also true of Canadians reporting the strongest religious associations.
- Knowledge scores are also slightly lower among men versus women.

3.4 PERSONAL PERCEPTION OF KNOWLEDGE (SELF-RATED)

Irrespective of what they actually do know based on the results of several knowledge measures in the survey, Canadians generally believe that they are moderately knowledgeable about HIV/AIDS. Few report that they know little about the disease. Compared with 2003 and 2006, fewer Canadians in 2012 rate themselves as highly knowledgeable, although differences are marginal. Twenty-two percent report themselves to be highly knowledgeable about HIV/AIDS, which is a lower knowledge level than that reported in 2006, but similar to 2003 results.



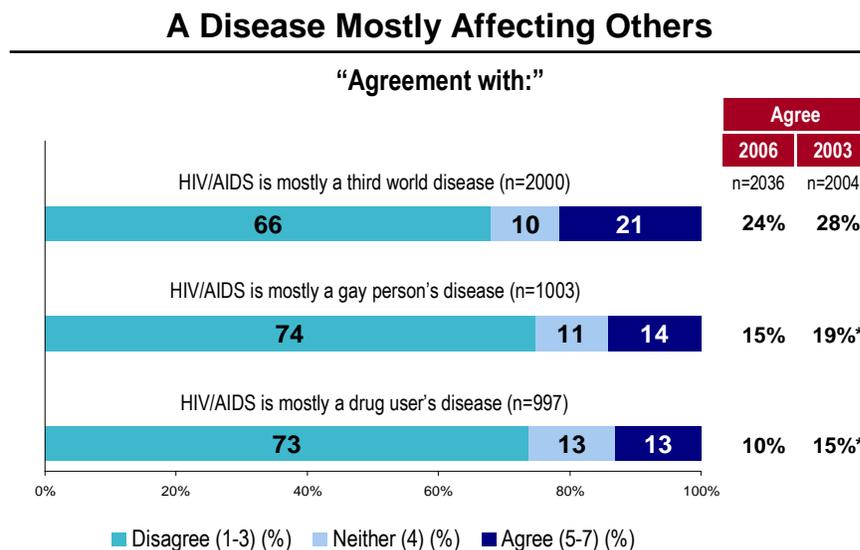
- Canadians living in Quebec are more likely to report themselves to be knowledgeable about HIV/AIDS than those in other parts of the country: 32 percent of Quebec residents believe they are very knowledgeable about HIV/AIDS, rating themselves with a six or seven on the scale. This is in contrast to the lower scores reported by Quebec residents on other knowledge measures in the survey.
- Canadians with university education or higher, and those with high incomes (\$100,000 to \$150,000) are more likely to report they are knowledgeable about HIV/AIDS (24 percent) as compared to those with high school education or less (17 percent). Members of visible minorities, as well as those who report themselves to be gay, lesbian, transgender or bisexual also rate themselves as having high knowledge regarding HIV/AIDS.

- The reported knowledge levels of seniors is lower than found among other Canadians on the issue of HIV/AIDS (18 percent rate themselves as “not knowledgeable”). Reported knowledge levels of Canadians living in Alberta are also lower than found among residents of other provinces.

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

4.1 DISTANCING FROM HIV/AIDS

Several items were included in the survey to measure the extent to which Canadians see HIV/AIDS as a problem that only affects others, rather than a disease that can infect anyone. Results indicate a reduction in the extent to which Canadians see HIV/AIDS as a disease mostly affecting others: 21 percent agree that “HIV/AIDS is mostly a third world disease”, which is down from 28 percent in 2003, but similar to the 24 percent found in 2006. Slightly fewer believe that it is “mostly a gay person’s disease” (down from 19 percent in 2003, but the same as the 15 percent found in 2006). Thirteen percent agree that HIV/AIDS is “mostly a drug user’s disease”, which is also similar to previous results (10 and 15 percent in 2006 and 2003, respectively).



- Seniors (65 years old and over) are more likely than Canadians under 65 years of age to see HIV/AIDS as mostly a drug user's disease or a gay person's disease.
- Canadians living in Quebec are more likely than people living in other provinces to see HIV/AIDS as mostly a gay person's disease or a third world disease.
- Canadians reporting the least education and income are also more apt to agree with these statements relative to those with higher socioeconomic status.
- Canadians who know a person living with HIV/AIDS are less likely to agree that HIV/AIDS is a third world disease or a drug user's disease than those who do not know someone with HIV/AIDS.

4.2 DISTANCING INDEX

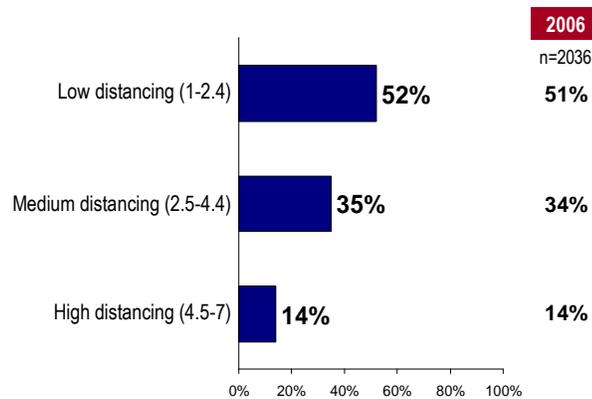
Another summary measure was created to reflect the extent to which respondents see HIV/AIDS as a disease affecting others or only very specific groups, rather than a disease that is of concern to themselves or to the general public in Canada. The index includes agreement or disagreement with the following statements:

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

An average score for the three items was calculated on a 7-point scale for each respondent. Results were then collapsed into categories of high, medium and low likelihood of distancing from HIV/AIDS. Fifty-two percent of Canadians scored low, meaning they do not agree that HIV/AIDS is a disease that mostly affects others. Thirty-five percent agree to a moderate degree that HIV/AIDS is a disease that mostly affects others, and the remaining 14 percent agree to a large degree that HIV/AIDS is a disease that mostly affects others. These results line up precisely with the results from 2006.

Distancing Index

Extent to which Canadians distance themselves from HIV/AIDS



 EKOS Research Associates Inc.

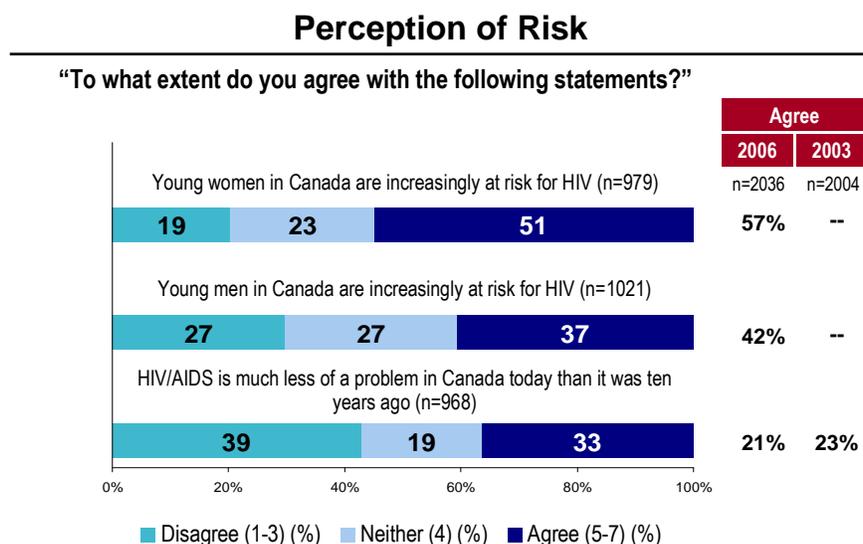
n=2000

HIV/AIDS Awareness Survey, April 2012

- Seniors are more apt to agree that HIV/AIDS is a disease that affects others. This is in line with their lower knowledge levels and lower self-reported knowledge of HIV/AIDS.
- Canadians with higher incomes and education levels are less apt than the average to agree that HIV/AIDS affects mostly others, as are members of visible minorities and Aboriginal people, relative to other Canadians. Canadians with a disability are more apt to agree that HIV/AIDS occurs to mostly other groups, as are those with stronger religious association.
- Those who consider themselves to be at low risk of contracting HIV/AIDS, as well as those who know someone with AIDS, are less apt than the average to agree that HIV/AIDS affects mostly others, as are those with high actual and self-rated knowledge scores.

4.3 PERCEPTION OF RISK

Thirty-three percent of Canadians believe that HIV/AIDS is much less of a problem in Canada today than it was ten years ago, which is considerably higher than the 21 and 23 percent in 2006 and 2003. Canadians are more likely to see young women (51 percent) as increasingly at risk for HIV than are young men (37 percent). Compared with previous years, fewer Canadians see HIV as increasingly risky for both genders.



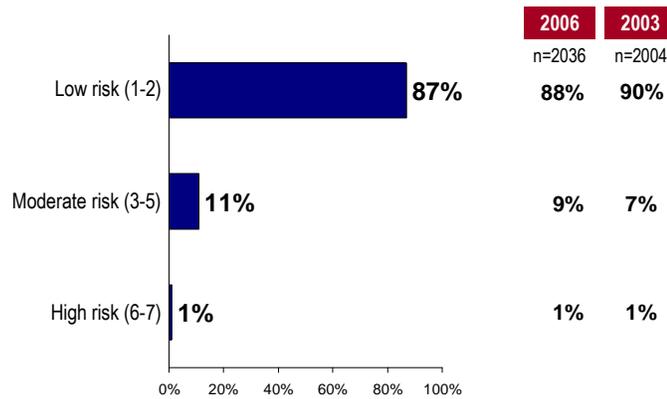
HIV/AIDS Awareness Survey, April 2012

- Those who were born outside of Canada, along with older Canadians, are less likely than others to see HIV/AIDS as a problem in Canada today compared to ten years ago.
- People living in Quebec are much more likely than other Canadians to disagree with the statements: HIV/AIDS is much less of a problem today than it was ten years ago (58 percent compared with the national average of 39 percent). In other words, Canadians living in Quebec are less apt to see HIV/AIDS as a problem that is diminishing over time.
- Canadians living in the Atlantic provinces and those living in British Columbia are more likely to agree that young women in Canada are increasingly at risk of contracting HIV (59 percent each); Canadians living in Quebec are least likely to agree (45 percent) along with those identifying an ethnic origin other than Canadian, European, or Aboriginal (42 percent agree), relative to other Canadians.
- Those with lower education and income are more apt than other Canadians to believe that young men are increasingly at risk for HIV.

As in 2003 and 2006, the majority of Canadians do not consider themselves to be personally at risk of contracting HIV: 87 percent rate their risk as low. Eleven percent perceive themselves to be at a moderate risk of contracting the disease, and one percent believes themselves to be at a high risk of contracting HIV/AIDS.

Perception of Personal Risk

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



 EKOS Research Associates Inc.

n=2000

HIV/AIDS Awareness Survey, April 2012

Table 4.1: Perceptions of Personal Risk by Demographic Variables

"How would you rate your own personal risk of contracting HIV, using a scale where 1 is a very low risk, 7 is a very high risk, and the midpoint 4 is moderate risk?" (n=2,000)			
	Low Risk (1,2) (%)	Moderate Risk (3,4,5) (%)	High Risk (6,7) (%)
Overall	87	11	1
Age (in years)			
<25	75	22	2
25-34	82	14	3
35-44	84	14	2
45-54	91	8	1
55-64	93	6	0
65+	92	5	1
Casual Partners			
Yes	68	27	3
No	93	6	1

- Perceived risk of contracting HIV is higher among youth (22 percent report themselves to be at moderate risk). This is likely linked to the fact that youth also report the highest incidence of casual and multiple sexual partners.
- Perceived risk is higher among Canadians living in Quebec relative to the perceived risk reported by Canadians living elsewhere in Canada (19 percent rating themselves as having a moderate risk).
- Twenty-seven percent of those identifying themselves as gay, lesbian, bisexual or transgender report a moderate risk while six percent say their risk is high.
- Those with casual partners report a considerably higher perceived risk than those with only one or no sexual partners: three percent believe they are at a high risk and 27 percent say that they are at a moderate risk.

When asked why they consider their own personal risk of contracting HIV as low, many report their marital status (married), or that they only have one partner (58 percent) as their primary reason. Other reasons include not using drugs (23 percent), not being sexually active (17 percent), or always using a condom (10 percent). Three percent did not provide a reason for their perception of low personal risk. These results are very similar to those found in 2006.

Table 4.2: Reasons for Perceived Low Personal Risk, by Demographic Variables

"Why do you think your own personal risk of contracting HIV is low?" (n=1,805)				
	Married /one partner (%)	Not sexually active (%)	I always use a condom (%)	I don't do drugs (%)
Overall	58	17	10	23
Age (in years)				
<25	34	23	20	23
25-34	69	5	16	24
35-44	67	8	10	28
45-54	66	13	9	24
55-64	61	21	6	20
65+	41	35	1	17
Income				
<\$20,000	36	30	13	19
\$20,000-\$39,000	43	26	13	24
\$40,000-\$59,000	58	17	12	21
\$60,000-\$79,000	64	13	11	25
\$80,000-\$99,000	64	17	8	31
\$100,000-\$149,000	73	7	9	30
\$150,000 +	78	3	5	20
Children in the Household				
Teenagers	77	12	5	24
Young children	80	6	5	25
None	45	22	13	22
Sexually Active				
Yes	78	2	10	18
No	19	57	5	16
Ethnic Origin				
Canada	59	17	8	19
UK	58	20	6	27
French	56	14	13	24
Europe	58	20	8	25
Other	52	15	15	21
Aboriginal	68	14	3	21
Casual Partners				
Yes	37	4	28	13
No	85	1	7	18

Among the 11 percent indicating they perceive themselves at moderate risk, some provide reasons that are similar to those perceiving their personal risk to be low (i.e., one partner, not sexually active, not a drug user). A top response for this segment is also that they work in an industry where there may be some work-related risk (e.g., health care, dental profession) (20 percent) or that one simply never knows what might happen (11 percent).

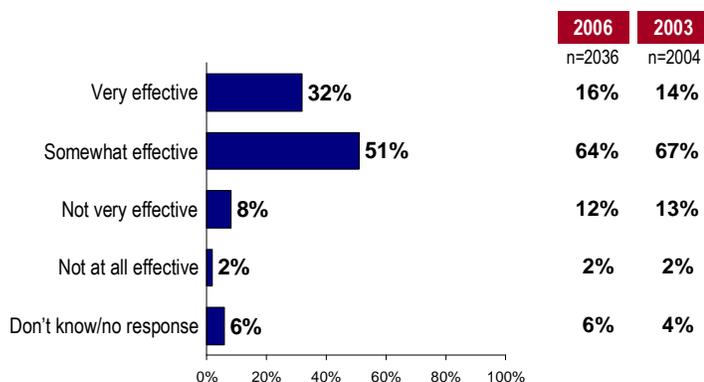
Those perceiving themselves to be at high risk point mostly to their profession (e.g., health care, dental) (32 percent) or that they have multiple partners (17 percent) as their main reasons for this perception. Twenty-eight percent did not provide a response or said that they did not know.

4.4 PERCEIVED EFFECTIVENESS OF TREATMENTS FOR HIV/AIDS

Eighty-three percent of Canadians in 2012 believe HIV/AIDS treatments are somewhat or very effective in helping people with the disease lead normal lives. This is a slightly higher proportion than found in 2003 or 2006, although results have moved more towards the “very effective” category from the “somewhat effective” category compared with findings from 2003 or 2006. This finding is consistent with the finding that many feel/believe the disease is not fatal. Ten percent believe treatments are not very or not at all effective, which is slightly lower than past results.

Perceptions Regarding HIV/AIDS Treatments

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



n=968

HIV/AIDS Awareness Survey, April 2012

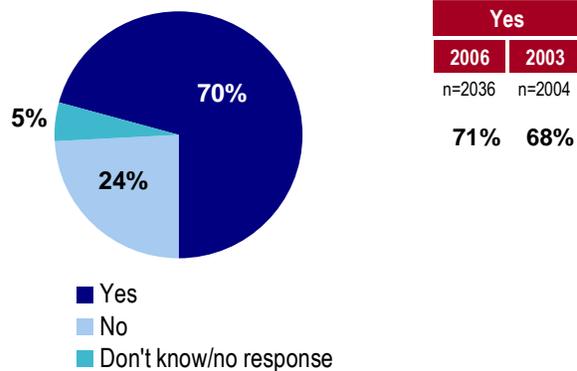
- Canadians living in Quebec are significantly more likely than other Canadians to say that HIV/AIDS treatments are not effective (23 percent) in helping people with the disease lead normal lives; this view is shared by ten percent of residents or fewer elsewhere in Canada. Youth are somewhat more likely to believe that treatments are not effective (15 percent).
- On the other hand, people living in British Columbia, the most educated and affluent, and people who know someone with HIV/AIDS are more likely than other Canadians to believe that treatments are highly effective.

5. SEXUAL BEHAVIOUR

Seventy percent of Canadians report having been sexually active in the past 12 months. This is largely the same result as that found in 2003 and 2006. Of those who are sexually active, 86 percent have had only one partner in the past 12 months, identical to 2003 and 2006 findings. Six percent report two partners, as was the case in 2003 and 2006. The remaining seven percent report having engaged in sexual activity with two or more partners (also similar to past results).

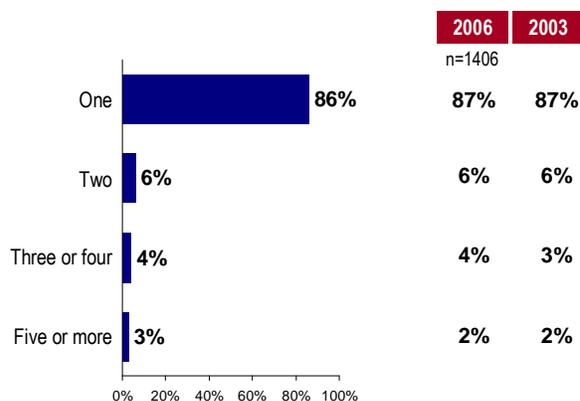
Sexual Behaviour

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



Number of Sexual Partners

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



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Associates Inc.

n=655

HIV/AIDS Awareness Survey, April 2012

Table 5.1: Sexual Activity and Number of Partners by Marital Status and Age

	“Have you been sexually active in the last 12 months?” (n=968)	“How many partners have you engaged in sexual activity within the last 12 months?” (Only those who reported being sexually active [n= 655])	
		% Yes	% One partner
Overall	70	87	13
Marital Status			
One person, living alone	36	60	40
Single, with child/children	60	76	24
Married or common law couple, without children	79	95	5
Married or common law couple, with children	88	97	3
Single, without children, living with roommate(s)	81	45	55
Single, without children, living with family/parents	46	53	47

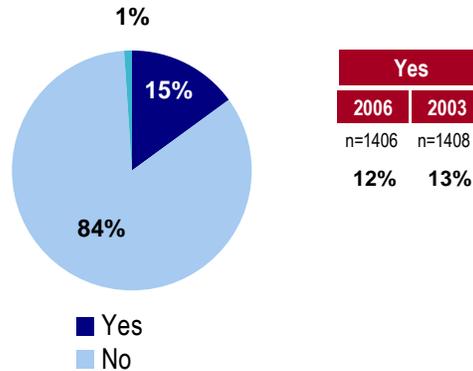
	“Have you been sexually active in the last 12 months?”(n=968)	“How many partners have you engaged in sexual activity within the last 12 months?” (Only those who reported being sexually active [n= 655])	
	% Yes	% One partner	% More than one partner
Age (in years)			
<25	70	59	39
25-34	91	79	20
35-44	83	91	7
45-54	78	90	9
55-64	63	92	8
65+	39	95	2

- Canadians who are in a married or common law relationship are the most likely to report sexual activity, along with those who are single with no children.
- Canadians 65 years of age and older are the least likely to report sexual activity in the past 12 months (39 percent). Those between the ages of 25 and 44 years are the most likely to report being sexually active (25 to 34 year old segment - 83 percent, 35 to 44 year old segment - 91 percent). This strong relationship between sexual activity and age is likely driven by the strong relationship between marital status and age (with those between ages 35 and 44 years being most likely to be in married or common law relationships). There are also significant relationships between sexual activity and a number of other variables including income, and presence of children in the home. This is largely because there are strong relationships between age and income, as well as age and presence of children, etc. Therefore, the relationship between sexual activity and age carries through to these other dimensions (e.g., age and income).
- Although youth are less apt to be sexually active; if they are, they are considerably more likely to have multiple partners than their older counterparts.

Fifteen percent of Canadians who are sexually active report that they had one or more casual sexual partner in the past year. This is also similar to the result found in 2006 (12 percent).

Casual Sexual Partners

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



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

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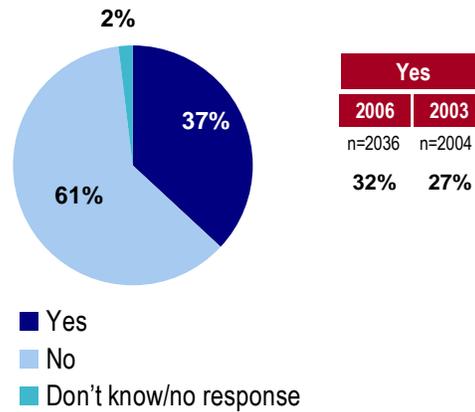
n=648

HIV/AIDS Awareness Survey, April 2012

Thirty-seven percent of Canadians report having been tested for HIV (excluding testing for insurance, blood donation and participation in research), a large increase from the 27 percent in 2003 and a more moderate increase from 32 percent in 2006.

Testing Behaviour

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



EKOS Research Associates Inc.

n=2000

HIV/AIDS Awareness Survey, April 2012

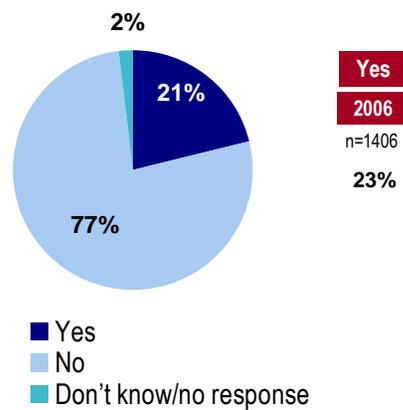
- Canadians between the ages of 25 to 44 years are more likely to have ever been tested for HIV (52 to 58 percent), while those 55 years of age and older are least likely to have been tested, reflecting the pattern of lower sexual activity.
- The reported incidence of testing is higher in Quebec than elsewhere in Canada.
- Canadians who know someone with HIV, who are sexually active, and who report having casual sexual partners are all more likely to have been tested for HIV in the past.
- Respondents who identified themselves as lesbian, gay, bisexual, or transgender are significantly more likely to have been tested for HIV (66 percent compared with the national average of 37 percent).

5.1 SAFER SEX

Twenty-one percent of sexually active Canadians used a condom the last time they had sex, which is largely on par with results found in 2006 (23 percent).

Sexual Behaviour – Safer Sex (a)

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



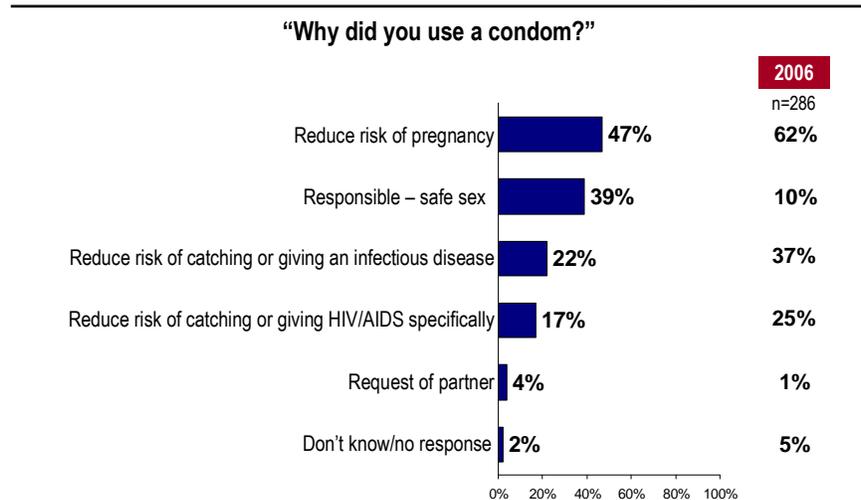
EKOS Research
Associates Inc.

n=655

HIV/AIDS Awareness Survey, April 2012

For those who used a condom, the most frequently cited reason was to reduce the risk of pregnancy (47 percent), followed by generally responsible behaviour or “safe sex” (39 percent), to reduce the risk of getting or transmitting an infectious disease (22 percent), and to reduce the risk of acquiring or transmitting HIV/AIDS specifically (17 percent). Compared with 2006 results, “to reduce the risk of pregnancy” and “to reduce the risk of catching an infectious disease or HIV/AIDS specifically” are all cited considerably less frequently in 2012. The incidence of Canadians attributing condom use to safer sex practices is considerably higher in 2012 (39 percent compared with 10 percent in 2006¹⁵).

Sexual Behaviour – Safer Sex (b)



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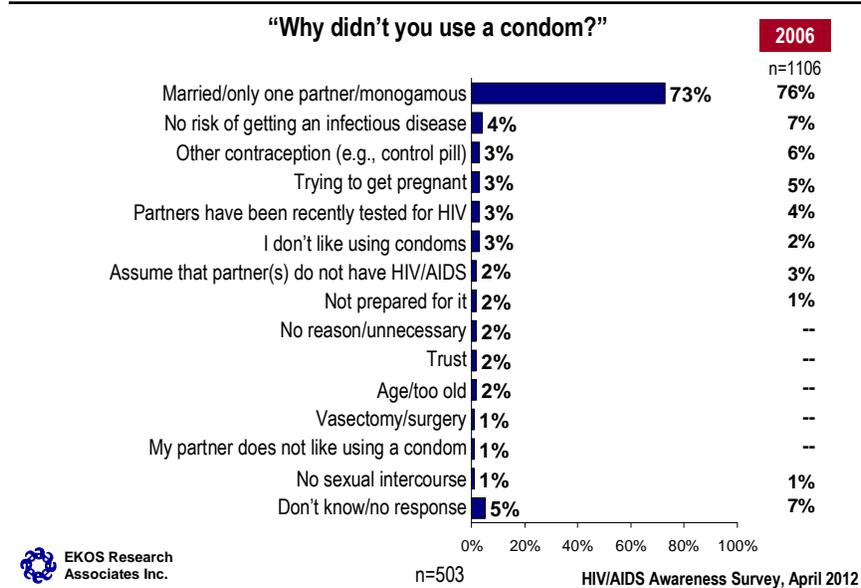
n=140

HIV/AIDS Awareness Survey, April 2012

¹⁵ Note that because the sexual activity questions were only asked of half of the 2012 sample, the total number of respondents for this question was 143 in 2012, whereas n=286 in 2006.

Seventy-three percent of sexually active Canadians said they did not use a condom the last time they had sex because they are married, have one partner, or are monogamous. Four percent said they felt they had no risk of getting an infectious disease. Three percent did not use a condom because they were trying to get pregnant, and another three percent said they were using the birth control pill or another mode of contraception. Two percent assumed their partner(s) did not have HIV/AIDS. Three percent said that their partner was recently tested for HIV. Two percent said they were simply not prepared to use a condom and one percent said that they do not like using condoms. Generally, results are very similar to those found in 2006.

Motivation Regarding Safer Sex



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Table 5.2: Safer Sex, by Demographic Variables

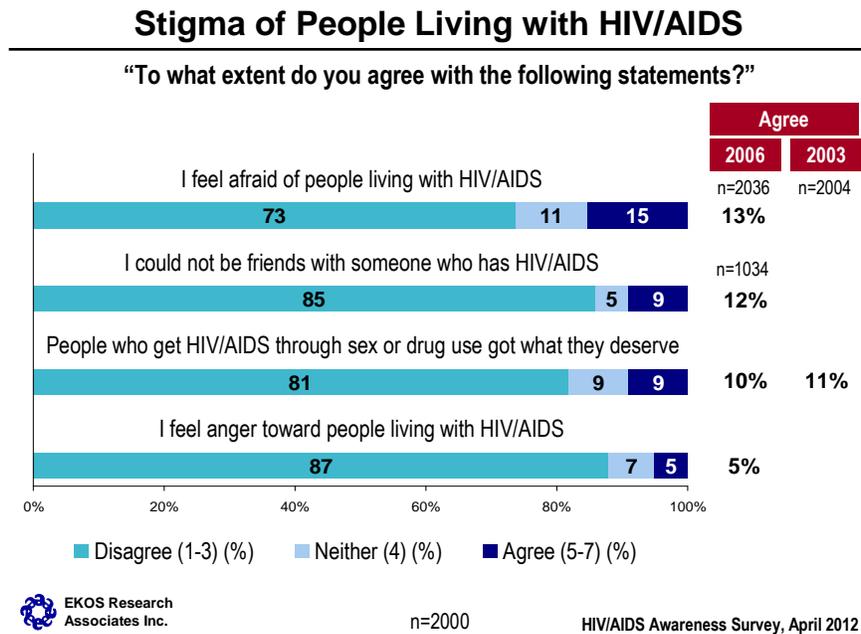
	“Did you use a condom the last time you had sex?” (n=655)	“Why didn’t you use a condom?”(n=503)				
		No (%)	Married/one partner (%)	No risk of infectious disease (%)	Trying to get pregnant (%)	Birth control pill (%)
Overall	77	73	4	3	3	5
Age (in years)						
<25	47	39	5	7	21	12
25-34	65	69	3	7	6	4
35-44	78	72	3	4	2	5
45-54	83	80	4	0	1	4
55-64	90	75	5	0	0	5
65+	95	78	9	0	0	7
Children in the Household						
Teenagers	90	84	5	0	1	4
Young children	83	76	0	5	3	3
None	68	62	5	3	5	7
Casual Partners						
Yes	50	46	11	2	4	11
No	82	76	4	3	3	5
Ethnic Origin						
Canada	79	69	3	5	3	4
UK	83	69	6	3	4	7
French	71	73	5	0	2	4
Europe	81	76	7	2	4	3
Other	59	71	2	5	6	12
Aboriginal	84	88	0	0	3	1

- Youth are more likely to have used a condom recently compared to older Canadians, as are those with casual partners (48 percent).
- Canadians who identify their ethnic origin as being something other than Canadian, from the United Kingdom, European, or Aboriginal are more likely (34 percent) than other groups to report condom use.

6. HIV/AIDS-RELATED STIGMA

6.1 STIGMA

Nine percent of Canadians agree that “people who get HIV/AIDS through sex or drug use got what they deserve”, which has remained essentially the same since this question was first asked in 2003.



- Senior citizens (65 years of age and older), men, and individuals with lower levels of education and income are more likely than their counterparts (i.e., those under age 65 years of age, women, and those with middle to upper incomes) to agree that people who contract HIV/AIDS through drug use or sex got what they deserve. The same pattern holds among people born outside Canada and Europe who identify as a visible minority, as well as among those with strong religious associations, and people who self-rate their knowledge of HIV/AIDS as low relative to other Canadians.
- People who believe their chances of contracting HIV/AIDS are high and who do not know a person with HIV/AIDS are more likely to agree that people who contract HIV/AIDS through drug use or sex got what they deserve.

Table 6.1: Stigma of People Living with HIV/AIDS by Background Variables

	"To what extent do you agree with the following statements" (n=2,000)			
	I feel afraid of people living with HIV/AIDS	I could not be friends with someone who has HIV/AIDS	People who get HIV/AIDS through sex or drug use got what they deserve	I feel anger toward people living with HIV/AIDS
	Disagree (%)			
Overall	73	85	81	87
Gender				
Men	72	85	79	86
Women	74	85	83	87
Age (in years)				
<25	73	89	82	83
25-34	80	90	84	98
35-44	75	85	84	90
45-54	77	90	85	87
55-64	71	84	83	83
65+	62	71	67	79
Education				
High School or less	65	77	76	79
College	75	87	81	87
University	79	90	85	93
Self-Rated Knowledge of HIV/AIDS				
Low	70	82	79	85
High	78	89	84	88
Known Someone with HIV/AIDS				
Yes	82	90	87	90
No	67	81	77	85

	"To what extent do you agree with the following statements" (n=2,000)			
	I feel afraid of people living with HIV/AIDS	I could not be friends with someone who has HIV/AIDS	People who get HIV/AIDS through sex or drug use got what they deserve	I feel anger toward people living with HIV/AIDS
	Disagree (%)			
Sexually Active				
Yes	78	90	85	89
No	64	76	72	82
Birthplace				
Canada	73	86	83	85
Other	66	78	72	93
Religious Association				
Little	79	90	87	90
Moderate	72	83	81	85
Strong	67	79	72	84

Eighty-seven percent of Canadians disagree with the statement, "I feel anger toward people living with HIV/AIDS," and five percent agree with this statement. Seventy-three percent disagree that they "feel afraid of people living with HIV/AIDS", and 15 percent agree that they do feel afraid. Eighty-five percent of Canadians disagree with the statement, "I could not be friends with someone who has HIV/AIDS," while nine percent agree with this sentiment.

- People living in Quebec are more likely than other Canadians to agree that they feel anger (10 percent) and fear (23 percent) toward people with HIV/AIDS. People living in B.C. are less likely to agree that they feel afraid of people living with HIV/AIDS.
- Canadians of higher socio-economic status (higher incomes and education) are more likely to disagree that they feel anger or fear toward people living with HIV/AIDS, or that they could not be friends with someone who has HIV/AIDS.
- People born outside of Canada are more likely to agree that they feel fear toward people living with HIV/AIDS. This is also true for those identifying as a visible minority and having an ethnic background other than Canadian, U.K., European or Aboriginal.
- People identifying as having a disability are more likely than the average to say that they could not be friends with someone who has HIV/AIDS. The same is also true for seniors.
- People who identify as having an ethnic background other than Canadian, European, U.K., French or Aboriginal are more likely than the average to say that they could not be friends with someone who has HIV/AIDS.

- People who consider themselves at high risk for contracting HIV are more likely to say they could not be friends with a person who has HIV/AIDS (25 percent), compared to those who consider themselves low risk (eight percent).

6.2 STIGMA INDEX

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

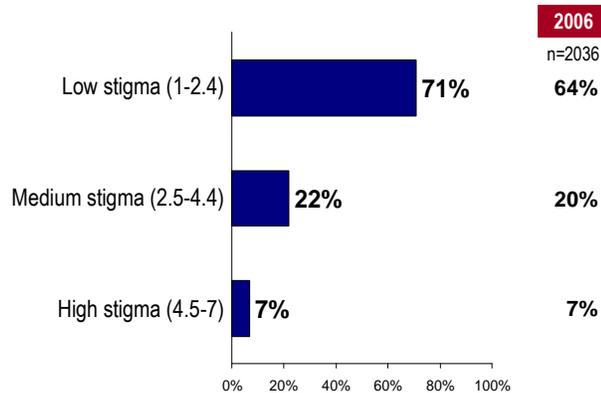
- Extent to which Canadians feel that they could become or remain friends with someone with HIV/AIDS;
- Extent to which Canadians agree that people who contract HIV/AIDS through sex or drug use got what they deserve and that people living with HIV/AIDS have only themselves to blame; and
- Extent to which Canadians feel fear of people living with HIV/AIDS.¹⁶

¹⁶ This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways. Other items in the battery did not load into the summary measure with the same degree of reliability.

Results of this summary show that 71 percent of Canadians have little tendency to stigmatize people living with HIV/AIDS, although 22 percent hold a moderate degree of stigma towards people with HIV/AIDS, and another seven percent exhibit a high level of stigma. These results are largely stable from 2006.

Stigma Index

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



n=2000

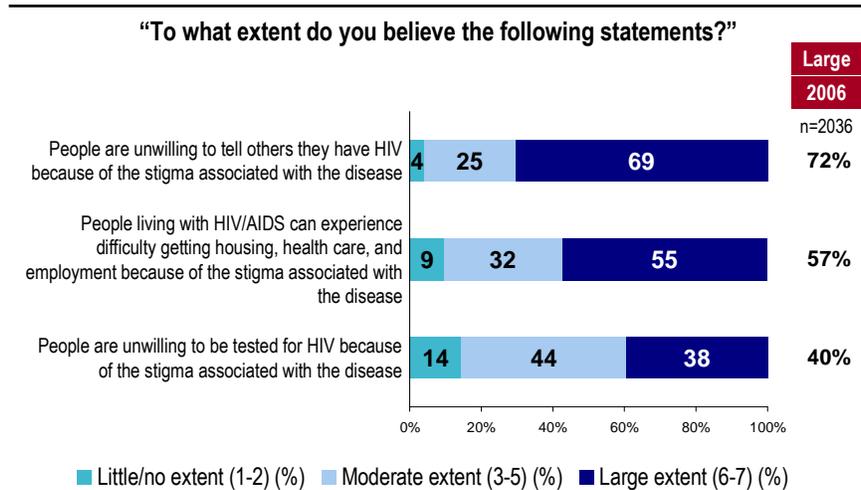
HIV/AIDS Awareness Survey, April 2012

- Findings related to stigma towards people with HIV/AIDS show that women, Canadians with post-secondary education or higher incomes, those with high levels of self-rated knowledge on the topic of HIV/AIDS, and those who have known someone with HIV/AIDS are less likely to hold stigmatizing attitudes towards people living with HIV/AIDS compared with other Canadians. Residents of Ontario and the Atlantic provinces also hold the lowest stigmatizing scores of all Canadians.
- Senior citizens are far more stigmatizing towards persons living with HIV/AIDS than are Canadians under 65 years of age. Canadians with stronger religious association (who also tend to be older) and those born outside Canada, as well as members of visible minorities are more likely than other Canadians to demonstrate stigmatizing attitudes towards people living with HIV/AIDS. This is also true of Canadians living in Quebec relative to other Canadians.
- People who identify as gay, lesbian, bisexual or transgender are least apt to hold stigmatizing views toward people with HIV/AIDS compared with the national average.
- Canadians with stronger religious association are also the most apt to hold stigmatizing points of view compared with those who report limited religious association (e.g., 23 percent with limited religious association have high stigma scores compared with 41 percent of those reporting a strong religious association).

6.3 PERCEIVED REPERCUSSIONS OF HIV/AIDS-RELATED STIGMA

Sixty-nine percent of Canadians believe that people would not be willing to tell others they have HIV/AIDS because of the stigma associated with this disease, which is similar to findings from 2006 (72 percent). Fifty-five percent of Canadians believe that people living with HIV/AIDS can experience difficulty obtaining housing, health care and employment because of the stigma associated with this disease, unchanged from 2006 (57 percent). Thirty-eight percent agree that people are unwilling to be tested for HIV as a result of the stigma associated with this disease, similar to 2006 (40 percent).

Perceived Repercussions of Stigma Associated with HIV/AIDS



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n=2000

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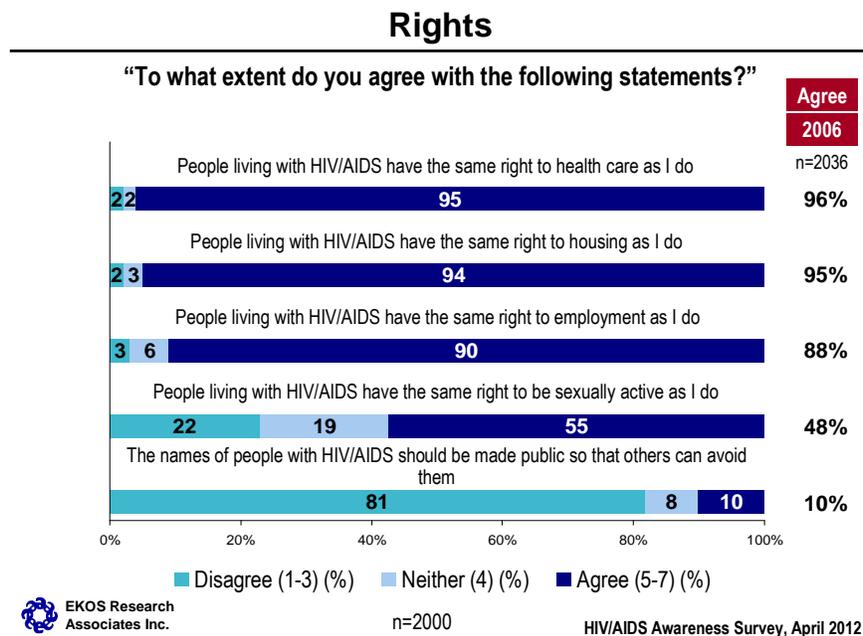
- Canadians living in Quebec are less apt than others across Canada to believe that people living with HIV/AIDS suffer any of these consequences as a result of the stigma associated with this disease. Conversely, people living in British Columbia are more likely to feel that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment.
- Women and people with the strongest religious association are more likely than their counterparts to agree that people living with HIV/AIDS experience all three repercussions as a result of the stigma associated with HIV/AIDS.
- Canadians who perceive HIV/AIDS to be a serious problem more often disagree than those who do not believe it to be a serious problem that people are unwilling to be tested for the disease due to stigma, and that people living with HIV/AIDS experience difficulty obtaining housing, health care or employment.
- Canadian youth are less apt to believe that people living with HIV/AIDS experience difficulties obtaining housing, health care or employment, compared with Canadians over age 25 years; especially Canadians ages 35 to 64 years old who are more apt than the average to agree that people living with HIV/AIDS do experience these difficulties.
- People who identify as a visible minority or as someone with a disability are more likely to say that people are unwilling to be tested for HIV because of the stigma associated with the disease. People with disabilities and Aboriginal Canadians are also more likely to agree that people living with HIV/AIDS can experience difficulty obtaining housing, health care or employment.
- People of U.K. origin are more likely than those from other countries to say that people with HIV/AIDS can experience difficulty obtaining housing, health care or employment.

7. HIV/AIDS-RELATED DISCRIMINATION

7.1 RIGHTS OF PEOPLE LIVING WITH HIV/AIDS

Ninety-five percent of Canadians believe that people living with HIV/AIDS have the same right to health care as they do, and the same proportion (94 percent) believe that they have the same right to housing. Ninety percent of Canadians believe that people living with HIV/AIDS have the same right to employment as they do. These results closely mirror the findings from 2006.

Ten percent of Canadians believe that names of people with HIV/AIDS should be made public so that others can avoid them, which is consistent with 2006 findings. Canadians are considerably more divided, however, on whether people living with HIV/AIDS should have the right to be sexually active: 55 percent agree, while 22 percent disagree. This is a slight increase from the 48 percent who agreed in 2006.

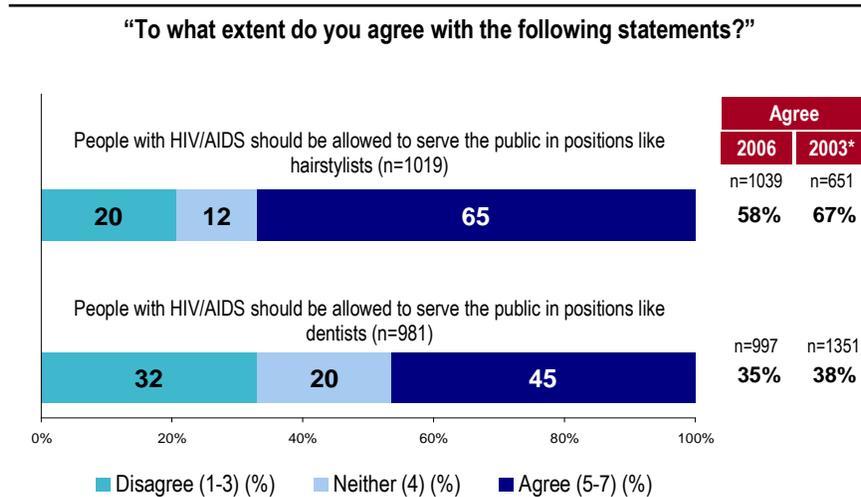


- Canadians living in Quebec are more apt than those living in other regions (particularly those living in the Prairie Provinces) to support the right of those with HIV/AIDS to be sexually active. Canadians living in the Atlantic Provinces are more likely to agree that people living with HIV/AIDS have the same rights to health care as they do.
- Canadians with the lowest household incomes (under \$20,000) and high school levels of education are less likely to agree that people living with HIV/AIDS have the same right to employment as they do, relative to those with household incomes above \$20,000 and higher college or university educations. Canadians with the lowest income and education are also somewhat more likely than other Canadians to feel the names of people with HIV/AIDS should be made public.
- People with upper middle incomes (between \$80,000 and just under \$100,000) are more likely to agree that people living with HIV/AIDS have the same rights to employment, health care and housing. People with household incomes above \$100,000 and university education are more likely than their counterparts to feel that people living with HIV/AIDS have the same right to be sexually active
- Women are somewhat less apt than men to disagree that people living with HIV/AIDS have the same right to be sexually active.
- Seniors are less likely than Canadians under 65 years of age to support the rights of those living with HIV/AIDS to employment and housing, and to be sexually active. They are also somewhat more likely than other Canadians to feel the names of people with HIV/AIDS should be made public. Those under 35 years of age are the most supportive of the right of someone with HIV/AIDS to health care or to be sexually active.
- People who identify as lesbian, gay, bisexual or transgender are more likely than the national average to agree that people living with HIV/AIDS have the same right to be sexually active. This is also true of people born in Canada, and people with limited or no religious association. Canadians who identify as having a disability, as a visible minority or Aboriginal, and those with strong religious associations, are all somewhat more likely to feel the names of people with HIV/AIDS should be made public.
- Canadians with a high self-rated level of knowledge of HIV/AIDS, those who know a person with HIV/AIDS, and those who have been tested for HIV/AIDS are more supportive of the rights of people living with HIV/AIDS to employment and housing and to be sexually active.
- People who do not see HIV/AIDS as being a very serious disease today are somewhat more likely to support the right of people living with this disease to be sexually active than those who see it as a serious disease. On the other hand, this group is also more likely than other Canadians to feel the names of people with HIV/AIDS should be made public.

- People who feel their risk of contracting the disease is high, and who do not know a person with the disease, are also more likely to feel the names of people with HIV/AIDS should be made public.

Although most Canadians believe that people living with HIV/AIDS should have the same right to employment as they do, only 65 percent agree that people with HIV/AIDS should be allowed to serve the public in positions like hairstylists. This is up from 58 percent in 2006. Forty-five percent of respondents agree that people with HIV/AIDS should be permitted to work in positions such as dentists, a proportion that has also increased from 2003 and 2006 (38 and 35 percent, respectively). These results are in contrast to the finding that nine in ten Canadians feel that people living with this disease have the same right to employment as other Canadians.

Service In Public Positions



* "Item included dentists and cooks in 2003"

HIV/AIDS Awareness Survey, April 2012

- Canadians living in Quebec are less likely than other Canadians to disagree that people living with HIV/AIDS should be allowed to work in positions such as hairstylists. People living in Alberta are most apt to disagree that people with HIV/AIDS should be allowed to serve the public as dentists.
- Senior citizens are less likely than those under age 65 years to feel that those living with this disease should serve the public in positions such as dentists or hairstylists.

- The proportion of Canadians who agree that people living with this disease should be allowed to serve the public in positions such as dentists or hairstylists is higher among people with higher education than other Canadians.
- People with high self-rated levels of knowledge and those who have known someone with HIV/AIDS are also more apt than others to agree that people living with this disease should serve the public in positions such as dentists or hairstylists.
- People who identify as gay, lesbian, bisexual or transgender are more likely than others to feel people living with HIV/AIDS should be allowed to work in positions such as dentists and hairstylists. Those who identify as a visible minority or as having a disability are the least likely Canadians to feel this way.
- People born in Canada are more likely than those born outside of Canada to agree that people living with HIV/AIDS should be allowed to work in positions such as hairstylists. The same is true for people who identify their ethnic origin as Aboriginal (77 percent), compared to other ethnicities.
- People with little or no religious association are much more likely than their counterparts to agree that people living with HIV/AIDS should be allowed to work in positions such as dentists (51 percent versus 38 percent among those with strong religious associations). This is also true of hairstylists positions, but the difference is less pronounced (70 percent agree versus 61 percent among those with strong religious associations).

7.2 DISCRIMINATION INDEX

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

- The extent to which Canadians agree that people living with HIV/AIDS have the same right to employment;
- The extent to which Canadians agree that people living with HIV/AIDS have the same right to be sexually active; and
- The extent to which Canadians agree that people living with HIV/AIDS should be quarantined or have their names made public.¹⁷

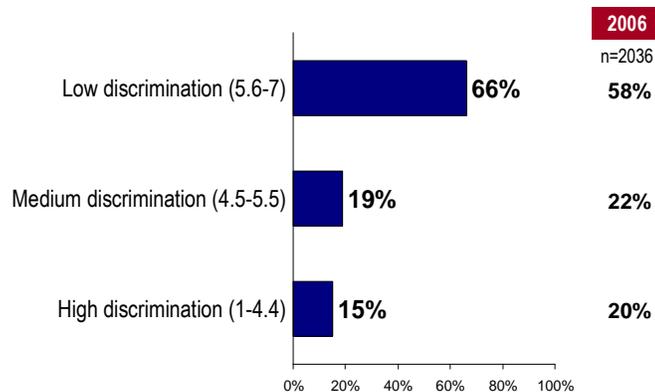
¹⁷ These three items loaded into a common summary measurement with a high degree of reliability. The addition of other items in the battery reduced the reliability of the measure (i.e., were not answered with the same degree of commonality).

Compared with the stigma index presented earlier in this report (which reflects a degree of acceptance of someone with HIV/AIDS), the discrimination index reflects the degree to which people are concerned about the rights of people living with HIV/AIDS.

Those with low scores on this discrimination index believe that people with HIV/AIDS should have their rights limited, while those with high scores are more supportive of the rights of people living with HIV/AIDS.¹⁸ Based on this index, 66 percent of Canadians hold low discriminatory beliefs toward people with HIV/AIDS and are supportive of the rights of people living with HIV/AIDS; this proportion has increased from 58 percent in 2006. Fifteen percent do not believe in supporting the rights of people living with HIV/AIDS. This proportion has decreased from 20 percent of Canadians in 2006. Nineteen percent hold moderately strong discriminatory beliefs, compared to 22 percent in 2006.

Discrimination Index

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



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n=2000

HIV/AIDS Awareness Survey, April 2012

¹⁸ The direction of the discrimination index is opposite compared to other indices. Low values of the index represent highly discriminatory views while high values of the index represent low discrimination.

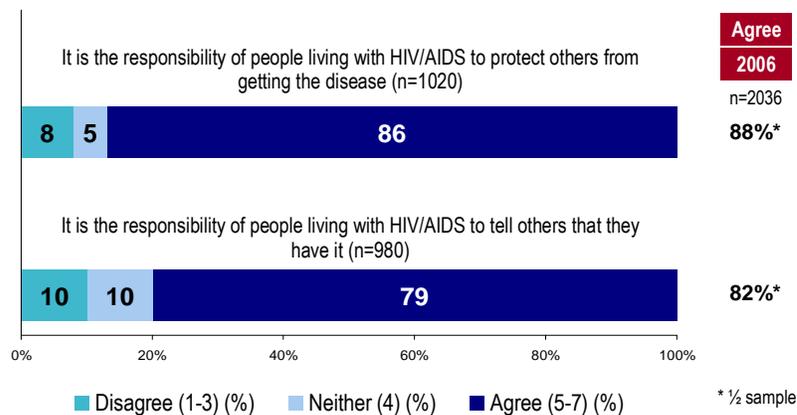
- Discrimination scores are highest for Canadians living in Alberta, and the Prairie Provinces, while people living in Quebec score the lowest.
- People with the lowest annual household incomes (under \$20,000) and with no post-secondary education score highest on this index.
- Scores are also higher for people born outside of Canada relative to those born in Canada.
- People who identify as having a disability have high scores on this index.
- Canadians over 55 years old score higher than those under 55 years of age.
- People with strong religious association have higher scores than those with lower religious association.
- Those with low self-rated knowledge, who do not know a person with HIV/AIDS, who are not sexually active and who have not been tested for HIV/AIDS score higher than average on this index.

7.3 RESPONSIBILITIES OF PEOPLE LIVING WITH HIV/AIDS

Consistent with findings from 2006, 86 percent of Canadians believe that people living with HIV/AIDS should shoulder the responsibility of protecting others from their disease. While most do not feel that the names of people with HIV/AIDS should be made public, 79 percent believe that they have a responsibility to tell others that they have the disease, as was also the case in 2006. Despite these majorities, eight percent do not believe it is the responsibility of people with HIV/AIDS to protect others from getting the disease. Ten percent believe it is the responsibility of people with HIV/AIDS to tell others that they have it.

Responsibility of People with HIV/AIDS

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



- People who identify as a visible minority are marginally more likely to disagree (14 percent versus 10 percent average) that it is the responsibility of people living with HIV/AIDS to protect others from the disease, but are more likely to agree (92 percent versus 79 percent average) that those with HIV/AIDS are responsible to tell others of their condition.
- People who know a person with HIV/AIDS are more likely than the average to agree that it is the responsibility of people living with HIV/AIDS to protect others from getting the disease.

- People with the lowest incomes and education, seniors, those who identify as a visible minority and those who feel the disease is very serious today are more likely than their counterparts to agree that those with HIV/AIDS are responsible to tell others of their condition.
- Lesbian, gay, bisexual and transgender Canadians are less likely than average to believe that those with HIV/AIDS are responsible to tell others of their condition.

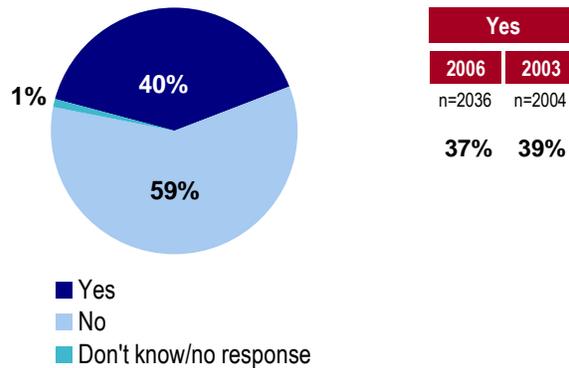
8. COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

8.1 PERSONAL EXPERIENCE WITH HIV/AIDS

The proportion of Canadians who know or have known someone with HIV/AIDS has remained basically the same since 2003. Forty percent of Canadians know or have known someone with HIV/AIDS, compared to 37 percent in 2006 and 39 percent in 2003.

Personal Experience (a)

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



EKOS Research Associates Inc.

n=2000

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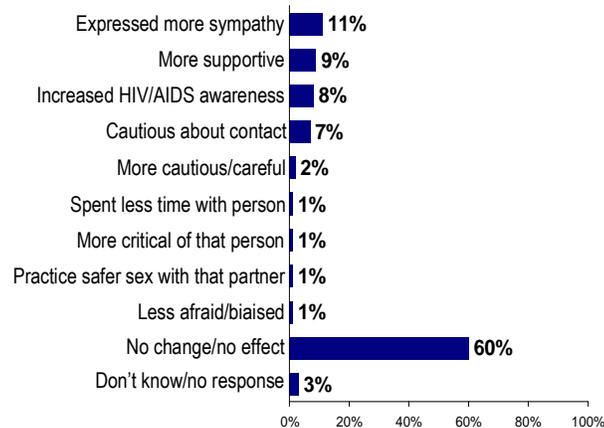
- Residents of British Columbia are more likely than those in other provinces to know or have known someone with HIV/AIDS.
- Canadians under 35 years of age and 65 years of age or older are less likely to have known someone with HIV/AIDS, while Canadians between the ages of 45 and 64 years are most likely to have known someone with HIV/AIDS.

- The proportion of Canadians who have known someone with HIV/AIDS increases with higher levels of education and is higher among people reporting households of greater than \$100,000.
- Those who are Aboriginal, and those from the United Kingdom are more likely than other Canadians to have known someone with the disease.
- People who have recently had casual sex partners and who have been tested for HIV/AIDS are more likely than others to know someone with the disease.
- Canadians who rate themselves as very knowledgeable about HIV/AIDS and those with limited or no religious association are also more likely than others to say that they know or have known someone with HIV/AIDS.

Sixty percent of Canadians who know or have known someone with HIV/AIDS believe that knowing this had little or no impact on their behaviour towards this person. On the other hand, eleven percent say that knowing this made them express more sympathy toward that person. Nine percent say they have become more supportive of that person. Nine percent say they have become more supportive of that person. Eight percent say they have become more supportive of that person. Eight percent report that knowing a person with the illness has raised their awareness about the disease. Canadians are unlikely to report negative changes in their behaviour towards individuals they know with HIV/AIDS; however seven percent report more caution about casual contact and one percent report more caution about casual contact and one percent report a reduction of the time spent with that person.

Personal Experience (b)

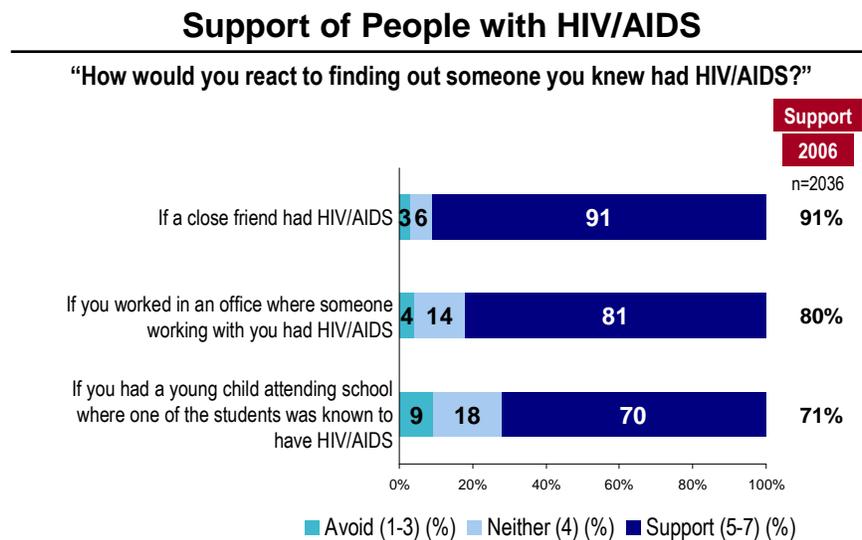
“In what way did this change your behaviour?”



- Residents of Quebec and Canadians with little religious association are more likely than others to say that their behaviour did not change at all by knowing a person with HIV/AIDS.
- Those with less education and income are more likely than average to report negative behaviour changes as a result of knowing someone with HIV/AIDS, such as being more cautious about casual contact, getting angry toward that person or spending less time with the person. In contrast, people with higher incomes and education levels are more likely than other Canadians to say they became more supportive of that person or increased their awareness about the illness.
- There is much higher reporting of an increase in awareness, understanding and tolerance among those who are between the ages of 25 and 34 (23 percent) than there is among other age segments.

8.2 SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Although Canadians believe that they would be highly supportive of someone they knew with HIV/AIDS, this support weakens when a child is involved. Ninety-one percent of Canadians believe that they would react in a supportive manner if they found out that a close friend had HIV/AIDS (unchanged from 2006), which is higher than the 81 percent who say they would be supportive if they had an office job where a co-worker had HIV/AIDS (also unchanged from 2006). Seventy percent say they would be supportive if they had a child attending school with a student who had HIV/AIDS (no change from 2006), but twice as many would not be supportive in this situation compared to having a co-worker or friend with the illness. Very few say that they would actively avoid a close friend or co-worker with HIV/AIDS (three and four percent respectively), but nine percent would actively avoid a student in their child's school with HIV/AIDS.



Item changed from “men” in 2006 to “someone” in 2012

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n=968

HIV/AIDS Awareness Survey, April 2012

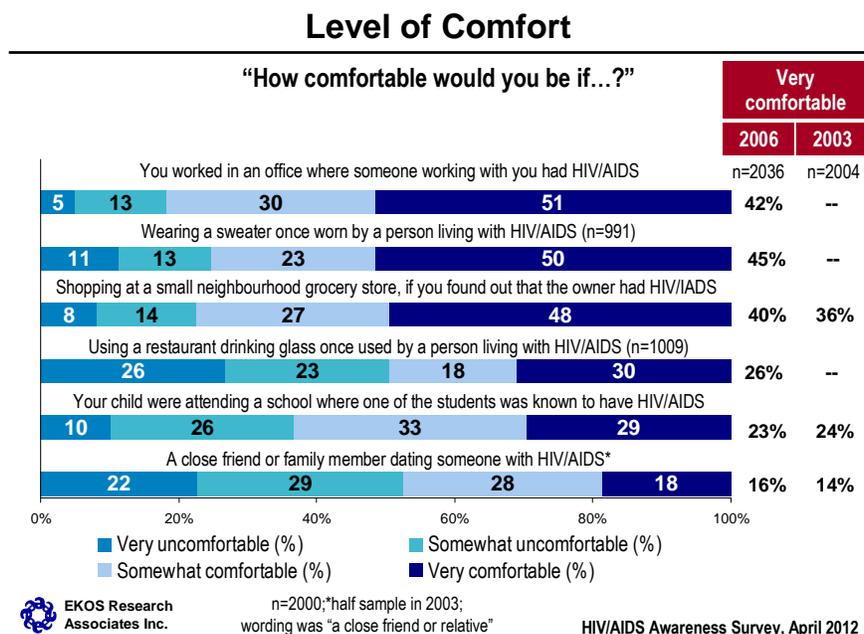
- The extent to which Canadians would support an individual with HIV/AIDS in any of these situations increases with education, and among those with the highest household incomes (\$100,000 or greater).
- Canadians who have known someone with HIV/AIDS and those who have a high level of self-rated knowledge are also more apt than others to report support for an individual with HIV/AIDS in all three scenarios.
- Seniors (65 years of age and older) are least likely of all age groups to be supportive of a person diagnosed with HIV/AIDS in any of these situations. Canadians between the ages of 25 and 34 years would be more supportive than other age groups if a close friend had HIV/AIDS.
- Those who identify as a visible minority are less likely than others to be supportive if a close friend, co-worker or student at their child's school had HIV/AIDS.
- Women would be more likely than men to be supportive if a co-worker at their office had HIV/AIDS.
- Those born in Canada are more apt to believe that they would be supportive if a student at their child's school had HIV/AIDS, compared with individuals born outside of the country.
- Those with less religious association are more likely than those with stronger religious association to be supportive if their child went to school with a student who had HIV/AIDS.

8.3 COMFORT WITH PEOPLE LIVING WITH HIV/AIDS

Eighty-one percent of Canadians say they would be somewhat or very comfortable working in an office with a co-worker with HIV/AIDS. The proportion that would be very comfortable in this situation has risen from 42 percent in 2006 to 51 percent. Seventy-three percent would be somewhat or very comfortable wearing a sweater previously worn by someone with HIV/AIDS, and 75 percent would be comfortable or very comfortable shopping in a grocery store where the owner was known to have HIV/AIDS. More Canadians report being very comfortable with these situations than in years previous (50 percent reporting high comfort this year about wearing a sweater compared with 45 percent in 2006 and 48 percent reporting high comfort in the retail scenario compared with 40 percent in 2006).

Comfort declines in other situations. Sixty-two percent would be comfortable or very comfortable with their child attending school with a student known to have HIV/AIDS. The 29 percent reporting strong comfort has increased from 2006, when it was 23 percent.

Forty-eight percent say that they would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS. The proportion that would be very comfortable in this situation has increased somewhat; from 26 percent in 2006 to 30 percent in 2012. Fifty-one percent would be uncomfortable if a family member or friend were dating someone with the illness. Eighteen percent would be very comfortable (a marginal increase from 14 percent in 2003).



- Seniors are significantly less comfortable than others in all of the situations tested.
- Canadians with the least education (high school or less) are far less comfortable in any of the situations tested than their more formally educated counterparts. People with higher incomes are also more comfortable in these situations, although the difference between comfort levels among those reporting higher versus lower income is not as large in the scenarios related to dating or wearing a sweater.
- Those with high levels of self-rated knowledge about HIV/AIDS, individuals who have personally known someone with HIV/AIDS, those who have been tested for HIV/AIDS, and those with fewer or weaker religious associations are more comfortable than their counterparts with the situations tested, as are those born in Canada (with the exception of the drinking glass scenario in the case of those born in Canada relative to those born outside Canada).
- Canadians who identify as gay, lesbian, bisexual or transgender are more likely than other Canadians to be comfortable with all of these situations.
- Canadians who identify as visible minorities are less comfortable than others with their child attending school with a student with HIV/AIDS, a close friend or family member dating someone with HIV/AIDS, and wearing a sweater worn by someone with HIV/AIDS.
- Proportionately more Canadians living in the Prairie Provinces are uncomfortable with their child attending school with a student with HIV/AIDS. Residents of British Columbia and the Atlantic Provinces reported the greatest comfort.
- Ontario residents are marginally more likely than others across the country to be comfortable shopping in a grocery store where the owner is known to have HIV/AIDS.
- Residents of British Columbia are more likely than the national average to be comfortable working with someone who has HIV/AIDS in an office environment and using a restaurant drinking glass once used by someone with HIV/AIDS.
- The pattern of comfort and discomfort is quite different in Quebec. Canadians living in Quebec are less comfortable in a number of the scenarios described (grocery store owner, office, restaurant). On the other hand, although many Canadians are less comfortable with a situation involving dating, residents of Quebec are far more apt to feel comfortable with a close friend or family member dating a person with HIV/AIDS. In fact, 67 percent of Canadians living in Quebec indicate that they would be comfortable with this scenario which is the same level of comfort reported for wearing a sweater and much higher than reported for use of a drinking glass, where only 36 percent indicated comfort (see table 8.1).
- Discomfort with a close friend or family member dating someone with HIV/AIDS is highest among residents of British Columbia, as well as the Prairie Provinces.
- There are few strong gender differences.

- People who have had a casual sex partner recently are more likely to be comfortable with a close friend or family member dating someone with HIV/AIDS compared with other Canadians.

Table 8.1: Level of Comfort with People Living with HIV/AIDS by Demographic Variables

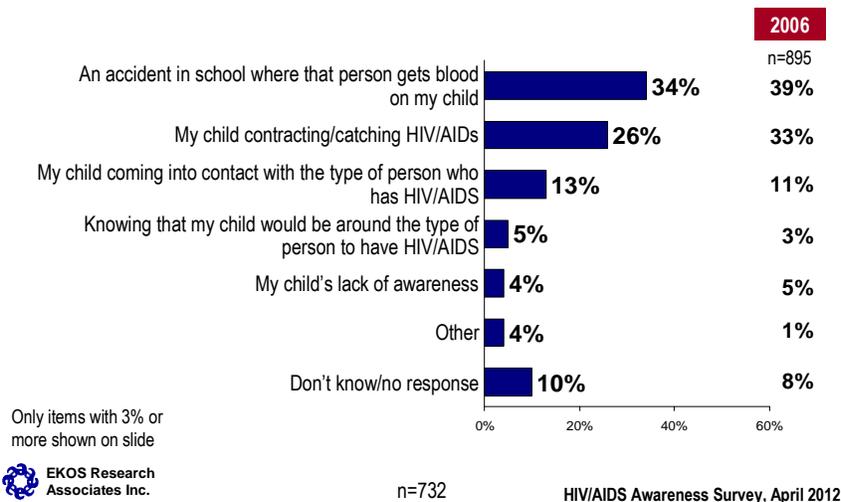
	"How comfortable would you be if..."				
	Close friend or family dating someone with HIV/AIDS (n=2,000)	Child attending school where student has HIV/AIDS (n=2,000)	Worked in office where someone has HIV/AIDS (n=2,000)	Shopping at a grocery store where owner has HIV/AIDS (n=2,000)	Drinking from restaurant glass once used by person with HIV/AIDS (n=1,009)
	Somewhat/Very Comfortable (%)				
Overall	46	62	81	76	48
Region					
BC/Territories	40	66	84	78	59
Alberta	35	57	81	73	49
Prairie Provinces	35	55	78	71	43
Ontario	41	64	81	77	52
Quebec	67	60	77	73	35
Atlantic	42	67	86	79	59
Minority Group					
Visible minority	44	56	72	71	45
Aboriginal	49	59	79	74	62
Person with a disability	46	52	72	67	48
Lesbian, gay, bisexual, transgender	63	84	86	88	62
Gender					
Men	45	64	79	74	48
Women	47	61	83	77	49
Age (in years)					
<25	45	65	84	77	44
25-34	55	70	84	86	68
35-44	51	62	84	83	48
45-54	56	72	86	82	58
55-64	45	59	80	72	45
65+	27	45	68	54	28
Education					
High School or less	40	53	74	67	43
College	48	64	84	78	48
University	50	68	85	82	53

	"How comfortable would you be if..."				
	Close friend or family dating someone with HIV/AIDS (n=2,000)	Child attending school where student has HIV/AIDS (n=2,000)	Worked in office where someone has HIV/AIDS (n=2,000)	Shopping at a grocery store where owner has HIV/AIDS (n=2,000)	Drinking from restaurant glass once used by person with HIV/AIDS (n=1,009)
	Somewhat/Very Comfortable (%)				
Self-Rated Knowledge (HIV/AIDS)					
High	58	69	85	82	54
Low	38	57	78	71	44
Known Someone with HIV/AIDS					
Yes	55	70	88	82	58
No	41	57	76	71	42
Birthplace					
Canada	48	64	82	77	50
Other	40	55	77	70	43
Ethnic Origin					
Canada	46	65	82	78	49
UK	42	68	85	78	56
French	67	64	81	77	31
Other European	43	61	81	75	61
Other	43	51	77	72	42
Aboriginal	56	62	81	81	79

The largest proportion of the respondents who reported that they would feel uncomfortable with their child attending a school where a student has HIV/AIDS are concerned about the potential for an accident where their child could come into contact with the blood of the infected student (34 percent). The second most common concern among these Canadians is the more generalized possibility that their child could contract HIV/AIDS from the infected student (26 percent). The proportions with these specific concerns have decreased from 2006. A lesser concern is that of having their child associating with the 'type of person' who has HIV/AIDS, although one in eight (13 percent) express this concern, which is on par with 2006 results. Other concerns are expressed by five percent or fewer of those who would be uncomfortable.

Rationale for Intolerance (a)

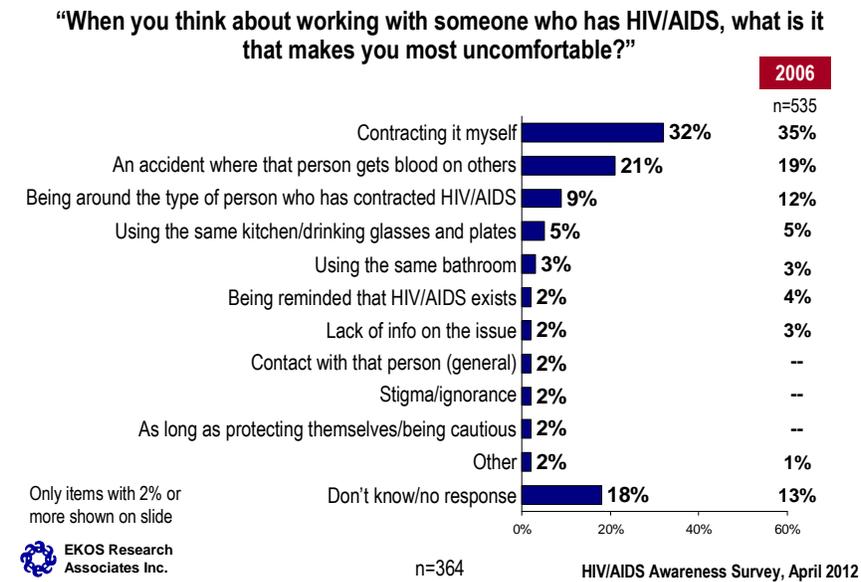
“When you think of your child attending school with a student known to have HIV/AIDS, what is the one thing that makes you most uncomfortable?”



- Women were more apt than men to be concerned about an accident at school involving blood. This finding was also more pronounced among Canadians living in Quebec than among Canadians living elsewhere across the country.
- Ontario residents were more likely than others across the country to say that they worried about their child contracting the virus (unspecified).

The primary concern of Canadians who would feel uncomfortable working with someone in an office who has HIV/AIDS is the potential for contracting it themselves (32 percent). Twenty-one percent would be worried about the possibility of an accident where they come into contact with the blood of the infected person. Nine percent are concerned about being around the ‘type of person’ who has contracted HIV/AIDS. These results are largely in line with those found in 2006.

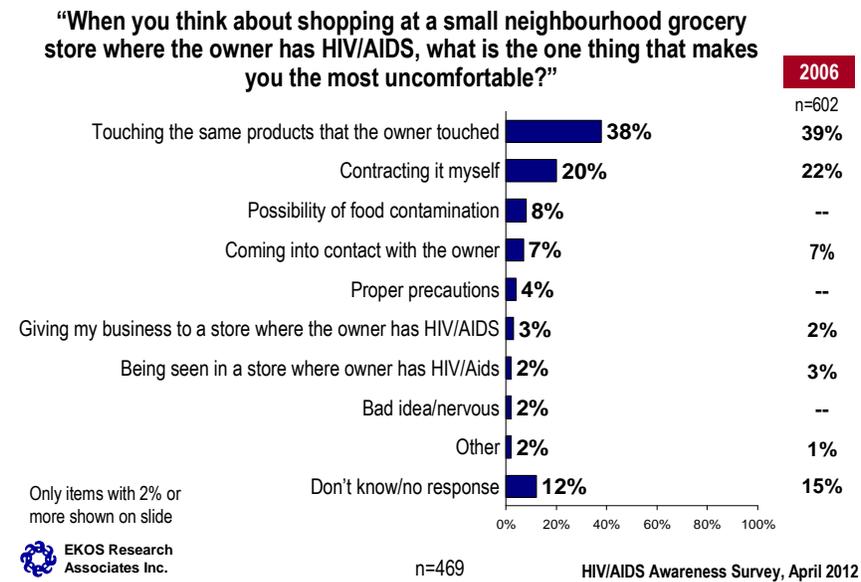
Rationale for Intolerance (b)



- Concerns about an accident are more prevalent in Quebec, and among Canadians with a college level of education, compared with the national average. Ontario residents are more apt than average to have a general and unspecified concern for contracting the disease.
- Those reporting the lowest incomes are more likely than others to be concerned about being around someone with HIV/AIDS. This concern is also more often expressed among youth under age 25 years, compared with Canadians over 25 years of age, as well as visible minorities compared with non-visible minorities.

The primary concern of those uncomfortable at the thought of shopping at a neighbourhood grocery store where the owner has HIV/AIDS is that they might touch the same products that the owner touched (38 percent). Twenty percent are generally concerned about contracting HIV/AIDS. Seven percent fear coming into contact with the owner and eight percent fear the possibility of food contamination. The proportions who hold these concerns have remained stable since 2006.

Rationale for Intolerance (c)



- Those born outside of Canada with a concern about shopping in a neighbourhood grocery store if the owner has HIV/AIDS are more apt than their counterparts born in Canada to express an unspecified general concern about contracting the disease themselves.

8.4 COMFORT INDEX

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

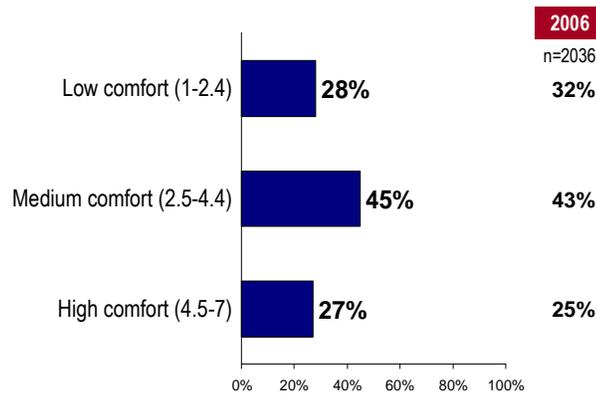
- Extent to which Canadians feel comfortable if their children were to attend a school where one of the students was known to have HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to work in an office where someone had HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to shop at a neighbourhood grocery store where the owner had HIV/AIDS;
- Extent to which Canadians feel comfortable if their close friend or a family member was to date someone with HIV/AIDS;
- Extent to which Canadians feel comfortable if they were to use a restaurant drinking glass once used by a person living with HIV/AIDS; and
- Extent to which Canadians feel comfortable if they were to wear a sweater once worn by a person living with HIV/AIDS.¹⁹

¹⁹ This set of variables was combined on the basis of a factor analysis indicating that these measures were answered in similar ways. Other items in the battery did not load into the summary measure with the same degree of reliability.

Based on this measure, twenty-eight percent of Canadians have a low level of comfort with people living with HIV/AIDS. This has decreased marginally from 32 percent in 2006. Forty-five percent of Canadians exhibit a medium level of comfort with HIV/AIDS, compared to 43 percent in 2006. Twenty-seven percent have a high level of comfort, which is virtually the same as in 2006 (25 percent).

Comfort Index

Level of comfort Canadians have with HIV/AIDS



n=2000

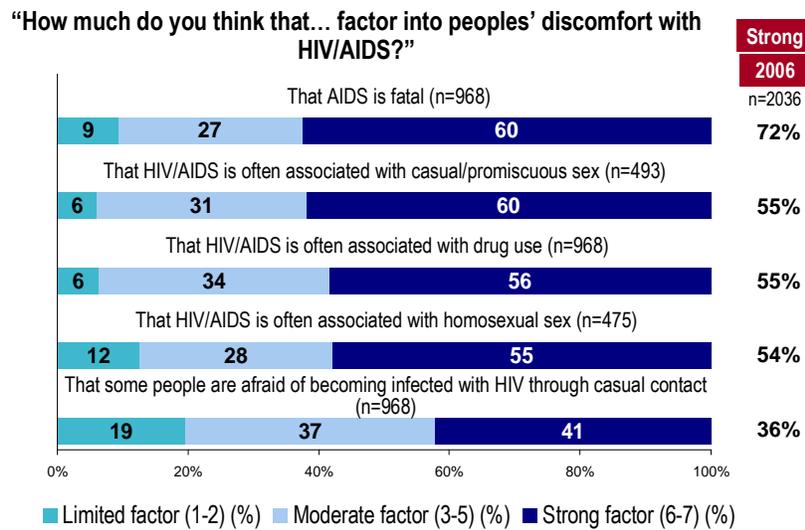
HIV/AIDS Awareness Survey, April 2012

- The lowest comfort scores are found among Canadians living in the Prairie Provinces. People living in British Columbia have higher comfort scores than other Canadians.
- People with household incomes under \$40,000 and those without post-secondary education score lowest for comfort.
- Men score lower than women on the comfort index.
- People born outside of Canada score lower than those born in Canada for comfort.
- Canadians whose ethnic origin is neither Canadian nor European score lower than average in terms of comfort, as do people who identify as a visible minority.
- People with strong religious association score lower than their counterparts.
- Seniors score lower than Canadians under 65 years of age.
- Those with low self-rated knowledge, who don't know a person with HIV/AIDS, who are not sexually active and who have not been tested for HIV/AIDS score lower than average on this index.

8.5 FACTORS IN DISCOMFORT WITH HIV/AIDS

In terms of explaining the primary drivers behind the fear or discomfort that some Canadians feel when confronted with the presence of HIV/AIDS, 60 percent each say the fatal nature of the disease and the notion that HIV/AIDS is associated with casual or promiscuous sex are strong influencers on people's discomfort with the disease.²⁰ There have been significant changes in the proportions of Canadians who say people's discomfort is influenced by these two factors: the number attributing their discomfort to the fatality of the disease has fallen from 72 percent in 2006, whereas the proportion attributing their discomfort to the fact that the disease is associated with casual/promiscuous sex has risen marginally from 55 percent. Fifty-six percent identify the association between HIV/AIDS and drug use as a factor with a strong influence on public discomfort with HIV/AIDS, for which there has been no change from 2006. Fifty-five percent rate the association with homosexual sex²¹ as having a strong influence on public discomfort with HIV/AIDS, which is also the same as in 2006. Forty-one percent attribute discomfort with HIV/AIDS to the fear of it being transmitted through casual contact, which is considered to be a strong factor by a slightly higher proportion of Canadians than was the case in 2006.

Factors Resulting in Discomfort



EKOS Research Associates Inc.

HIV/AIDS Awareness Survey, April 2012

²⁰ Half of the sample was offered this option.

²¹ Half of the sample was offered this option.

- Residents of Quebec are more likely than other Canadians to say that the fatality of the disease is a strong influencer of people's discomfort with HIV/AIDS. Canadians living in Quebec are less likely than other Canadians to feel that discomfort with HIV/AIDS is due to fear of its being transmitted through casual contact.
- Residents of Ontario are much more likely than other Canadians, especially those living in British Columbia, Saskatchewan and Manitoba, to say that people's discomfort with HIV/AIDS is influenced by its association with casual/promiscuous sex.
- Women are more likely than men to identify the fact that HIV/AIDS is a fatal disease and its association with homosexual sex as reasons for people's discomfort with the disease.
- Canadians with the least education are less likely than average to attribute people's discomfort with HIV/AIDS to its association with homosexual sex, while those with a college education are more likely than others to say this is a strong influencer of discomfort. Those with less education are also less likely to attribute discomfort with the disease to the fear some people have that it may be spread through casual contact. They are more likely than others, however, to attribute the discomfort people feel to an association with drug use.
- Canadians with origins in the United Kingdom are less likely than others to attribute discomfort with HIV/AIDS to the disease being a fatal one, and are more likely to attribute discomfort with the disease to its association with homosexual sex.
- Canadians between the ages of 25 and 45 years are more likely than other age groups to attribute discomfort with HIV/AIDS to the disease being a fatal one, while seniors are less likely to say this is a strong factor. Seniors are more likely than those under 65 years of age to attribute discomfort with HIV/AIDS to an association with drug use.
- Canadians who are between the ages of 35 and 44 years are much more likely than average to attribute people's discomfort with the disease to the fear some people have that it may be spread through casual contact. Seniors are the least likely age group to attribute people's fear to the belief that they can contract the disease through casual contact. Youth (under 25 years of age) are the most likely age cohort to say that a strong association with homosexual sex is a limited factor in people's fear of the disease.
- Those with stronger ties to religion are more likely than others to identify the association between HIV/AIDS and casual/promiscuous sex, and its association with drug use as sources of people's discomfort.
- Canadians who perceive HIV/AIDS to be a serious disease, who rate their knowledge of the disease as high, and who have known a person with HIV/AIDS are more likely than others to say that people's discomfort with the disease is strongly influenced by its fatal nature.

- People who have been tested for HIV/AIDS are more likely than those who have not been tested to attribute discomfort with the disease to the fear some people have that it may be spread through casual contact and to say that discomfort with the disease is strongly influenced by its fatal nature.

9. INFORMATION SOURCES

9.1 CURRENT INFORMATION SOURCES

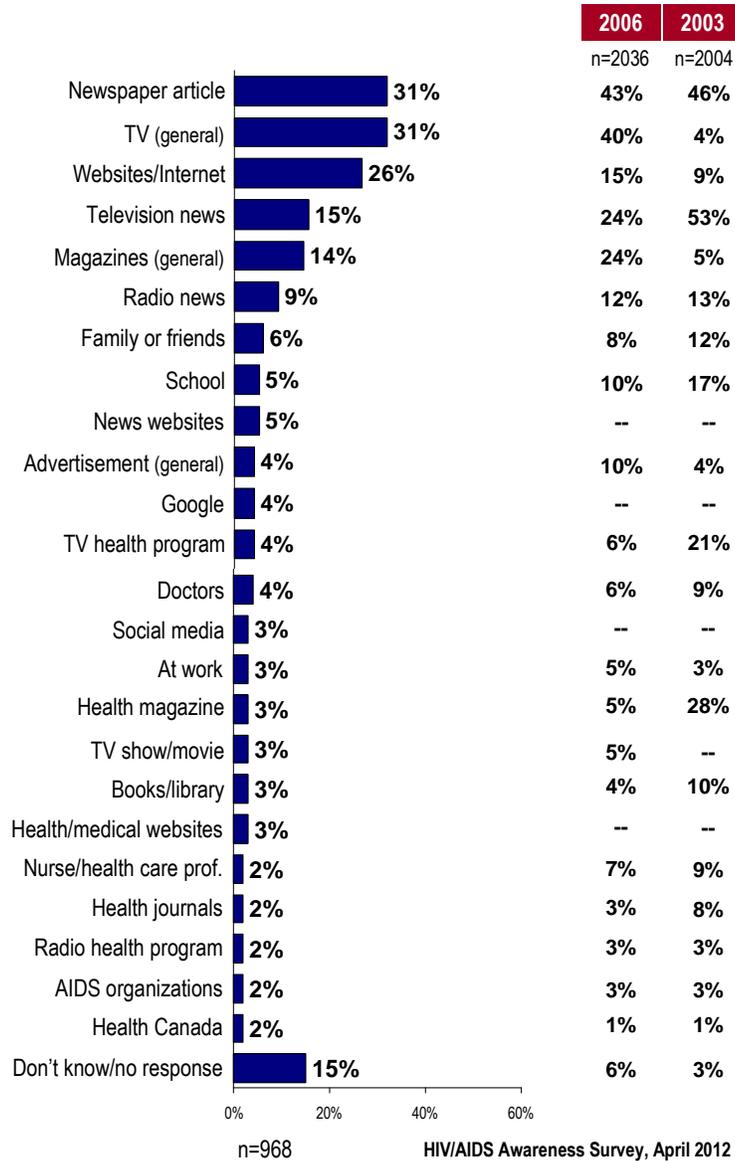
Canadians continue to rely on newspaper articles and television as sources of information about HIV/AIDS, but the 2012 survey demonstrates the emerging prominence of the Internet as an information source. Newspaper articles (31 percent) and television in general (31 percent) are still the two primary sources where Canadians say that they have recently heard, seen or read about HIV/AIDS. Television sources may be even more pervasive, given that fifteen percent of Canadians specifically cite television news (15 percent), four percent cite a TV health program, and three percent cite a TV show or movie as their information sources about HIV/AIDS. As many as 41 percent may have recently obtained their information from online sources: twenty-six percent have obtained their information from the Internet or websites in general and others specify getting their information from news websites (five percent), Google (four percent), health/medical websites (three percent) and social media (three percent). In addition to newspapers, some other print forms remain popular information sources: fourteen percent have obtained information from magazines in general, and a further three percent identify a health magazine specifically; three percent cite books/libraries, and two percent cite health journals. Nine percent identify radio news as a source of information where they have heard something about HIV/AIDS, and a further two percent cite a radio health show specifically. Six percent cite family or friends. Less common sources of information about HIV/AIDS include doctors (four percent) and nurses/other health care professionals (two percent); schools (five percent) and work (three percent); AIDS organizations (two percent); Health Canada (two percent); and general advertising (four percent).

Compared with results from 2006²², there has been a notable shift away from the previously most common sources of information – newspapers, magazines, television – with gains in the number of Canadians who identified the Internet or websites as a source of information (up from 15 percent saying the Internet or websites generally in 2006, and nine percent in 2003). Virtually all other sources of information have been usurped by the widespread access and use of the Internet by Canadians (television news and magazines in particular). Even in-person information sources – doctors, nurses and other health care professionals – are being accessed less often for information about HIV/AIDS: doctors were a source of information for nine percent of Canadians in 2003, falling five points in 2012; and nurses and other health care professionals were cited by nine percent in 2003 but just two percent cited them in 2012.

²² In 2003, respondents were asked about where they had seen, read or heard about HIV/AIDS in the past (with the timeframe left unspecified), while in 2006 and 2012 they were asked specifically about the past year.

Information Sources

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



- Canadians living in Quebec are more likely to cite television in general, and are less apt to cite newspapers and the Internet than are other Canadians. Residents of Alberta cite television news and radio news more often than other Canadians. Canadians living in Ontario more often identify newspaper articles compared to other Canadians.
- Canadians in the \$60,000 to \$79,000 household income bracket are more likely to have obtained their information from magazines (in general). Canadians in the highest income range (\$150,000 and over) and with the highest education are more likely than other Canadians to have read about HIV/AIDS in a newspaper article or on the Internet.
- Men are more likely than women to identify newspaper articles as sources of information on HIV/AIDS.
- Youth (under 25 years of age) are most likely to have heard about HIV/AIDS at school (28 percent). They are also somewhat more apt to have cited advertising in posters or pamphlets as an information source compared with Canadians who are 25 years of age or older. Canadians aged 55 years and older are far less likely than those under 55 years of age to say they saw something on the Internet. Newspaper articles are a more commonly selected source of information for those over 55 years of age relative to their counterparts.
- Websites/Internet in general are more likely than the national average to have been accessed for HIV/AIDS information by people with high self-rated levels of knowledge of the disease, people who know someone with HIV/AIDS, people who are sexually active, and those without casual sex partners.
- Relative to the national average, newspaper articles are also more commonly cited as a source of information for people born outside of Canada; people with origins in the United Kingdom; Canadians over 55 years old; people with low self-rated knowledge of the disease; people with low perceived risk of contracting it; and those who have not been tested for HIV/AIDS.
- People of European background are more likely than other Canadians to cite the Internet/websites as their information sources.
- Those identifying as gay, lesbian, bisexual or transgender are more apt than others to cite advertising in posters and pamphlets, AIDS organizations and friends or family as preferred sources for information relative to the propensity of other Canadians to cite these sources.

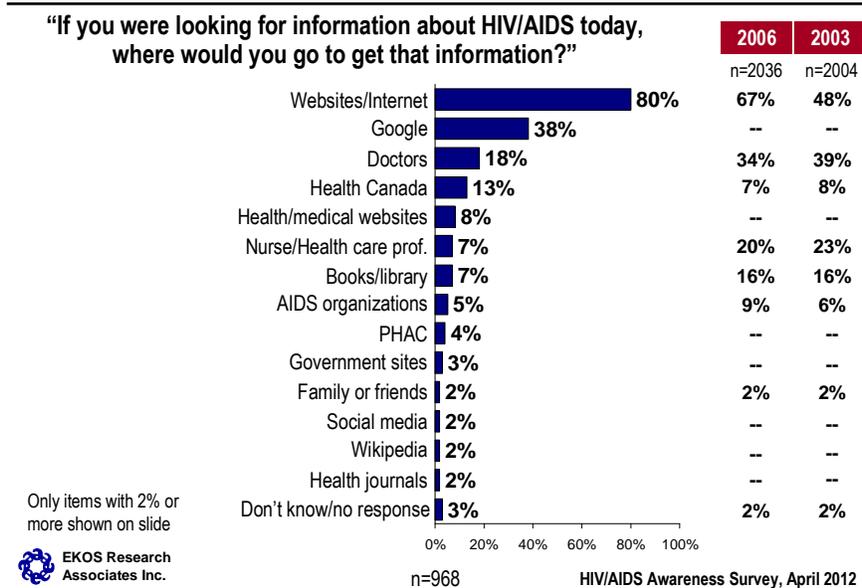
9.2 PREFERRED INFORMATION SOURCES

Eighty percent of Canadians say they would go to the Internet (in general) for information as their preferred source, and 38 percent of these respondents say that they would go to Google specifically, although only 26 percent say that they have actually gone to the Internet (including Google) in the past year. The pervasiveness of the Internet as a top of mind information source has climbed steadily since 2003, when 48 percent named it as their first choice (versus 80 percent in 2012) when looking for information about HIV/AIDS. A further eight percent indicate they would look specifically for information on a health or medical website.

Four percent of Canadians say that in the past year they have gone to a doctor for information about HIV/AIDS, although 18 percent say they would go to a doctor for information on the subject if they were looking for it. Despite declining numbers that say they would go to a doctor for this information (34 percent said this in 2006, and 39 percent in 2003), doctors remain the next most sought after source for information on HIV/AIDS, after the Internet and Google. Similarly, seven percent say they would get this information from nurses or other health care professionals, although only two percent report that they actually did get information from those individuals in the last year. This proportion has also fallen considerably, from 20 percent in 2006 and 23 percent in 2003. Health Canada is cited by 13 percent of Canadians as a preferred source, having risen from seven and eight percent in 2003 and 2006 respectively (although only two percent of respondents said they actually received information from Health Canada in the past year).

Although books and libraries are used much less often today in the age of wireless communication and widely accessible Internet, they still remain, for seven percent, a source that would be sought out when looking specifically for information on HIV/AIDS.

Preferred Information Sources



- Residents of Alberta are somewhat more likely than others across the country to cite websites/the Internet generally and Google in particular as a source they would go to.
- Although residents of all provinces select the Internet most often as their primary information source, there are variations in secondary or additional sources selected by different provinces. Residents of Saskatchewan and Manitoba, for example, are somewhat more likely than those in other provinces to look for information about HIV/AIDS in books or libraries (although the Internet is still their primary source). Canadians living in Quebec have a slightly greater propensity than other residents to cite Health Canada as a source if they were looking for information, although again, the Internet is the most popular source.
- Seniors (65 years of age and older) are less apt to consult the Internet compared with younger Canadians, although it is still their primary source of information. They are more likely than other Canadians to consult with doctors as a second most popular source (25 percent).
- Canadians with high school education or less (who are typically older) are also less apt to consult the Internet (although 63 percent would, compared with 71 percent with a college diploma and 75 percent with a university level of education). As a secondary source, they are more likely to consult a doctor than other Canadians (24 percent compared with 14 percent among those with a university level of education).
- Even though all segments select the Internet as their primary source, the likelihood of seeking information on the Internet tends to increase with income (58 percent in the lowest income

group would look for information on the Internet compared to 75 percent in the highest income group).

- While the Internet is most often selected as their primary source of information, people born in Canada are somewhat more likely to also get information from doctors (20 percent) compared to those who were born abroad (12 percent).
- People with disabilities are less likely than the average to get information from the Internet (although it is still the more prevalent source). Although not selected by a large proportion, this segment is somewhat more likely to get information from an AIDS organization or community group or nurse/health care providers (12 percent versus the national average of five percent).

9.3 RELIABILITY OF AND COMFORT WITH INFORMATION SOURCES

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

Canadians consider their family doctor or another health care professional to be the most reliable information source (85 percent consider this source to be highly reliable), followed by the Public Health Agency of Canada (80 percent), Health Canada (79 percent), and pharmacists (70 percent). The perceived reliability of family doctors or other health care professionals as a source of information on HIV/AIDS grew between 2003 and 2006 (from 76 percent to 84 percent) and remains high in 2012. The Public Health Agency of Canada is also still regarded as highly reliable by most Canadians. There was a significant increase between 2003 and 2006, from 65 percent in 2003 to 79 percent in 2006; the Public Health Agency of Canada is currently regarded as highly reliable by 80 percent.

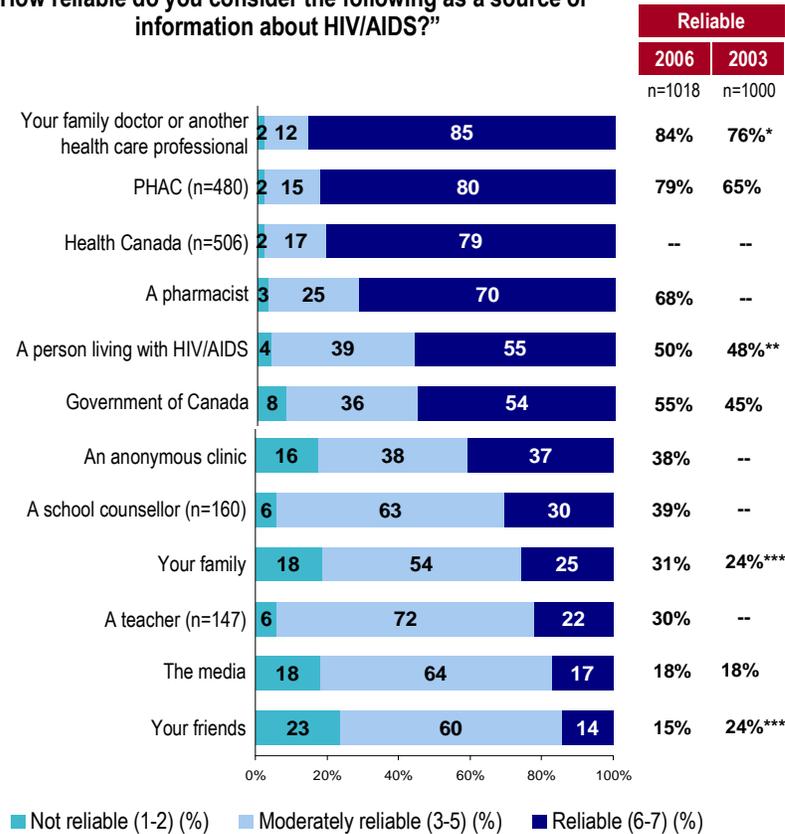
Fifty-five percent of Canadians consider a person living with HIV/AIDS to be a highly reliable information source, a proportion which has increased marginally from 50 percent in 2006. The Government of Canada is considered to be a highly reliable source by 54 percent; on par with results from 2006. An anonymous clinic continues to be perceived as a highly reliable source by considerably fewer Canadians than a family doctor or even a pharmacist (37 percent), consistent with 2006 findings.

The number of Canadians under 18 that say teachers or school counsellors are highly reliable sources of information about HIV/AIDS is decreasing. In this survey, 30 percent said a school counsellor would be reliable, compared to 39 percent in 2006; and 22 percent said a teacher would be a highly reliable source, compared to 30 percent in 2006.

Family is considered to be a highly reliable source by 25 percent of Canadians, which is lower than found in 2006 but on par with the results from 2003. In spite of the fact that mass media, particularly in the form of television and newspapers, are some of the most frequently cited sources of information on HIV/AIDS, only 17 percent see these sources as highly reliable, which is on par with previous results. Only 14 percent consider friends to be a highly reliable source when it comes to information about HIV/AIDS, which is similar to 2006 but lower than found in 2003.

Reliability of Sources

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



* In 2003 “Your family doctor” and “Health care professionals” were two separate questions

** In 2003 “A person infected with HIV/AIDS”

*** In 2003 “Your own family and friends”

- Quebec residents are much more likely than others across the country to feel that the media is a reliable source of information about HIV/AIDS (22 percent). Residents of Alberta are the least likely to place their faith in the media (nine percent). Those living in the Atlantic Provinces are the most likely across the country to rate a person with HIV/AIDS as a reliable source of information (66 percent).
- The extent to which doctors, the Public Health Agency of Canada and the federal government are considered reliable increases with individuals' education and income. For example, 44 percent of those with high school education or less consider the federal government reliable, compared with 60 percent of those with university education; and 74 percent of those in the lowest income range feel that doctors and other health care professionals are reliable, compared to people with incomes of \$60,000 and greater (between 88 to 91 percent in four different income brackets). Those with high school education or less are more apt to consider family to be a reliable information source. Those with lower incomes (under \$40,000) and with a college education are more likely to consider the media to be reliable, compared with Canadians with higher socioeconomic status. Friends and family are also seen as more reliable sources among those reporting less income and education.
- Younger Canadians (under 35 years of age) are more likely to feel that doctors/other health care professionals and the Public Health Agency of Canada/Health Canada are reliable sources, and are less likely to consider their friends to be very reliable. The same pattern is also true of parents of younger children. Canadians over 55 years of age are much more likely than those under 25 years of age to trust their family (32 percent among those 55 to 64 years of age and 37 percent among those 65 years of age or older, compared to 14 percent). Seniors are much less likely to trust the Public Health Agency of Canada, the government and a person living with HIV/AIDS for reliable information. They are most likely among the age groups to place their faith in friends and, in particular, family to provide them with reliable information.
- Women are somewhat more likely than men to consider a person living with HIV/AIDS be a reliable information source.
- Those with strong religious associations are more likely to feel that doctors and other health care professionals and family are reliable sources, but are less likely to feel that the Public Health Agency of Canada is a reliable source, compared to those with those with less strong religious associations.
- People born outside of Canada are more likely to feel the Government of Canada is a reliable source, and particularly those of non-European or North American background are likely to find the government to be reliable compared to those born in Canada.
- People who have had a casual sex partner in the last 12 months are less likely to feel that doctors and other health care professionals are reliable sources compared to those with no casual sexual partner in the last 12 months.

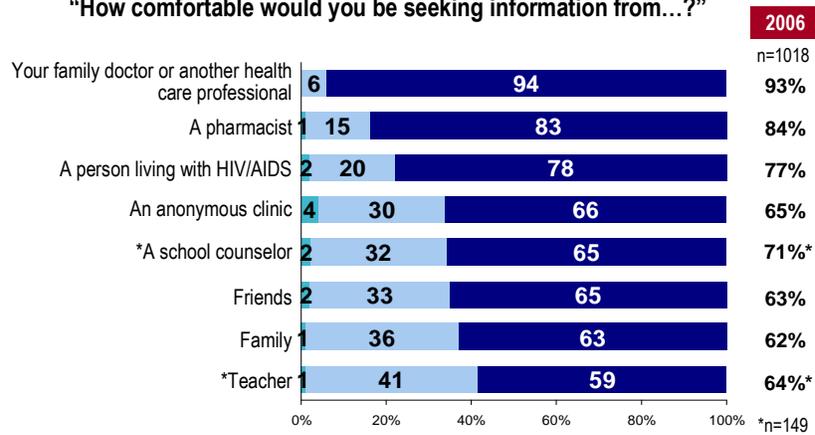
- People who identify as having a disability are less likely to trust the Public Health Agency of Canada for reliable information compared to the average Canadian.
- Those who know someone with HIV/AIDS, and those who consider themselves to be quite knowledgeable about the disease, are more likely to consider their families and a person living with the disease to be reliable information sources compared to those who do not know someone with HIV/AIDS and those who consider themselves to be less knowledgeable about the disease
- An anonymous clinic is more likely to be perceived as a reliable source for information about HIV/AIDS by those who: are lesbian, gay, transgender or bisexual; are university graduates; consider themselves knowledgeable about HIV; have been tested for HIV/AIDS; and have had a casual partner in the last year compared with their counterparts in each case.

Ninety-four percent of Canadians would feel comfortable seeking information on HIV/AIDS from their family doctor or another health care professional. Eighty-three percent indicate comfort with a pharmacist. These are also sources that are widely identified as reliable. Seventy-eight percent of Canadians would feel comfortable seeking information from a person living with HIV/AIDS, despite the fact that this source is not perceived to be among the most reliable of information sources. The proportions of Canadians feeling comfortable with these sources have remained the same from 2006.

Sixty-six percent of Canadians would be comfortable seeking information from an anonymous clinic, and sixty-five percent would be comfortable seeking information from friends. Sixty-three percent are also comfortable seeking information from their family. Among school-aged youth, the proportion that would feel comfortable approaching a school counsellor has decreased marginally from 71 percent in 2006 to 65 percent in 2012. Likewise, the proportion of those who would feel comfortable approaching a teacher has decreased to the same degree, from 64 percent in 2006 to 59 percent in 2012. As noted earlier, fewer than four in ten Canadians considered these sources to be highly reliable.

Comfort with Information Sources

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



*A "school counsellor" and "teacher" were only asked of those aged 18 years or less (n=147-160)



n=986-1014

HIV/AIDS Awareness Survey, April 2012

- Canadians living in Quebec are more likely than other Canadians to be very comfortable seeking information from a pharmacist (64 percent), particularly compared to Ontario residents (50 percent). Quebec residents are also more likely to be comfortable seeking information from an anonymous clinic and from friends relative to the national average.
- Comfort with seeking information from a pharmacist increases with age: 63 percent of seniors are comfortable seeking information from this source, compared to 42 percent of people under age 25. Fewer older Canadians would be comfortable than Canadians under age 65 in seeking information from an anonymous clinic or a person living with HIV/AIDS.
- Canadians under 25 years of age are much less likely to be comfortable getting information from their families (20 percent) compared to those who are older, particularly relative to those who are between the ages of 45 and 54 years (38 percent).
- Those with a high school education or less are also less apt to be comfortable seeking information from an anonymous clinic and from a person living with HIV/AIDS than others with more education.
- Women are more likely to be comfortable than men with getting information about HIV/AIDS from their friends or a person living with HIV/AIDS. Women are also more likely than men to feel uncomfortable getting information from their family.
- People born outside of Canada are more likely than those born in Canada to be comfortable getting information from their friends about HIV/AIDS.

- People with disabilities are somewhat less apt to be comfortable seeking information from a pharmacist relative to other Canadians.
- Lesbian, gay, transsexual and bisexual Canadians are less likely than average to feel comfortable getting information about HIV/AIDS from their families and are more often comfortable than average getting information from an anonymous clinic.
- Those who have had a casual sex partner in the last year are less likely than others to be very comfortable seeking information from a doctor or other health professional, an anonymous clinic or family members.
- People with strong religious associations are less likely than those with weaker or no associations to be comfortable accessing information from an anonymous clinic.

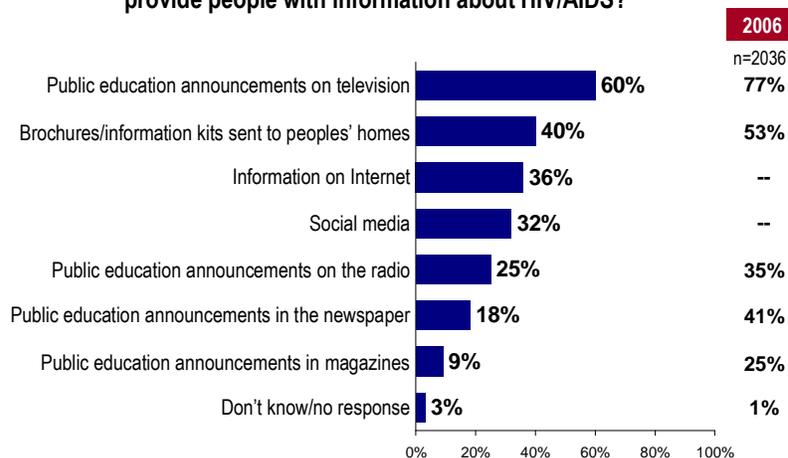
9.4 MOST EFFECTIVE MEANS OF COMMUNICATING INFORMATION ON HIV/AIDS

In terms of effective ways to provide people with information about HIV/AIDS, Canadians point most often to public education announcements on television (60 percent). Although television is one of the top sources through which Canadians say they received information on HIV/AIDS in the past year, the number who believe this to be an effective means of communicating messages about HIV/AIDS has decreased significantly from 2006 when 77 percent say this was effective. Brochures or information kits sent to people's homes, although still perceived to be a generally effective way of communicating with people according to 40 percent, has also significantly decreased from 53 percent in 2006.

These major changes may be explained by the increased popularity of the Internet. Thirty-six percent of Canadians think that information on the Internet is an effective method, and thirty-two percent think that social media would be effective. (Neither of these was offered as an option in 2006.) Other methods have seen significant decreases in the number of Canadians who feel these are effective ways of communicating about HIV/AIDS: public education announcements (PSAs) on the radio (25 percent, down considerably from 35 percent in 2006), in the newspaper (18 percent, down considerably from 41 percent in 2006), and in magazines (nine percent, down considerably from 25 percent in 2006).

Effective Methods of Informing About HIV/AIDS

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



EKOS Research
Associates Inc.

n=968

HIV/AIDS Awareness Survey, April 2012

- Canadians living in Alberta are more likely than others across the country to say that social media is an effective way of communicating with people on this topic (44 percent), although PSAs on television are still the most commonly cited source. Residents of Quebec on the other hand, are least likely of all Canadians to point to social media as an effective source (26 percent).
- Brochures and information kits sent to individual homes are the second most commonly cited effective source of information after television PSAs among lower income households; cited far more frequently than among Canadians with greater household incomes. Brochures and kits are also most likely to be seen as an effective method of distributing information (after television PSAs) among those with high school levels of education, relative to their more affluent and educated counterparts.
- Among middle income and educated Canadians (i.e., \$40,000 to \$60,000 and college level education) public service announcements on television are even more often seen as an effective source relative to the national average. Those with higher incomes and education levels (\$80,000 to \$150,000 and university) are more likely than other Canadians to point to the Internet and social media as effective sources, although television PSAs are still the most commonly cited method.
- Canadians of non-European or North American background are more likely than those from other backgrounds to say radio announcements are an effective communication channel for this topic, although television is still the most popular source for effective communication.
- Canadians under 35 years of age are much more likely than seniors to prefer social media as an effective communication source on this topic although television is still a more popular source for effective communication. Seniors are particularly unlikely to point to the Internet or social media as effective sources.
- Those identifying themselves as gay, lesbian, transgender or bisexual are more apt than other Canadians to point to PSAs on the radio or television, as are those with limited religious association.

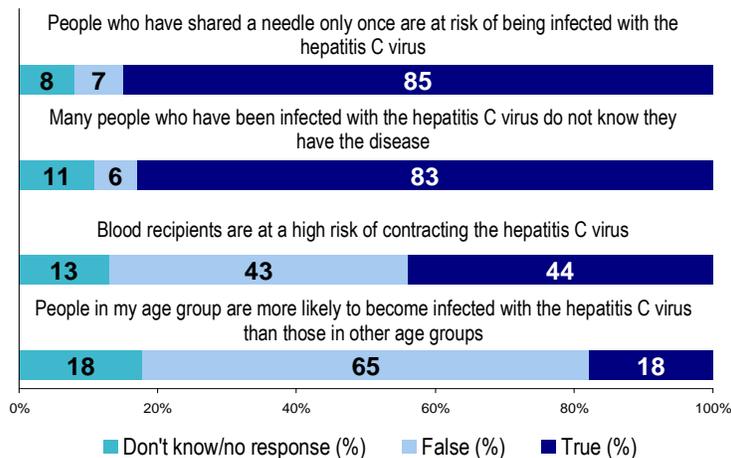
10. HEPATITIS C

10.1 KNOWLEDGE AND AWARENESS OF HEPATITIS C

In terms of a general knowledge of hepatitis C, 85 percent of Canadians believe that “people who have shared a needle only once are at risk of being infected with the hepatitis C virus”. Only seven percent do not believe this statement. Eighty-three percent understand that “many people who have been infected with the hepatitis C virus do not know they have the disease”. Canadians are less certain of whether “blood recipients are at a high risk of contracting the hepatitis C virus”, with 44 percent saying this statement is true and 43 percent believing it to be false. Eighteen percent feel it is true that “people in my age group are more likely to become infected with the hepatitis C virus than those in other age groups”, while 65 percent feel this is false.

General Knowledge – Hepatitis C

“Please tell me if you think each of the following statements is true or false?”



- Those who think that hepatitis C disease is not very serious, and that their own personal risk is low, are more apt to indicate that many people who have been infected with hepatitis C do not know they have the virus. The propensity to say that this statement is true is also higher among residents of the Atlantic Provinces compared to residents elsewhere in Canada. It is lowest in Quebec and among those with a disability, as well as those born outside of Canada, and youth in general, although, even in these segments, most agree that the statement is true.
- Younger Canadians (35 years of age and younger) are more apt than older Canadians to indicate that people in their age group are more likely to become infected with hepatitis C.
- Those born in Canada are more apt than those born outside Canada to believe it is false that blood recipients are at a high risk of contracting the disease. Similarly, younger Canadians are also more likely to feel it is false that blood recipients are at a high risk of contracting hepatitis C.
- Canadians who feel that hepatitis C and HIV/AIDS are both very serious diseases are more likely to believe it is true that blood recipients are at a high risk of contracting the virus.
- Those who feel that their risk of contracting hepatitis C is low are more apt to believe it is false that blood recipients are at a high risk of contracting the virus.

Table 10.1 shows the breakdown of general knowledge of hepatitis C risk factors by key demographic.

Table 10.1: General Knowledge of Hepatitis C Risk Factors

	True	False	DK/NR
<i>"People who have shared a needle only once are at risk of being infected with the hepatitis C virus" (n=1,032)</i>			
Overall	85	7	8
Gender			
Men	86	6	8
Women	84	7	9
Birthplace			
Canada	87	6	8
Other	79	10	12
Minority Group			
Visible minority	85	8	6
Aboriginal	89	5	6
Person with a disability	74	17	9
Lesbian, gay, bisexual, transgender	93	4	2
Ethnic Origin			
Canada	88	5	7
UK	87	6	7
France	83	6	10

	True	False	DK/NR
Europe	87	5	8
Other	81	11	8
Aboriginal	91	2	7
Age (in years)			
<25	83	12	6
25-34	83	7	10
35-44	89	4	7
45-54	88	5	7
55-64	83	8	9
65+	83	6	11
"Many people who have been infected with the hepatitis C virus do not know they have the disease" (n=1,032)			
Overall	83	6	11
Gender			
Men	83	6	11
Women	83	6	11
Birthplace			
Canada	84	6	10
Other	79	5	16
Minority Group			
Visible minority	84	5	11
Aboriginal	83	8	9
Person with a disability	80	6	14
Lesbian, gay, bisexual, transgender	91	3	6
Ethnic Origin			
Canada	86	5	9
UK	84	6	9
France	79	7	14
Europe	84	4	12
Other	79	5	16
Aboriginal	90	6	4
Age			
<25	89	3	8
25-34	83	6	11
35-44	87	3	11
45-54	83	6	11
55-64	77	9	14
65+	80	8	13

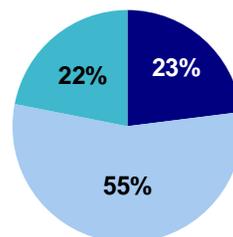
	True	False	DK/NR
<i>"Blood recipients are at a high risk of contracting the hepatitis C virus" (n=1,032)</i>			
Overall	44	43	13
<i>Gender</i>			
Men	44	45	11
Women	44	42	15
<i>Birthplace</i>			
Canada	43	46	11
Other	47	34	19
<i>Minority Group</i>			
Visible minority	53	31	17
Aboriginal	46	33	21
Person with a disability	45	42	13
Lesbian, gay, bisexual, transgender	41	49	9
<i>Ethnic Origin</i>			
Canada	42	48	10
UK	41	47	11
France	42	47	10
Europe	48	40	12
Other	49	27	23
Aboriginal	43	41	16
<i>Age (in years)</i>			
<25	38	52	10
25-34	33	54	14
35-44	51	33	16
45-54	45	44	11
55-64	48	41	11
65+	46	41	13
<i>"People in my age group are more likely to become infected with the hepatitis C virus than those in other age groups" (n=1,032)</i>			
Overall	18	65	18
<i>Gender</i>			
Men	19	66	15
Women	16	63	20
<i>Birthplace</i>			
Canada	17	67	16
Other	20	57	24
<i>Minority Group</i>			
Visible minority	25	58	17
Aboriginal	13	66	21
Person with a disability	14	67	18
Lesbian, gay, bisexual, transgender	24	64	12

	True	False	DK/NR
<i>Ethnic Origin</i>			
Canada	17	67	16
UK	15	68	17
France	14	67	19
Europe	16	69	16
Other	30	47	22
Aboriginal	14	67	19
<i>Age (in years)</i>			
<25	43	45	13
25-34	25	58	17
35-44	17	62	22
45-54	6	72	22
55-64	12	72	16
65+	10	76	14

When asked if they know whether or not hepatitis C can be cured, 55 percent indicate that there is no cure for hepatitis C. Twenty-three percent believe that there is a cure, and 22 percent are unsure or do not provide a response regarding this question. In fact, there is some controversy about whether there is a cure, given that some physicians would argue that once a patient is given a viral clearance after treatment, they can be considered “cured”.

Other Knowledge – “Can Hepatitis C Be Cured?”

“To the best of your knowledge, can hepatitis C be cured?”



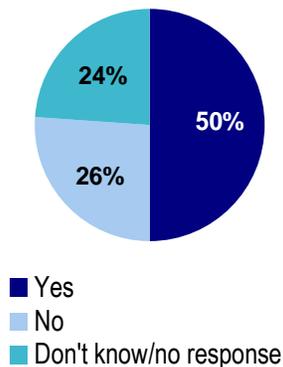
- Yes
- No
- Don't know/no response

- Younger (under age 25 years) and older (65 years old and over) Canadians are more likely than others to incorrectly believe that hepatitis C can be cured. Those between the ages of 35 and 54 years are the most likely to understand that hepatitis C cannot be cured.
- Those with the least education and income, along with those born outside of Canada and residents of Quebec, are more likely than their counterparts to incorrectly believe that hepatitis C can be cured.
- Canadians who know that hepatitis C cannot be cured also tend to have a higher self-rated knowledge of hepatitis C, have been tested for HIV, or know someone with HIV/AIDS.

Fifty percent of Canadians believe there is a vaccine available to prevent someone from becoming infected with hepatitis C. This belief is incorrect, as no vaccination against HCV exists (although there are vaccinations available for hepatitis A and hepatitis B at no cost for most Canadians). The remainder are divided between believing there is no vaccine available (26 percent) or not knowing one way or the other or not providing a response to this question (24 percent). Therefore, only 26 percent of Canadians know that there is no vaccine available for hepatitis C.

Knowledge of Vaccine Available

“Is there a vaccine available to prevent someone from becoming infected with hepatitis C?”



- Younger Canadians (under age 25 years), along with those with lower income, those reporting an origin other than Canadian, European or Aboriginal, are more apt than others to incorrectly believe that there is a vaccine for hepatitis C.
- Canadians living in Ontario are more apt than those in other regions to incorrectly believe there is a vaccine for hepatitis C, while residents of British Columbia are most likely to indicate that there is no vaccine.
- Canadians who know that there is currently no vaccine for hepatitis C are more likely than those who believe there is a vaccine to have a higher self-rated knowledge of hepatitis C, have been tested for HIV, or know someone with HIV/AIDS. However, 48 percent of those rating their self-knowledge of hepatitis C as high still incorrectly believe there is a vaccine, compared to 37 percent with high knowledge who indicate there is no vaccine.

10.2 KNOWLEDGE REGARDING TRANSMISSION OF HEPATITIS C

The actual factors associated with the highest risk of hepatitis C exposure²³ include injection drug use (IDU); incarceration²⁴; being born, travelling in or residing in a country where hepatitis C is more common; and receiving health care in a setting where there is a lack of universal precautions to reduce contamination. Up until 1992, receiving a blood transfusion, blood product or organ transplant was also a high risk factor in Canada, the U.S., Australia, New Zealand and western European countries. This has since become a low risk factor for transmission in these countries, although in other countries this risk still remains moderate to high. Factors that pose a moderate risk for exposure to hepatitis C in Canada include hemodialysis, birth to a mother with hepatitis C, and needle stick injuries.

When asked how hepatitis C is passed on to another person²⁵, 23 percent of Canadians correctly identify injection drug use/sharing drug needles as a way hepatitis C is transmitted (compared with 31 percent who report this method of transmitting HIV). However, 36 percent of Canadians answer that the hepatitis C virus is spread through blood transfusions, even though today in Canada this is a relatively low risk factor.²⁶ (This risk factor is not mentioned by Canadians as a method of transmitting HIV/AIDS.) Also, 25

²³ Public Health Agency of Canada, College of Family Physicians of Canada. Primary Care Management of Chronic Hepatitis C. Online, http://www.phac-aspc.gc.ca/hepc/pubs/pdf/hepc_guide-eng.pdf

²⁴ Through exposure due to: shared/contaminated drug preparation/injection materials; shared/contaminated tattooing materials (e.g., needles, inks); physical trauma (e.g., fighting where blood is present); and unprotected sex where blood may be present (e.g., anal intercourse, fisting).

²⁵ This question was asked without using prompts.

²⁶ However, the question did not ask respondents to specify a timeframe (e.g., what is a method of transmission today versus in the past), a location (e.g., in Canada, or elsewhere in the world), or the level of risk associated with methods of transmission (e.g., high risk versus medium or low risk).

percent of Canadians indicate that people become infected with the hepatitis C virus through unsafe/unprotected intercourse between a man and a woman (compared with 63 percent who cite this as a method of transmitting HIV), when in fact, unsafe/unprotected intercourse between a man and a woman is a lower risk factor for transmitting hepatitis C than it is for transmitting hepatitis B or HIV/AIDS. Some sexual behaviours are associated with hepatitis C transmission (such as unprotected sex with an HCV-positive partner), but these present a lower risk than other factors like injection drug use. Just four percent of Canadians cite foreign/third world country travel as a mode of transmission, even though this is a high risk factor.

Just one percent of Canadians cite from mother to child during pregnancy as a method of transmission, even though this does pose an intermediate risk of exposure. Between four and seven percent say that sharing personal hygiene items (e.g., toothbrushes, razors) and tattoos/body piercings are ways of transmitting the virus, which are in fact lower risk factors sometimes associated with hepatitis C exposure.

Fewer than ten percent of Canadians say that any of the following are ways that hepatitis C is passed from person to person: casual contact (e.g., kissing, hugging, shaking hands), which actually presents no risk of exposure; drinking water; unsanitary food preparation; cuts/open wounds; unsterilized instruments or dishes; and general uncleanliness. Twenty-five percent of respondents indicate that they do not know how hepatitis C is transmitted or provide no response, compared with only four percent of respondents when asked how HIV/AIDS is transmitted. Five percent provide other responses, such as exchanging of bodily fluids, including saliva; contaminated water, including swimming pools and ice cubes; and coughing or sneezing.

Knowledge of Hepatitis C Transmission Methods

“From what you know or have heard, can you tell me how hepatitis C is passed on to another person? That is, how people might become infected?”

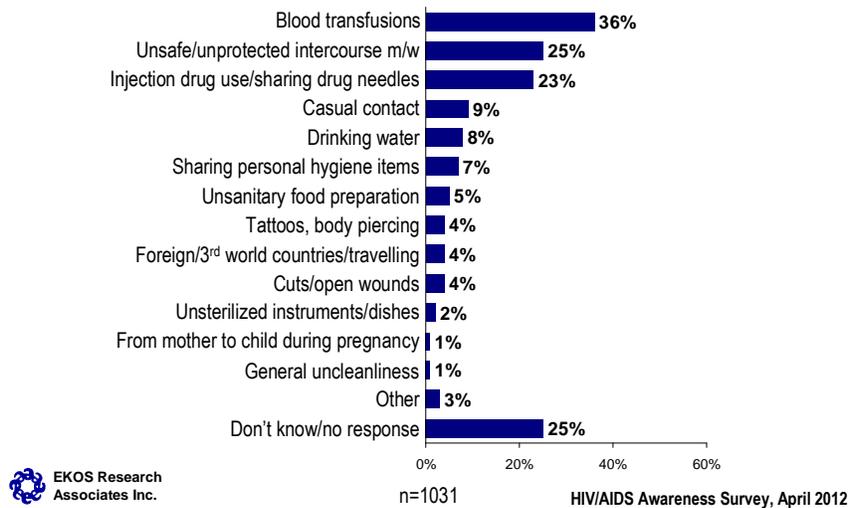


Table 10.2: Knowledge of Hepatitis C Risk Factors

	"From what you know or have heard, can you tell me how hepatitis C is passed on to another person?" (n=1,031)			
	Blood transfusions (old risk; high before 1992, low after 1992) ²⁷	Unsafe/unprotected intercourse (m/w) (actual low risk)	Injection drug use/sharing drug needles (actual high risk)	Casual contact (kissing, hugging) (actual no risk)
	Indicating as a method of transmission (%)			
Overall	36	25	23	9
Region				
BC/Territories	42	34	24	4
Alberta	31	21	22	9
Saskatchewan/Manitoba	38	23	24	7
Ontario	37	20	23	12
Quebec	32	28	18	10
Atlantic	39	30	33	8
Minority Group				
Visible minority	36	20	17	12
Aboriginal	29	30	22	11
Person with a disability	31	18	17	15
Lesbian, gay, bisexual, transgender	27	33	25	10
Gender				
Men	36	27	23	12
Women	36	23	22	7
Age (in years)				
<25	34	22	22	8
25-34	39	27	27	9
35-44	37	31	22	9
45-54	40	30	21	12
55-64	39	15	27	10
65+	27	20	17	8
Self-Rated Knowledge of Hepatitis C				
High	52	32	30	8
Low	31	23	20	10
Self-Rated Knowledge of HIV/AIDS				
High	43	30	26	7
Low	31	21	20	12

²⁷ In some countries, blood transfusions are still a high risk factor.

	"From what you know or have heard, can you tell me how hepatitis C is passed on to another person?" (n=1,031)			
	Blood transfusions (old risk; high before 1992, low after 1992) ²⁷	Unsafe/unprotected intercourse (m/w) (actual low risk)	Injection drug use/sharing drug needles (actual high risk)	Casual contact (kissing, hugging) (actual no risk)
	Indicating as a method of transmission (%)			
Birthplace				
Canada	36	27	24	9
Other	35	19	19	12
Ethnic Origin				
Canada	35	24	23	8
UK	40	24	26	9
French	32	26	22	13
Eastern and Western European	42	31	22	9
Other	29	19	22	11
Aboriginal	37	31	25	18

- Those living in British Columbia are more apt than other Canadians to believe hepatitis C is transmitted through unsafe/unprotected intercourse between men and women. Injection drug use/sharing of drug needles is a more popular response among Canadians residing in the Atlantic provinces than the national average.
- Men who are 65 or older are less apt to cite blood transfusions as a key risk factor for hepatitis C compared with younger age cohorts, or among women in this age group. Unsafe/unprotected intercourse between men and women is cited more frequently by 35 to 44 year old Canadians relative to other age groups. Men between the ages of 55 and 64 years also stand out as more apt to cite this as a risk factor. Women between the ages of 25 and 34 are more likely to point to injection drug use/sharing of drug needles than other age cohorts. This is also true of men between the ages of 55 and 64 years. Men who are 25 to 34 years of age are the most likely to cite tattoos and body piercing as a high risk factor.
- The belief that hepatitis C is passed along through blood transfusions or injection drug use/sharing drug needles increases with education.
- Those who rate their knowledge of hepatitis C or HIV/AIDS as high, along with those who perceive themselves to be at a low risk of contracting hepatitis C, are more likely than other Canadians to believe that hepatitis C can be contracted through blood transfusions, injection drug use/sharing drug needles, or unsafe/unprotected sex between a man and a woman.

- Respondents from Eastern and Western Europe are more likely to cite unsafe/unprotected intercourse between men and women as a high risk factor compared with respondents from other parts of the world.

10.3 KNOWLEDGE OF GROUPS AT RISK FOR HEPATITIS C

Twenty-seven percent of Canadians name injection drug users as the group most at risk of being infected with hepatitis C. Twenty-two percent see younger people in general as the group most at risk of being infected with hepatitis C. Eleven percent name users of other drugs as an at risk group. Other groups such as older people, blood transfusion recipients, men who have sex with men, health care professionals, those who practice unprotected sex, prostitutes/sex workers, those with multiple sex partners, and people who travel are named by four to seven percent of respondents in each case. Three percent or fewer report Aboriginal people, those with tattoos or body piercings, those who share items potentially contaminated with blood, blood donors, those with poor health, and lower income families as groups who are particularly at risk of contracting hepatitis C. Eight percent believe that there are no particular groups that are more likely to contract hepatitis C. As with HIV awareness, where 26 percent of Canadians are unable to or do not identify any specific groups at risk of contracting HIV, 23 percent of Canadians are unable to or do not identify a specific group at risk of contracting hepatitis C.

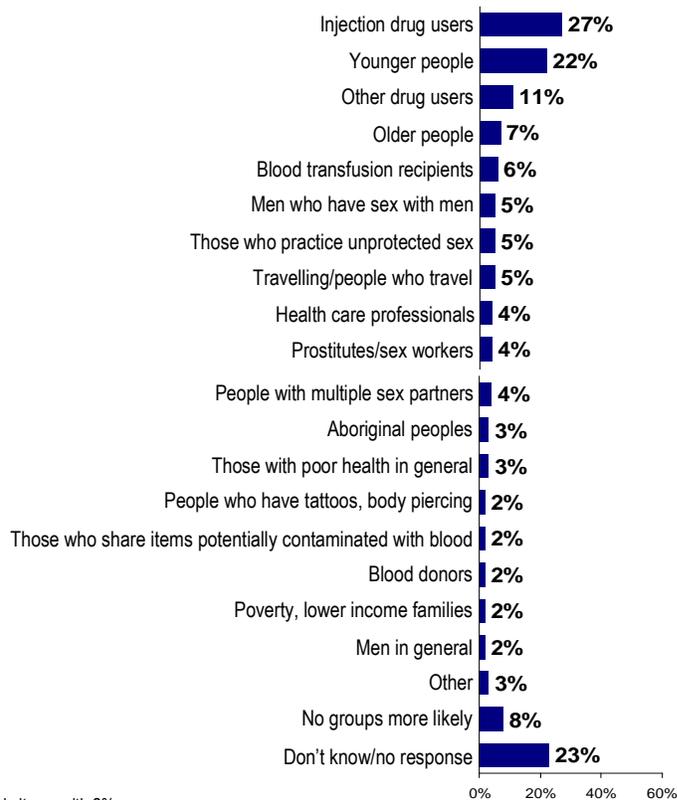
- Canadians in British Columbia are the most likely across the country to identify injection drug users as being the group most at risk of being infected with hepatitis C.²⁸
- Those who identify themselves as lesbian, gay, bisexual, or transgender are more likely than average to mention sex trade workers and those with multiple sex partners as at risk groups.
- People who identify as a visible minority are more likely to say that both younger (37 percent) and older people (16 percent), as well as homeless people (six percent) are groups particularly at risk for contracting hepatitis C. This is also true for Canadians identifying an ethnic origin other than Canadian, UK, European, or Aboriginal.
- Canadians who are 65 years of age and over are more apt than other age groups to identify younger people as being most at risk for contracting hepatitis C (33 percent, while younger Canadians (age 25 to 34 years) are more likely to see older people as being most at risk (13 percent) than those over the age of 35 years are to have said the same (three to seven percent in the different age segments over 35 years of age). This is also true of those under 25 years of age (10 percent).

²⁸ As with HIV infection perceptions, this finding may be related, in part, to the high incidence of injection drug use on the lower Eastside of Vancouver.

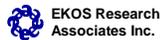
- Those who identify as being at high risk of contracting hepatitis C are more likely (24 percent) than those who perceive themselves at low risk (seven percent) to say that the disease does not target a particular group or segment of society.

Groups at Risk of Contracting Hepatitis C

“As far as you know, in Canada today, which groups are most at risk of being infected with hepatitis C?”



Only items with 2% or more shown on slide



n=1032

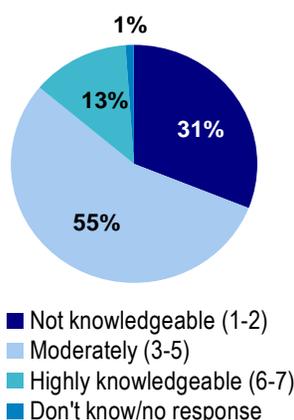
HIV/AIDS Awareness Survey, April 2012

10.4 SELF-REPORTED KNOWLEDGE

Thirteen percent of Canadians believe they are highly knowledgeable about the hepatitis C virus. Fifty-five percent indicate they are moderately knowledgeable, while 31 percent feel they are not knowledgeable about hepatitis C. Self-reported knowledge levels regarding hepatitis C are lower than those reported for HIV/AIDS, where 22 percent rate themselves highly knowledgeable, 67 percent rate themselves moderately knowledgeable and only 11 percent rate themselves not knowledgeable.

Self-Rated Knowledge

“How knowledgeable would you say that you are about hepatitis C?”



- Residents of Quebec have a higher self-rated knowledge score regarding hepatitis C than others across the country.
- Younger Canadians (under age 25 years), along with those with lower education and income, rate themselves least knowledgeable about the hepatitis C virus relative to their counterparts.
- Those who indicate they are highly knowledgeable about the hepatitis C virus are also more apt than average to rate their knowledge of HIV/AIDS as high, which is also the case for those who feel the hepatitis C virus is very serious or that they are at a higher risk of contracting hepatitis C.
- Those rated their knowledge high also tend to be more comfortable in situations involving someone with HIV/AIDS (e.g., sharing a glass in a restaurant, wearing a sweater, their child attending the same school, etc.) and are less apt to distance themselves from HIV/AIDS (as a

disease belonging to drug users, gay people and those living in third world countries). They are also more apt to know that someone can have HIV for 10 or more years without developing AIDS.

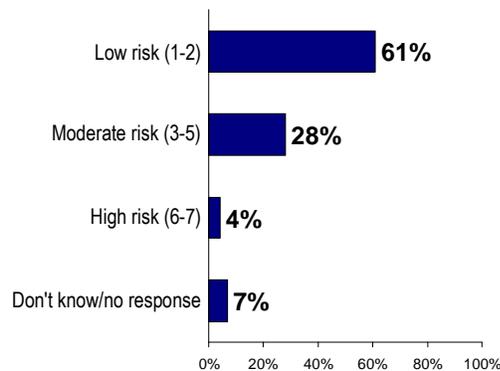
- While only 16 percent of those who say they are very knowledgeable about hepatitis C have been tested for HIV/AIDS, those who have been tested for HIV are more likely to have a high self-rated knowledge of hepatitis C (47 percent).

10.5 PERCEPTION OF RISK

Thirty-two percent of Canadians perceive themselves to be at a moderate (28 percent) or high (four percent) risk of contracting hepatitis C. This is almost three times higher than the 12 percent of Canadians who consider themselves to be at a moderate to high risk of contracting HIV. Sixty-one percent of Canadians considers themselves to be at a low risk of contracting hepatitis C.

Perception of Personal Risk for Hepatitis C

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



n=1032

HIV/AIDS Awareness Survey, April 2012

- Perceived risk of contracting hepatitis C is highest among Canadians between 35 and 44 years of age and tends to decrease over age 45 years (see Table 10.3).
- Aboriginal respondents are more likely than other Canadians to feel they are at risk for hepatitis C, with 12 percent indicating they are at a high risk. This risk is highest among First Nations living off-reserve and lowest among Inuit. Those between the ages of 35 and 44 are

also more apt to say their personal risk is high (19 percent), followed by seniors (11 percent), compared with Aboriginal people in other age segments.

- The perception of risk is lowest among those with a disability and those reporting themselves to be from the United Kingdom.

Table 10.3: Perceptions of Personal Risk by Demographic Variables

How would you rate your own personal risk of contracting hepatitis C, using a scale where 1 is a very low risk, 7 is a very high risk, and the midpoint 4 is moderate risk? (n=1,032)			
	Low Risk (1,2) (%)	Moderate Risk (3,4,5) (%)	High Risk (6,7) (%)
Overall	61	28	4
Age (in years)			
<25	47	38	2
25-34	55	32	2
35-44	56	29	8
45-54	64	29	3
55-64	68	26	2
65+	74	17	4

10.6 PREFERRED SOURCES FOR INFORMATION ABOUT HEPATITIS C

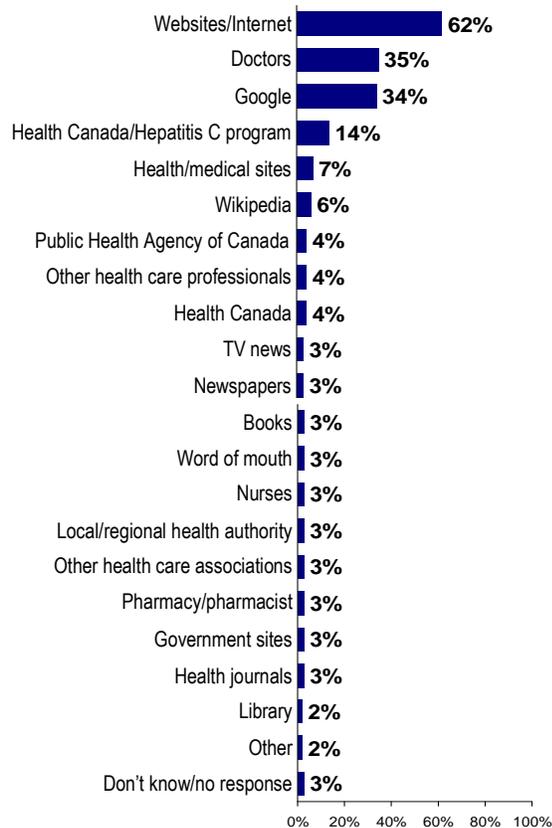
Similar to results presented regarding sources of information about HIV/AIDS, most Canadians would go to the Internet to look for information about hepatitis C. Sixty-two percent indicate that they would seek out information on hepatitis C online. Doctors are noted as a main information source by 35 percent of Canadians, followed closely by a specifically identified online source, Google (34 percent). Health Canada Hepatitis C programs are mentioned as potential information sources by 14 percent. Six to seven percent indicate more specifically that health/medical sites or Wikipedia would be an information source for hepatitis C information. Four percent would seek out information from health care professionals other than doctors or the Public Health Agency of Canada. Four percent cite Health Canada. Two percent mention media sources such as TV news or newspapers. Two percent indicate other sources, including provincial sources (e.g., B.C. Health, Alberta Health Link, Santé Nouveau Brunswick) and the Mayo Clinic.

- Canadians living in Quebec are more apt to indicate news media (TV news, radio news, newspapers) or Health Canada as preferred sources of information. They are generally less likely to go to the Internet than others across the country. Residents of Ontario are more likely than those in other regions to point to the Internet, and Google specifically, as an information source about hepatitis C.

- Aboriginal people are more likely than other Canadians to name nurses as a potential source for hepatitis C information.
- Younger Canadians (under 25 years of age) are more apt to cite the Internet, and Google and Wikipedia in particular, as well as schools/universities as sources of information.
- The Internet, and Google in particular, are also more often the chosen source for information among those with higher incomes and education. The Health Canada Hepatitis C program is also a more popular source among those with higher income, particularly in the \$100,000 to \$150,000 bracket.

Preferred Information Sources for Hepatitis C

“If you were looking for information about hepatitis C in the future, what would be your main sources of information? Any other sources?”



Only items with 2% or more shown on slide



n=1030

HIV/AIDS Awareness Survey, April 2012

11. TYPOLOGY OF CANADIANS

In addition to the basic analyses cited throughout the report, a typology of Canadians was replicated from 2006. The typology groups Canadians into segments of people with similar knowledge levels and attitudes regarding HIV/AIDS. The methods used are factor and reliability analyses (leading to the computation of several indices presented earlier in the report), and cluster analysis. The five factors used in the 2006 typology were again included in the 2012 typology: knowledge, comfort, distancing, stigma, and discrimination (as presented earlier in the report). A reliability analysis was conducted on these factors, resulting in alpha coefficients that were 0.50 or higher, suggesting that the composite scales computed on the base of the listed dimensions are statistically reliable measures.

Table 11.1: Composition of Indices:

Indices	Items included in the Indices
Knowledge Index	Is the following a way in which HIV can be passed on to another person - Unsafe/unprotected intercourse between a man and a man?
	Is the following a way in which HIV can be passed on to another person - unsafe/unprotected intercourse between a man and a woman?
	Is the following a way in which HIV can be passed on to another person - Unsafe/unprotected oral sex?
	Is the following a way in which HIV can be passed on to another person - Sharing drug needles?
	Is the following a way in which HIV can be passed on to another person – Kissing?
	Is the following a way in which HIV can be passed on to another person - Tattoos/body piercing?
	Is the following a way in which HIV can be passed on to another person - Contact with physical objects (e.g., fountains, toilet seats)?
	Is the following a way in which HIV can be passed on to another person – Blood to blood contact (e.g. from an open cut)?
	Is the following a way in which HIV can be passed on to another person - Mosquito bites?
	Is the following a way in which HIV can be passed on to another person - Casual contact (e.g., hugging, shaking hands)?
	Is the following a way in which HIV can be passed on to another person - A sneeze or cough?
	Is the following a way in which HIV can be passed on to another person – From mother to child during pregnancy?
	As far as you know, can someone find out for certain if they have HIV/AIDS from...?
	To the best of your knowledge, can HIV/AIDS be cured?
	To the best of your knowledge, can HIV/AIDS be cured if treated early?
	Agreement with: A person can have HIV for ten years or more without developing AIDS.
Agreement with: When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia.	

Indices	Items included in the Indices
Comfort Index	How comfortable would you be if: Your child were attending a school where one of the students was known to have HIV/AIDS?
	How comfortable would you be if: You worked in an office where someone working with you developed HIV/AIDS?
	How comfortable would you be with: Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS?
	How comfortable would you be if: A close friend or family member dating someone with HIV/AIDS?
	How comfortable would you be using a restaurant drinking glass once used by a person living with HIV/AIDS?
	How comfortable would you be wearing a sweater once worn by a person living with HIV/AIDS?
Distancing Index	Agreement with: HIV/AIDS is mostly a third world disease;
	Agreement with: HIV/AIDS is mostly a drug user's disease
	Agreement with: HIV/AIDS is mostly a gay person's disease
Stigma Index	Agreement with: I could not become friends with someone who has HIV/AIDS.
	Agreement with: I could not remain friends with someone who has HIV/AIDS.
	Agreement with: People who get HIV/AIDS through sex or drug use got what they deserve.
	Agreement with: I feel afraid of people living with HIV/AIDS.
	Agreement with: If someone becomes infected with HIV, they have only themselves to blame for it.
Discrimination Index (with statements reversed)	Agreement with ... People living with HIV/AIDS (DO NOT) have the same right to employment as I do.
	Agreement with ...People living with HIV/AIDS (DO NOT) have the right to be sexually active.
	Agreement with ...People living with HIV/AIDS (DO NOT) should be legally quarantined from others to protect the public health.
	Agreement with ...The names of people with HIV/AIDS should (NOT) be made public so that others can avoid them.

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

Table 11.2: Profile of Segments by Indices

Indices	Segments				
	Informed Open-Minded	Informed Distancing	Moderately Informed Open-Minded	Moderately Informed Deniers/ Fearful	Uninformed Uncomfortable
Knowledge Index	8 (+ +)	7 (+)	5 (-)	4 (-)	-1 (- -)
Comfort Index	3.26 (+ +)	2.58 (avg.)	3.01 (avg.)	2.09 (-)	2.03 (-)
Distancing Index	1.62 (- -)	4.16 (+ +)	1.73 (- -)	4.25 (+ +)	3.47 (+ +)
Stigma Index	1.4 (- -)	2.66 (avg.)	1.58 (-)	3.96 (+ +)	3.25 (+ +)
Discrimination Index (reversed)	0.7 (- -)	1.73 (avg.)	1.01 (avg.)	2.76 (+ +)	2.68 (+ +)

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

Table 11.3: Key Demographic and Attitudinal Indicators

Indicators	TOTAL (n=2,000*) (%)	Informed Open-Minded (n=794) (%)	Informed Distancing (n=410) (%)	Moderately Informed Open-Minded (n=473) (%)	Moderately Informed Deniers/ Fearful (n=235) (%)	Uninformed Uncomfortable (n=87) (%)
Knowledge Index						
Low	19%	0%	0%	34%	59%	100%
Medium	42%	27%	56%	66%	41%	0%
High	39%	73%	44%	0%	0%	0%
Comfort Index						
Low	28%	9%	38%	20%	68%	73%
Medium	45%	91%	62%	80%	32%	27%
High	27%	0%	0%	0%	0%	0%
Distancing Index						
Low	52%	79%	6%	72%	5%	20%
Medium	35%	21%	59%	27%	49%	64%
High	14%	0%	36%	1%	47%	15%
Stigma Index						
Low	71%	92%	55%	84%	10%	31%
Medium	22%	7%	39%	15%	50%	46%
High	7%	0%	6%	1%	40%	23%

Indicators	TOTAL (n=2,000*) (%)	Informed Open-Minded (n=794) (%)	Informed Distancing (n=410) (%)	Moderately Informed Open- Minded (n=473) (%)	Moderately Informed Deniers/ Fearful (n=235) (%)	Uninformed Uncomfortable (n=87) (%)
Discrimination Index						
Low	66%	87%	53%	77%	20%	15%
Medium	19%	10%	26%	19%	31%	28%
High	15%	3%	21%	8%	49%	57%
What is the highest level of schooling that you have completed?						
Some high school or less	8%	3%	8%	8%	18%	32%
Graduated from high school	24%	20%	24%	25%	32%	31%
Trade/College/CEGEP/ Some university	29%	28%	30%	33%	23%	20%
University/Prof. Certificate	39%	49%	38%	33%	26%	17%
What is your annual household income from all sources before taxes?						
<\$20,000	8%	4%	8%	8%	16%	26%
\$20,000-\$39,999	15%	13%	16%	14%	20%	17%
\$40,000-\$59,999	14%	13%	16%	14%	17%	8%
\$60,000-\$79,999	13%	14%	12%	13%	9%	9%
\$80,000-\$99,999	10%	12%	10%	10%	5%	5%
\$100,000-\$149,999	12%	16%	10%	11%	5%	7%
\$150,000 or more	9%	12%	9%	8%	3%	3%
Don't know/No response	20%	17%	20%	22%	26%	25%
Gender						
Male	48%	46%	50%	49%	52%	48%
Female	52%	54%	50%	51%	48%	52%
Age (in years)						
<25	12%	11%	12%	14%	9%	14%
25-34	16%	19%	15%	16%	10%	12%
35-44	19%	22%	17%	17%	20%	16%
45-54	20%	23%	21%	19%	13%	10%
55-64	15%	14%	15%	16%	15%	13%
65 or older	17%	10%	21%	17%	32%	34%
To what extent do you associate yourself with a particular religion or religious group?						
Little (1-2)	41%	48%	38%	42%	24%	24%
Strongly (6-7)	28%	23%	30%	24%	40%	46%

Indicators	TOTAL (n=2,000*) (%)	Informed Open-Minded (n=794) (%)	Informed Distancing (n=410) (%)	Moderately Informed Open- Minded (n=473) (%)	Moderately Informed Deniers/ Fearful (n=235) (%)	Uninformed Uncomfortable (n=87) (%)
Do you consider yourself to belong to any of the following groups?						
Member of a visible minority	10%	9%	9%	12%	15%	13%
An Aboriginal person	4%	4%	2%	3%	4%	7%
A person with a disability	7%	5%	8%	8%	11%	13%
Lesbian, gay, bisexual, transgender	4%	5%	4%	3%	1%	3%
None	76%	78%	77%	76%	70%	64%
How knowledgeable would you say that you are about HIV/AIDS?						
Not knowledgeable (1-2)	11%	6%	11%	11%	17%	27%
Knowledgeable (6-7)	22%	25%	18%	20%	20%	15%
How effective do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are... (n=968)						
Very effective	32%	38%	26%	38%	22%	14%
HIV/AIDS disease in Canada today						
Very serious	47%	46%	42%	49%	54%	44%
Agreement with "HIV/AIDS is much less of a problem in Canada today than it was ten years ago" (n=968)						
Disagree (1-3)	39%	48%	27%	46%	22%	35%
Agree (5-7)	33%	25%	44%	28%	50%	27%
Agreement with "I could not be friends with someone who has HIV/AIDS"						
Disagree (1-3)	85%	97%	81%	93%	40%	58%
Agree (5-7)	9%	2%	8%	4%	39%	22%
Agreement with "people who get HIV/AIDS through sex or drug use got what they deserve"						
Disagree (1-3)	81%	95%	74%	91%	36%	55%
Agree (5-7)	9%	1%	13%	3%	43%	19%
Agreement with "people who have HIV/AIDS should be allowed to serve the public in positions like hairstylists" (n=1,019)						
Disagree (1-3)	20%	10%	25%	18%	33%	55%
Agree (5-7)	65%	81%	54%	67%	41%	22%
Agreement with "I feel afraid of people living with HIV/AIDS"						
Disagree (1-3)	73%	89%	63%	83%	27%	41%
Agree (5-7)	15%	5%	19%	7%	48%	34%
Agreement with "People living with HIV/AIDS have the same right to employment as I do"						
Disagree (1-3)	3%	1%	5%	2%	8%	19%
Agree (5-7)	90%	98%	88%	94%	70%	65%

Indicators	TOTAL (n=2,000*) (%)	Informed Open-Minded (n=794) (%)	Informed Distancing (n=410) (%)	Moderately Informed Open- Minded (n=473) (%)	Moderately Informed Deniers/ Fearful (n=235) (%)	Uninformed Uncomfortable (n=87) (%)
Agreement with “people living with HIV/AIDS have the right to be sexually active”						
Disagree (1-3)	22%	10%	31%	17%	50%	46%
Agree (5-7)	55%	69%	45%	59%	26%	32%
How comfortable or uncomfortable would you be if... Your child were attending a school where one of the students was known to have HIV/AIDS?						
Uncomfortable	36%	20%	47%	28%	73%	67%
Comfortable	62%	78%	51%	69%	24%	30%
How comfortable or uncomfortable would you be wearing a sweater once worn by a person living with HIV/AIDS? (n=991)						
Very uncomfortable	24%	8%	33%	20%	62%	72%
Very comfortable	73%	91%	65%	78%	35%	18%
To the best of your knowledge, do you know or have you ever known someone with HIV/AIDS?						
Yes	40%	48%	37%	40%	23%	19%
Have you ever been tested for HIV, excluding testing for insurance, blood donation and participation in research studies?						
Yes	37%	43%	33%	38%	26%	29%

*n=2,000 unless noted otherwise next to the indicator.

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

11.1 SEGMENT ONE: INFORMED OPEN-MINDED

This segment represents the largest share of the Canadian population (41 percent in 2012; 38 percent in 2006). Representative members of this segment have the highest knowledge (73 percent scored high on the knowledge index *versus* 39 percent in the overall sample), are the most comfortable with people living with HIV/AIDS, are the least stigmatizing (92 percent scored low on the stigma index compared with 71 percent overall), and are the least likely to distance themselves from the issue (79 percent scored low on the distance index compared to 52 percent in the overall sample). They are also least likely to discriminate against someone with HIV/AIDS (87 percent have a low discrimination score on the index versus a national average of 66 percent). They are also least likely to believe that people with HIV/AIDS should have their names made public to protect others (95 percent disagree with this compared to a national average of 81 percent).

- This group is most likely, compared to the other four segments, to know about methods of transmission and testing. They generally demonstrate a very good understanding of HIV/AIDS and know that there is no known cure.
- Although they are not more likely than other Canadians to believe that HIV/AIDS is a very serious issue today, they tend to disagree that HIV/AIDS is much less of a problem than 10 years ago. They are, however, more likely to believe that treatment is very effective (38 percent). They do not tend to see this disease as one belonging to the third world, the gay community or to drug users exclusively.
- They are very comfortable in most of the situations involving people with HIV/AIDS described in the survey (although the degree of comfort is much less when a close friend/ family member or a child is concerned) and are most likely to say that they personally could be friends with someone with HIV/AIDS. Representative members of this group generally believe that people living with HIV/AIDS should be able to serve the public (although, even among this group, 23 percent disagree that they should be allowed to be dentists). This segment is unlikely to blame people living with HIV/AIDS for contracting this disease and is most apt to support the rights of those with HIV/AIDS to employment, health care, housing, and to being sexually active (although they support the right to be sexually active to a lesser degree). This group opposes the publishing of names of people living with HIV/AIDS more often than average.
- They are more likely than the other segments to believe that people with HIV are unwilling to tell others about their illness due to the stigma associated with the disease. Similarly, members of this group are more likely than average to suggest that people with HIV/AIDS can experience difficulty getting housing, health care and employment. They also believe that seeing this disease as one exclusively affecting drug users or the gay community, as well as fear of becoming infected with HIV through casual contact are strong factors in peoples' discomfort with HIV/AIDS.
- They are marginally more likely than members of the other groups to report getting their HIV/AIDS information from television news or websites. They place a high degree of reliability on health care professionals, the Public Health Agency of Canada and Health Canada, as well as (to a lesser degree) the Government of Canada, anonymous clinics, and people living with HIV/AIDS. Members of this group are also more likely than the other segments to feel comfortable seeking information from people with HIV/AIDS or an anonymous clinic. This group is most likely (by far) than average to believe that social media is the most efficient way to provide people with information about HIV/AIDS.
- This group is more likely than others to say that they know (or have known) someone with HIV/AIDS (48 percent).
- They are the most likely to be sexually active (80 percent are); despite this, this group is no more likely to rate their risk of contracting HIV as high. Those who rate their risk as low are more apt to say this is because they have only one partner and are not using drugs.

Nonetheless, they are also the group most likely to report being tested for HIV (43 percent versus 37 percent in the overall sample).

- This group is slightly overrepresented those who are married with children. The concentration is highest among those aged 25 to 54 years (64 percent). This group has a higher than average proportion of individuals with a university education, who are employed full-time and have higher than average household income. This group is also under-represented among Quebec residents, and those born outside Canada. They are also less likely to associate themselves with a particular religion or religious group.

11.2 SEGMENT TWO: INFORMED DISTANCING

This segment comprises 20 percent of Canadians, similar to 2006 when it represented 22 percent of the Canadian population. As with the first segment, members of this segment have a high level of knowledge on the topic of HIV/AIDS, although they score slightly lower on the index than the first segment (44 percent scored high compared with 39 percent overall). They score similarly to the rest of the country in terms of the level of stigma and discrimination they exhibit against people with HIV/AIDS. They are marginally less comfortable than average around people with HIV/AIDS. Apart from a high level of knowledge, the key distinguishing factor for this segment is the degree to which they see the disease as something that affects others (i.e., a disease affecting largely gay people, drug users and residents of the third world). They are the second most likely to distance themselves from the issue of HIV/AIDS (with 36 percent scoring high on the distance index *versus* 14 percent in the national sample overall).

- With respect to knowledge, members of this group are less likely than average to be misinformed about methods of transmission and testing. They also know that there is no cure, that HIV/AIDS is manifested by an inability of the body to defend itself and that the onset of AIDS may not occur for ten years or more after contracting HIV.
- This group is more apt to minimize HIV/AIDS to some degree. Specifically, they are somewhat more likely than most of the other segments to view it as a moderate rather than a serious problem today. Forty-four percent agree that HIV is much less serious than it was ten years ago, compared with 33 percent on average.
- There are few significant differences between this group and Canadians overall in terms of their comfort and views regarding most scenarios involving a person with HIV/AIDS, although, as noted earlier, they are less comfortable with each of the scenarios proposed in the survey than segments one and three, particularly comfort levels with a child attending a school where one if the students was known to have HIV/AIDS and with a close friend or family member dating someone with HIV/AIDS. Although they believe that people with HIV/AIDS have the same right to employment as others, they are more likely than average to believe that people with HIV/AIDS should not be allowed to work as dentists nor should they have the same rights to be sexually active. This group is the most likely of the five segments to say that it is a responsibility of people with HIV/AIDS to protect others. Members of this group believe that

young men in Canada are increasingly at risk for HIV and are more likely than the Informed Open-Minded (Segment 1) or the Moderately Informed, Open-Minded (Segment 3) to express fear of people with HIV.

- This segment distances itself from the disease and prefers to view it as a disease that is contained to the third world, the gay community or to drug users.
- In terms of media preferences, this group is the most likely segment to express a preference for obtaining information about HIV/AIDS from websites (and Google in particular).
- This group is marginally over-represented by seniors and those who are retired (27 percent retired versus the national average of 22 percent). There are few other demographic characteristics that distinguish this segment.

11.3 SEGMENT THREE: MODERATELY INFORMED OPEN-MINDED

This group includes 23 percent of Canadians, which is on par with this segment's proportion in 2006 (22 percent). They have a low to moderate level of knowledge about HIV/AIDS (34 percent scored low and 66 percent scored in the mid-range), and are moderately comfortable about contact with people with HIV (20 percent scored low on comfort index compared with 27 percent overall). They also show few stigmatizing attitudes (84 percent scored low) and are less likely than many other Canadians to distance themselves from the issue, disagreeing that AIDS is a disease contained to third world countries, the gay community or drug users (72 percent scored low on the distancing index *versus* 52 percent overall). They are also very concerned about the issue of HIV/AIDS (49 percent think it is a very serious problem today) and do not believe that it is a less serious problem in Canada today than it was ten years ago (46 percent disagreeing). Overall, they are quite similar to the first segment, but with a less rich understanding of HIV/AIDS.

- With respect to knowledge, members of this group are more likely than average to be misinformed about methods of transmission and testing. In particular, they are less informed about oral sex or from mother to newborn as methods of transmitting HIV. They also are more apt than the overall average to think that HIV can be diagnosed through physical examination and that it can be cured, particularly this early diagnosis. They also are less likely to know that, with HIV/AIDS, the body cannot defend itself against diseases and that AIDS may not occur for ten years or more after contracting HIV.
- In terms of comfort with various situations, they are most likely to reflect national results, except that they are considerably less likely than the average to blame or to fear people living with HIV/AIDS. This group strongly believes in the human rights of people living with HIV/AIDS and opposes any discrimination. They also report supportive reactions to having someone with HIV/AIDS as a close friend or attending school with their child.

- This segment is average with regard to their overall pattern of receiving information about HIV/AIDS, as well as their preferred sources of getting information; however, this group is less apt to rate both the Government of Canada, and an anonymous clinic as reliable sources for information. They also report higher than average comfort with friends and family as information sources.
- This group reports an average likelihood of knowing a person living with HIV/AIDS (40 percent). There are few significant differences for this group from the average in terms of sexual behaviour or testing behaviour. They also have an average perceived risk of contracting the disease.
- Demographically, there is little about this group that sets them apart from other Canadians. They are marginally over-represented in Quebec. They are also somewhat less apt to be associated with a particular religion or group.

11.4 SEGMENT FOUR: MODERATELY INFORMED DENIERS/FEARFUL

This segment comprises 12 percent of Canadians, similar to 2006 (11 percent). The segment is characterized by a low to mid-level knowledge about HIV/AIDS (59 percent scored low on the knowledge index versus 19 percent overall), strong levels of discomfort around people with HIV/AIDS (68 percent scored low on the comfort index *versus* 27 percent overall), and the highest degree of stigmatizing attitudes (40 percent scored high on the stigma index compared with the seven percent national average). Members of this segment tend to minimize and greatly distance themselves from the issue (47 percent scored high on this measure, compared with only 14 percent in the national average) and are most likely to support discrimination of people living with HIV/AIDS (49 percent scored high on this measure compared to only 15 percent overall).

- This group is more likely than average to be misinformed about some methods of transmission and testing. They are less likely than average to cite homosexual men and injection drug users as among the most affected groups and more apt than average to believe that people of African descent are most affected by HIV. They are also more apt than others to believe that there is a cure for HIV/AIDS and that the illness can be diagnosed through physical examination and self-diagnosis. This group is more likely than others to recognize their low levels of knowledge on this topic.
- They are more likely than average to believe that AIDS is much less of a problem in Canada today than it was ten years ago (50 percent versus 33 percent overall), and that AIDS is a disease belonging to the third world, the gay community and drug users.
- As part of strong discriminatory views of HIV/AIDS, this group strongly disagrees that people with HIV/AIDS should serve the public as a hairstylist or dentist (33 and 52 percent,

respectively), or that they should have the same rights to employment, health care, or housing. A majority of this segment (50 percent versus 22 percent overall) believes that people with HIV have no right to be sexually active, and that their names should be made public to mitigate the risk to others (35 percent versus 10 percent overall).

- They are the most uncomfortable around people with HIV/AIDS and the most likely to say that they could not be friends with someone who has AIDS. They are most likely to believe that people who contract HIV/AIDS through sex or drug use, get what they deserve and have only themselves to blame for it. Members of this group are more likely than average to say they feel anger (23 percent versus 5 percent overall) and are afraid of people with HIV (48 percent versus 15 percent average).
- This group expresses a slightly higher than average preference for information from television shows and the radio. They are somewhat less apt to rely on doctors, the government, an anonymous clinic, or a person living with HIV/AIDS as sources of information about HIV/AIDS. They tend to place greater than average confidence in the information provided by their friends and would be most uncomfortable seeking information from a range of sources including doctors, pharmacist, and other health care providers, and, in particular, a person with HIV/AIDS (40 percent rate themselves uncomfortable with this source). While this segment rates PSAs on television as the most effective source of information, they are more apt than other Canadians to cite PSAs in the newspaper as an effective vehicle for getting this information across.
- They are least likely to report knowing someone with HIV/AIDS than any other group of Canadians (although 23 percent say that they do know someone), and they are more likely than other segments to say that they would react by spending less time with someone they knew had HIV/AIDS. As with the Uninformed Uncomfortable (the next group described), they are unlikely to have been tested for HIV/AIDS (26 percent tested compared to 37 percent overall), although they provide the highest rating for perceived personal risk of contracting the disease.
- This group has a significantly higher than average proportion of senior citizens (as high as that found in the Uninformed Uncomfortable at 32 percent) and retired (31 percent) and has lower than average education and income (but not quite as low as the last segment). This segment is also overrepresented by individuals living alone (24 percent). This group is also overrepresented among Quebec residents, visible minorities and those born outside Canada (particularly from South or East Asia). They also stand out in their self-identification as a visible minority (15 percent) or person with a disability (11 percent). Like the Uninformed Uncomfortable (Segment 5), 40 percent of this group is strongly associated with a religious group.

11.5 SEGMENT FIVE: UNINFORMED UNCOMFORTABLE

This segment comprises only four percent of Canadians, which is similar to the seven percent they represented in 2006. Individuals in this group are characterized by the lowest knowledge about HIV/AIDS by far (100 percent scored in the lowest range of the knowledge index, compared with 19 percent of Canadians overall). They also have the second highest level of rated discomfort around people living with HIV/AIDS (72 percent scored low *versus* 27 percent in the overall sample). This group is likely to distance themselves from the issue of HIV/AIDS, believing that it is a disease found mostly in third world countries, and among the gay population and drug users (64 percent scored moderate and 20 percent scoring low on the distance measure compared to 35 percent moderate and 52 percent low in the national average). They express high levels of stigma (23 percent scored high on this measure compared to 7 percent overall) and are inclined to discriminate against people living with HIV/AIDS (57 percent scored high compared to 15 percent overall).

- In terms of knowledge, this group is the most misinformed about methods of transmission and testing, as well as about groups most affected by HIV. Over half of this group believes that there is a cure for HIV/AIDS and they are the least apt to know that, with HIV, the body cannot defend itself against disease and infection. They tend to believe that HIV/AIDS is less of a problem today that it was ten years ago.
- They express the greatest discomfort of any segment in any situation involving a person with HIV/AIDS (even wearing a sweater once worn by a person living with HIV/AIDS makes half of this segment very uncomfortable) and are most apt to believe that people with HIV get what they deserve. They are less apt to report knowing someone with HIV/AIDS than average, and are more likely than others to fear and feel anger towards people with HIV.
- They are the most opposed to the idea of people with HIV/AIDS serving the public (55 percent said that people should not work in such positions as dentists and hairstylists), or having any equal rights to employment, health care, or even housing, as compared to other segments. They are also more apt than others to deny any negative impacts of stigma and discrimination on the person and society (i.e., less apt to say that people with HIV/AIDS have greater difficulty accessing services or finding employment or being willing to tell others about their disease).
- This group does not have strong singular patterns in terms of where they receive information about HIV/AIDS, although there is a somewhat higher concentration of individuals in this segment who receive the information from books/at the library (13 percent). Preferences for information channels are slightly more concentrated in more traditional vehicles such as television, magazines and newspaper articles. They are less apt to use the Internet than other segments. They are characterized by the greatest scepticism of doctors or pharmacists, the government (including Public Health Agency and Health Canada), as well as people with HIV/AIDS. They are most apt of any group to view family and friends as reliable sources of information about HIV/AIDS. This group is least likely to feel comfortable seeking information

from health care professionals, anonymous clinics, or a person with HIV. Brochures/ information kits sent to the home stands out as the best approach for this group (according to 56 percent of this segment).

- This group includes a much higher than average number of senior citizens (34 percent of this group are over 65 years of age). There is also a considerably higher concentration than average of individuals that are either unemployed, and looking for work (12 percent), or retired (35 percent) in this segment. Thirty-two percent also have less than high school completion and 26 percent report household incomes of less than \$20,000. There is a higher than average concentration of individuals who describe themselves as single with no children and living with family (18 percent).
- Members of this segment are found in higher concentrations than average among Quebec residents. There also is a higher proportion than average who were born outside Canada, more often than average reporting themselves to be coming from Arab states (four percent). There is also a higher than average concentration of individuals classifying themselves as an Aboriginal person or a person with a disability.
- Members of this group are more likely than average to strongly associate themselves with a particular religion or a religious group (46 percent compared to 28 percent overall).

12. PROFILE ON BABY BOOMERS

An additional profile was created for differences in survey results for respondents who are considered to be Baby Boomers (boomers) by virtue of their age. This includes all survey respondents between 48 and 66 years of age.

Knowledge

- Baby boomers' level of knowledge about HIV/AIDS is on par with the general Canadian public, and they share a similar level of concern over the seriousness of HIV/AIDS in Canada today, although they are more likely than younger age cohorts to perceive heart disease and diabetes as very serious.
- This group is more likely than Canadians overall to name homosexual men and injection drug users as groups that have been affected by HIV/AIDS.

Risk

- Boomers are less likely than Canadians overall to have used a condom the last time they had sex (10 percent did, compared to 21 percent overall); most frequently cited reasons are: because they are married or in a monogamous relationship (80 percent compared to 73 percent overall). They are also less likely than the general population to have had a casual sex partner (eight percent have, versus 15 percent overall).
- Boomers are more likely to perceive their personal risk of contracting HIV/AIDS to be quite low (92 percent say their risk is low, compared to 87 percent of all age groups saying this). No boomers consider themselves to be at high risk for contracting hepatitis C.
- This group is less likely to have ever been tested for HIV/AIDS (30 percent have, compared to 37 percent overall in the general population).
- This age cohort is most likely to have known someone with HIV/AIDS (48 percent, compared to 40 percent of Canadians overall).

Stigma and Discrimination

- Boomers (60 percent) are more likely than the average Canadian (55 percent) to say that people with HIV/AIDS can experience difficulty getting housing, health care and employment because of stigma.
- This group is not significantly different from the general population on other measures of stigmatizing or discriminating views towards HIV/AIDS and people living with the disease.

Comfort

- Boomers are less likely to believe that the fatality of the disease is a strong factor in people's discomfort with the disease (54 percent, compared to 60 percent overall).

Information

- Boomers are more likely than younger Canadians to have heard about HIV/AIDS through newspapers articles (38 percent, compared to 31 percent overall and 22 percent among younger generations of Canadians).
- Boomers are marginally more likely than the average Canadian to feel that a pharmacist is a reliable source of information about HIV/AIDS (75 percent versus 70 percent of Canadians overall) and the average boomer is more likely to feel comfortable seeking this information from a pharmacist (62 percent, versus 55 percent of Canadians).
- Boomers are also more likely to feel that a person living with HIV/AIDS is a reliable source of information about the disease (60 percent, compared to 55 percent of Canadians overall).
- Though the proportions are still high, boomers (84 percent) are even more likely than other Canadians (79 percent) to say they would feel comfortable going to their doctor or a health care professional for information about HIV/AIDS.
- To a lesser degree, boomers consider family members to be a reliable information source (30 percent, compared to 25 percent of Canadians overall) and boomers are more likely to be comfortable getting their information from family (38 percent, versus 33 percent of Canadians overall).

Hepatitis C

- As a group, boomers are generally on par with the rest of the Canadian public when it comes to their perceived knowledge level regarding hepatitis C, their perception of their own personal risk, and their actual knowledge of risk factors and methods of transmission.
- Boomers are less apt to think people in their age group are likely to be affected by hepatitis C as those of other ages: only nine percent of boomers agree with the statement: "People in your age group are more likely to become infected with the hepatitis C virus than those in other age groups," compared to 18 percent overall that say this (and 24 percent among those younger than boomers). They are also somewhat more likely to say that blood recipients are at a high risk of contracting hepatitis C than younger age cohorts.
- This cohort is more likely than other Canadians to be aware that drug users are a group at risk of being infected by hepatitis C (33 percent know this, compared to 27 percent of all Canadians).

13. RESULTS FOR ABORIGINAL CANADIANS

In this chapter, results are presented for Aboriginal Canadians overall, with key differences between Aboriginal Canadians in the survey sample and the general Canadian public overall highlighted. Key differences are also presented between four Aboriginal sub-groups (First Nations living on reserve, First Nations living off-reserve, Inuit, and Métis) as compared to the overall Aboriginal sample.

13.1 KNOWLEDGE

The following table presents responses for the 423 Aboriginal respondents compared with the rest of the general public on questions relating to their knowledge of HIV/AIDS. Key differences are noted below.

Aboriginal Canadians (51 percent) are on par with the general Canadian population (47 percent) when it comes to their perception of the seriousness of HIV/AIDS in Canada today. However, while most Canadians, including Aboriginal Canadians, see cancer and heart disease as the top two very serious diseases facing Canadians today, Aboriginal Canadians are less likely than the general population to see these diseases as very serious.

Aboriginal Canadians are more likely (21 percent) than the general Canadian population (seven percent) to name Aboriginal people as a group that has been particularly affected by HIV/AIDS in Canada. Aboriginal Canadians are far less likely (35 percent) to name homosexual men as a specific group that has been affected by HIV/AIDS, compared to 51 percent overall who say this.

Aboriginal Canadians are less likely to know that HIV/AIDS cannot be cured (78 percent, compared to 87 percent overall), and treatment for HIV/AIDS is more likely to be viewed by Aboriginal Canadians as not very effective (14 percent) compared to eight percent of Canadians overall who say this.

The view that HIV/AIDS is much less of a problem today than ten years ago is more likely to be held by Aboriginal Canadians (40 percent) compared to Canadians overall (33 percent). Despite this, Aboriginal Canadians are more apt to agree that young men are increasingly a group at risk for HIV (49 percent, compared to 37 percent overall). This is in contrast to Canadians overall, who view young women, more so than young men, as increasingly at risk for HIV/AIDS.

Table 13.1: Key Results for Aboriginal Canadians – Knowledge

	Status					
	General Public	Aboriginal	First Nations on-reserve	First Nations off-reserve	Métis	Inuit
<i>Is ... a very serious disease in Canada today?</i>						
	<i>Very serious</i>					
Cancer	85%	77%	74%	88%	82%	52%
Heart disease	73%	67%	69%	74%	69%	50%
Diabetes	59%	56%	53%	66%	57%	48%
Hepatitis C	25%	36%	40%	34%	28%	47%
Obesity	54%	51%	43%	58%	55%	41%
HIV/AIDS	47%	51%	68%	46%	41%	54%
<i>As far as you know, can someone find out for certain if they have HIV/AIDS from... ?</i>						
Blood test	93%	90%	88%	93%	97%	73%
Physical examination	14%	11%	24%	10%	4%	5%
Self-diagnosis	6%	6%	12%	8%	2%	2%
<i>As far as you know, are there any specific groups in the Canadian population that have been most affected by HIV/AIDS?</i>						
Aboriginal people	7%	21%	18%	24%	27%	5%
<i>To the best of your knowledge, can HIV/AIDS be cured?</i>						
Yes	9%	13%	32%	12%	6%	2%
No	87%	78%	57%	84%	91%	74%
Don't know/no response	4%	9%	11%	5%	3%	24%
<i>How effective do you believe that HIV/AIDS treatments are in helping people with the disease lead normal lives? Would you say they are...?</i>						
Not very effective	8%	14%	15%	16%	6%	43%
Very effective	32%	32%	18%	44%	39%	10%
<i>Agreement with... (agree, 5-7)</i>						
When a person has HIV/AIDS, his or her body cannot defend itself against common illnesses and diseases, such as colds and pneumonia	75%	72%	56%	85%	88%	45%
Young women in Canada are increasingly at risk for HIV	51%	53%	56%	65%	50%	29%
Young men in Canada are increasingly at risk for HIV	37%	49%	52%	52%	47%	44%
A person can have HIV for ten years or more without developing AIDS	70%	67%	45%	75%	86%	45%
AIDS is always fatal	43%	40%	70%	37%	18%	34%
HIV/AIDS is much less of a problem in Canada today than it was ten years ago	33%	40%	45%	42%	42%	12%

- Aboriginal Canadians ages 35-44 years are more likely to incorrectly believe that AIDS can be cured (23 percent, compared to 13 percent of Aboriginal Canadians overall). This age group is also more likely to rate their knowledge of HIV/AIDS highly (38 percent rate their knowledge a 6 or 7 on a 7-point scale, compared to 20 percent of Aboriginals overall).
- Aboriginal Canadians age 65 years and older, and those with lower levels of education are more likely to think AIDS can be detected by physical examination or self-diagnosis.
- Aboriginal Canadians between 55 and 64 years of age are more likely to say that young men are increasingly at risk of HIV/AIDS. Those between ages 35 and 64 years and women are more likely to know that young women are increasingly at risk of the disease. Aboriginal Canadians under 35 years of age are on par with the Aboriginal averages that say young men and young women are increasingly at risk of HIV/AIDS.
- Men and Aboriginal Canadians living in B.C. and Alberta are more likely to see HIV/AIDS as less of a problem than it was 10 years ago.
- First Nations living on-reserve are more likely to believe that HIV/AIDS can be cured; despite this, they are also more likely to say that AIDS is always fatal, and they are less likely to feel that treatments are very effective. This group is more likely to believe the disease can be detected through physical exam or self-diagnosis. They are less likely to know a person can have HIV for 10 years or more without developing AIDS and that HIV/AIDS makes a person susceptible to common illnesses and diseases. This group is more likely to feel that HIV/AIDS is a very serious disease.
- First Nations living off-reserve are more likely to know that young women are increasingly at risk for HIV/AIDS, that people living with HIV/AIDS are more susceptible to illnesses and diseases, and that a person can live with the virus for many years without developing AIDS. This group is more likely to feel that treatments for the disease are very effective.
- Métis are more likely to know that HIV/AIDS cannot be cured, even if treated early, and that the disease can be detected through a blood test. They are also more likely to know that people living with HIV/AIDS are more susceptible to illnesses and diseases, and that a person can live with the virus for many years without developing AIDS. They are less likely to believe that AIDS is always fatal.
- Inuit are more likely to see HIV/AIDS treatments as not very effective. They are less likely to know that young women are increasingly at risk for HIV/AIDS, that a person can have HIV for 10 years or more without developing AIDS, and that HIV/AIDS makes a person susceptible to common illnesses and diseases.

13.2 PERCEPTION OF PERSONAL RISK

The following table summarizes responses for the 423 Aboriginal respondents compared with the rest of the general public on questions relating to their perception of personal risk. Key differences are noted below.

Aboriginal Canadians are more likely than Canadians overall to rate their personal risk of contracting HIV as moderate (17 percent versus 11 percent in the broader public). They are also more likely than the general public to agree with the statement, “HIV/AIDS is mostly a drug user's disease” (19 percent, compared to 13 percent of the general public).

Table 13.2: Key Results for Aboriginal Canadians – Perception of Personal Risk

	Status					
	General Public	Aboriginal	First Nations on-reserve	First Nations off-reserve	Métis	Inuit
<i>HIV/AIDS is mostly a gay person's disease</i>						
Disagree (1-3)	74%	63%	50%	75%	86%	24%
Agree (5-7)	14%	15%	31%	19%	7%	12%
<i>HIV/AIDS is mostly a third world disease</i>						
Disagree (1-3)	66%	62%	54%	79%	73%	26%
Agree (5-7)	21%	25%	35%	15%	16%	39%
<i>HIV/AIDS is mostly a drug user's disease</i>						
Disagree (1-3)	73%	64%	47%	84%	74%	29%
Agree (5-7)	13%	19%	26%	3%	12%	52%
<i>How would you rate your own personal risk of contracting HIV, using a scale where 1 is a very low risk, 7 is a very high risk and the midpoint 4 is moderate risk?</i>						
Low (1-2)	87%	76%	69%	75%	86%	68%
Moderate (3-5)	11%	17%	21%	21%	14%	12%
High (6-7)	1%	2%	6%	3%	0	0

- Aboriginal Canadians who rate their risk of contracting HIV/AIDS as moderate are more likely to be younger Aboriginals (under 25 years old), men, and those with no post-secondary education compared with other Aboriginal Canadians.
- Aboriginal Canadians who rate their personal risk as high are more likely to be residents of Saskatchewan/Manitoba and between 25-34 years old compared with those in other parts of Canada and other age cohorts.
- First Nations residents living on-reserve are more likely than the overall Aboriginal average to agree that “HIV/AIDS is mostly a gay person's disease” and that “HIV/AIDS is mostly a third

world disease". This group is more likely to rate their personal risk as high (six percent, versus two percent of Aboriginals overall).

- First Nations living off-reserve are less likely than other Aboriginal groups to see HIV/AIDS as a disease of the third world, gay people, or drug users.
- Métis are more likely than the Aboriginal average to say their personal risk of HIV/AIDS is low. They are less likely to see HIV/AIDS as mostly a "third world" or "gay person's" disease.
- Inuit are more likely than other Aboriginal groups to see HIV/AIDS as mostly a drug user's disease. They are also more likely to see it as a third world disease.

13.3 STIGMA AND DISCRIMINATION

The following table presents the key differences for the 423 Aboriginal respondents compared with the rest of the general public on questions relating to stigma and discrimination against people living with HIV/AIDS.

Aboriginal people are more likely than the rest of Canadians to agree that they feel anger towards people living with HIV/AIDS (10 percent, versus five percent of the rest of the general public). They are also more likely than other Canadians to agree that they feel afraid of people living with HIV/AIDS (22 percent, compared to 15 percent of the rest of the general public) and to think that "People who get HIV/AIDS through sex or drug use got what they deserve" (17 percent, compared to nine percent of the general public).

Although Aboriginal respondents are on par with the proportion of other respondents in the general public who feel people living with HIV/AIDS should be allowed to serve in public positions such as dentists (45 percent), significantly fewer Aboriginal respondents (46 percent) agree that people with HIV/AIDS should be allowed to serve as hairstylists (compared to 65 percent of Canadians overall). It is also less likely for Aboriginal Canadians to agree that people living with HIV/AIDS have the same rights to employment, health care and housing (between 73 and 85 percent of Aboriginal Canadians, compared to between 90 and 95 percent of Canadians overall).

The view that people living with HIV/AIDS have a responsibility to protect others from getting the disease is less likely to be held by Aboriginal Canadians (72 percent) than it is by Canadians overall (86 percent). However, Aboriginal Canadians are more likely to agree that the names of people living with HIV/AIDS should be made public so that others can avoid them (26 percent, versus 10 percent of Canadians overall). Among Aboriginal Canadians, the view that people with HIV/AIDS are unwilling to tell others about it because of the stigma of the disease is less likely to be held (56 percent) than it is among Canadians overall (69 percent).

Table 13.3: Key Results for Aboriginal Canadians – Stigma and Discrimination

	Status					
	General Public n=1,851 (%)	Aboriginal n=423 (%)	First Nations On-Reserve n=104 (%)	First nations Off-Reserve n=103 (%)	Métis n=102 (%)	Inuit n=102 (%)
<i>I could not be friends with someone who has HIV/AIDS</i>						
Disagree (1-3)	85%	72%	52%	95%	85%	39%
Agree (5-7)	9%	11%	20%	3%	7%	20%
<i>People who get HIV/AIDS through sex or drug use got what they deserve</i>						
Disagree (1-3)	81%	71%	58%	87%	85%	38%
Agree (5-7)	9%	17%	26%	5%	8%	42%
<i>People who have HIV/AIDS should be allowed to serve the public in positions like... (Agree, 5-7)</i>						
Dentists	45%	45%	37%	61%	54%	14%
Hairstylists	65%	46%	32%	54%	66%	12%
<i>Agreement with the following statements: (Agree, 5-7)</i>						
I feel anger toward people living with HIV/AIDS	5%	10%	24%	5%	5%	5%
I feel afraid of people living with HIV/AIDS	15%	22%	33%	15%	11%	41%
People living with HIV/AIDS have the same right to employment as I do	90%	73%	66%	89%	90%	28%
People living with HIV/AIDS have the same right to health care as I do	95%	85%	78%	96%	94%	61%
People living with HIV/AIDS have the same right to housing as I do	94%	83%	75%	95%	92%	60%
People living with HIV/AIDS have the right to be sexually active	55%	56%	42%	65%	68%	43%
The names of people with HIV/AIDS should be made public so that others can avoid them	10%	26%	37%	25%	9%	44%
It is the responsibility of people living with HIV/AIDS to protect others from getting the disease	86%	72%	66%	82%	95%	38%
It is the responsibility of people living with HIV/AIDS to tell others that they have it	79%	75%	74%	81%	75%	57%
<i>To what extent are people unwilling to tell others they have HIV because of the stigma associated with the disease?</i>						
Large extent (6-7)	69%	56%	56%	68%	67%	21%
<i>To what extent can people living with HIV/AIDS experience difficulty getting housing, health care and employment because of the stigma associated with the disease?</i>						
Large extent (6-7)	55%	49%	44%	69%	58%	9%

- Those more likely to say they feel anger toward people with HIV/AIDS are residents of Saskatchewan/Manitoba and have no post-secondary education.
- Aboriginal Canadians who say they feel afraid of people living with HIV/AIDS are more likely to be living in Quebec (39 percent) or Nunavut (44 percent), versus the rest of Canada (15 percent). Aboriginal Canadians who say they feel afraid of people living with HIV/AIDS are also more likely to be young (under 25 years old) with no post-secondary education.
- People living in Nunavut are more likely than those elsewhere to think that “People who get HIV/AIDS through sex or drug use got what they deserve” and that the names of people living with HIV/AIDS should be made public so that others can avoid them.
- Men, Aboriginal people under 25 years of age, and those living in Quebec are more likely to disagree that people living with HIV/AIDS have the same rights to employment, health care, and housing.
- Those who disagree that people living with HIV/AIDS have a responsibility to protect others from getting the disease are more likely to be Aboriginal residents living in Nunavut and women.
- The view that people with HIV/AIDS are unwilling to tell others about it because of the stigma of the disease is less likely to be held by Aboriginal people living in B.C./Alberta and 35-44 year olds. Aboriginal Canadians in the 25-34 year old, 45-54 year old, and 65+ age categories are more likely to feel people with HIV/AIDS are unwilling to tell others about it because of the stigma of the disease.
- Aboriginal Canadians with more education (college or more) are more likely to feel that people with HIV/AIDS are unwilling to tell others about it because of the stigma of the disease.
- First Nations living on-reserve and Inuit are more likely than those living off-reserve and Métis to say they feel afraid of people living with HIV/AIDS and that they couldn't be friends with someone with the disease. They are more likely to feel that the names of people with HIV/AIDS should be made public.
- First Nations living on-reserve and Inuit are less likely than those living off-reserve and Métis to say that people living with HIV/AIDS have the same rights to housing, health care, employment and to be sexually active.
- First Nations living off-reserve and Métis are more likely to feel that the stigma around HIV/AIDS makes people with HIV/AIDS unwilling to tell others they have the disease and makes them experience difficulty getting housing, health care and employment.

13.4 COMFORT

The following table presents the key differences for the 423 Aboriginal respondents compared with the rest of the general public about their comfort level when it comes to issues related to HIV/AIDS.

Aboriginal Canadians are less likely than Canadians overall to feel comfortable in various situations where they might interact with someone living with HIV/AIDS. Between 35 and 66 percent would be comfortable in situations ranging from their child attending school with another child known to have HIV/AIDS, to working in an office where someone has HIV/AIDS, compared to 46 to 81 percent of Canadians overall who would be comfortable in these situations. Aboriginal Canadians would be less likely to offer support if they found out a close friend has HIV/AIDS (81 percent) compared to 91 percent of Canadians overall. Aboriginal Canadians are less likely than Canadians overall to think that discomfort with HIV/AIDS stems from its association with drug use (48 percent, versus 56 percent of Canadians).

Table 13.4: Key Results for Aboriginal Canadians – Comfort

	Status					
	General Public n=1,851 (%)	Aboriginal n=423 (%)	First Nations On-Reserve n=104 (%)	First Nations Off-Reserve n=103 (%)	Métis n=102 (%)	Inuit n=102 (%)
<i>How comfortable or uncomfortable would you be if... ? (Comfortable, 3-4)</i>						
Your child were attending a school where one of the students was known to have HIV/AIDS	62%	49%	34%	72%	64%	8%
You worked in an office where someone working with you had HIV/AIDS	81%	66%	51%	85%	90%	17%
Shopping at a small neighbourhood grocery store, if you found out that the owner had HIV/AIDS	76%	58%	43%	83%	77%	8%
A close friend or family member dating someone with HIV/AIDS	46%	35%	25%	57%	39%	6%
Wearing a sweater once worn by a person living with HIV/AIDS	73%	60%	46%	77%	84%	9%
<i>How much do you think that ... is a strong factor in peoples' discomfort with HIV/AIDS? (Strong factor, 6-7)</i>						
That AIDS is fatal	60%	61%	58%	85%	44%	41%
That HIV/AIDS is often associated with drug use	56%	48%	59%	48%	43%	13%
That some people are afraid of becoming infected with HIV through casual contact (e.g. touching someone who is HIV positive)	41%	41%	33%	58%	39%	15%

	Status					
	General Public n=1,851 (%)	Aboriginal n=423 (%)	First Nations On-Reserve n=104 (%)	First nations Off-Reserve n=103 (%)	Métis n=102 (%)	Inuit n=102 (%)
<i>How you would react...? (Would offer support, 5-7)</i>						
If a close friend had HIV/AIDS	91%	81%	69%	90%	87%	54%
If you worked in an office where someone working with you had HIV/AIDS	81%	77%	65%	86%	85%	49%

- Among Aboriginal Canadians who say they would be uncomfortable in the above situations, people living in Nunavut and those with no post-secondary education are more often uncomfortable. In some situations, like shopping at a grocery store where the owner had HIV/AIDS, or working in an office where someone has HIV/AIDS, Aboriginals under 25 years old are also more likely to be uncomfortable.
- Those who say they would avoid the friend rather than offer support are more likely to be Aboriginal people without post-secondary education.
- First Nations people living on-reserve and, to an even greater extent, Inuit, are generally less likely to be comfortable in many of the situations tested where they might encounter a person with HIV/AIDS.
- First Nations living off-reserve and Métis are often more likely to be comfortable in situations where they might encounter a person with HIV/AIDS.
- First Nations living off-reserve are more likely to think that some people's discomfort with HIV/AIDS comes from the fact that AIDS is fatal, and fear that it can be spread through casual contact.
- If they found out a close friend had HIV/AIDS, First Nations living off-reserve are more likely to say they would offer that person support, while Inuit and First Nations on-reserve are more likely to say they would avoid this person. First Nations on-reserve and Inuit are also more likely to say they would avoid an office co-worker with HIV/AIDS, rather than offer support.

13.5 INFORMATION NEEDS

The following table presents the key differences for Aboriginal respondents compared with the rest of the general public on questions about their preferences and needs regarding HIV/AIDS information. Aboriginal Canadians are less likely than Canadians overall to have previously heard, seen or read information about HIV/AIDS from newspaper articles (20 percent versus 31 percent for the general public) or magazines (eight percent, versus 14 percent overall). Aboriginal Canadians are more likely to heard, seen or read information recently about HIV/AIDS through general advertising (e.g., pamphlets) or doctors (though these proportions are less than 10 percent). Though the proportion is quite small, Aboriginal Canadians are more likely than other Canadians to have heard, seen or read information recently about HIV/AIDS through an AIDS organization or community organization (seven percent, versus two percent overall).

When seeking information about HIV/AIDS, Aboriginal Canadians are less likely than Canadians overall to search Google or go to a specific website, and are more likely to get information from a nurse, hospital, or health care professional (15 percent versus seven percent of the general public). They are more likely than the broader public to seek out information from an AIDS or community organization (nine percent, versus five percent of the general public).

Aboriginal Canadians are more likely than Canadians overall to be sceptical about the reliability of information sources like doctors, the Public Health Agency of Canada, the Government of Canada, and pharmacists, although 41 to 60 percent still judge these sources to be reliable. Friends and family are more likely to be seen by Aboriginal Canadians as unreliable sources of information (34 to 36 percent of Aboriginals consider these sources unreliable, compared to 18-23 percent of Canadians overall).

It is more likely for Aboriginal Canadians than other Canadians to feel uncomfortable about approaching their family doctor/another health professional, a pharmacist, and their friends for information about HIV/AIDS (23 to 53 percent of Aboriginal people would be comfortable with accessing these sources, compared to 31 to 79 percent of other Canadians).

The Internet is more likely to be thought of by Aboriginal Canadians (44 percent) as an effective way to reach people with information about HIV/AIDS than it is by other Canadians (36 percent). Public education announcements in newspapers are less likely to be thought of as effective by Aboriginal Canadians (11 percent, versus 18 percent of other Canadians).

Table 13.5: Key Results for Aboriginal Canadians – Information

	Status					
	General Public n=1,851 (%)	Aboriginal n=423 (%)	First Nations On-Reserve n=104 (%)	First nations Off-Reserve n=103 (%)	Métis n=102 (%)	Inuit n=102 (%)
<i>Where have you heard, seen or read about HIV/AIDS in the past year?</i>						
Newspaper article	31%	20%	9%	23%	25%	29%
Magazines, general	14%	8%	4%	11%	10%	4%
Advertising (e.g., TV, pamphlets, posters, etc.)	4%	9%	1%	9%	18%	5%
Doctors	4%	8%	5%	20%	0%	4%
AIDS organization/community organization	2%	7%	6%	3%	15%	0
<i>If you were looking for information about HIV/AIDS today, where would you go to get that information?</i>						
Websites/Internet	70%	61%	47%	69%	74%	29%
Nurse or other health care professional/Hospital	7%	15%	29%	5%	1%	68%
AIDS Organizations/Community organizations	5%	9%	2%	18%	9%	6%
Family or friends	2%	2%	1%	7%	0%	0%
Google	38%	25%	20%	32%	20%	36%
<i>How reliable do you consider...? (Reliable, 6-7)</i>						
Your family doctor or another health care professional	85%	60%	66%	79%	84%	16%
Public Health Agency of Canada	80%	63%	58%	82%	73%	10%
The Government of Canada	54%	41%	38%	61%	60%	5%
A pharmacist	70%	57%	47%	73%	55%	48%
<i>How reliable do you consider your friends?</i>						
Not reliable (1-2)	23%	36%	27%	35%	51%	13%
Moderately reliable (3-5)	60%	46%	51%	49%	40%	37%
<i>How reliable do you consider your family?</i>						
Not reliable (1-2)	18%	34%	14%	45%	18%	48%
Moderately reliable (3-5)	54%	41%	41%	26%	55%	40%
<i>How comfortable would you be seeking information from...? (% very comfortable)</i>						
Your family doctor or another health care professional	79%	53%	45%	71%	79%	15%
A pharmacist	55%	48%	39%	59%	51%	18%
Your friends	31%	23%	9%	31%	31%	5%
Your family	33%	26%	30%	31%	42%	2%
A person living with HIV/AIDS	41%	35%	31%	52%	34%	3%

	Status					
	General Public n=1,851 (%)	Aboriginal n=423 (%)	First Nations On-Reserve n=104 (%)	First Nations Off-Reserve n=103 (%)	Métis n=102 (%)	Inuit n=102 (%)
<i>Which of the following do you think would be the most effective way to provide people with information about HIV/AIDS?</i>						
Brochures/information kits sent to people's homes	40%	42%	54%	38%	39%	32%
Public education announcements on the radio	25%	19%	16%	9%	35%	6%
Public education announcements in newspapers	18%	11%	10%	7%	13%	25%
Public education announcements in magazines	9%	11%	6%	25%	5%	3%
Information on the Internet	36%	44%	52%	39%	47%	14%
Social media (e.g., Facebook, Twitter, Blogs)	32%	38%	32%	53%	34%	27%

- Aboriginal people living in Ontario are more likely than those elsewhere in Canada to have heard, seen or read information about HIV/AIDS in the past year from television news or documentaries, newspaper articles, magazines and books. They are also more likely to prefer magazines if they were to look for information about HIV/AIDS.
- Aboriginal residents of Saskatchewan/Manitoba are more likely to have gotten information about HIV/AIDS from health magazines or family/friends. They would be more likely to search for information about HIV/AIDS on the Internet, and are more likely to be comfortable with approaching a person with AIDS or a pharmacist for information. They are more likely than those elsewhere to trust pharmacists, family, the Government of Canada and doctors. They are also more likely to think social media and the Internet are effective ways to reach people about HIV/AIDS (between 52 and 58 percent think these are effective channels, compared to 38 to 44 percent of Aboriginal Canadians overall).
- Those in B.C./Alberta would be more likely to use Wikipedia to find information about HIV/AIDS. They are also more likely than Aboriginal people across Canada to think announcements on television would be an effective way to communicate about HIV/AIDS.
- Aboriginal people living in Nunavut are less likely to look for information about HIV/AIDS online, but instead are much more likely to go to a nurse or health care professional other than a doctor for such information. They are more likely than those elsewhere to say that friends are very reliable for information about HIV/AIDS, but they are more likely to feel that family, media and doctors are unreliable. Aboriginal residents of Nunavut are more likely than those

elsewhere to say they would feel very uncomfortable about approaching a person with AIDS, friends, a pharmacist or a doctor about HIV/AIDS. They are more likely to think announcements on television would be effective.

- Aboriginal Canadians ages 35-44 are more likely than those in other age groups to have heard, seen or read information about HIV/AIDS from radio news (15 percent, compared to six percent of Aboriginals overall) as well as websites (53 percent, versus 24 percent of Aboriginals overall), including Google (16 percent, versus six percent of Aboriginals). 45-54 year olds are more likely to have heard, seen or read information about HIV/AIDS from television and social media (13 percent, compared to two percent of Aboriginal Canadians overall). Aboriginal Canadians between 55 and 64 are more likely to have heard, seen or read information from newspaper articles and magazines. Aboriginal Canadians between ages 45-54 years are more likely to look for information about HIV/AIDS from an AIDS/community organization.
- Aboriginal people between 35 and 64 years are more likely than seniors and younger Aboriginal people to feel comfortable approaching a doctor about HIV/AIDS. Aboriginal Canadians who are 45-54 years old are more likely than other age groups to trust media and doctors for information about HIV/AIDS, while those 65 years of age and older are more likely than other age groups to distrust pharmacists. Aboriginal people ages 35-44 are also more likely to feel comfortable going to an anonymous clinic, but are less likely to be comfortable with going to their family. Those who are 45-54 years of age are most likely to feel comfortable going to friends for information on HIV/AIDS.
- Aboriginal people ages 35 to 54 are also more likely to think the Internet would be an effective way to communicate about HIV/AIDS; this is consistent with this age group also being more likely than other Aboriginals to say they have previously heard about HIV/AIDS on the Internet. Aboriginal Canadians between 55 and 64 years of age are more likely to think announcements in magazines and newspapers would be effective ways to communicate about HIV/AIDS, which is consistent with this age group being more likely than other Aboriginals to have previously heard about HIV/AIDS through both of these means.
- Aboriginal people with a college education are more likely to have seen advertising or a website about HIV/AIDS in the last year, while those with more education are more likely to have heard, seen or read information at work or from radio news. Aboriginal Canadians with more education are more likely to say they would get information about HIV/AIDS from a website, particularly health-specific websites, and medical journals. Aboriginal Canadians with no post-secondary education are more likely to trust a person living with HIV/AIDS for reliable information, while those with more education are more likely to trust a doctor, pharmacist, and the Government of Canada for reliable information. Those with the highest levels of education think that social media would be effective for communicating about HIV/AIDS.
- Aboriginal men are more likely than women to get information about HIV/AIDS from Health Canada. Aboriginal women are more likely than men to be comfortable with going to a

pharmacist or a person with HIV/AIDS to get information about the disease. Women are more likely to think information on social media and the Internet would be effective.

- First Nations living on reserve are less likely to say they have previously heard about HIV/AIDS through newspaper articles or general advertising. If they were looking for information on this topic, they would be less likely to look on the Internet and would be more likely to go to a nurse or hospital. They are less likely to be comfortable getting information on this topic from their friends, and they are more likely to think that brochures and information sent to people's homes would be an effective way to communicate about HIV/AIDS.
- First Nations living off-reserve are more likely than other Aboriginal Canadians to have previously heard about HIV/AIDS from a doctor. They would be less likely to go to a nurse or hospital for information on this topic, and would be more likely to go to a community AIDS organization. They are more likely than other Aboriginal Canadians to think that doctors, the Government of Canada, the Public Health Agency of Canada, and pharmacists are all reliable sources of information on the topic; in contrast, they are more likely to consider their family to be unreliable. They are more likely to be comfortable seeking information about HIV/AIDS from doctors and pharmacists, and also from a person living with HIV/AIDS. Information about HIV/AIDS in magazines and through social media is more likely to be viewed by this group as an effective communication channel.
- Métis are more likely than other Aboriginal people to have previously heard about HIV/AIDS through advertising or an AIDS organization. They would be less likely to go to a nurse or hospital for information on this topic, and would be more likely to look for information on the Internet. They are more likely than other Aboriginal people to consider sources like doctors and the Government of Canada to be reliable on this topic, whereas they are more likely to see their friends as being unreliable. They are more likely to be comfortable with going to their doctor or talking to their family for information about HIV/AIDS, and are more likely to think announcements on the radio would be an effective communication channel on this topic.
- Inuit are far less likely than other Aboriginal respondents to say they would consult a website if they needed information about HIV/AIDS; instead they are much more likely to say they would go to a nurse or hospital (68 percent, versus 15 percent of Aboriginal people overall). On the other hand, they are much less likely to consider a doctor or another health care professional as reliable on the subject of HIV/AIDS (16 percent, versus 53 percent of Aboriginal Canadians overall). They are also much less likely to think the Government of Canada is reliable on this topic (five percent, versus 41 percent of Aboriginal Canadians overall). They are more likely to consider their family to be unreliable on this topic, and also are less likely to be comfortable asking approaching family members on this topic. They are also far less likely to be comfortable with talking to a doctor, pharmacist, friend or person living with HIV/AIDS about the disease. Public education announcements in newspapers are more likely to be seen by this group as an effective communication channel.

APPENDIX A
QUESTIONNAIRE (ENGLISH AND FRENCH)

INTRO

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

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

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

May I begin? All of your responses to the survey are completely confidential.

PRIV

This call may be recorded for quality control or training purposes.

QAGEX

In what year were you born?

NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"

Year	1
No response.....	9

QAGEY

If hesitant

If... QAGEX = 9

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

Under 20.....	1
20-21 years.....	2
22-24 years.....	3
25-34 years.....	4
35-44 years.....	5
45-54 years.....	6
55-64 years.....	7
65 years or older.....	8
Refuse.....	9

PQ3

Random half sample of category order.

If... ROT1 = 1

I am going to read you a list of diseases or health issues, and I'd like you to tell me for each one if you think that it is a very serious, somewhat serious, not very serious or not at all serious disease in Canada today.

Q3A

If... ROT1 = 1

Cancer	
Very serious.....	1
Somewhat serious	2
Not very serious.....	3
Not at all serious.....	4
Don't know/ No response.....	9

Q3B

If... ROT1 = 1

Heart disease	
Very serious.....	1
Somewhat serious	2
Not very serious.....	3
Not at all serious.....	4
Don't know/ No response.....	9

Q3C

If... ROT1 = 1

Diabetes	
Very serious.....	1
Somewhat serious	2
Not very serious.....	3
Not at all serious.....	4
Don't know/ No response.....	9

Q3D

If... ROT1 = 1

Hepatitis C	
Very serious.....	1
Somewhat serious	2
Not very serious.....	3
Not at all serious.....	4
Don't know/ No response.....	9

Q3E

If... ROT1 = 1

Obesity	
Very serious.....	1
Somewhat serious	2
Not very serious.....	3

Not at all serious.....	4
Don't know/ No response.....	9

Q3F

If... ROT1 = 1

HIV / AIDS

Very serious.....	1
Somewhat serious.....	2
Not very serious.....	3
Not at all serious.....	4
Don't know/ No response.....	9

QKNOW1

Random half sample answer HEP C battery. Half sample answer now, half before DEMIN

If... RHEP = 1

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

1 Not at all knowledgeable	1	
2.....	2	
3.....	3	
4 Moderately knowledgeable	4	
5.....	5	
6.....	6	
7 Extremely knowledgeable.....	7	
Don't know/ No response.....	9	BS

HRISK

If... RHEP = 1

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

1 Very low risk.....	1	
2.....	2	
3.....	3	
4 Moderate risk.....	4	
5.....	5	
6.....	6	
7 Very high risk.....	7	
Don't know/ No response.....	9	BS

Q2

If... RHEP = 1

From what you know or have heard, can you tell me how hepatitis C is passed on to another person? That is, how people might become infected?

<(DO NOT READ LIST)> <NOTE: (If needed) CAN YOU BE MORE SPECIFIC ABOUT HOW OR BETWEEN WHO. NEED TO PROBE FOR AS MUCH DETAIL AS NEEDED TO CODE ANSWER AND AS MANY ANSWERS AS POSSIBLE HERE>

- Blood transfusions..... 1
- Unsafe/unprotected intercourse between a man and a woman..... 2
- Injection drug use /Sharing drug needles 3
- Tattoos/body piercing..... 4
- Sharing personal hygiene items (e.g., toothbrushes, razors)..... 5
- Casual contact (e.g., kissing, hugging, shaking hands)..... 6
- From mother to child during pregnancy..... 7
- Other (specify) 77
- Don't know/No response..... 99 X

PQ10

If... RHEP = 1

Please tell me if you think each of the following statements is true or not true?

Q10A

If... RHEP = 1

Many people who have been infected with the hepatitis C virus do not know they have the disease.

- True 1
- Not true..... 2
- Don't know/ No response..... 9

Q10B

If... RHEP = 1

People who have shared a needle only once are at risk of being infected with the hepatitis C virus.

- True 1
- Not true..... 2
- Don't know/ No response..... 9

Q10C

If... RHEP = 1

People in your age group are more likely to become infected with the hepatitis C virus than those in other age groups.

- True 1
- Not true..... 2
- Don't know/ No response..... 9

Q10D

If... RHEP = 1

Blood recipients are at a high risk of contracting the hepatitis C virus

- True 1
- Not true..... 2
- Don't know/ No response..... 9

QRISKG

If... RHEP = 1

As far as you know, in Canada today, which groups are most at risk of being infected with hepatitis C? Any other groups?

<(DO NOT READ - CODE ALL THAT APPLY)>

- Injection drug users 1
- Men who have sex with men..... 2
- Men in general 3
- Women in general 4
- Health care professionals..... 5
- Other drug users 6
- Blood transfusion recipients 7
- Those who practice unprotected sex 8
- Babies from mothers who are infected..... 9
- Organ transplant recipients..... 10
- People who have tattoos, body piercing 11
- Those who share items potentially contaminated with blood (such as needles, toothbrushes and razors) with someone who has hepatitis 12
- Younger people 13
- Older people 14
- Aboriginal peoples 15
- Prison populations..... 16
- Blood donors..... 17
- New immigrants..... 18
- Those with poor health in general..... 19
- Hemophiliacs..... 20
- Prostitutes/Sex workers 21
- People with multiple sex partners 22
- Other (specify) 77
- No Groups more likely..... 98
- Don't know/No response..... 99 X

Q30

If... RHEP = 1

If you were to look for information about hepatitis C in the future, what would be your main sources of information? Any other sources?

<(DO NOT READ - CODE ALL THAT APPLY)>

TV News	1	
Radio News.....	2	
Health programs on TV	3	
Health programs on radio	4	
Newspapers	5	
Special health magazines	6	
Health journals	7	
Newsletters.....	8	
Websites/Internet (please specify).....	9	
Books	10	
Word of Mouth (Friends, Colleagues)	11	
Doctors	12	
Nurses.....	13	
Gastroenterologist or liver doctor.....	14	
Other Health care professionals.....	15	
Schools/university	16	
Health Canada/Hepatitis C program.....	17	
Local/regional health authority.....	18	
Local hepatitis C program	19	
Provincial government	20	
Canadian Liver Foundation	21	
World Hepatitis Day activities.....	22	
Canadian Hemophilia Society.....	23	
Other Health Care Associations.....	24	
Pharmacy/Pharmacist/Drug Store	25	
List servers on Hep C (e.g. HepCan or Can Hep)	26	
Pamphlets/brochures.....	27	
Band council	28	
Correctional Service Canada.....	29	
Indian and Northern Affairs Canada	30	
Social media (e.g., Facebook, Twitter, blog).....	31	
Public Health Agency of Canada	32	
Other (specify)	77	
Don't know/No response.....	99	X

Q14

If... RHEP = 1

To the best of your knowledge, can hepatitis C be cured?

Yes.....	1
No	2
Don't know/No response.....	9

Q15

If... RHEP = 1

Is there a vaccine available to prevent someone from becoming infected with hepatitis C?

- Yes..... 1
- No 2
- Don't know/No response..... 9

HKNOW1

HIV/AIDS set

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

- 1 Not at all knowledgeable 1
- 2..... 2
- 3..... 3
- 4 Moderately knowledgeable 4
- 5..... 5
- 6..... 6
- 7 Extremely knowledgeable..... 7
- Don't know/ No response..... 9 BS

HQ2

From what you know or have heard, can you tell me how HIV, the virus associated with AIDS, is passed on to another person? That is, how people might become infected?

<(DO NOT READ - CODE ALL THAT APPLY)> <NOTE: (If needed) CAN YOU BE MORE SPECIFIC ABOUT HOW OR BETWEEN WHO. NEED TO PROBE FOR AS MUCH DETAIL AS NEEDED TO CODE ANSWER AND AS MANY ANSWERS AS POSSIBLE HERE>

- Unsafe/unprotected intercourse between a man and a man 1
- Unsafe/unprotected intercourse between a man and a woman..... 2
- Unsafe/unprotected oral sex 3
- Sharing drug needles 4
- Kissing 5
- Tattoos/body piercing..... 6
- Contact with physical objects (e.g., fountains, toilette seats) 7
- Blood to blood contact (e.g. from an open cut) 8
- Mosquito bites..... 9
- Casual contact (e.g., hugging, shaking hands) 10
- A sneeze or cough..... 11
- From mother to child during pregnancy..... 12
- Other (specify) 77
- Don't know/No response..... 99 X

PHQ2BB

IF NOT MENTIONED IN HQ2

If... HQ2 NOT = 1 OR HQ2 NOT = 2 OR HQ2 NOT = 3 OR HQ2 NOT = 4 OR HQ2 NOT = 5 OR HQ2 NOT = 6 OR HQ2 NOT = 7 OR HQ2 NOT = 8 OR HQ2 NOT = 9 OR HQ2 NOT = 10 OR HQ2 NOT = 11 OR HQ2 NOT = 12

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

HQ2BBA

If... HQ2 NOT = 1

Unsafe/unprotected intercourse between a man and a man

- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBB

If... HQ2 NOT = 2

Unsafe/unprotected intercourse between a man and a woman

- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBC

If... HQ2 NOT = 3

Unsafe/unprotected oral sex

- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBD

If... HQ2 NOT = 4

Sharing drug needles

- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBE

If... HQ2 NOT = 5

- Kissing**
- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBF

If... HQ2 NOT = 6

- Tattoos/body piercing**
- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBG

If... HQ2 NOT = 7

- Contact with physical objects (e.g. fountains, toilet seats)**
- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBH

If... HQ2 NOT = 8

- Blood to blood contact (e.g. from an open cut)**
- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBI

If... HQ2 NOT = 9

- Mosquito bites**
- Yes..... 1
- No 2
- Don't know/ No response..... 9

HQ2BBJ

If... HQ2 NOT = 10

- Casual contact (e.g., hugging, shaking hands)**
- Yes..... 1

No	2
Don't know/ No response.....	9

HQ2BBK

If... HQ2 NOT = 11

A sneeze or cough

Yes.....	1
No	2
Don't know/ No response.....	9

HQ2BBL

If... HQ2 NOT = 12

From mother to child during pregnancy

Yes.....	1
No	2
Don't know/ No response.....	9

HTST1B

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

<READ LIST AND TAKE AS MANY AS APPLY>

Blood test	1	
Physical examination	2	
Self-diagnosis	3	
X-ray	4	
<(DO NOT READ:> Other (specify).....	77	B
<(DO NOT READ:> NONE OF THE ABOVE	98	BX
<(DO NOT READ:> Don't know/No response	99	BX

HGRPS

Did not answer Hep C block

If... RHEPHIV = 2

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

<(DO NOT READ - CODE ALL THAT APPLY)>

Canadian youth (under 25 years of age).....	1
Injection drug users	2
Homosexual men.....	3
Women living in poverty	4
Aboriginal people.....	6
Prison inmates	7
Health care professionals.....	8
People who have unprotected sex	9

People who have blood transfusions or organ transplants.....	10	
Low income Canadians.....	11	
Sex trade workers.....	12	
Haemophiliacs	13	
New immigrants to Canada	14	
Homeless	15	
Everyone is at risk/No specific group.....	16	
Children with parents carrying HIV/AIDS.....	17	
People of African descent	18	
Other ethnic groups.....	19	
Other (specify)	77	
Don't know/No response.....	99	X

HQ14

Half sample rotation with HQ15

If... ROT2 = 1

To the best of your knowledge, can HIV/AIDS be cured?

Yes.....	1
No	2
Don't know/No response.....	9

HQ15

Half sample rotation with HQ14

If... ROT2 = 2

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

Yes.....	1
No	2
Don't know/No response.....	9

HTREAT

Did not answer Hep C block

If... RHEPHIV = 2

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

<READ LIST>

Not at all effective	1	
Not very effective	2	
Somewhat effective	3	
Very effective.....	4	
Don't know/ No response.....	9	BS

PHQAG

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

HQAGA

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGB

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGC

Half sample rotation with HQAGD

If... ROT3 = 1

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGD

Half sample rotation with HQAGC

If... ROT3 = 2

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGE

Did not answer Hep C block

If... RHEPHIV = 2

I feel anger toward people living with HIV/AIDS

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGF

I feel afraid of people living with HIV/AIDS

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGGA

Half sample rotation with HQAGGB

If... ROT4 = 1

HIV/AIDS is mostly a drug user's disease

- 1 Completely disagree 1
- 2..... 2
- 3..... 3

4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGGB

Half sample rotation with HQAGGA

If... ROT4 = 2

HIV/AIDS is mostly a gay person's disease		
1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGH

HIV/AIDS is mostly a third world disease

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGI

Half sample rotation with HQAGJ

If... ROT5 = 1

Young women in Canada are increasingly at risk for HIV		
1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGJ

Half sample rotation with HQAGI

If... ROT5 = 2

Young men in Canada are increasingly at risk for HIV

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGK

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGL

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

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5
- 6..... 6
- 7 Completely agree 7
- Don't know/ No response..... 9 S

HQAGM

Did not answer Hep C block

If... RHEPHIV = 2

AIDS is always fatal

- 1 Completely disagree 1
- 2..... 2
- 3..... 3
- 4 Neither agree nor disagree 4
- 5..... 5

6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGN

Did not answer Hep C block

If... RHEPHIV = 2

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGO

Half sample rotation with HQAGP

If... ROT6 = 1

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQAGP

Half sample rotation with HQAGO

If... ROT6 = 2

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HCOMFT

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

How comfortable or uncomfortable would you be if...Your child were attending a school where one of the students was known to have HIV/AIDS?

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

HQ35

1 OR 2 RATING IN HCOMFT

If... HCOMFT = 1,2

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

<PROMPT ONLY IF NECESSARY>

- My child contracting/catching HIV/AIDS 1
- My child hearing about HIV/AIDS..... 2
- Knowing that my child would be around the type of person to have HIV/AIDS .. 3
- My child coming into contact with the type of person who has HIV/AIDS 4
- An accident in school where that person gets blood on my child..... 5
- Other (specify) 77 B
- Don't know/No response.....99 B

HCMF2A

How comfortable or uncomfortable would you be if...

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

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

HQ37

1 OR 2 RATING IN HCMF2A

If... HCMF2A = 1,2

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

<PROMPT ONLY IF NECESSARY>

- Using the same bathroom..... 1
- Using the same kitchen/drinking glasses and plates 2
- An accident where that person gets blood on others 3
- Being around the type of person who has contracted HIV/AIDS 4
- Being reminded that HIV/AIDS exists 5
- Contracting it myself (general-unspecified)..... 6
- Other (specify) 77 B
- Don't know/No response..... 99 B

HCOMF3

How comfortable or uncomfortable would you be with...

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

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

HQ39

1 OR 2 RATING IN HCOMF3

If... HCOMF3 = 1,2

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

<PROMPT ONLY IF NECESSARY>

- Touching the same products that the owner touched 1
- Coming into contact with the owner 2
- Being seen in a store where the owner has HIV/ AIDS..... 3
- Giving my business to a store where the owner has HIV/ AIDS..... 4
- Contracting it myself 5
- Other (specify) 77 B
- Don't know/No response..... 99 B

HCMF5A

How comfortable or uncomfortable would you be with...

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

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

HQ41

Half sample rotation with HQ42

If... ROT7 = 1

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

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

HQ42

Half sample rotation with HQ41

If... ROT7 = 2

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

- Very uncomfortable 1
- Somewhat uncomfortable..... 2
- Somewhat comfortable 3
- Very comfortable..... 4
- Don't know/ No response..... 9 BS

PHP45

Did not answer Hep C block

If... RHEPHIV = 2

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

HP45A

Did not answer Hep C block

If... RHEPHIV = 2

- That AIDS is fatal.
- 1 Not a factor at all..... 1
 - 2..... 2
 - 3..... 3
 - 4 A moderate factor 4
 - 5..... 5
 - 6..... 6
 - 7 A very strong factor 7
 - Don't know/ No response..... 9

S

HP45B

Did not answer Hep C block

If... RHEPHIV = 2

- That HIV/AIDS is often associated with drug use
- 1 Not a factor at all..... 1
 - 2..... 2
 - 3..... 3
 - 4 A moderate factor 4
 - 5..... 5
 - 6..... 6
 - 7 A very strong factor 7
 - Don't know/ No response..... 9

S

HP45C

Did not answer Hep C block Half sample rotation with HQ45D

If... ROT8 = 1

- That HIV/AIDS is often associated with casual/promiscuous sex.
- 1 Not a factor at all..... 1
 - 2..... 2
 - 3..... 3
 - 4 A moderate factor 4
 - 5..... 5
 - 6..... 6
 - 7 A very strong factor 7
 - Don't know/ No response..... 9

S

HP45D

Did not answer Hep C block Half sample rotation with HQ45C

If... ROT8 = 2

- That HIV/AIDS is often associated with homosexual sex.
- 1 Not a factor at all..... 1
 - 2..... 2

3.....	3	
4 A moderate factor	4	
5.....	5	
6.....	6	
7 A very strong factor	7	
Don't know/ No response.....	9	S

HP45E

Did not answer Hep C block

If... RHEPHIV = 2

That some people are afraid of becoming infected with HIV through casual contact (e.g. touching someone who is HIV positive).

1 Not a factor at all.....	1	
2.....	2	
3.....	3	
4 A moderate factor	4	
5.....	5	
6.....	6	
7 A very strong factor	7	
Don't know/ No response.....	9	S

PHP55

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

HP55A

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

1 No extent at all	1	
2.....	2	
3.....	3	
4 A moderate extent	4	
5.....	5	
6.....	6	
7 A very large extent	7	
Don't know/ No response.....	9	S

HP55B

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

1 No extent at all	1	
2.....	2	
3.....	3	

4 A moderate extent	4	
5.....	5	
6.....	6	
7 A very large extent	7	
Don't know/ No response.....	9	S

HP55C

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

1 No extent at all	1	
2.....	2	
3.....	3	
4 A moderate extent	4	
5.....	5	
6.....	6	
7 A very large extent	7	
Don't know/ No response.....	9	S

PHP64

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

HQ64A

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQ64B

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQ64C

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQ64D

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HQ64E

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

1 Completely disagree	1	
2.....	2	
3.....	3	
4 Neither agree nor disagree	4	
5.....	5	
6.....	6	
7 Completely agree	7	
Don't know/ No response.....	9	S

HREAC

Did not answer Hep C block

If... RHEPHIV = 2

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

HREAC1A

Did not answer Hep C block

If... RHEPHIV = 2

If a close friend had HIV/AIDS.

- 1 Avoid completely 1
- 2..... 2
- 3..... 3
- 4 Neither 4
- 5..... 5
- 6..... 6
- 7 Support completely 7
- Don't know/ No response..... 9

S

HREAC1B

Did not answer Hep C block

If... RHEPHIV = 2

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

- 1 Avoid completely 1
- 2..... 2
- 3..... 3
- 4 Neither 4
- 5..... 5
- 6..... 6
- 7 Support completely 7
- Don't know/ No response..... 9

S

HREAC1C

Did not answer Hep C block

If... RHEPHIV = 2

If you worked in an office where someone working with you had HIV/AIDS?

- 1 Avoid completely 1
- 2..... 2
- 3..... 3
- 4 Neither 4
- 5..... 5
- 6..... 6
- 7 Support completely 7
- Don't know/ No response..... 9

S

HINFSQ

The next series of questions asks about your information sources.

HINFO1

Did not answer Hep C block

If... RHEPHIV = 2

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

<(DO NOT READ - CODE ALL THAT APPLY)>

Television general.....	1	
Television news/documentaries	2	
Television health program.....	3	
Television show/movie	4	
Radio news	5	
Radio health program.....	6	
Newspaper article.....	7	
Magazines general	8	
Health magazine.....	9	
Health journals.....	10	
Books/Library.....	11	
Websites/Internet (please specify)	12	
Social media (e.g., Facebook, Twitter, blog).....	13	
Advertising (e.g., TV, pamphlets, posters, etc.)	14	
Doctors	15	
Nurse or other health care professional/Hospit	16	
Pharmacist.....	17	
At school.....	18	
At work	19	
Health Canada.....	20	
Public Health Agency of Canada	21	
AIDS Organizations/Community organizations	22	
Family or friends	23	
Other (specify)	77	
Don't know/No response.....	99	X

HINFO2

Did not answer Hep C block

If... RHEPHIV = 2

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

<(DO NOT READ - CODE ALL THAT APPLY)>

Television general.....	1
Television news/documentaries	2
Television health program.....	3
Television show/movie	4
Radio news	5
Radio health program.....	6

Newspaper article.....	7	
Magazines general	8	
Health magazine.....	9	
Health journals.....	10	
Books/Library.....	11	
Websites/Internet (please specify) HINFO2BOX	12	
Social media (e.g., Facebook, Twitter, blog).....	13	
Advertising (e.g., TV, pamphlets, posters, etc.)	14	
Doctors	15	
Nurse or other health care professional/Hospit	16	
Pharmacist.....	17	
At school.....	18	
At work	19	
Health Canada.....	20	
Public Health Agency of Canada	21	
AIDS Organizations/Community organizations	22	
Family or friends	23	
Other (specify)	77	
Don't know/No response.....	99	X

PRERE

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

REL1A

STREAM A

If... ROT9 = 2

Your family doctor or another health care professional

1 Not at all reliable.....	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL3A

STREAM B

If... ROT9 = 1

<[1/2 sample]The Public Health Agency of Canada (NOTE: The Public Health Agency of Canada has a mandate to promote and protect the health and safety of Canadians.)[1/2 sample]Health Canada (Note: Health Canada is responsible for helping Canadians maintain and improve their health, while respecting individual

choices and circumstances)>

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL3B

STREAM A

If... ROT9 = 2

The Government of Canada

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL5

STREAM A

If... ROT9 = 2

The media

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL6

STREAM B

If... ROT9 = 1

A person living with HIV/AIDS

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	

7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL7

STREAM B

If... ROT9 = 1

Your friends

1 Not at all reliable.....	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL9A

STREAM A and under 25

If... ROT9 = 2 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

A teacher

1 Not at all reliable.....	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL9B

STREAM B and under 25

If... ROT9 = 1 AND (AQAGEX >=1987 OR QAGEY = 1,2)

A school counsellor

1 Not at all reliable.....	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL10

STREAM B

If... ROT9 = 1

A pharmacist

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL11

STREAM A

If... ROT9 = 2

Your family

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

REL12

STREAM A

If... ROT9 = 2

An anonymous clinic

1 Not at all reliable	1	
2.....	2	
3.....	3	
4 Moderately reliable	4	
5.....	5	
6.....	6	
7 Extremely reliable.....	7	
Don't know/ No response.....	9	S

HP86

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

Q87

STREAM A

If... ROT9 = 2

Your family doctor or another health care professional	
Very uncomfortable	1
Somewhat uncomfortable.....	2
Somewhat comfortable	3
Very comfortable.....	4
Don't know/ No response.....	9

BS

Q88

STREAM B

If... ROT9 = 1

A pharmacist	
Very uncomfortable	1
Somewhat uncomfortable.....	2
Somewhat comfortable	3
Very comfortable.....	4
Don't know/ No response.....	9

BS

Q89

STREAM B

If... ROT9 = 1

Your friends	
Very uncomfortable	1
Somewhat uncomfortable.....	2
Somewhat comfortable	3
Very comfortable.....	4
Don't know/ No response.....	9

BS

Q90

STREAM A

If... ROT9 = 2

Your family	
Very uncomfortable	1
Somewhat uncomfortable.....	2
Somewhat comfortable	3
Very comfortable.....	4
Don't know/ No response.....	9

BS

Q91

STREAM A and under 25

If... ROT9 = 2 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

A teacher

- Very uncomfortable 1
 - Somewhat uncomfortable..... 2
 - Somewhat comfortable 3
 - Very comfortable..... 4
 - Don't know/ No response..... 9
- BS

Q91A

STREAM B and under 25

If... ROT9 = 1 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

A school counsellor

- Very uncomfortable 1
 - Somewhat uncomfortable..... 2
 - Somewhat comfortable 3
 - Very comfortable..... 4
 - Don't know/ No response..... 9
- BS

Q92

STREAM A

If... ROT9 = 2

An anonymous clinic

- Very uncomfortable 1
 - Somewhat uncomfortable..... 2
 - Somewhat comfortable 3
 - Very comfortable..... 4
 - Don't know/ No response..... 9
- BS

Q92A

STREAM B

If... ROT9 = 1

A person living with HIV/AIDS

- Very uncomfortable 1
 - Somewhat uncomfortable..... 2
 - Somewhat comfortable 3
 - Very comfortable..... 4
 - Don't know/ No response..... 9
- BS

Q93

Did not answer Hep C block

If... RHEPHIV = 2

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

<READ LIST; ACCEPT UP TO THREE RESPONSES>

- Brochures/information kits sent to people's homes 1
- Public education announcements on television 2
- Public education announcements on the radio 3
- Public education announcements in newspapers..... 4
- Public education announcements in magazines..... 6
- Information on the Internet 7
- Social media (e.g., Facebook, Twitter, Blogs) 8
- Don't know/No response..... 9 X

KNOW

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

- Yes..... 1
- No 2
- Don't know/No response..... 9

KNOW3

Yes, KNOW

If... KNOW = 1

In what way did this change your behaviour?

<(DO NOT READ - CODE ALL THAT APPLY)>

- Spent less time with person..... 1
- More cautious about casual contact 2
- Began to practice safer sex with that partner..... 3
- Expressed more sympathy toward that person 4
- More supportive of that person 6
- Got angry toward that person 7
- More critical of that person 8
- Increased awareness/understanding/tolerance/knowledge 9 I
- Didn't change anything.....10 X
- Other (specify)77
- Don't know/No response.....99 X

SEX1

No, DK, Skipped to RISK; Did not answer Hep C block

If... RHEPHIV = 2

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

- Yes..... 1
- No 2 ->RISK
- Don't know/No response..... 9 ->RISK

SEX2

Did not answer Hep C block

If... RHEPHIV = 2

How many partners have you engaged in sexual activity within the last 12 months?

- (response)] 1
- Don't know/No response..... 9

SEX2B

1, SEX2

If... ASEX2 = 1

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

- Yes..... 1
- No 2
- Don't know/No response..... 9

SEX2C

MORE THAN 1, SEX2

If... ASEX2 >= 2

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

- Yes..... 1
- No 2
- Don't know/No response..... 9

SEX3A

1, SEX2

If... ASEX2 = 1

Was this partner male or female?

- Male 1
- Female..... 2
- Both..... 3
- Don't know/No response..... 9

SEX3B

MORE THAN 1, SEX2

If... ASEX2 >= 2

Were these partners male, female or both?

- Male 1
- Female..... 2
- Both..... 3
- Don't know/No response..... 9

SEX4

Did not answer Hep C block

If... RHEPHIV = 2

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

- Yes..... 1
- No 2
- Don't know/No response..... 9

SEX6

Yes, SEX4

If... SEX4 = 1

Why did you use a condom?

<DO NOT READ; ACCEPT UP TO THREE RESPONSES>

- Reduce risk of catching or giving HIV/AIDS specifically..... 1
- Reduced risk of catching or giving an infectious disease 2
- Reduce risk of pregnancy..... 3
- Request of partner..... 4
- Responsible-safe sex, to protect one self 6
- Other (specify) 77
- Don't know/No response..... 99

X

SEX7

No, SEX4

If... SEX4 = 2

Why didn't you use a condom?

<DO NOT READ; ACCEPT UP TO THREE RESPONSES> <IF RESPONDENT SAYS - DON'T NEED IT - ASK RESPONDENT TO EXPAND ON THIS (E.G., HAVE 1 PARTNER, NOT LOOKING TO AVOID PREGNANCY, ETC)>

Married/only one partner/monogamous	1	
Trying to get pregnant.....	2	
No sexual intercourse.....	3	
No risk of getting an infectious disease.....	4	
Already have HIV/AIDS	5	
Assume that partner(s) do not have HIV/AIDS	6	
Partners have been recently tested for HIV	7	
Not prepared for it	8	
I don't like using condoms	9	
Condoms are not easy to get.....	10	
Condoms don't prevent you from contracting HIV/ AIDS.....	11	
Condoms cost too much money.....	12	
My partner doesn't like using condoms	13	
Other (specify)	77	
Don't know/No response.....	99	X

RISK

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

1 Very low risk	1	
2.....	2	
3.....	3	
4 Moderate risk	4	
5.....	5	
6.....	6	
7 Very high risk.....	7	
Don't know/ No response.....	9	BS

RISK2

Low risk, 1-3 RISK

If... RISK = 1,2,3

Why do you think your own personal risk of contracting HIV is low?

<DO NOT READ; ACCEPT UP TO THREE RESPONSES>

I am not gay.....	1	
Married/only one partner/monogamous	2	
I am not sexually active	3	
I always use a condom.....	4	
I don't use drugs.....	5	

Other (specify) 77
 Don't know/No response..... 99 X

RISK3

Moderate risk, 4 RISK

If... RISK = 4

Why do you think your own personal risk of contracting HIV is moderate?

<DO NOT READ; ACCEPT UP TO THREE RESPONSES>

I am not gay 1
 I only have one partner 2
 I am not sexually active 3
 I always use a condom..... 4
 I don't use drugs..... 5
 I have multiple partners..... 6
 I use drugs..... 7
 I don't use condoms 8
 My partner is HIV positive 9
 Other (specify) 77
 Don't know/No response..... 99 X

RISK4

High risk, 5-7 RISK

If... RISK = 5,6,7

Why do you think your own personal risk of contracting HIV is high?

<DO NOT READ; ACCEPT UP TO THREE RESPONSES>

I have multiple partners..... 1
 I use drugs..... 2
 I don't use condoms 3
 My partner is HIV positive 4
 Other (specify) 77
 Don't know/No response..... 99 X

TEST

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

Yes..... 1
 No 2
 Don't know/No response..... 9

DENIM

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

HOU20

Which of the following types best describes your current household?

One person, living alone	1
Single, with child/children.....	2
A married or common-law couple, without children	3
A married or common-law couple, with children.....	4
Single, without children, living with roommate(s)	5
Single, without children, living with family/ parents.....	6
Other (specify)	77
Don't know/No response.....	99

XHILD

Children at home, HOU20

If... HOU20 = 2,4

Are any of your children between...?

0-5 years.....	1	
6-11.....	2	
12 or older	3	
Don't know/No response.....	9	X

Q130

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

British (English, Scottish, Irish, Welsh)	1	
French (includes Quebecois, Franco-Ontarian, Franco-Manitoban, Acadian, etc.)	2	
Other Western European (German, Dutch).....	3	
Scandinavian (Swedish, Finnish, Danish, Norwegian)	4	
Eastern European (Polish, Russian, Czechoslovakian, Ukranian).....	5	
South European (Italian, Greek, Spanish).....	6	
Arabic (Egyptian, Lebanese).....	7	
West Asian (Afghani, Iranian)	8	
South Asian (Pakistani, Indian, Sri Lankan)	9	
Southeast Asian (Chinese, Vietnamese, Korean)	10	
Oceania (Australian, Kiwi, Polynesian).....	11	
Latin American (Mexican, Brazilian, Chilean).....	12	
Native American/ABORIGINAL (Ojibway, Iroquois, Cree...).....	13	
American (general mention).....	14	
African (Nigerian, Somali, Egyptian).....	15	
Other (specify)	77	
None.....	98	X
Don't know/No response.....	99	X

Q131

In what country were you born?

Canada	1
British Isles. (England, Ireland, Scotland, Wales)	2
Western Europe (France, Holland, Swiss, German, etc.)	3
Northern Europe (Sweden, Finland, Norway, etc.)	4
Eastern Europe (Poland, Russia, Csechoslovakia, Yugoslavia, Ukrain, etc.)	5
South European (Spain, Italy, Greece, Portugal).....	6
Arab States (Egypt, Saudi Arabia, Lebanon, etc.)	7
West Asia (Afghanistan, Iraq, Iran)	8
South Asia (Pakistan, East India, Sri Lanka, etc.).....	9
East and Southeast Asia (China, Japan, Vietnam, Korea, etc.)	10
Oceania (Australia, New Zealand, Fiji, etc.)	11
Latin, Central and South America (Mexico, Brazil, Chile, Carribean, etc.)	12
Africa (Nigeria, Somalia, Rwanda, etc.)	13
United States	14
Other (specify)	77
Don't know/No response	99

Q132

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

1 Not at all	1	
2.....	2	
3.....	3	
4.....	4	
5.....	5	
6.....	6	
7 Very strongly.....	7	
Don't know/ No response	9	BS

MINOR

Do you consider yourself to belong to any of the following groups?

<(READ FULL LIST EXACTLY AS IT IS AND TAKE AS MANY AS APPLY)>

A member of a visible minority (PROMPT IF NECESSARY: A member of a visible minority by virtue of your race or colour?).....	1	
An Aboriginal person	2	
A person with a disability.....	3	
Lesbian, Gay, Bisexual, Transgender	4	
(DO NOT READ) None	5	X
(DO NOT READ) Don't know/No response	9	X

FN1

If Aboriginal

If... MINOR = 2

Do you consider yourself to be a ...

READ LIST

First Nations person	1
Métis	2
Inuit	3
Other (specify)	77
DK/NR	99

FN2

If First Nations

If... FN1 = 1

Do you typically live on a reserve for more than six months of the year?

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

HEMP

Which of the following categories best describes your CURRENT employment status?

<start by asking if they are employed and continue from there>

Self-employed.....	1
Employed full-time (that is 35 or more hours per week).....	2
Employed part-time (that is, less than 35 ours per week)	3
Unemployed but looking for work	4
Student attending school full-time.....	5
Retired	6
Not in work force/Full-time Homemaker.....	7
Other (specify)	77
Don't know/No response.....	99

EDUC

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

Less than high school diploma or equivalent (do not read – just accept if provide a grade)	1
High school diploma or equivalent	2
Registered apprentice or other trades certificate or diploma	3
College, CEGEP, or other non-university certificate or diploma.....	4
Univery degree, certificate or diploma	5
Don't know/No response.....	99

INC

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

<\$20,000.....	1
\$20,000-\$39,999.....	2
\$40,000-\$59,999.....	4
\$60,000-\$79,999.....	6
\$80,000-\$99,999.....	7
\$100,000-\$149,999.....	8
\$150,000 or more.....	9
Don't know/No response.....	99

HSEX

DO NOT ASK UNLESS UNSURE – IF UNSURE ASK: So we have reached the end of the interview, but I just need to confirm your gender, so I will put down....? Record gender of respondent?

Male	1
Female.....	2
Transgender.....	3

THNK

Thank you very much for taking the time to complete this survey.

PINTRO

Bonjour. Je m'appelle... et je travaille pour les Associés de recherche Ekos. Nous effectuons pour le gouvernement du Canada un sondage pour connaître l'opinion des Canadiens sur d'importantes questions touchant la santé. La participation au sondage est volontaire et toutes vos réponses seront traitées de façon absolument confidentielle. Ce sondage est enregistré auprès du Système national d'enregistrement des sondages. Pourrais-je savoir si vous avez au moins 16 ans et si vous êtes un résident permanent du Canada?

**** SI C'EST NON:** Y a-t-il une personne de 16 ans ou plus à la maison avec qui je pourrais m'entretenir?

**** SI C'EST OUI:** Il faut environ 20 minutes pour répondre au questionnaire mais ce sera une occasion toute spéciale de faire savoir au gouvernement fédéral ce que vous pensez de certaines choses qui nous concernent tous.

Puis-je commencer? Toutes vos réponses au sondage sont absolument confidentielles.

PRIV

Cet appel peut être enregistré pour contrôle de la qualité ou formation.

QAGEX

En quelle année êtes-vous né(e)?

NOTE : INSCRIRE L'ANNÉE AU COMPLET, P. EX., "1977"

Année.....	1
Pas de réponse.....	9

QAGEY

If hesitant

If... QAGEX = 9

Puis-je inscrire votre âge dans l'une des catégories suivantes?

Moins de 20 ans	1
De 20 à 21 ans.....	2
De 22 à 24 ans.....	3
De 25 à 34 ans.....	4
De 35 à 44 ans.....	5
De 45 à 54 ans.....	6
De 55 à 64 ans.....	7
65 ans ou plus.....	8
Refus de répondre	9

PQ3

Random half sample of category order.

If... ROT1 = 1

Je vais vous lire une liste de maladies ou de problèmes de santé, et à vous de me dire, pour chacun, si vous pensez que c'est aujourd'hui, au Canada, une maladie très grave, assez grave, pas très grave ou pas du tout grave.

Q3A

If... ROT1 = 1

Cancer

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

Q3B

If... ROT1 = 1

Maladie du coeur

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

Q3C

If... ROT1 = 1

Diabète

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

Q3D

If... ROT1 = 1

Hépatite C

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

Q3E

If... ROT1 = 1

Obésité

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

Q3F

If... ROT1 = 1

VIH/SIDA

Très grave.....	1
Assez grave.....	2
Pas très grave.....	3
Pas du tout grave.....	4
Je ne sais pas/ Pas de réponse.....	9

PQB3

Random half sample of category order

If... ROT1 = 2

Je vais vous lire une liste de maladies ou de problèmes de santé, et à vous de me dire, pour chacun, si vous pensez que c'est aujourd'hui, au Canada, une maladie pas du tout grave, pas très grave, assez grave ou très grave.

QB3A

If... ROT1 = 2

Cancer

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QB3B

If... ROT1 = 2

Maladie du coeur

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QB3C

If... ROT1 = 2

Diabète

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QB3D

If... ROT1 = 2

Hépatite

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QB3E

If... ROT1 = 2

Obésité

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QB3F

If... ROT1 = 2

VIH/SIDA

Pas du tout grave.....	4
Pas très grave.....	3
Assez grave.....	2
Très grave.....	1
Je ne sais pas/ Pas de réponse.....	9

QKNOW1

Random half sample answer HEP C battery. Half sample answer now, half before DEMIN

If... RHEP = 1

Dans quelle mesure vous diriez-vous informé au sujet de l'hépatite C, sur une échelle où 1 signifie pas du tout informé, 7, extrêmement informé et le point milieu, 4, moyennement informé.

- | | |
|-------------------------------------|------|
| 1 Pas du tout informé | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4 Moyennement informé..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7 Extrêmement informé | 7 |
| Je ne sais pas/ Pas de réponse..... | 9 BS |

HRISK

If... RHEP = 1

Comment évalueriez-vous votre propre risque de contracter l'hépatite C, en utilisant une échelle où 1 signifie un risque très faible, 7, un risque très élevé et le point milieu, 4, un risque modéré.

- | | |
|-------------------------------------|------|
| 1 un risque très faible | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4 un risque modéré | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7 un risque très élevé..... | 7 |
| Je ne sais pas/ Pas de réponse..... | 9 BS |

Q2

If... RHEP = 1

D'après ce que vous savez ou avez entendu dire, pouvez-vous me dire comment est transmise l'hépatite C? C'est-à-dire, de quelle façon les gens peuvent-ils être infectés?

<(NE PAS LIRE LA LISTE)>< N.B. : (Au besoin) POUVEZ-VOUS ÊTRE PLUS PRÉCIS SUR LA FAÇON OU ENTRE QUI ET QUI? OBTENIR ICI LE PLUS DE DÉTAILS POSSIBLE POUR ENCODER ET LE PLUS DE RÉPONSES POSSIBLE>

- | | |
|---|---|
| Transfusions sanguines | 1 |
| Rapports sexuels à risque/non protégés entre un homme et une femme..... | 2 |
| Injection de drogue/Partage de seringues..... | 3 |
| Tatouage/perçage de parties du corps..... | 4 |
| Partage d'objets de toilette (brosses à dent, rasoir)..... | 5 |
| Contact occasionnel (bise, embrassade, poignée de mains)..... | 6 |
| De la mère à l'enfant durant la grossesse..... | 7 |

Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

PQ10

If... RHEP = 1

Dites-moi s'il vous plaît si vous croyez que chaque énoncé suivant est vrai ou faux.

Q10A

If... RHEP = 1

Beaucoup de personnes infectées par le virus de l'hépatite C ne savent pas qu'elles ont la maladie.

Vrai	1
Faux.....	2
Je ne sais pas/ Pas de réponse.....	9

Q10B

If... RHEP = 1

Après s'être échangé une seringue une seule fois, on risque d'avoir été infecté par le virus de l'hépatite C.

Vrai	1
Faux.....	2
Je ne sais pas/ Pas de réponse.....	9

Q10C

If... RHEP = 1

Les personnes de votre groupe d'âges sont plus susceptibles que les autres d'être infectées par le virus de l'hépatite C.

Vrai	1
Faux.....	2
Je ne sais pas/ Pas de réponse.....	9

Q10D

If... RHEP = 1

Les personnes qui reçoivent des transfusions sanguines sont très à risque de contracter le virus de l'hépatite C.

Vrai	1
Faux.....	2
Je ne sais pas/ Pas de réponse.....	9

QRISKG

If... RHEP = 1

D'après vous, quels sont de nos jours au Canada les groupes les plus à risque d'être infectés par le virus de l'hépatite C? Y en a-t-il d'autres?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

Les utilisateurs de drogue par injection.....	1
Les hommes ayant des relations sexuelles avec d'autres hommes.....	2
Les hommes en général.....	3
Les femmes en général.....	4
Les professionnels de la santé.....	5
Les autres utilisateurs de drogue.....	6
Les personnes qui reçoivent des transfusions sanguines.....	7
Ceux qui ont des relations sexuelles non protégées.....	8
Les bébés dont la mère est infectée.....	9
Ceux qui ont reçu une greffe d'organe.....	10
Les personnes tatouées ou qui se sont fait percer des parties du corps.....	11
Ceux qui partagent des objets (seringues, brosses à dent, rasoirs) ayant peut-être été contaminés par le sang, avec quelqu'un qui a l'hépatite C.....	12
Les jeunes.....	13
Les personnes âgées.....	14
Les Autochtones.....	15
Les populations carcérales.....	16
Les donneurs de sang.....	17
Les nouveaux immigrants.....	18
Les personnes en mauvaise santé, en général.....	19
Les hémophiles.....	20
Les prostitué(e)s/travailleurs ou travailleuses du sexe.....	21
Ceux qui ont plusieurs partenaires sexuels.....	22
Autre (préciser).....	77
Pas de groupe plus susceptible qu'un autre.....	98
Je ne sais pas/Pas de réponse.....	99 X

Q30

If... RHEP = 1

Si vous vouliez vous renseigner sur l'hépatite C à l'avenir, quelles seraient vos principales sources d'information? Y en a-t-il d'autres?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

Les nouvelles à la télévision.....	1
Les nouvelles à la radio.....	2
Les émissions sur la santé à la télévision.....	3
Les émissions sur la santé à la radio.....	4
Les journaux.....	5
Les revues consacrées à la santé.....	6
Les revues scientifiques sur la santé.....	7
Les bulletins d'information.....	8
Les sites Web/Internet (préciser).....	9
Les livres.....	10
Le bouche-à-oreille (amis, collègues).....	11

Les médecins	12
Les infirmières.....	13
Un gastroentérologue ou spécialiste des maladies du foie	14
D'autres professionnels de la santé	15
L'école/l'université	16
Santé Canada/le programme sur l'hépatite C.....	17
La direction locale/régionale de la santé	18
Le programme local sur l'hépatite C	19
Le gouvernement provincial.....	20
La Fondation canadienne du foie.....	21
Les activités de la Journée mondiale de l'hépatite	22
La Société canadienne de l'hémophilie	23
D'autres associations de la santé	24
Une pharmacie/un pharmacien	25
Un serveur de liste sur l'hépatite C (p. ex., HepCan ou Can Hep).....	26
Des dépliants/brochures	27
Le conseil de bande.....	28
Le Service correctionnel du Canada	29
Affaires autochtones et Développement du Nord Canada	30
Médias sociaux (p. ex., Facebook, Twitter, blog).....	31
Agence de la santé publique du Canada	32
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

Q14

If... RHEP = 1

À ce que vous sachiez, est-ce qu'on peut guérir de l'hépatite C?

Oui	1
Non	2
Je ne sais pas/Pas de réponse.....	9

Q15

If... RHEP = 1

Y a-t-il un vaccin de disponible pour empêcher quelqu'un d'être infecté par l'hépatite C?

Oui	1
Non	2
Je ne sais pas/Pas de réponse.....	9

HKNOW1

HIV/AIDS set

Dans quelle mesure vous diriez-vous informé au sujet du VIH/sida, sur une échelle où 1 signifie pas du tout informé, 7, extrêmement informé et le point milieu, 4, moyennement informé?

1 Pas du tout informé.....	1
2.....	2
3.....	3
4 Moyennement informé.....	4
5.....	5
6.....	6
7 Extrêmement informé	7
Je ne sais pas/ Pas de réponse.....	9 BS

HQ2

D'après ce que vous savez ou avez entendu dire, pouvez-vous me dire comment est transmis le VIH, le virus qui cause le sida? C'est-à-dire, de quelle façon les gens peuvent-ils être infectés?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)> N.B. : (Au besoin) POUVEZ-VOUS ÊTRE PLUS PRÉCIS SUR LA FAÇON OU ENTRE QUI ET QUI? OBTENIR ICI LE PLUS DE DÉTAILS POSSIBLE POUR ENCODER ET LE PLUS DE RÉPONSES POSSIBLE>

Rapports sexuels non protégés/à risque entre deux hommes.....	1
Rapports sexuels non protégés/à risque entre un homme et une femme.....	2
Fellation sans protection/à risque.....	3
Partage de seringues pour injection de drogue.....	4
Baisers.....	5
Tatouage/perçage de parties du corps.....	6
Contact avec des objets (p.ex., fontaines, sièges de toilette).....	7
Contact par le sang (p. ex. provenant d'une coupure)	8
Piqûres de moustique.....	9
Contact occasionnel (p. ex., embrassade, poignée de main).....	10
Eternuement ou toux.....	11
De la mère à l'enfant durant la grossesse.....	12
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

PHQ2BB

IF NOT MENTIONED IN HQ2

<p>If... HQ2 NOT = 1 OR HQ2 NOT = 2 OR HQ2 NOT = 3 OR HQ2 NOT = 4 OR HQ2 NOT = 5 OR HQ2 NOT = 6 OR HQ2 NOT = 7 OR HQ2 NOT = 8 OR HQ2 NOT = 9 OR HQ2 NOT = 10 OR HQ2 NOT = 11 OR HQ2 NOT = 12</p>
--

D'après ce que vous savez ou avez entendu dire, pouvez-vous me dire si le VIH peut être transmis de chacune des façons suivantes. Qu'en est-il de/des...

HQ2BBA

<p>If... HQ2 NOT = 1</p>

Rapports sexuels non protégés/à risque entre deux hommes	
Oui.....	1
Non.....	2

Je ne sais pas/ Pas de réponse..... 9

HQ2BBB

If... HQ2 NOT = 2

Rapports sexuels non protégés/à risque entre un homme et une femme
Oui 1
Non 2
Je ne sais pas/ Pas de réponse..... 9

HQ2BBC

If... HQ2 NOT = 3

Fellation sans protection/à risque
Oui 1
Non 2
Je ne sais pas/ Pas de réponse..... 9

HQ2BBD

If... HQ2 NOT = 4

Partage de seringues pour injection de drogue
Oui 1
Non 2
Je ne sais pas/ Pas de réponse..... 9

HQ2BBE

If... HQ2 NOT = 5

Baisers
Oui 1
Non 2
Je ne sais pas/ Pas de réponse..... 9

HQ2BBF

If... HQ2 NOT = 6

Tatouage/perçage de parties du corps
Oui 1
Non 2
Je ne sais pas/ Pas de réponse..... 9

HQ2BBG

If... HQ2 NOT = 7

Contact avec des objets (p.ex., fontaines, sièges de toilette)

- Oui 1
Non 2
Je ne sais pas/ Pas de réponse 9

HQ2BBH

If... HQ2 NOT = 8

Contact par le sang (p. ex. provenant d'une coupure)

- Oui 1
Non 2
Je ne sais pas/ Pas de réponse 9

HQ2BBI

If... HQ2 NOT = 9

Piqûres de moustique

- Oui 1
Non 2
Je ne sais pas/ Pas de réponse 9

HQ2BBJ

If... HQ2 NOT = 10

Contact occasionnel (p. ex., embrassade, poignée de main)

- Oui 1
Non 2
Je ne sais pas/ Pas de réponse 9

HQ2BBK

If... HQ2 NOT = 11

Eternuement ou toux

- Oui 1
Non 2
Je ne sais pas/ Pas de réponse 9

HQ2BBL

If... HQ2 NOT = 12

De la mère à l'enfant durant la grossesse

- Oui 1

Non	2
Je ne sais pas/ Pas de réponse	9

HTST1B

A ce que vous sachiez, est-il possible de savoir de façon certaine si on a le VIH/sida en procédant par...?

<LIRE LA LISTE ET ACCEPTER TOUTE RÉPONSE PERTINENTE>

Analyse sanguine	1
Examen médical	2
Auto-diagnostic	3
Radiographie	4
<(NE PAS LIRE)> Autre (Specifiez)	77 B
<(NE PAS LIRE)> RIEN DE CE QUI PRECEDE	98 BX
<(NE PAS LIRE)> Je ne sais pas/Pas de réponse	99 BX

HGRPS

Did not answer Hep C block

If... RHEPHIV = 2

A ce que vous sachiez, y a-t-il dans la population canadienne certains groupes qui ont été le plus affectés par le VIH/sida? Y a-t-il d'autres groupes?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

Jeunes Canadiens (moins de 25 ans).....	1
Utilisateurs de drogue par injection	2
Hommes homosexuels	3
Femmes vivant dans la pauvreté	4
Autochtones.....	6
Prisonniers	7
Professionnels de la santé	8
Personnes ayant des relations sexuelles non protégées	9
Personnes ayant des transfusions sanguines ou des greffes d'organe.....	10
Canadiens à faible revenu.....	11
Travailleurs du sexe	12
Hémophiles.....	13
Nouveaux immigrants au Canada.....	14
Personnes sans abri.....	15
Tout le monde est à risque/Pas de groupe particulier.....	16
Enfants dont les parents ont le VIH/sida	17
Personnes d'origine africaine	18
Autres groupes ethniques	19
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

HQ14

Half sample rotation with HQ15

If... ROT2 = 1

A ce que vous sachiez, est-ce qu'on peut guérir du VIH/sida?

- Oui 1
- Non 2
- Je ne sais pas/Pas de réponse..... 9

HQ15

Half sample rotation with HQ14

If... ROT2 = 2

A ce que vous sachiez, est-ce qu'on peut guérir du VIH/sida si on est soigné à temps?

- Oui 1
- Non 2
- Je ne sais pas/Pas de réponse..... 9

HTREAT

Did not answer Hep C block

If... RHEPHIV = 2

Selon vous, dans quelle mesure le traitement du VIH/sida est-il efficace pour aider les malades à mener une vie normale? Diriez- vous...

<LIRE LA LISTE>

- Pas du tout efficace 1
- Pas tellement efficace 2
- Assez efficace..... 3
- Très efficace 4
- Je ne sais pas/ Pas de réponse..... 9 BS

PHQAG

Dans la prochaine série de questions, je vais vous demander dans quelle mesure vous êtes d'accord ou en désaccord avec certains énoncés. Veuillez situer votre réponse sur une échelle de sept points où 1 signifie entièrement en désaccord, 7, entièrement d'accord et le point milieu, 4, ni l'un ni l'autre.

HQAGA

Je ne pourrais pas être ami avec quelqu'un qui a le VIH/sida

- 1 Entièrement en désaccord..... 1
- 2..... 2
- 3..... 3
- 4 Ni d'accord ni en désaccord..... 4

5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGB

Les gens qui attrapent le VIH/sida à cause du sexe ou de la drogue ont ce qu'ils méritent

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGC

Half sample rotation with HQAGD

If... ROT3 = 1

Les personnes ayant le VIH/sida devraient pouvoir servir le public, par exemple, en qualité de dentistes

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGD

Half sample rotation with HQAGC

If... ROT3 = 2

Les personnes ayant le VIH/sida devraient pouvoir servir le public, par exemple, en qualité de coiffeur/coiffeuse

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGE

Did not answer Hep C block

If... RHEPHIV = 2

Les gens qui ont le VIH/sida m'inspirent de la colère

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGF

Les gens qui ont le VIH/sida m'inspirent de la crainte

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGGA

Half sample rotation with HQAGGB

If... ROT4 = 1

Le VIH/sida est surtout une maladie de drogués

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGGB

Half sample rotation with HQAGGA

If... ROT4 = 2

Le VIH/sida est surtout une maladie d'homosexuels

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4

5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGH

Le VIH/sida est surtout une maladie du tiers monde

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGI

Half sample rotation with HQAGJ

If... ROT5 = 1

Au Canada, les jeunes femmes risquent de plus en plus d'attraper le VIH

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGJ

Half sample rotation with HQAGI

If... ROT5 = 2

Au Canada, les jeunes hommes risquent de plus en plus d'attraper le VIH

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGK

Une personne peut avoir le VIH pendant dix ans ou plus sans contracter le sida

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGL

Quand une personne a le VIH/sida, son corps ne peut plus se défendre contre des maladies ou infections ordinaires comme le rhume et la pneumonie

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGM

Did not answer Hep C block

If... RHEPHIV = 2

Le sida est toujours mortel

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGN

Did not answer Hep C block

If... RHEPHIV = 2

Le VIH/sida est un problème bien moins grave de nos jours au Canada qu'il y a dix ans

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4

5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGO

Half sample rotation with HQAGP

If... ROT6 = 1

Il appartient aux personnes qui vivent avec le VIH/sida de protéger les autres pour les empêcher d'être infectés

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQAGP

Half sample rotation with HQAGO

If... ROT6 = 2

Il appartient aux personnes qui vivent avec le VIH/sida d'informer les autres de leur infection

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HCOMFT

J'aimerais maintenant que vous me disiez si, dans chacune des situations suivantes, vous vous sentiriez très à l'aise, plutôt à l'aise, plutôt mal à l'aise ou très mal à l'aise?

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si.....

Votre enfant était dans une école où l'on sait que l'un des élèves a le VIH/sida?

Très mal à l'aise.....	1
Plutôt mal à l'aise.....	2
Plutôt à l'aise.....	3
Très à l'aise.....	4
Je ne sais pas/ Pas de réponse.....	9 BS

HQ35

1 OR 2 RATING IN HCOMFT

If... HCOMFT = 1,2

Si votre enfant fréquentait une école où l'on sait qu'un élève a le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

<SOUFFLER SEULEMENT SI NECESSAIRE>

Que mon enfant contracte le VIH/sida	1
Que mon enfant entende parler du VIH/sida	2
De savoir que mon enfant a dans son entourage le genre de personne qui a le VIH/sida	3
Que mon enfant soit en contact avec le genre de personne qui a le VIH/sida ...	4
Un accident où le sang de cette personne se répandrait sur d'autres personnes.....	5
Autre (préciser).....	77 B
Je ne sais pas/Pas de réponse.....	99 B

HCMF2A

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si...

Au bureau l'un de vos collègues avait le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise.....	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse.....	9 BS

HQ37

1 OR 2 RATING IN HCMF2A

If... HCMF2A = 1,2

Si vous travailliez dans un bureau où quelqu'un a le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

<SOUFFLER SEULEMENT SI NECESSAIRE>

Utiliser la même salle de bains	1
Utiliser la même cuisine/la même vaisselle.....	2
Un accident où le sang de cette personne se répandrait sur d'autres personnes.....	3
Avoir dans mon entourage le genre de personne qui contracte le VIH/sida	4
Me faire rappeler l'existence du VIH/sida.....	5
Contracter moi-même le VIH/sida (en général-sans précision)	6
Autre (préciser).....	77 B
Je ne sais pas/Pas de réponse.....	99 B

HCOMF3

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si...

Vous appreniez que le propriétaire de l'épicerie du voisinage où vous faites vos emplettes a le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise.....	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse.....	9 BS

HQ39

1 OR 2 RATING IN HCOMF3

If... HCOMF3 = 1,2

Si vous saviez que le propriétaire de votre dépanneur a le VIH/sida, quelle est la chose qui vous rendrait le plus mal à l'aise?

<SOUFFLER SEULEMENT SI NECESSAIRE>

Toucher les produits que le propriétaire a touchés.....	1
Venir en contact avec le propriétaire.....	2
Etre aperçu dans un magasin dont le propriétaire a le VIH/sida.....	3
Faire affaire dans un magasin dont le propriétaire a le VIH/sida	4
Contracter moi-même le VIH/sida	5
Autre (préciser).....	77 B
Je ne sais pas/Pas de réponse.....	99 B

HCMF5A

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise si...

Un bon ami ou quelqu'un de votre famille fréquentait quelqu'un qui a le VIH/sida?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise.....	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse.....	9 BS

HQ41

Half sample rotation with HQ42

If... ROT7 = 1

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise, au restaurant, de boire dans un verre qu'une personne ayant le VIH/sida a utilisé précédemment?

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise.....	3
Très à l'aise	4

Je ne sais pas/ Pas de réponse..... 9 BS

HQ42

Half sample rotation with HQ41

If... ROT7 = 2

Dans quelle mesure seriez-vous à l'aise ou mal à l'aise de porter un chandail qu'une personne ayant le VIH/sida a déjà porté?

- Très mal à l'aise 1
- Plutôt mal à l'aise 2
- Plutôt à l'aise 3
- Très à l'aise 4
- Je ne sais pas/ Pas de réponse..... 9 BS

PHP45

Did not answer Hep C block

If... RHEPHIV = 2

Dans notre société, certains sont mal à l'aise au sujet du VIH/sida et des personnes qui en sont infectées. Dans quelle mesure croyez-vous que chaque facteur pourrait expliquer leur malaise? Servez-vous d'une échelle où 1 signifie que ce n'est pas du tout un facteur, 7, que c'est un facteur majeur et le point milieu, 4, que c'est un facteur moyen du malaise des gens.

HP45A

Did not answer Hep C block

If... RHEPHIV = 2

Que le sida soit mortel.

- 1 Pas du tout un facteur 1
- 2 2
- 3 3
- 4 Un facteur moyen 4
- 5 5
- 6 6
- 7 Un facteur majeur 7
- Je ne sais pas/ Pas de réponse..... 9 S

HP45B

Did not answer Hep C block

If... RHEPHIV = 2

Que le VIH/sida soit souvent associé à la consommation de drogue.

- 1 Pas du tout un facteur 1

2.....	2
3.....	3
4 Un facteur moyen.....	4
5.....	5
6.....	6
7 Un facteur majeur.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP45C

Half sample rotation with HQ45D

If... ROT8 = 1

Que le VIH/sida soit souvent associé au vagabondage sexuel ou à la promiscuité sexuelle.

1 Pas du tout un facteur.....	1
2.....	2
3.....	3
4 Un facteur moyen.....	4
5.....	5
6.....	6
7 Un facteur majeur.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP45D

Half sample rotation with HQ45C

If... ROT8 = 2

Que le VIH/sida soit souvent associé aux relations homosexuelles.

1 Pas du tout un facteur.....	1
2.....	2
3.....	3
4 Un facteur moyen.....	4
5.....	5
6.....	6
7 Un facteur majeur.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP45E

Did not answer Hep C block

If... RHEPHIV = 2

Que certains craignent d'être infectés par le VIH à l'occasion d'un contact (p. ex. en touchant quelqu'un de séropositif pour le VIH).

1 Pas du tout un facteur.....	1
2.....	2
3.....	3
4 Un facteur moyen.....	4
5.....	5

6.....	6
7 Un facteur majeur	7
Je ne sais pas/ Pas de réponse.....	9 S

PHP55

Dans quelle mesure êtes-vous de l'avis suivant, selon une échelle où 1 signifie pas du tout, 7, dans une très grande mesure et le point milieu, 4, dans une certaine mesure.

HP55A

Les gens ne sont pas prêts à subir un test de dépistage du VIH à cause de la honte associée à cette maladie.

1 Pas du tout	1
2.....	2
3.....	3
4 Dans une certaine mesure.....	4
5.....	5
6.....	6
7 Dans une très grande mesure.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP55B

Les gens ne veulent pas dire aux autres qu'ils ont le VIH à cause de la honte associée à cette maladie.

1 Pas du tout	1
2.....	2
3.....	3
4 Dans une certaine mesure.....	4
5.....	5
6.....	6
7 Dans une très grande mesure.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP55C

Les gens qui ont le VIH/sida peuvent éprouver de la difficulté à obtenir un logement, des soins de santé et un emploi à cause de la honte associée à cette maladie.

1 Pas du tout	1
2.....	2
3.....	3
4 Dans une certaine mesure.....	4
5.....	5
6.....	6
7 Dans une très grande mesure.....	7
Je ne sais pas/ Pas de réponse.....	9 S

PHP64

Dans quelle mesure êtes-vous d'accord ou en désaccord avec ce qui suit, selon une échelle où 1 signifie entièrement en désaccord, 7, entièrement d'accord et le point milieu, 4, ni d'accord ni en désaccord.

HQ64A

Les gens qui vivent avec le VIH/sida ont le même droit que moi de travailler.

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQ64B

Les gens qui vivent avec le VIH/sida ont le même droit que moi d'avoir accès aux soins de santé.

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQ64C

Les gens qui vivent avec le VIH/sida ont le même droit que moi d'être logés.

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQ64D

Les gens qui vivent avec le VIH/sida ont le droit de mener une vie sexuelle.

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4

5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HQ64E

Il faudrait publier les noms des personnes qui ont le VIH/sida afin que les autres puissent les éviter.

1 Entièrement en désaccord.....	1
2.....	2
3.....	3
4 Ni d'accord ni en désaccord.....	4
5.....	5
6.....	6
7 Entièrement d'accord	7
Je ne sais pas/ Pas de réponse.....	9 S

HREAC

Did not answer Hep C block

If... RHEPHIV = 2

Les prochaines questions concernent votre réaction si vous appreniez que quelqu'un que vous connaissez a le VIH/sida. Veuillez répondre selon une échelle de 7 points où 1 signifie que vous éviteriez absolument cette personne, 7 que vous la soutiendriez absolument et le point milieu, 4, que vous ne feriez ni l'un ni l'autre.

HREAC1A

Did not answer Hep C block

If... RHEPHIV = 2

Si l'un de vos bons amis avait le VIH/sida.

1 Eviter absolument	1
2.....	2
3.....	3
4 Ni l'un ni l'autre.....	4
5.....	5
6.....	6
7 Soutenir absolument	7
Je ne sais pas/ Pas de réponse.....	9 S

HREAC1B

Did not answer Hep C block

If... RHEPHIV = 2

Si votre enfant en bas âge fréquentait une école où l'on sait que l'un des élèves a le VIH/sida.

- | | |
|-------------------------------------|-----|
| 1 Eviter absolument | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4 Ni l'un ni l'autre..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7 Soutenir absolument | 7 |
| Je ne sais pas/ Pas de réponse..... | 9 S |

HREAC1C

Did not answer Hep C block

If... RHEPHIV = 2

Au bureau si l'un de vos collègues avait le VIH/sida.

- | | |
|-------------------------------------|-----|
| 1 Eviter absolument | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4 Ni l'un ni l'autre..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7 Soutenir absolument | 7 |
| Je ne sais pas/ Pas de réponse..... | 9 S |

HINFSQ

La prochaine série de questions concerne vos sources d'information.

HINFO1

Did not answer Hep C block

If... RHEPHIV = 2

Où avez-vous vu, lu ou entendu quelque chose sur le VIH/sida dans la dernière année?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

- | | |
|--|---|
| Télévision en général | 1 |
| Nouvelles à la télévision/Documentaires..... | 2 |
| Emission sur la santé à la télévision | 3 |
| Emission/film à la télévision | 4 |
| Nouvelles à la radio | 5 |
| Emission sur la santé à la radio | 6 |
| Article de journal..... | 7 |
| Magazines en général..... | 8 |

Magazine sur la santé.....	9
Revue scientifique sur la santé.....	10
Livres/Bibliothèque	11
Sites Web/Internet (veuillez préciser)	12
Médias sociaux (p. ex., Facebook, Twitter, blog).....	13
Publicité (p. ex., TV, dépliants, affiches, etc.)	14
Médecins	15
Infirmière ou autre professionnel de la santé/ Hôpital	16
Pharmacien	17
A l'école	18
Au travail	19
Santé Canada	20
Agence de la santé publique du Canada	21
Organismes/organisations communautaires concernant le sida	22
Famille ou amis	23
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

HINF02

Did not answer Hep C block

If... RHEPHIV = 2

Si vous cherchiez aujourd'hui de l'information sur le VIH/sida, où la trouveriez-vous?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

Télévision en général	1
Nouvelles à la télévision/Documentaires.....	2
Emission sur la santé à la télévision	3
Emission/film à la télévision	4
Nouvelles à la radio	5
Emission sur la santé à la radio	6
Article de journal.....	7
Magazines en général.....	8
Magazine sur la santé.....	9
Revue scientifique sur la santé.....	10
Livres/Bibliothèque	11
Sites Web/Internet (veuillez préciser).....	12
Médias sociaux (p. ex., Facebook, Twitter, blog).....	13
Publicité (p. ex., TV, dépliants, affiches, etc.)	14
Médecins	15
Infirmière ou autre professionnel de la santé/ Hôpital	16
Pharmacien	17
A l'école	18
Au travail	19
Santé Canada	20
Agence de la santé publique du Canada	21
Organismes/organisations communautaires concernant le sida	22
Famille ou amis	23
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

PRERE

Je vais vous demander d'évaluer la crédibilité de certaines sources d'information au sujet du VIH/sida selon une échelle où 1 signifie pas du tout crédible, 7, extrêmement crédible et où le point milieu, 4, moyennement crédible. Dans quelle mesure trouvez-vous que... est crédible comme source d'information sur le VIH/sida?

REL1A

STREAM A

If... ROT9 = 2

Votre médecin de famille ou un autre professionnel de la santé

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL3A

STREAM B

If... ROT9 = 1

<[1/2 Sample] L'Agence de santé publique du Canada NOTE L'Agence de santé publique du Canada a pour mandat de promouvoir et de protéger la santé et la sécurité des Canadiens. [1/2 Sample] Santé Canada (N.B. : Santé Canada a la responsabilité d'aider les Canadiens à demeurer en santé et à améliorer leur santé, tout en respectant les choix et les situations de chacun)>

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL3B

STREAM A

If... ROT9 = 2

Le gouvernement du Canada

1 Pas du tout crédible.....	1
2.....	2
3.....	3

4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL5

STREAM A

If... ROT9 = 2

Les médias

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL6

STREAM B

If... ROT9 = 1

Une personne qui a le sida

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL7

STREAM B

If... ROT9 = 1

Vos amis

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible	4
5.....	5
6.....	6
7 Extrêmement crédible	7
Je ne sais pas/ Pas de réponse.....	9 S

REL9A

STREAM A and under 25

If... ROT9 = 2 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

Un enseignant

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible.....	4
5.....	5
6.....	6
7 Extrêmement crédible.....	7
Je ne sais pas/ Pas de réponse.....	9 S

REL9B

STREAM B and under 25

If... ROT9 = 1 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

Un conseiller scolaire

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible.....	4
5.....	5
6.....	6
7 Extrêmement crédible.....	7
Je ne sais pas/ Pas de réponse.....	9 S

REL10

STREAM B

If... ROT9 = 1

Un pharmacien

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible.....	4
5.....	5
6.....	6
7 Extrêmement crédible.....	7
Je ne sais pas/ Pas de réponse.....	9 S

REL11

STREAM A

If... ROT9 = 2

Votre famille

1 Pas du tout crédible.....	1
2.....	2

3.....	3
4 Assez crédible.....	4
5.....	5
6.....	6
7 Extrêmement crédible.....	7
Je ne sais pas/ Pas de réponse.....	9 S

REL12

STREAM A

If... ROT9 = 2

Une clinique anonyme

1 Pas du tout crédible.....	1
2.....	2
3.....	3
4 Assez crédible.....	4
5.....	5
6.....	6
7 Extrêmement crédible.....	7
Je ne sais pas/ Pas de réponse.....	9 S

HP86

Dans quelle mesure seriez-vous à l'aise de demander de l'information sur le VIH/sida aux personnes suivantes ... Seriez-vous très à l'aise, plutôt à l'aise, plutôt mal à l'aise ou très mal à l'aise?

Q87

STREAM A

If... ROT9 = 2

Votre médecin de famille ou un autre professionnel de la santé

Très mal à l'aise.....	1
Plutôt mal à l'aise.....	2
Plutôt à l'aise.....	3
Très à l'aise.....	4
Je ne sais pas/ Pas de réponse.....	9 BS

Q88

STREAM B

If... ROT9 = 1

Un pharmacien

Très mal à l'aise.....	1
Plutôt mal à l'aise.....	2
Plutôt à l'aise.....	3
Très à l'aise.....	4
Je ne sais pas/ Pas de réponse.....	9 BS

Q89

STREAM B

If... ROT9 = 1

Vos amis

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse	9 BS

Q90

STREAM A

If... ROT9 = 2

Votre famille

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse	9 BS

Q91

STREAM A and under 25

If... ROT9 = 2 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

Un enseignant

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse	9 BS

Q91A

STREAM B and under 25

If... ROT9 = 1 AND (AQAGEX >= 1987 OR QAGEY = 1,2)

Un conseiller scolaire

Très mal à l'aise	1
Plutôt mal à l'aise	2
Plutôt à l'aise	3
Très à l'aise	4
Je ne sais pas/ Pas de réponse	9 BS

Q92

STREAM A

If... ROT9 = 2

Une clinique anonyme

- Très mal à l'aise 1
- Plutôt mal à l'aise..... 2
- Plutôt à l'aise..... 3
- Très à l'aise 4
- Je ne sais pas/ Pas de réponse..... 9 BS

Q92A

STREAM B

If... ROT9 = 1

Une personne qui a le VIH/sida

- Très mal à l'aise 1
- Plutôt mal à l'aise..... 2
- Plutôt à l'aise..... 3
- Très à l'aise 4
- Je ne sais pas/ Pas de réponse..... 9 BS

Q93

Did not answer Hep C block

If... RHEPHIV = 2

Dites-moi, s'il vous plaît, lequel des moyens suivants serait, selon vous, le plus efficace pour renseigner les gens sur le VIH/sida.

<LIRE LA LISTE ET ACCEPTER AU PLUS 3 RÉPONSES>

- Dépliants/dossiers d'information envoyés au domicile des gens 1
- Messages d'intérêt public à la télévision 2
- Messages d'intérêt public à la radio 3
- Messages d'intérêt public dans les journaux 4
- Messages d'intérêt public dans des magazines 6
- Information sur l'Internet 7
- Médias sociaux (p. ex. Facebook, Twitter, blog)..... 8
- Je ne sais pas/Pas de réponse..... 9 X

KNOW

A ce que vous sachiez, connaissez-vous ou avez-vous connu quelqu'un ayant le VIH/sida?

- Oui 1
- Non 2
- Je ne sais pas/Pas de réponse..... 9

KNOW3

Yes, KNOW

If... KNOW = 1

En quoi votre comportement a-t-il changé?

<(NE PAS LIRE - CODER TOUTE RÉPONSE PERTINENTE)>

- Passé moins de temps avec cette personne..... 1
- Été plus prudent avec les contacts occasionnels 2
- Commencé à me protéger dans mes relations sexuelles avec ce partenaire..... 3
- Exprimé plus de sympathie envers cette personne 4
- Mieux soutenu cette personne 6
- Été en colère contre cette personne..... 7
- Été plus critique envers cette personne..... 8
- Accroissement de sensibilisation/compréhension/tolérance/connaissances... 9 I
- Rien n'a changé10 X
- Autre (spécifier)..... 77
- Je ne sais pas/Pas de réponse.....99 X

SEX1

No, DK, Skipped to RISK; Did not answer Hep C block

If... RHEPHIV = 2

Les prochaines questions ont uniquement pour but de comprendre le modèle des attitudes touchant le VIH. Si une certaine question vous rend mal à l'aise, dites-le-moi et nous passerons à la suivante. Vous êtes entièrement libre de répondre et toutes vos réponses vont demeurer anonymes. Avez-vous été actif sur le plan sexuel dans les 12 derniers mois?

- Oui 1
- Non..... 2 ->RISK
- Je ne sais pas/Pas de réponse..... 9 ->RISK

SEX2

Did not answer Hep C block

If... RHEPHIV = 2

Avec combien de partenaires avez-vous eu des rapports sexuels au cours des 12 derniers mois?

- (réponse) 1
- Je ne sais pas/Pas de réponse..... 9

SEX2B

1, SEX2

If... ASEX2 = 1

S'agissait-il d'un(e) partenaire occasionnel(le), c'est-à-dire de quelqu'un avec qui vous n'entretenez pas une relation suivie?

- Oui 1
- Non 2
- Je ne sais pas/Pas de réponse..... 9

SEX2C

MORE THAN 1, SEX2

If... ASEX2 >= 2

Y avait-il parmi ces personnes un(e) partenaire occasionnel(le), c'est-à-dire quelqu'un avec qui vous n'entretenez pas une relation suivie?

- Oui 1
- Non 2
- Je ne sais pas/Pas de réponse..... 9

SEX3A

1, SEX2

If... ASEX2 = 1

S'agissait-il d'un homme ou d'une femme?

- Homme..... 1
- Femme 2
- Les deux 3
- Je ne sais pas/Pas de réponse..... 9

SEX3B

MORE THAN 1, SEX2

If... ASEX2 >= 2

Ces partenaires étaient-ils de sexe masculin, féminin ou de l'un et l'autre sexe?

- Homme..... 1
- Femme 2
- Les deux 3
- Je ne sais pas/Pas de réponse..... 9

SEX4

Did not answer Hep C block

If... RHEPHIV = 2

Avez-vous utilisé un condom lors de votre dernière relation sexuelle?

- Oui 1
Non 2
Je ne sais pas/Pas de réponse 9

SEX6

Yes, SEX4

If... SEX4 = 1

Pourquoi avez-vous utilisé un condom?

<NE PAS LIRE ET ACCEPTER AU PLUS 3 RÉPONSES>

- Réduire le risque de contracter ou de transmettre le VIH/sida, en particulier... 1
Réduire le risque de contracter ou de transmettre une maladie infectieuse 2
Réduire le risque de grossesse..... 3
A la demande de mon(ma) partenaire..... 4
Sexualité responsable-sans risque, me protéger 6
Autre (préciser)..... 77
Je ne sais pas/Pas de réponse..... 99 X

SEX7

No, SEX4

If... SEX4 = 2

Pourquoi n'avez-vous pas utilisé un condom?

<NE PAS LIRE ET ACCEPTER AU PLUS 3 RÉPONSES> <(SI ON DIT - N'A PAS BESOIN - DÉMANDER AU RÉPONDANT DÉMANDER AU RÉPONDANT DÊ PRÉCISER (P.EX. UN(E) SEUL(E) PARTENAIRE, NE CHERCHE PAS À RÉDUIRE LE RISQUE DE GROSSESSE)>

- Un(e) seul(e) partenaire/Marié 1
Veut devenir enceinte 2
Aucun rapport sexuel 3
Pas de risque d'attraper une maladie infectieuse 4
A déjà le VIH/sida 5
Suppose que partenaire(s) n'a(ont) pas le VIH/ sida 6
Partenaires ont subi récemment un test de dépistage du VIH 7
Pas prêt(e) à le faire 8
N'aime pas utiliser le condom 9
Les condoms ne sont pas faciles à trouver 10
Les condoms n'empêchent pas de contracter le VIH/sida 11
Les condoms coûtent trop cher 12
Ma(mon) partenaire n'aime pas utiliser le condom..... 13
Autre (préciser)..... 77
Je ne sais pas/Pas de réponse..... 99 X

RISK

Comment évaluez-vous votre propre risque de contracter le VIH, selon une échelle où 1 signifie un risque très faible, 7, un risque très élevé et le point milieu, 4, un risque moyen?

1 Risque très faible	1
2.....	2
3.....	3
4 Risque moyen	4
5.....	5
6.....	6
7 Risque très élevé.....	7
Je ne sais pas/ Pas de réponse.....	9 BS

RISK2

Low risk, 1-3 RISK

If... RISK = 1,2,3

Pourquoi croyez-vous que votre propre risque de contracter le VIH est faible?

<NE PAS LIRE ET ACCEPTER AU PLUS 3 RÉPONSES>

Je ne suis pas gai.....	1
J'ai un(e) seul(e) partenaire/marié	2
Je n'ai pas de relations sexuelles.....	3
J'utilise toujours le condom.....	4
Je ne consomme pas de drogue	5
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

RISK3

Moderate risk, 4 RISK

If... RISK = 4

Pourquoi croyez-vous que votre propre risque de contracter le VIH est moyen?

<NE PAS LIRE ET ACCEPTER AU PLUS 3 RÉPONSES>

Je ne suis pas gai.....	1
J'ai un(e) seul(e) partenaire.....	2
Je n'ai pas de relations sexuelles.....	3
J'utilise toujours le condom.....	4
Je ne consomme pas de drogue	5
J'ai de multiples partenaires.....	6
Je consomme de la drogue	7
Je n'utilise pas le condom	8
Ma(mon) partenaire est séropositif(ve) au VIH	9
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

RISK4

High risk, 5-7 RISK

If... RISK = 5,6,7

Pourquoi croyez-vous que votre propre risque de contracter le VIH est élevé?

<NE PAS LIRE ET ACCEPTER AU PLUS 3 RÉPONSES>

J'ai de multiples partenaires.....	1
Je consomme de la drogue.....	2
Je n'utilise pas le condom.....	3
Ma(mon) partenaire est séropositif(ve) au VIH.....	4
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99 X

TEST

Avez-vous déjà subi un test de dépistage du VIH, sauf pour une question d'assurance, de don de sang et de participation à une recherche?

Oui.....	1
Non.....	2
Je ne sais pas/Pas de réponse.....	9

DENIM

J'ai maintenant quelques questions qui serviront à des fins de statistiques uniquement.

HOU20

Parmi les genres de ménage suivants, lequel décrit le mieux le vôtre?

Une personne vivant seule.....	1
Célibataire avec enfant(s).....	2
Couple marié ou en union de fait, sans enfant.....	3
Couple marié ou en union de fait, avec enfants.....	4
Célibataire, sans enfant, vivant avec colocataire(s).....	5
Célibataire, sans enfant, vivant avec membre de la famille/parents.....	6
Autre réponse (veuillez préciser).....	77
Je ne sais pas/Pas de réponse.....	99

XHILD

Children at home, HOU20

If... HOU20 = 2,4

Avez-vous des enfants âgés de...?

0-5 ans.....	1
6-11 ans.....	2
12 ans ou plus.....	3

Je ne sais pas/Pas de réponse..... 9 X

Q130

A quel(s) groupe(s) ethnique(s) ou culturel(s) autre(s) que canadien appartenez-vous?

Britannique (Anglais, Écossais, Irlandais, Gallois).....	1
Français (inclus Québécois, Franco-Ontarien, Franco-Manitobain, Acadien, etc.)	2
Européen de l'Ouest (Allemand, hollandais)	3
Scandinave (Suédois, Finlandais, Danois, Norvégien)	4
Européen de l'Est (Polonais, Russe, Tchèque, Ukrainien)	5
Européens du Sud (Italien, Grec, espagnol).....	6
Moyen-Oriental (Égyptien, Libanais)	7
Asie de l'Ouest (Afghan, Iranien).....	8
Sud-Asiatique (Pakistanaï, Indien, Sri Lankaï)	9
Asiatique du Sud-Est (Chinois, Vietnamien, Coréen).....	10
Océanien (Australien, Néo-Zélandais, Polynésien).....	11
Latino-Américain (Mexicain, Brésilien, Chilien).....	12
Amérindien/autochtone (Ojibway, Iroquois, Cri)	13
Américain (mention générale).....	14
Africain (Nigérien, Somalien, Égyptien).....	15
Autre (préciser).....	77
Aucun.....	98 X
Je ne sais pas/Pas de réponse.....	99 X

Q131

Dans quel pays êtes-vous né(e)?

Canada	1
Royaume-Uni (Angleterre, Irlande, Ecosse, Pays de Galles)	2
Europe de l'Ouest (France, Hollande, Suisse, Allemagne, etc.).....	3
Scandinavie (Suède, Finlande, Norvège, etc.).....	4
Europe de l'Est (Pologne, Russie, Tchécoslovaquie, Yougoslavie, Ukraine, etc.)	5
Europe du Sud (Espagne, Italie, Grèce, Portugal).....	6
États arabes (Égypte, Arabie Saoudite, Liban, etc.).....	7
Asie de l'Ouest (Afghanistan, Irak, Iran).....	8
Asie du Sud (Pakistan, Inde, Sri Lanka).....	9
Asie du Sud-Est (Chine, Vietnam, Corée)	10
Océanie (Australie, Nouvelle-Zélande, Fidji, Polynésie, etc.)	11
Amérique latine (Mexique, Brésil, Chili)	12
Afrique (Niger, Somalie, Rwanda).....	13
Étas-Unis.....	14
Autre (préciser).....	77
Je ne sais pas/Pas de réponse.....	99

Q132

Dans quelle mesure vous associez-vous à une religion ou à un groupe religieux en particulier? Veuillez situer votre réponse sur une échelle de sept points où 1 signifie pas du tout et 7, très fortement.

1 Pas du tout	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7 Très fortement	7
Je ne sais pas/ Pas de réponse.....	9 BS

MINOR

Estimez-vous que vous appartenez à l'un ou l'autre des groupes suivants?

<(LIRE LA LISTE AU COMPLET, EXACTEMENT COMME ECRIT, CODER TOUTE RÉPONSE PERTINENTE)>

Membre d'une minorité visible (SOUFFLER AU BESOIN: Un membre d'une minorité visible en raison de votre race ou de la couleur de votre peau?).....	1
Autochtone.....	2
Personne handicapée	3
Homosexuel, lesbienne, bisexuel(le), transsexuel(le).....	4
(NE PAS LIRE) Aucun de ces groupes.....	5 X
(NE PAS LIRE) Je ne sais pas/Pas de réponse.....	9 X

FN1

If Aboriginal

If... MINOR = 2

Vous considérez-vous comme...?

LIRE LA LISTE

Membre d'une Première Nation.....	1
Métis	2
Inuit	3
Autre réponse (préciser)	77
NSP/PDR.....	99

FN2

If First Nations

If... FN1 = 1

Habitez-vous normalement dans une réserve pendant plus de six mois durant l'année?

Oui	1
-----------	---

Non	2
NSP/PDR.....	9

HEMP

Laquelle des catégories suivantes décrit le mieux votre situation d'emploi actuelle?

<demander d'abord au répondant s'il a un emploi, et poursuivre>

Travailleur autonome	1
Employé(e) à temps plein (35 heures par semaine ou plus).....	2
Employé(e) à temps partiel (moins de 35 heures par semaine)	3
Sans emploi, mais à la recherche d'un emploi.....	4
Étudiant(e) à temps plein	5
Retraité(e).....	6
Absent(e) du marché du travail (au foyer, sans emploi et n'en recherchant pas)	7
Autre réponse (veuillez préciser).....	77
Je ne sais pas/Pas de réponse.....	99

EDUC

Quel est le plus haut niveau de scolarité que vous avez atteint?

Moins qu'un diplôme d'études secondaires ou l'équivalent (ne pas lire réponse spontanée).....	1
Diplôme d'études secondaires ou l'équivalent.....	2
Apprentissage enregistré ou diplôme ou certificat d'une école de métiers	3
Diplôme d'études collégiales (p. ex., CEGEP), ou certificat ou diplôme non universitaire	4
Grade, certificat ou diplôme universitaire	5
Je ne sais pas/Pas de réponse.....	99

INC

Quel est votre revenu FAMILIAL toutes sources combinées, avant impôts?

<20,000\$.....	1
20,000\$-39,999\$.....	2
40,000\$-59,999\$.....	4
60,000\$-79,999\$.....	6
80,000\$-99,999\$.....	7
100,000\$-149,999\$.....	8
150,000\$ ou plus.....	9
Je ne sais pas/Pas de réponse.....	99

HSEX

NE PAS DEMANDER - SI INCERTAIN, DEMANDER : Ceci termine le sondage, mais j'ai besoin de confirmer votre sexe, vous êtes..? Incrire le sexe du répondant

- Homme..... 1
- Femme 2
- Transsexuel(le) 3

THNK

Merci beaucoup d'avoir pris le temps de répondre à notre sondage.

APPENDIX B
RESPONSE RATE

RDD General Public Sample

Collected from March 1-19

Call disposition table		
Final disposition	#	Totals
Unused	4	
A Invalid numbers		709
BC - Blocked by Bell	98	
BU - Business/Fax /Modem	433	
DU - Duplicate Number	16	
NF - Invalid Number	162	
B Unresolved		7304
AM - Callback in 2 hrs	5162	
AP - Callback - Specific time/date	215	
FR - French Household	57	
Incomplete	0	
NA - Callback in 12 hrs	1870	
D Ineligible		313
IG - Ineligible	39	
LN - Language Barrier	272	
QF - Quota Filled	2	
E Non-responding, eligible		1826
IR - Incomplete Refusals	152	
RF - Refusal	1662	
UN - Unavailable within Project Timeframe	12	
F Completed interviews		1378
Complete	1378	
TOTALS	11533	11533

Response rate table

Method (MRIA formulas)	Outcome	
Empirical method	Response rate	15.6 %
Estimation method	Eligibility rate	91.1 %

Probit Sample (Youth, Born Outside Canada, Aboriginal, CPO)

Collected from March 1-19

Call disposition table		
Final disposition	#	Totals
Unused		12
A Invalid numbers		264
	BC - Blocked by Bell	4
	BU - Business/Fax /Modem	19
	DU - Duplicate Number	9
	NF - Invalid Number	232
B Unresolved		1969
	AM - Callback in 2 hrs	1504
	AP - Callback - Specific time/date	151
	FR - French Household	4
	Incomplete	0
	NA - Callback in 12 hrs	310
D Ineligible		28
	IG - Ineligible	19
	LN - Language Barrier	2
	QF - Quota Filled	7
E Non-responding, eligible		249
	IR - Incomplete Refusals	23
	RF - Refusal	209
	UN - Unavailable within Project Timeframe	17
F Completed interviews		629
	Complete	629
TOTALS		3139

Response rate table

<u>Method (MRIA formulas)</u>	Outcome	
Empirical method	Response rate	22.9 %
Estimation method	Eligibility rate	96.9 %

First Nations On-Reserve Targeted Sample

Collected from March 1-May 1

Call disposition table		
Final disposition	#	Totals
Unused	0	
A Invalid numbers		71
BC - Blocked by Bell	8	
BU - Business/Fax /Modem	45	
DU - Duplicate Number	3	
NF - Invalid Number	15	
B Unresolved		2511
AM - Callback in 2 hrs	1746	
AP - Callback - Specific time/date	68	
FR - French Household	4	
Incomplete	0	
NA - Callback in 12 hrs	689	
D Ineligible		201
IG - Ineligible	174	
LN - Language Barrier	24	
QF - Quota Filled	3	
E Non-responding, eligible		784
IR - Incomplete Refusals	18	
RF - Refusal	758	
UN - Unavailable within Project Timeframe	8	
F Completed interviews		78
Complete	78	
TOTALS	3645	3645

Response rate table

Method (MRIA formulas)	Outcome	
Empirical method	Response rate	7.8 %
Estimation method	Eligibility rate	81.1 %

Inuit Targeted Sample

Collected from March 1- May 1

Call disposition table		
Final disposition	#	Totals
Unused		1475
A Invalid numbers		101
	BC - Blocked by Bell	0
	BU - Business/Fax /Modem	46
	DU - Duplicate Number	1
	NF - Invalid Number	54
B Unresolved		2589
	AM - Callback in 2 hrs	1715
	AP - Callback - Specific time/date	69
	ICR - Inuktitut Call Request	83
	Incomplete	1
	NA - Callback in 12 hrs	718
	ON - Will go Online to Complete Survey	2
D Ineligible		167
	IG - Ineligible	104
	LN - Language Barrier	62
	QF - Quota Filled	1
E Non-responding, eligible		525
	IR - Incomplete Refusals	19
	RF - Refusal	499
	UN - Unavailable within Project Timeframe	7
F Completed interviews		103
	Complete	103
TOTALS		3485

Response rate table

Method (MRIA formulas)	Outcome	
Empirical method	Response rate	8.0 %
Estimation method	Eligibility rate	79.0 %