

# How well is HIV and the risk of transmission understood among the general public? How does it affect attitudes and behaviours towards people living with HIV?



Katie Short<sup>1</sup>, Duncan Short PhD<sup>2</sup>

Poster P114: British HIV Association Conference.  
20-22 April 2022, Manchester, UK.

<sup>1</sup> Idsall School Sixth Form, Shifnal, Shropshire. <sup>2</sup> No affiliation\*

## Background

This research was submitted for an **Extended Project Qualification (EPQ) as part of my Sixth Form studies**. The EPQ is an optional standalone qualification taken in addition to A-levels. It is designed to develop project management skills, research methods experience and extended writing. It is recognised on University applications.

I chose to complete an EPQ because one of the A-levels I am studying is Psychology and this includes a large **Research Methods module**. This covers research theory, including interviewing and surveys. I wanted to experience these as I hope to study Psychology at University.

I chose **HIV and stigma as a topic** because I watched a really moving BBC documentary called **'HIV And Me'** that featured the former rugby star Gareth Thomas. The programme was about his fears and experiences about sharing his HIV diagnosis. I understood how the stigma of HIV can impact someone's life, so I wanted to focus my project on misunderstandings of HIV and people's attitudes and likely behaviours.

## Methods

1) A **cross sectional online survey** was made available to complete between 28<sup>th</sup> March 2021 and 10<sup>th</sup> April 2021. I ended the survey when I had no more responses for 8 days.

A convenience sample approach was used. I created a Google Forms survey that was shared with other pupils and teachers. I also put a link to my survey on various social media platforms (local Facebook community page, personal Snapchat and Instagram).

2) I conducted **semi-structured telephone interviews** among a convenience sample of people I knew from different situations, including family, parents of friends and fellow Sixth Form pupils. Interviews were audio recorded on my iPhone and transcribed. Responses were categorised to identify sub themes.

Data collection was limited to remote methods due to COVID-19.

## Results

### Survey results

166 survey responses were received from people aged 15-83 years: 68% were female; 22% were aged 16-17, 73% were aged 18-64.

Multiple misunderstandings were highlighted by the survey regarding possible **sources of HIV transmission** including:

- Kissing (33.1%)
- Sharing toilets (13.3%)
- Sharing cups/mugs (18.1%)
- Coughing/sneezing (19.3%)
- Swimming (11.4%)
- Hugging (6.0%)

My survey further highlighted multiple stigmatising or discriminatory views including the perception of that certain **jobs "...would NOT be appropriate for someone to do if they are HIV positive?"**.

Results included:

- Surgeon (30.1%)
- Dentist (24.1%)
- Paramedic (20.5%)
- Chef (15.1%)
- General practitioner (11.4%)
- Childminder (7.2%)
- Hairdresser (6.0%)
- Tattoo artist (16.9%)
- Cleaner (6%)

18.1% reported *"unwilling to dine in a restaurant with a chef who was HIV positive"*.

Many responses indicated that **"People living with HIV should have to disclose their HIV status"** in certain situations, including:

- Applying to move into shared accommodation (17.5%)
- Playing contact sports (27.1%)
- Booking a dentist appointment (47.6%)
- When applying for a job (13.3%)
- When booking a hotel room (4.8%)
- When working closely with/alongside colleagues (12.7%)

37.3% reported some **likelihood of choosing to avoid contact** with someone who was HIV+.

41.6% reported a likely degree of **discomfort working with someone** because they were HIV+.

62% of respondents thought it was 'false' that people *"who take effective HIV medicine as prescribed can present 0% risk of HIV transmission"*.

- 3% had heard of the **U=U campaign**
- 13.3% had heard of **'Tackle HIV'**.

### Qualitative results

**Nine qualitative interviews** were conducted. No respondents reported knowing anyone living with HIV.

Participants **initially described themselves as understanding of HIV and accepting of PLHIV**, yet in all but one case, there was an **almost immediate expression of stigmatising, judgemental and/or discriminatory views**, as hypothetical interaction scenarios with a person living with HIV were discussed.

*"I would make sure that drinking out of the same bottle didn't happen"*

PLHIV were frequently referred to during interviews in highly negative ways including as being *"immoral"* or in one case as *"offenders"*.

No interviewees referred directly to women and all interviewees referred interchangeably at times between PLHIV and gay men. Homophobic views were frequently expressed.

Several respondents said they **didn't consider it possible their family could be directly impacted** by HIV.

*"They're not that way inclined"*.

Hypothetical scenarios highlighted a **likely rejection from existing relationships and friendships** if a new diagnosis was known.

*"I would keep out of their friendship, I would be annoyed"*.

**Discriminatory views** highlighted by the survey **relating to jobs** were more common in the interviews with high levels of disapproval shared.

Re: PLHIV working in healthcare:

*"I think someone as intelligent as that shouldn't be carrying (HIV)"*

*"if I found out my dentist had it, I would change dentists"*

One interviewee said, they would change GP, surgeon or physiotherapist if they were HIV+ *"because they are hands on"*.

I ended all interviews by outlining the **U=U** message and asking for the individuals' thoughts. There was a general disbelief and mistrust of this message.

## Conclusion

Both my survey and my interviews highlighted knowledge gaps and misunderstandings regarding HIV and transmission. Judgemental views, stigmatising attitudes and likely discriminatory behaviours were expressed regarding HIV and PLHIV.

Approaches to address these issues and change such views may be more difficult because of the depth of beliefs held, including how individuals considered themselves already *'accepting'* and *'understanding'* regarding HIV and PLWHIV, and a seeming resistance to consider new information.

**Contact details: [katieshortEPQ@gmail.com](mailto:katieshortEPQ@gmail.com)**

\* DS (my Dad) provided guidance and support. KS was responsible for and conducted all research activities. DS is an employee of ViiV Healthcare. His help was independent of his employment.