



# Attitudes to HIV among 12-18 year olds in London

Summary of key findings

August 2010

## Introduction

Body and Soul is a London-based charity which supports children, teenagers and families living with or closely affected by HIV. It also works to tackle the widespread stigma and prejudice which forces many people who are HIV positive to live in isolation. In order to find out more about current levels of knowledge and attitudes to HIV among young people, Body and Soul commissioned OPM, an independent public interest company, to undertake primary research with young people aged 12 to 18 in London. This included a questionnaire-based survey of 508 young people and six focus groups with young people aged 13 to 15.

This summary report highlights the key findings from the research:

### 1. Knowledge about how HIV can be transmitted

Overall the majority of young people surveyed correctly identified the ways in which a person *can* get HIV:

- Over 9 in 10 young people knew that HIV could be transmitted through **unsafe sex**;
- 85 per cent of young people knew that HIV could be transmitted through receiving an infected **blood transfusion** and 84 percent identified **unsterilised needles** as a means of transmission;
- However, fewer young people – 76 per cent - correctly identified HIV being passed from a **mother to her baby** as a means of transmission. Importantly, girls were significantly more likely than boys to be *unsure* as to whether HIV could be passed from a mother to her baby.

### 2. Knowledge about how HIV cannot be transmitted

The majority of young people correctly identified ways it is *not* possible to get HIV. However, a significant minority incorrectly believed that it is either possible to get HIV in ways you can't, or were unsure:

- While 69 per cent of young people knew they couldn't get HIV by **kissing** someone who was HIV positive, 31 per cent either believed kissing was a means of transmission or were unsure;
- 81 per cent knew that they could not get HIV by **sharing a cup** with someone who was HIV positive. However, just under one in five of the young people consulted either believed it was possible to get HIV this way, or were not sure;
- 85 per cent were aware that it is not possible to get HIV through **sharing a meal** and 91 per cent knew that **shaking hands** with someone who is HIV positive is not a possible means of transmission.

### 3. Behaviour towards people who are HIV positive

Despite the majority of young people knowing that HIV cannot be transmitted through kissing or sharing a cup, this knowledge was not consistently reflected in their intended behaviours towards people who are HIV positive. The research highlighted a contradiction between what young people knew and how they said they would behave.

- While 81 per cent of young people knew that HIV could not be transmitted by **sharing a cup**, only 27 per cent of them went on to say that they would drink from the same cup as someone who they knew was HIV positive.
- Likewise, while 69 per cent of young people knew they could not get HIV by **kissing**, only 24 per cent of them went on to say they would kiss someone who they knew was HIV positive.
- Even some of the youngest people in the sample – 12 and 13 year olds – said they would not share a cup with, shake hands with or kiss someone who they knew was HIV positive, even if they knew it was not possible to get HIV that way. Crucially, this shows that HIV-related stigma starts at an **early age**.
- However, the research also suggests that the occurrence of contradictions between knowledge and behaviour **increases with age**: the older the person, the more likely the contradiction between their knowledge and behaviour. For example, While 46 per cent of 12 to 13 year olds would not share a cup with someone who has HIV despite knowing that HIV cannot be transmitted in this way, 54 per cent of 14 to 15 year olds and 61 per cent of 17 to 18 year olds demonstrate this same contradiction.
- 76 per cent of young people said they would **remain friends** with someone who was HIV positive compared to only 11 per cent who would not. Girls were significantly *more likely* than boys to say that they *would* remain friends with someone with HIV. However, remaining friends with someone who was HIV positive was accompanied by the perceived need for strict conditions to be imposed on the friendship – including no sleepovers or sharing of personal belongings.

#### 4. Explaining the difference between knowledge and behaviours

These contradictions between knowledge and intended behaviour appear to stem from the fact that although young people tended to know the ‘headline’ facts about HIV transmission, they imagined situations where these facts might not apply.

- While knowledge of the ‘headline’ facts, for example that you can’t get HIV by shaking hands, encouraged young people to feel that HIV transmission in this way was *unlikely*, it did not seem to convince them that it was *impossible*. Therefore, many continued to believe that there was still an **element of risk**.
- As such, young people tended to develop imaginary scenarios based on a series of ‘**what ifs...**’ which they believed might heighten the risk of transmission. For example, ‘what if both people have cuts on their hands when they shake hands?’, or ‘what if you kiss someone every day and there is a build up of saliva over a period of time?’
- Coupled with the tendency of the young people consulted to view HIV as a **death sentence**, young people seemed in many cases to have decided that the risk associated with physical contact with someone who was HIV positive – however small – was not worth taking.

In addition to the perceived risk of getting HIV themselves, young people were also concerned that there would be an emotional strain associated with being close to someone who has HIV, as well as a risk of stigma by association. These concerns again appeared to impact on the young people’s intended behaviour with people who are HIV positive.

- Partly due to the strict conditions young people felt they would need to impose on a friendship with someone with HIV, they were concerned that time with that person would

**not be much fun** and could actually be a burden. This was compounded by the belief that they would need to treat a friend with HIV more 'delicately' due to their perceived vulnerability, which would also limit the things they could do together. Young people said they would also be worried about the other person dying and the distress this would cause.

- Some young people also said they would feel **embarrassed and awkward** if they found out that a friend had HIV, with these feelings stemming from an uncertainty over how best to approach the subject with their friend and concern that they might annoy their friend if they treated them differently.
- Young people were also conscious of what they perceived to be the social risks of associating themselves with people who have HIV. As well as being treated differently just by dint of having HIV and the fear of getting HIV that this engenders, young people were also well aware that both themselves and other people may make **moral judgements** about people with HIV, specifically around the lifestyles they associated with HIV, including drug use and promiscuity. Importantly, when talking about their own moral judgements about people who are HIV positive, young people were clear that it is not HIV itself that invites moral judgement but rather the way in which the person contracted HIV. In other words, stigma through association is not only about stigma related directly to HIV but also stigma related to other aspects of identity such as lifestyle choice.
- As such, findings also suggest that young people tend to equate physical distance with protection, both literally and figuratively. As well as being cautious about physical contact they also appeared to distance themselves mentally from people with HIV through a process of **'othering'** them: imagining they are very different to themselves. In particular that they either live in developing countries and are therefore far away, or have got HIV through 'bad' lifestyle choices – doing things which they would never choose to do themselves.

## 5. Appetite for more information

Importantly, this study has revealed a strong appetite for more information about HIV among young people and recognition by many that they do not currently know enough.

- While 57 per cent of the young people felt that they had already been given enough information, 41 per cent felt they had received **too little information** on HIV. Girls were more likely than boys to say that they had not received enough information. Hardly any respondents felt that they had received too much information about HIV.
- Whether or not young people felt they knew enough about HIV was also dependent on whether they had been **taught about HIV at school**. 79 per cent of those who said they had *not* been taught about HIV in school said they knew too little compared to 27 per cent of those who said they had been taught about HIV. However, this still means that of those who said they had been taught about HIV, over a quarter still felt they had been given too little information.
- Young people tended to feel that teachers were the most trustworthy source of information on HIV, suggesting that schools are a good route of communicating with young people on the topic. Communication by teachers also appears to have the **potential to achieve impact**: those who said they had been taught about HIV in school not only had higher levels of knowledge about how HIV is transmitted but also – to some extent - appeared to be less prejudiced towards people with HIV. For example,

respondents who said they *had* been taught about HIV in school were more likely to say they would stay friends with someone who was HIV positive and drink from the same cup as them. However interestingly they were just as likely as other young people to not want to kiss someone who was HIV positive.

- Importantly, almost 1 in 3 of the young people consulted said they had either **not been taught** about HIV in their school, or did not know if they had.
- However, while respondents who said they had been taught about HIV in school were more likely to say they would behave positively towards someone with HIV compared to those who said they had not been taught about HIV, a larger proportion still gave negative rather than positive responses. For example, 56 per cent of young people who said they had been taught about HIV in school still said they would *not* drink from the same cup as someone who was HIV positive. This suggests that while being taught about HIV in school certainly seems to reduce prejudiced attitudes, it **currently only goes some way** in achieving this.