Canadians' Awareness, Knowledge and Attitudes Related to Sexually Transmitted and Blood-Borne Infections

2018 Findings Report

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SUMMARY

The 2018 survey asks Canadians questions about awareness, knowledge, attitudes, and behaviours related to Sexually Transmitted and Blood-Borne Infections (STBBI). To some extent, the survey builds on previous surveys commissioned by the Public Health Agency of Canada in 2003, 2006, and 2012, although most of the current survey has been redesigned to align with current program objectives. Evidence gathered through this survey is intended to enhance the capacity of all players to contribute to reduce the health impact of STBBI in Canada by 2030.

The survey size of 2,452 cases was sampled nationally from all provinces and territories. It was largely administered by telephone, including 22 per cent completed by cell telephone with a sample of cell phone only households drawn randomly from our randomly pre-recruited panel of Canadians (Prob*it*). Six per cent of the total sample was administered online with youth under 25 because of difficulties in obtaining the desired number of completions with youth by telephone with a 24 minute interview. The survey was collected in February and March 2018. The sample was weighted to population proportions for age, gender, and region.

Hepatitis C

Canadians identified many possible factors and conditions that would increase a person's risk of contracting hepatitis C (Table 4). One in four said that they do not know what the risk factors are, and the same proportion could not identify segments of the population at greater risk, illustrating uncertain knowledge of the conditions of contracting hepatitis C. Roughly one in five pointed to each of sharing of needles, unprotected sexual intercourse, and contaminated food and beverages as risk factors. One in ten cited blood transfusions in a country where hepatitis C is common. In terms of segments in Canadian society who are higher risk of contracting hepatitis C, injection drug users and younger Canadians were cited most often, according to 23 and 17 per cent, respectively (Table 5). Eight in ten Canadians understand that many people living with hepatitis C do not know they have it (Chart 3). Nearly as many realize that a blood test is the only way to know if you have contracted hepatitis C. Only one in five Canadians believe that people in their age group are more likely to have or contract hepatitis C; however, this rises to one in three among those under 34. Just over half believe that there is a vaccine available to prevent someone from getting hepatitis C (Chart 6), and three in ten Canadians believe there is a cure for hepatitis C (Chart 5). By comparison, two-thirds of Canadians understand there is a vaccine available to prevent someone from getting hepatitis B (Chart 6).

Most Canadians are aware that they do not have a solid understanding of hepatitis C (or B), with only one in four rating their own knowledge as high, while just over one in three rate themselves as only moderately knowledgeable and the same proportion rate their knowledge as low (Chart 1).

All but a small proportion of 10 to 11 per cent of Canadians believe that their risk of contracting either hepatitis B or C is low. Eight per cent, however, believe that they are at moderate risk, and two to three per cent believe that their risk of contracting either of these is high (Chart 2). Among the vast majority of who rate their personal risk of contracting hepatitis C as low, reasons, cited by about one in five each, include having a single sexual partner, the fact that they do not use drugs, little exposure to people or places associated with hepatitis C, and that they feel they are knowledgeable about the risks associated with contracting hepatitis C (Table 8). Higher perception of risk is most often related to higher risk occupations, higher exposure to people and places associated with the illness and higher frequency of travel (Tables 9, 10). Comfort around hepatitis C is relatively high with seven in ten saying they would be somewhat or very comfortable working around or having casual contact with someone who is living with hepatitis C (Chart 4).

HIV

Most Canadians can name at least one risk factor or condition associated with risk of contracting HIV. Six in ten identified unprotected intercourse or oral sex, and more than four in ten cited sharing of needles and other equipment for injection drug use (Table 11). One-quarter identified blood to blood contact. Segments in Canadian society perceived to be at higher risk of contracting HIV include people who inject drugs (cited by one in three), gay and bisexual men (one in four), youth (one in five), or people who have unprotected sex (one in six), or sex trade workers (one in ten) (Table 12). More than three in four Canadians understand there is no cure or vaccine for HIV (Chart 7). More than half of Canadians, however, rate HIV treatments as effective in helping people with the disease lead long and normal lives, and another one in three believe treatments to be moderately effective (Chart 8).

Perceived knowledge about HIV is moderately high among Canadians with just over four in ten (44 per cent) rating their knowledge as high (Chart 1). Just over one in three rate themselves as moderately knowledgeable and one in five say their knowledge is low. One-quarter believe that a person who has HIV and is on treatment can reduce the amount of virus in their body so they can not transmit the virus to others (Chart 9).

Only a small segment feels they have a moderate to high risk (six per cent) of contracting HIV (Chart 2). Among the large majority believing their risk to be low, more than one in three attribute this to having a single partner, and another one in five cite their lack of drug use (Table 13). Roughly one in ten said they are not sexually active, feel their exposure to people and

places is generally low, they are sufficiently knowledgeable about how to avoid or reduce their risk, or that their safe sexual practices keep their risk of contracting HIV low. Reasons for perception of higher risk are largely driven by higher risk occupations, having multiple partners, or simply being sexually active and lacking control of all situations (Tables 14, 15).

Nearly all Canadians (94 per cent) feel it is the responsibility of people living with HIV to tell sexual partners that they have it (Chart 9). Considerably fewer (six in ten) believe it is the responsibility of people living with HIV to share this information with friends, family, co-workers or others. A relatively small proportion of Canadians (just under one in six) are afraid of catching HIV when they know they are near someone living with HIV. The majority of Canadians believe they would be comfortable enough to use the services of individuals who are HIV positive, depending on the role of the individual. Two-thirds say they would be comfortable to use a hairstylist or barber who is HIV positive, while half would use the services of a dentist or doctor who is HIV positive (Chart 10).

Sexually Transmitted Infections

Knowledge of sexually transmitted infections (STIs) among Canadians is moderately high (Chart 1). Nearly nine in ten are aware that pregnant women with syphilis can pass on their infection to newborns if left untreated (Chart 11). Roughly two-thirds understand that gonorrhoea is becoming resistant to antibiotic treatment and a similar proportion are aware that chlamydia is curable. Perceived knowledge about STIs is similar with four in ten rating their knowledge as high. Just over one in three rate themselves as moderately knowledgeable and just over one in five saying their knowledge is low.

Most Canadians (three in four) believe that both parties in a sexual partnership should bear equal responsibility for preventing the transmission of STIs and blood-borne infections (Chart 12).

Information Sources

Canadians appear comfortable discussing STIs with a range of sources. Nine in ten would be comfortable seeking information from a health care professional, while eight in ten would be comfortable in consulting an AIDS/hepatitis C organization, or searching anonymously for the information online (Chart 13). Nearly three in four are comfortable discussing HIV, hepatitis C, or other STBBI with a person living with an STI, a pharmacist, or a community-based organization. Over half of Canadians would be comfortable seeking information from personal connection such as a friend or family.

Sexual Activity and Testing

According to survey results and keeping in mind the age of respondents is 16 or older, one in ten Canadians has been sexually active with more than one partner over the previous 12 months (Chart 16). A similar proportion have been sexually active with a casual partner with whom they were not in a regular relationship. Of these respondents, one-third claimed that they used condoms in all of their sexual encounters, while a similar amount used a condom 'most' of the time (Chart 17). One in six used a condom just some of the time or not at all.

There is modest use of STBBI testing, with half of respondents in the survey saying that they have never been tested for an STBBI (Chart 20). Among those who reported testing, just over half (or one in four across the full sample) have had testing performed in the last five years (Chart 21). Six in ten Canadians believe that asking about testing should be a responsibility that is equally shared by the individual and the health care provider (Chart 15).

The contract value for the POR project is $183,048.70 (including HST).

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Political Neutrality Certification

This certification is to be submitted with the final report submitted to the Project Authority.

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research.
Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by: Susan Galley (Vice President)

1. Introduction

1.1 Context and Rationale

In Canada, the number of newly diagnosed HIV and HCV infections has remained relatively stable nationally in recent years, though there are variations at the regional level and among specific communities. In contrast, the numbers of newly diagnosed chlamydia, gonorrhea, and syphilis infections have increased consistently since the mid-1990s, despite numerous public health interventions designed to prevent, diagnose and treat these infections. A range of social, epidemiological, and other factors contribute to trends in sexually transmitted and blood-borne infections (STBBI) rates in Canada.

Scientific research has also offered us a better understanding of disease transmission and risk factors and as a result, new tools are available to prevent, diagnose, and treat STBBI, and to provide support to those managing chronic infections. Despite these advances, STBBI remain a significant public health concern in Canada even though they are largely preventable, treatable, and in many cases, curable. Stigma and discrimination are known barriers to STBBI prevention, testing and treatment and are linked to knowledge, attitudes, and awareness.

Canada has endorsed the United Nations' Sustainable Development Goals, as well as the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization's (WHO) global health sector strategies to address HIV, viral hepatitis, and sexually transmitted infections (STIs) which call on countries to work towards the elimination of STBBI as a public health concern by 2030.

Canada's progress towards global targets will be guided by the Pan-Canadian STBBI Framework for Action, released following approval at the June 2018 federal, provincial and territorial health ministers meeting. PHAC led the development of the Pan-Canadian Framework, in consultation with a wide range of stakeholders. The Pan-Canadian STBBI Framework for Action emphasizes an integrated approach to address common transmission routes, risk behaviours, affected populations, and social determinants of health among STBBI.

In 2003 and 2006, national attitudinal surveys on HIV/AIDS were conducted to establish baseline measures of Canadians' awareness, knowledge, attitudes, and behaviours related to HIV/AIDS. In 2012, a section to explore attitudes, knowledge, and behaviours of Canadians on the issue of hepatitis C was also included.

The 2018 survey asks Canadians questions about awareness, knowledge, attitudes, and behaviours related to STBBI. To some extent, the survey builds on previous surveys commissioned by the Public Health Agency of Canada in 2003, 2006, and 2012, although most of the current survey has been redesigned to align with current program objectives. Evidence gathered through this survey is intended to enhance the capacity of all players to contribute to reduce the health impact of STBBI in Canada by 2030.

Specific research objectives of the survey included:

- Assessing the level of awareness and knowledge of sexually transmitted infections, including HIV and hepatitis C (e.g., prevention risk factors, transmission, treatment, linkage to care, etc.);
- Assessing the perceived risk of acquiring Sexually Transmitted Infections (STIs), HIV, and hepatitis C; and,
- Identifying STIs, HIV, and hepatitis C testing behaviours and understanding barriers to screening, including stigma.

1.2 METHODOLOGY

Respondents to the telephone survey were 16 years of age and older, and were randomly selected. The sample included all provinces and territories, and the survey was administered in English and French. The survey sample relied on a random digit dial (RDD) method of sampling households from a wider sample frame of listed and unlisted landlines in Canada and is therefore considered to be a probability sample that is representative of the wider population (exclusive of households with only cell phones). The number of total interviews in the sample is 2,452, with an associated margin of error of up to plus or minus 2.3 per cent, at a .05 confidence interval (i.e., 19 times out of 20). This includes 1,762 completed using a random digit dial telephone sample.

In addition, a subset of 22 per cent of the sample was completed with Canadians who own only a mobile telephone and not a landline (i.e. cell phone only individuals) to increase the representativeness of the sample[1]. These cell phone only cases (n=541 of the total 2,452) were confirmed as cell phone only Canadians at the start of the survey. The cell phone only sample was drawn from Prob*it,* our online-hybrid panel of Canadians. Prob*it* is assembled using a random digit dial process for sampling from a blended land-line cell-phone frame, which provides full coverage of Canadians with telephone access. The distribution of the recruitment process is meant to mirror

[1] Current Statistics Canada estimates are that 21 per cent of Canadians do not have a telephone landline and are considered to be “cell phone only”.

the actual population in Canada (as defined by Statistics Canada). As such, our more than 90,000 member panel can be considered representative of the general public in Canada (meaning that the incidence of a given target population within our panel very closely resembles the public at large) and margins of error can be applied. All households/individuals in the Prob*it* panel are contacted by telephone and the nature of the panel is explained in greater detail (as are our privacy policies) and demographic information is collected. At this time, the online/offline as well as landline/cell phone status is ascertained in order to determine the method of completing surveys (i.e., online, telephone, or mail). This variable of 'type of telephone service' (cell phone only, landline only or both) collected at the time of screening is used to determine cell phone only sample. As with any RDD sample, Prob*it* panel cases are considered to be a probability-based sample. The total cell phone only sample carries with it a margin of error of plus or minus 5.7 per cent, at a .05 confidence interval (i.e., 19 times out of 20). An additional 149 cases were completed online among youth under 25 years of age, drawing sample from the Prob*it* panel.

The questionnaire was designed in close consultation with the Public Health Agency of Canada, in part on the basis of previous iterations of the survey, although most of the questions were altered to some extent. The average length of the interview following the testing was 24 minutes. Prior to conducting the survey, the instrument was tested by telephone with 50 cases (40 in English and 10 cases in French). Following testing, a number of questions were removed in order to reduce the survey length. These cases were subsequently included in the analysis.

Prior to beginning the full fieldwork, the study objectives and sampling of the survey, as well as the meaning and intent of specific items in the interview were thoroughly covered in training sessions with the full complement of interviewers who worked on the study. Test or practice interviews were conducted to familiarize interviewers with the questions, categories, flow, and skip logic.

Survey supervisors continuously monitored interviewing during the data collection process, using a dual audio and visual monitoring system. A portion of interviews from each survey interviewer were monitored to ensure consistency of questionnaire administration and interviewing techniques.

The landline sample for this study was derived from Survey Sample Software. The last birthday method was used to select the respondent from within the sampled household. If this person was under 16, we asked to speak to another member of the household who was 16 years or older.

Eight call-backs (nine total calls) were made to each selected household in the original sample before retiring a case and substituting another household. Follow-up calls were made on subsequent days, at varying time periods to maximize the potential for reaching a given respondent

and appointments were taken at the convenience of the respondent. All individuals were given the choice of conducting the interview in either official language. The survey was conducted over one month between February 22 and March 18, 2018. Call-backs were rotated over weekday evenings and weekends during that time. The response rate for the RDD telephone portion of the sample was 6.3 per cent. For the cell phone only portion of the sample, relying on panel sample, the participation rate was 28.8 per cent.

The survey was registered with the National Survey Registration System. Survey data collection adhered to Government of Canada standard for public opinion research, as well as all applicable industry standards as set out by the Market Research Intelligence Agency, of which EKOS is a Gold Seal member. EKOS informed respondents of their rights under the *Privacy Act* and the *Access to Information Act*, and ensured that those rights were protected throughout the research process. This included: informing respondents of the purpose of the research; identifying both the sponsoring department and the research supplier; informing respondents that their participation in the study is voluntary, and that the information provided would be administered according to the requirements of the *Privacy Act*.

Once the survey data was collected, the database was reviewed for data quality. Coding was also completed, starting after the first 500 cases and completed following the completion of the survey collection period. New in terms of administration of the survey items with semi-open categories, categories were not made available to interviewers during the data collection process for some sensitive questions, but were merely used at the coding stage of the work. Therefore, there may be differences in the distribution of results in these questions that are attributable to the method of administration of the question rather than a change in actual responses from the public.

Data tables were created to isolate results for major subgroups to be used in the analysis (e.g., results for each age segment, gender, education segment, income segment, region, as well as among households with children under 18 and those born outside of Canada).

The database was reviewed following data collection for data quality, outliers, coding requirements, weighting and construction of independent variables, and was used to explore sub-group patterns (e.g., by age, gender, and so on) in the analysis. Weighting of the sample was based on population parameters according to the latest census on age, gender, and region of the country.

The following table presents a profile for the sample. This includes the unweighted distribution of demographic characteristics related to region, gender, and age (used in weighting the data), and weighted distribution for current household composition, ethnicity, minority groups,

whether they were born in Canada, and years since arriving in Canada for those born outside of Canada, level of education and annual household income.

Table 1: Demographic Table

Table 1a: Province / Territory (unweighted)

--	Total
n=	*2452*
British Columbia	11%
Alberta	11%
Saskatchewan and Manitoba	8%
Ontario	32%
Quebec	30%
Atlantic	8%
Territories	1%

Table 1b: Gender (unweighted)

--	Total
Male	46%
Female	53%
Prefer not to say/self-identify	1%

Table 1c: Age (unweighted)

--	Total
16-24	13%
25-34	12%
35-44	14%
45-54	18%
55-64	24%
65 up	19%

Table 1d: Household Composition

--	Total
n=	*2445*
One person, living alone	22%
Single, with child/children	5%
A married or common-law couple, without children	26%
A married or common-law couple, with children	30%
Single, without children, living with roommate(s)	6%
Single, without children, living with family/ parents	9%
Single, with childlren, living with family	0%

--	Total
Married with adult children in home	0%
In a relationship, no child(ren), living with family	0%
Other (specify)	0%
Don't know/No response	1%

Table 1e: Member of an ethnic or cultural group(s)

--	Total
Yes	27%
No	73%
Don't know/No response	1%

Table 1f: Ethnic Group

--	Total
n=	*608*
British	17%
Eastern European	12%
Other Western European	10%
Southeast Asian	10%
South Asian	9%
French (includes Canadian Francophones)	8%
South European	7%
African	7%
Latin American	6%
Native American/Indigenous	6%
American (general mention)	5%
Scandinavian	3%
Arabic	3%
West Asian	1%
Oceania	1%
Other	4%
None	4%
Don't know/No response	2%

Table 1g: Minority Group

--	Total
n=	2452
A member of a visible minority	10%
A person with a disability	8%
Lesbian, Gay, Bisexual, Transgendered, Queer, Two-Spirit	7%
An Indigenous person	3%
None	74%
Don't know/No response	1%

Table 1h: Born in Canada

--	Total
Yes	82%
No	18%

Table 1i: Years lived in Canada

--	Total
n=	402
Less than 5 years	13%
5-9 years	11%
10-19 years	21%
20-29 years	15%
30 or more years	40%

Table 1j: Level of education completed

--	Total
n=	2452
Grade 8 or less	1%
Some high school	7%
High school diploma or equivalent	18%
Registered Apprenticeship or other trades certificate or diploma	4%
College, CEGEP or other non-university certificate or diploma	24%
University certificate or diploma below bachelor's level	7%
Bachelor's degree	23%
Post graduate degree above bachelor's level	15%
Prefer not to say	1%

Table 1k: Annual household income

--	Total
<$20,000	8%
$20,000-$39,999	13%
$40,000-$59,999	14%
$60,000-$79,999	11%
$80,000-$99,999	10%
$100,000-$149,999	16%
$150,000 or more	12%
Don't know/No response	17%

It is useful for the reader to understand in thinking about differences among those under 25, that two in three of these cases were collected online (208 of 314) in order to achieve sample targets in a longer than average interview. Therefore, differences among youth compared with older age cohorts need to be considered in terms of possible mode effects. Differences that are likely attributable – at least in part – to mode have been flagged throughout the report.

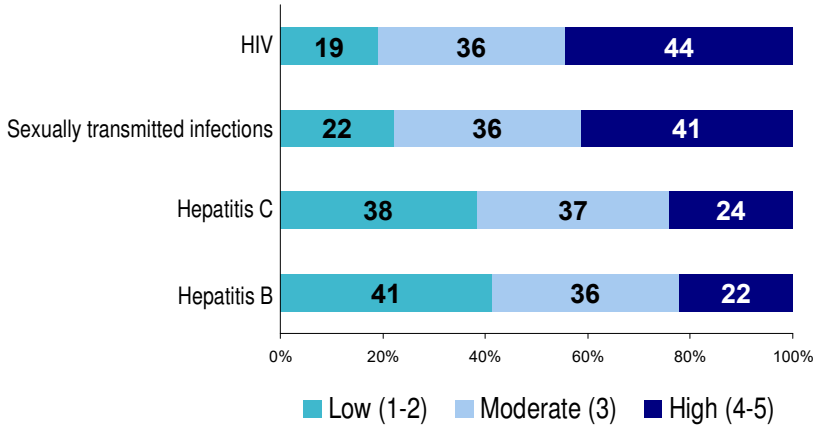
2. FINDINGS

2.1 KNOWLEDGE AND RISK OF SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS

Respondents were asked to rate their level of knowledge of four sexually transmitted and blood-borne infections (STBBI). Self-reported knowledge is relatively modest, with less than half indicating they are knowledgeable about HIV (44 per cent) or sexually transmitted infections such as gonorrhea, chlamydia, or syphilis (41 per cent). Roughly one-quarter said they feel knowledgeable about hepatitis C (24 per cent) or hepatitis B (22 per cent). Self-reported knowledge about HIV and hepatitis C seems roughly similar to that reported in a 2012 iteration of the survey, when a similar question was asked, using a seven-point knowledge scale. In 2012, 42 per rated themselves as knowledgeable (5, 6 or 7 on the 7-point scale) about HIV and 23 per cent rated themselves as knowledgeable about hepatitis C.

Chart 1: Knowledge of STBBI

"How knowledgeable would you say that you are about each of the following?"



EKOS Research Associates Inc. n=2452 STBBI Survey, 2018

- Those ages 35 to 44 are more likely to say they are knowledgeable about HIV (58 per cent). Older respondents (age 55 and over) more often rated their knowledge of HIV and sexually transmitted infections as low (24 per cent and 37 per cent, respectively). Youth under 25 are somewhat less apt to rate themselves as knowledgeable about hepatitis C (14 per cent).

Table 2: Knowledge by Age

How knowledgeable would you say that you are about each of the following?

Table 2a: HIV

Age	16-24	25-34	35-44	45-54	55 up
n=	*160*	*142*	*177*	*244*	*553*
Low (1-2)	18%	18%	15%	18%	24%
High (4-5)	40%	46%	58%	50%	37%

Table 2b: Hepatitis C

Age	16-24	25-34	35-44	45-54	55 up
n=	*160*	*142*	*177*	*244*	*553*
Low (1-2)	49%	41%	34%	37%	35%
High (4-5)	14%	21%	29%	25%	26%

Table 2c: Hepatitis B

Age	16-24	25-34	35-44	45-54	55 up
n=	*160*	*139*	*175*	*236*	*520*
Low (1-2)	42%	48%	38%	43%	38%
High (4-5)	17%	17%	23%	25%	25%

Table 2d: Sexually transmitted infections such as gonorrhea, chlamydia or syphilis

Age	16-24	25-34	35-44	45-54	55 up
n=	*160*	*142*	*177*	*244*	*553*
Low (1-2)	13%	20%	21%	24%	27%
High (4-5)	47%	42%	48%	40%	37%

- Residents of Quebec are more likely to say they are knowledgeable about all four STBBI, while those in Atlantic Canada are more apt to say they are not knowledgeable.
- Perceived knowledge of HIV and hepatitis B and C is higher among those with post-secondary education compared with those reporting high school completion or less.

Self-rated knowledge of HIV and hepatitis C is also highest among those reporting household incomes of $150,000 or more.

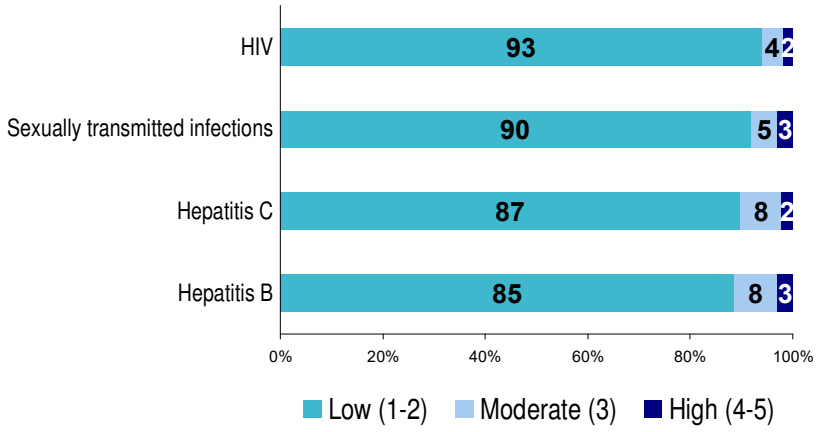
- Self-rated knowledge of HIV is also higher among those in the LGBTQ2 community (55 per cent) and among visible minorities (52 per cent). Those who identify themselves as being of European ethnicity generally rate themselves higher in terms of knowledge about HIV (55 per cent) or hepatitis B or C (31 to 33 per cent).

Most Canadians feel they have a very low personal risk of contracting STBBI. Nearly all (93 per cent) rated their risk of contracting HIV as low, with two per cent assessing their risk to be high. Nine in ten (90 per cent) said they have a low risk of contracting sexually transmitted infections such as gonorrhea, chlamydia, or syphilis, with only three per cent indicating that their risk is high. This rises, however, to nine per cent among those under 25 and five per cent among those who are between 25 and to 34. Canadians are relatively more concerned about contracting hepatitis B or C. About one in ten indicated a moderate (eight per cent) or high (three and two per cent, respectively) risk of contracting hepatitis B or C. Perceived risk related to contraction of HIV or hepatitis C was similarly low in 2012[2] when only one per cent rated their risk of contracting HIV as high and three per cent said the same about hepatitis C. The relationship between knowledge and perceived risk is high for HIV; however it is not very high for hepatitis B and C, and sexually transmitted infections. That is, those with higher self-rated knowledge about HIV are also those who classify themselves as being at higher risk.

[2] A similar national telephone survey was conducted by the Public Health Agency of Canada with in the Canadian public in 2012, although some small changes were made to wording.

Chart 2: Risk of Contracting STBBI

"How would you rate your own personal risk of contracting each of the following?"



EKOS Research Associates Inc. n=2452 STBBI Survey, 2018

- Youth under 25 are more apt to rate their personal risk as moderate to high compared with older age cohorts, particularly with regard to sexually transmitted infections (20 per cent) and HIV (12 per cent), although this was considerably more prevalent in the online sub-sample suggesting a mode effect.

Table 3: Perceived Risk by Age

How would you rate your own personal risk of contracting each of the following?

Table 3a: HIV

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
Low (1-2)	85%	93%	94%	95%	95%
High (4-5)	6%	2%	1%	2%	1%

Table 3b: Hepatitis C

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
Low (1-2)	80%	89%	87%	87%	88%
High (4-5)	3%	1%	2%	2%	1%

Table 3c: Hepatitis B

Age	16-24	25-34	35-44	45-54	55 up
n=	*162*	*146*	*173*	*225*	*537*
Low (1-2)	78%	89%	83%	88%	86%
High (4-5)	5%	1%	3%	3%	2%

Table 3d: Sexually transmitted infections such as gonorrhea, chlamydia or syphilis

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
Low (1-2)	77%	86%	91%	93%	96%
High (4-5)	9%	5%	2%	3%	1%

- Those in Quebec are more likely than those in any other region to rate their risk as at least moderate for each STBBI.
- The perceived personal risk of contracting any of these infections is higher among those who report high school levels of education or less and household incomes of under $40,000, although least so with regard to risk of contracting hepatitis C.
- Members of the LGBTQ2 community are much more likely than others to identify their risk of contracting STIs as moderate to high (24 per cent), as is also the case with contracting HIV (15 per cent).
- Those born outside of Canada are marginally less likely than others to rate their risk of infection as low. In particular, those who have been in Canada for fewer than ten years are more likely than average to identify their risk of contracting each of the infections tested in the survey as high (10 per cent for HIV, hepatitis B, and STIs such as gonorrhea, chlamydia, or syphilis). Those considering themselves to be of South or South East Asian descent are also more likely to rate their risk of contracting HIV as moderate to high (14 per cent).
- Perceived risk of contracting any of the four tested sexually transmitted or blood-borne infections is marginally higher (11 to 16 per cent saying moderate to high risk) among those reporting household incomes of less than $40,000.

2.2 HEPATITIS C

Respondents were asked to identify what they considered to be the major factors and conditions that would increase a person's risk of contracting hepatitis C. Canadians identified a broad array of possible factors, with roughly one in four mentioning the sharing of needles (25 per cent), one in five pointing to unprotected sexual intercourse (21 per cent), and one in six indicating

contaminated food and beverages (17 per cent). One in ten, meanwhile, cited blood transfusions in a country where hepatitis C is common (12 per cent), travel in a country where hepatitis C is common (nine per cent), or having received blood products in Canada prior to 1992 (eight per cent). One-quarter (24 per cent) offered no response.

Table 4: Factors that Increase Risk of Hepatitis C

From what you know or have heard, can you tell me what actions, factors or conditions could increase a person's risk of getting hepatitis C, a viral infection that causes liver inflammation, sometimes leading to serious liver damage. That is, how people might contract hepatitis C? (Unprompted)

-	**Total**
n=	*2452*
Sharing needles/injection drug equipment	25%
Unprotected sexual intercourse	21%
Contaminated food/beverages	17%
Received a blood transfusion, blood products or organ transplants in a country where hepatitis C is common	12%
Lived in/travelled to a country where hepatitis C is common	9%
Received a blood transfusion, blood products or organ transplants in Canada before 1992	8%
Blood on blood contact	6%
Bodily fluids	6%
Sharing drug inhalation (snorting) equipment (e.g., straws)	4%
Unsterile tattooing/body piercing	4%
Casual contact (e.g., kissing, hugging, shaking hands)	4%
Travel	4%
Sharing personal hygiene items (e.g., toothbrushes, razors)	3%
Sexually transmitted (general mention)	3%
Received medical care where non-sterile equipment may have been used	2%
Open wounds/cuts	2%
Contact with someone who has it	2%
Blood transfusion	2%
Other	4%
Don't know/No response	24%

Note: Only those responses selected by 2% or more are shown

- Those under the age of 25 and, to a lesser extent, those ages 55 and over are consistently less likely to mention most of these causes, although, among youth this may be in large part a mode effect, resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone.

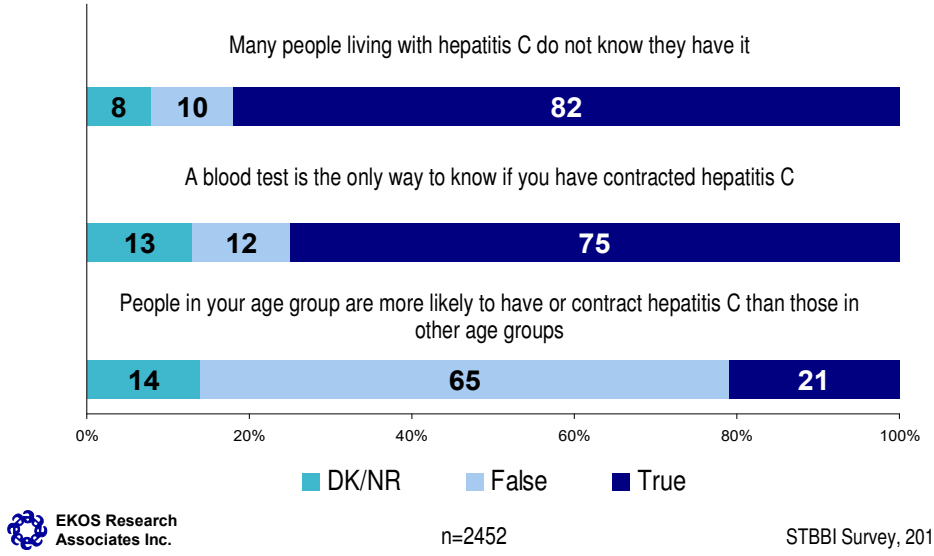
- Residents in British Columbia are somewhat more apt to select sharing needles (33 per cent), while those in Quebec are less likely to identify it as a factor (16 per cent).
- Those with a university level of education and those reporting higher household income ($80,000 and above) are more likely than others to point to sharing needles and other equipment used for drug injection (28 to 31 per cent), as well as receipt of blood products or organ donation in a country where hepatitis C is common (15 to 17 per cent), and through contaminated food or drink (18 to 20 per cent).
- Indigenous and LGBTQ2 respondents are considerably more likely than others to point to unprotected sex (31 and 29 per cent, respectively). Indigenous respondents are also the most likely to see contaminated food as a source (28 per cent).

Eight in ten Canadians (82 per cent) believe that many people living with hepatitis C do not know they have it. The same result (83 per cent) was found in 2012. One in ten (ten per cent) feel this is false, while eight per cent are not sure. Three-quarters (75 per cent) believe that a blood test is the only way to know if you have contracted hepatitis C, while one in eight believe this is false (12 per cent) or do not know (13 per cent).

Only one in five Canadians (21 per cent) believe that people in their age group are more likely to have or contract hepatitis C than those in other age groups. This rises to 32 to 33 per cent, however, among younger Canadians, under 35 years of age. The overall proportion of 21 per cent is marginally higher than the 18 per cent found in 2012. Two-thirds (65 per cent) said this is false, most notably among those age 45 and over.

Chart 3: Hepatitis C – Fact and Fiction

"Please indicate if you think each of the following statements is true or false."



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

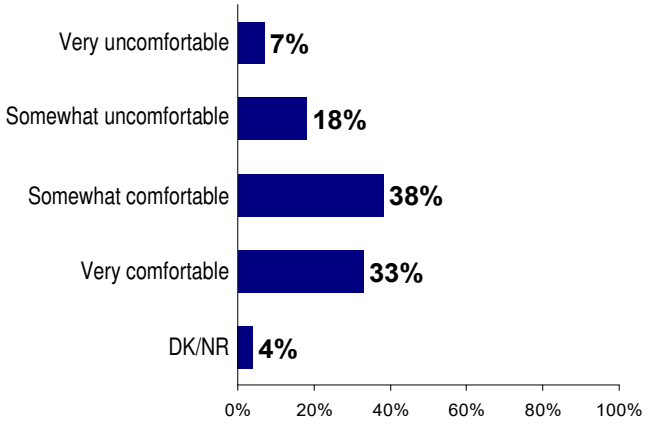
- Those under age 25 are more apt to say it is false that many people living with hepatitis C do not know they have it (16 per cent). This same segment, as well as men, are also more apt to say that a blood test is the only way to know if you have contracted hepatitis C (23 and 15 per cent, respectively).
- As previously described, younger respondents are also much more likely to say it is true that people in their age group are more likely to have or contract hepatitis C (33 and 32 per cent among those under 25 and 25 to 34, respectively). One in five (20 per cent) believe this to be true among those 35 to 44. Among those who are 45 to 54, 16 to 17 per cent believe it to be true, which drops to 14 per cent among those 55 or older.
- Those with a high school level of education or less are less likely than those with more education to recognize that a blood test is required to diagnose hepatitis C (71 per cent).
- Residents who are not born in Canada, who arrived in Canada within the last 30 years, are less likely than others to say that people living with hepatitis C may not know they have it (73 to 75 per cent). They are similarly less apt to recognize the need for a blood test (68 to 70 per cent). They are more likely, however, to feel that their own age group has a higher risk of contracting hepatitis C (32 per cent among those in Canada for fewer than 10 years and 27 per cent among those in Canada for 10 to 29 years).

- Those who identify as a visible minority are more likely to say that their own age group has a higher risk of contracting hepatitis C. This is also particularly pronounced among those who identify as being of South or South East Asian ethnicity (35 per cent). Those of African ethnicity are considerably less likely to recognize the need for a blood test to diagnose the infection (58 per cent).
- Indigenous respondents, as well as those in the LGBTQ2 community, are more likely than others to believe that people living with hepatitis C may not know they have it (93 and 88 per cent, respectively).

Highlighting only moderate comfort with someone with hepatitis C, seven in ten Canadians indicated they would be comfortable working around or having casual contact with someone who is living with hepatitis C; however, more than half of this is only rated as "somewhat" (38 per cent), and 33 per cent indicated they would be very comfortable. About one in ten (seven per cent) would be very uncomfortable, and another one in five (18 per cent) would be somewhat uncomfortable.

Chart 4: Comfort Around Hepatitis C

"How comfortable would you be working around or having casual contact with someone who is living with hepatitis C?"



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

- Both younger respondents (35 per cent) and those 55 or older (28 per cent) are more likely than those aged 25 to 54 (18 per cent to 21 per cent) to say they would be uncomfortable. This is also true of men compared with women (28 versus 23 per cent). Among youth, this may be a mode effect, resulting from online respondents feeling at ease to indicate discomfort.
- Discomfort with proximity and casual contact is also more acute among those with less education and income (33 per cent among those with high school or less and reporting household incomes of less than $40,000).
- Discomfort is also much higher among those born outside of Canada (36 per cent), particularly among those arriving in the past ten years (43 per cent), and those self-identifying as someone of African ethnicity (47 per cent), of Caribbean, Central American, or South American ethnicity (41 per cent), or of South East Asian ethnicity (39 per cent).
- On the other hand, those in the LGBTQ2 community are more comfortable working around or having casual contact than others (83 per cent).

Respondents were asked to list the groups in Canadian society that they deem to be at greatest risk of contracting hepatitis C. One-quarter (26 per cent) feel that people who inject drugs have the highest risk, while just under one in five (18 per cent) pointed to younger people. Other common responses include those who practice unprotected sex (six per cent), frequent travellers (six per cent), recipients of blood products (five per cent), older people (five per cent), and those who are homeless (five per cent). Other groups were mentioned by four per cent or less. One in ten (10 per cent) feel that no group faces a demonstrably higher risk of getting HIV. One-quarter (25 per cent) did not provide a response. These results are generally similar to the results found in 2012.

Table 5: At-Risk Groups

As far as you know, in Canada today, what groups in society are most at risk of getting hepatitis C? Any other groups? (Unprompted)

-	**Total**
n=	*2452*
People who inject drugs	26%
Younger people	18%
Those who practice unprotected sex	6%
Frequent travellers	6%
Blood transfusion recipients/people with hemophilia	5%
Older people/baby boomer	5%
People who are homeless and/or street involved	5%
Gay and/or bisexual men	4%
Those who share items potentially contaminated with blood (such as needles, toothbrushes and razors) with someone who has hepatitis	4%
Sex trade workers	4%
Health care workers/First responders	4%
Indigenous peoples	3%
Lower income bracket	2%
Men	2%
Middle aged people (40s/50s age bracket)	2%
Those with compromised immune systems	2%
Other	4%
No Groups more likely	10%
Don't know/No response	25%

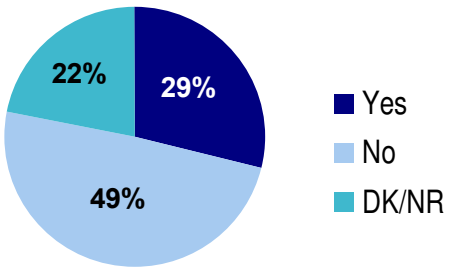
Note: Only those responses selected by 2% or more are shown

- Those under the age of 25 are less likely to identify younger people (12 per cent) and people who inject drugs (10 per cent), although, this may be a mode effect, resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone. Respondents who are 55 or older are most apt to say it is younger people (22 per cent).
- Residents of British Columbia are more apt to point to people who inject drugs (38 per cent), while Quebec residents are less likely to identify this group (16 per cent). Quebec residents are more likely to mention young people (27 per cent), while British Columbians were the least likely to do so (nine per cent).
- Those who are university-educated, and those reporting household incomes of $80,000 or higher are more apt to point to injection drug use than others (32 to 37 per cent). This is also true of members of the LGBTQ2 community (36 per cent). It is least often true of those born outside of Canada and in particular those identifying their ethnicity as African, or South or South East Asian (six and 13 per cent, respectively).

Three in ten Canadians (29 per cent) believe there is a cure for hepatitis C, which is marginally higher than the 23 per cent found in 2012. Half (49 per cent) said that, to the best of their knowledge, there is no cure. Nearly one-quarter (22 per cent) are not sure.

Chart 5: Cure for Hepatitis C

"To the best of your knowledge, is there a cure for hepatitis C?"



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n=2452

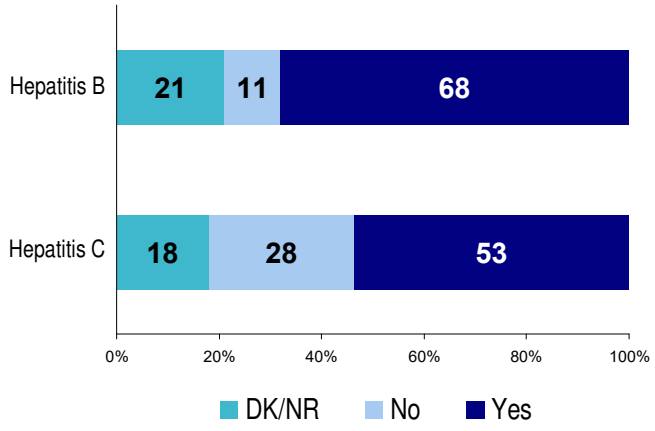
STBBI Survey, 2018

- Those who are under age 25 are more likely than their older counterparts to say there is a cure for hepatitis (36 per cent).
- Residents in Quebec (36 per cent) are more likely to believe there is a cure, while those in Saskatchewan and Manitoba, as well as Alberta, are more apt to say there is no cure (62 and 57 per cent respectively).
- Canadians with the lowest household income are more apt to believe there is a cure (35 per cent).
- Those born outside of Canada and, in particular, those arriving in the last 10 years and those identifying as being of African, or South or South East Asian ethnicity are more apt to believe there is a cure (40 to 54 per cent).
- Members of the LGBTQ2 community are more likely than most other segments to say there is no cure (58 per cent).

Two-thirds of Canadians (68 per cent) understand there is a vaccine available to prevent someone from getting hepatitis B. Just over half (53 per cent), however, incorrectly believe that there is a vaccine available to prevent someone from getting hepatitis C. In 2012, 49 per cent also indicated that there is a vaccine for hepatitis C. In each instance, one in five are not sure if a vaccine is available (21 per cent for hepatitis B and 18 per cent for hepatitis C).

Chart 6: Vaccine for Hepatitis B or C

"Is there a vaccine available to prevent someone from getting hepatitis C or B?"



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n=2452

STBBI Survey, 2018

- Those under the age of 25 (67 per cent) are more likely to indicate there is a vaccine for hepatitis C. This is also true of men compared with women (57 versus 50 per cent). Members of the LGBTQ2 community are also more likely to say there is a vaccine (60 per cent).
- Those 45 and under (75 to 80 per cent) are more apt to say there is a vaccine for hepatitis B, as is also the case among women (71 per cent). Regionally, it is least true of those living in British Columbia (61 per cent). Those who are 55 or older are least apt to know there is a vaccine for hepatitis B (55 per cent). They are also somewhat less apt to say there is a vaccine for hepatitis C (49 per cent).
- Canadians reporting the lowest household incomes (under $40,000) are also less apt to believe there is a vaccine for hepatitis B (58 per cent), as are those with high school completion or less (60 per cent), compared with their counterparts.
- Belief in a vaccine for hepatitis C is higher among visible minorities (60 per cent), those born outside of Canada (59 per cent), and, in particular, those identifying as being of South or South East Asian ethnicity (72 per cent).

Respondents were asked why someone who is at risk of contracting hepatitis C might choose to not get tested. Responses varied and did not centre on any one theme. One-quarter (24 per cent) believe that not having any symptoms might lead an at-risk individual to discount the possibility of infection. Just under one in five (18 per cent) said people simply may not see themselves as being at risk. One in six (15 per cent) feel it could be due to lack of knowledge or education about hepatitis C, including the risk factors associated with the illness and understanding the seriousness of the illness. When combined with not seeing themselves at risk, this could imply that 29 per cent[3] of respondents think that lack of knowledge is the key issue. Roughly one in ten suggested that these people may be afraid of having others find out (13 per cent), or that they may be afraid of knowing the truth themselves (11 per cent).

[3] 29 per cent is based on the combined 15 per cent indicating a lack of knowledge of the risk and understanding the seriousness of the risk plus the 18 per cent stating that people do not see themselves at risk, with an overlap of four per cent indicating both of these.

Table 6: Reasons for Not Getting Tested for Hepatitis C

Why do you think someone who is at risk of contracting hepatitis C, might not get tested for it? (Unprompted)

-	**Total**
n=	*2452*
Not having any symptoms that would make them think they were infected	24%
Do not see themselves as being at risk	18%
Lack of knowledge about risk (not understanding risk factors/how serious it is)	15%
Fear of people finding out/ being thought of as someone who has casual sex/ uses needles /etc.	13%
Fear of knowing the truth	11%
Not having access to health care to get testing done	5%
Laziness/indifference	4%
Do not have time or ability to get tested	2%
Expense/cost of treatment	2%
Fear of telling your partner	2%
Other	1%
Don't know/No response	22%

Note: Only those responses selected by 2% or more are shown

- Those ages 25 to 34 are more likely to suggest that at-risk individuals who choose to not get tested may be interpreting their lack of symptoms as proof that they are free of infection (34 per cent).
- Members of the LGBTQ2 community are more likely than others to say people fear stigma associated with people finding out (21 per cent).
- Canadians with a university education and those reporting household incomes of $80,000 or higher are more apt to say that people do not see themselves at risk (21 to 23 per cent). Similarly, the university-educated respondents are also most apt to point to not seeing symptoms as a risk factor (28 per cent).
- Those identifying as being of South or South East Asian ethnicity are more likely than others to point to a lack of knowledge (14 per cent).

Respondents selected various methods of encouraging people to get tested for hepatitis C from a prompted list,[4] primarily involving knowledge and information. Three-quarters (74 per cent) indicated that knowledge about the seriousness of the illness and methods of transmission is the best method. Seven in ten said that knowledge that people can be infected and not know that there is treatment or a possible cure (71 per cent) or knowing that testing is fairly easy to do and privacy is protected (70 per cent) are some of the best methods of encouraging people to get tested. Roughly two-thirds feel that information about sexual health and seeking testing that is free of judgement and culturally sensitive (68 per cent), knowledge about how and where to access testing and treatment (67 per cent), recommendations to get tested from health care providers (65 per cent), or education about safer drug use and/or harm reduction (63 per cent) are the best methods. Other methods were provided by three per cent or less.

Table 7: Best Method for Encouraging Hepatitis C Testing

Which of the following do you see as the best methods of encouraging people to get tested for hepatitis C? (Prompted)

-	**Total**
n=	*2452*
Knowledge about seriousness of illness and methods of transmission	74%
Knowledge that people can be infected and not know that there is treatment/possible cure	71%
Knowing that testing is fairly easy to do and privacy is protected	70%
Information about sexual health and seeking testing that is free of judgement and culturally sensitive	68%
Knowledge about how and where to access testing and treatment	67%
Recommendation to get tested from health care providers	65%
Education about safer drug use and/or harm reduction	63%
More widespread media campaigns (unprompted)	3%
Don't know/No response	2%

Note: Only those responses selected by 2% or more are shown

[4] List was read by interviewers/shown on screen.

- Women are more likely than men to see each method as an ideal way to encourage people to get tested for hepatitis C.
- Those under age 25 are less likely to see knowing that testing is fairly easy (58 per cent), information about sexual health (56 per cent), education about safer drug use (53 per cent), and recommendations to get tested (53 per cent) as the best methods. This may have been partially driven by mode of the survey collection among this segment, with online respondents feeling more at ease to indicate a lack of awareness.
- People with a disability are more likely to note all of the major methods of encouragement. This is also true of members of the LGBTQ2 community with respect to recommendations about testing from health care providers. The LGBTQ2 community and Indigenous respondents were also more likely than others to point to information about sexual health and testing that is free of judgement as a method of encouragement.
- Indigenous respondents placed considerable emphasis on information about sexual health and testing that is free of judgement (79 per cent).

Those respondents who would rate their personal risk of contracting hepatitis C as low were asked to explain the rationale behind their responses. Having a single sexual partner and not using drugs are the reasons most often provided (23 per cent and 22 per cent, respectively). If IV drugs are added, in fact, not using drugs rises to 27 per cent. Another 20 per cent also believe they are not exposed in any significant way to people or places associated with contracting hepatitis C, and 17 per cent feel they are knowledgeable about the risks associated with contracting hepatitis C. Slightly fewer said that they do not engage in risky behaviour generally (13 per cent). One in ten (11 per cent) believe their risk to be low because they are not sexually active or they do not travel (nine per cent). A further five per cent erroneously assume that the travel vaccines they have had prevent hepatitis C. A similar proportion (five per cent) feel they are careful about their health, including regular diet and exercise, or they have regular visits or testing with health care providers (four per cent).

Table 8: Reasons for Perceiving Oneself as Low-Risk of Contracting Hepatitis C

You said earlier that your own personal risk of contracting hepatitis C is low. Why do you think this? (Unprompted)

-	**Total**
n=	*2,121*
Only one partner/monogamous	23%
Do not use drugs (general mention)	22%
Minimal exposure to people/places associated with risk	20%
Knowledge of risks, take precautions, avoid/minimize risk	17%
Do not engage in risky behaviour	13%
Not sexually active	11%
Little or no travel	9%
Do not engage in risky sexual behaviour (e.g., limited partners)	6%
Healthy (e.g., healthy diet and exercise)	5%
Don't use IV drugs (specifically)	5%
Have been vaccinated/obtain travel vaccines	5%
Regular check-ups, testing	4%
Do not use/share needles	3%
No blood transfusions	3%
Not in risk categories	3%
Do not work in high risk environment	2%
Other	2%
Don't know/no response	7%

Note: Only those responses selected by 2% or more are shown

- There are few differences in reasons provided based on gender, although women are marginally more likely than men to say they do not use drugs (25 versus 20 per cent).
- There are also not many large differences across the country, although BC residents are most apt to say they do not use drugs (29 per cent), and Ontario residents are more likely than others across the country to say they have limited exposure to people and places associated with risk of contracting hepatitis C (25 per cent).
- There are some expected age differences, with those ages 25 to 54 being more apt to say they are monogamous (34 per cent among those 25 to 45, and 29 per cent among those 45 to 54). Twenty-five to 44 year old Canadians are also more apt to say they do not use drugs (27 and 31 per cent).
- Canadians who are 55 or older are somewhat more likely than other age groups to say they are not sexually active (15 to 16 per cent). They are also more likely than other age cohorts to say they have limited exposure to risks such as people and places associated with contracting hepatitis C (26 per cent).

- Those with university levels of education and higher household incomes are more apt to attribute their lower risk of contracting hepatitis C to a single sexual partner, lack of drug use, and general absence of risky behaviour.
- Those born outside of Canada (27 per cent), particularly those arriving in the past 30 years, as well as individuals self-identifying as a visible minority (32 to 34 per cent in each case) are each more likely to say they are more knowledgeable about the risks and methods of minimizing risk. This is also true of those identifying as South or South East Asian in terms of ethnicity (31 per cent), who are also more likely than others to say they generally take care of their health (13 per cent).

Among the relatively limited number of respondents who categorized their risk of contracting hepatitis C as moderate (n=205), reasons were varied. Among those explaining why their risk is not low, the most common explanation was that not every situation can be controlled for (14 per cent) or they have some exposure to high-risk work environments (nine per cent). Among those explaining why their risk is not high they included confidence in their knowledge of the risks and precautions to take (13 per cent) and limited exposure to people and places that would increase one's personal risk (12 per cent).

Table 9: Reasons for Perceiving Oneself as Moderate-Risk of Contracting Hepatitis C

You said earlier that your own personal risk of contracting hepatitis C is moderate. Why do you think this? (Unprompted)

-	**Total**
n=	*205*
Accidents happen/Can not control every situation	14%
Knowledgeable of risks/precautions to take	13%
Limited exposure to people/places that would increase personal risk	12%
I work in a high-risk environment	9%
I have only one partner	6%
Little/no travel	6%
I have a mistaken/misinformed understanding of how it is spread	6%
I do not use drugs	5%
I travel	5%
Healthy/I take good care of myself	4%
I am vaccinated/getting vaccinated	4%
I do not engage in high-risk sexual activity	4%
Sometimes engaged in unprotected sex	4%
I am not sexually active	3%
I have not used blood products	2%

-	Total
n=	*205*
I do not engage in risky behaviour	2%
Weak immune system / other factors that could make me susceptible	2%
I do not work in a high-risk environment	2%
I am sexually active	2%
Other	2%
Don't know/no response	15%

Note: Only those responses selected by 2% or more are shown

Only a small number of respondents identified as high-risk (n=44). The most commonly-cited reasons include exposure to people/places that would increase one's personal risk (30 per cent) and a high-risk work environment (19 per cent). Other reasons are provided by 10 per cent or less, including travel, and infrequent or inconsistent use of condoms. One in five (18 per cent) did not offer an explanation.

Table 10: Reasons for Perceiving Oneself as High-Risk of Contracting Hepatitis C

You said earlier that your own personal risk of contracting hepatitis C is high. Why do you think this? (Unprompted)

-	Total
n=	*44*
Exposure to people/places that would increase personal risk	30%
I work in a high-risk environment	19%
I travel a lot	10%
I seldom or never have protected sex/use condoms	9%
Weak immune system / other factors that could make me susceptible	5%
Lack of knowledge/information	4%
I have more than one partner	3%
I have had a blood transfusion/used blood products	3%
I am gay	2%
I have an STI	2%
Other	4%
Don't know/no response	18%

Note: Only those responses selected by 2% or more are shown

2.3 HIV

Respondents were asked to identify what would increase a person's risk of contracting HIV. Two in three (69 per cent) identified unprotected sexual activity including vaginal, anal, or oral sexual activity as a major cause, while just over four in ten (43 per cent) cited sharing needles as a primary culprit. Just over one-quarter identified blood to blood contact (27 per cent). One in six (17 per cent) cited receiving blood products as a primary cause of transmitting HIV, while one in ten made a general reference to sexual transmission (eight per cent). Other factors are mentioned by five per cent or less.

Table 11: Factors that Increase Risk of HIV

From what you know or have heard, can you tell me what actions, factors, or conditions could increase a person's risk of getting HIV. That is, how people might contract HIV? (Unprompted)

-	**Total**
n=	*2452*
Unprotected sexual activity (vaginal/anal/oral)	69%[5]
Sharing needles/injection drug equipment	43%
Blood to blood contact (e.g. from an open cut)	27%
Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV	17%
Sexually transmitted (general mention)	8%
Sharing drug inhalation (snorting) equipment (e.g., straws)	5%
By being stuck with an HIV-contaminated needle or other sharp object	5%
High-risk sexual behaviour (e.g., multiple partners, promiscuous behaviour, not knowing partner's history, not getting tested)	5%
Exchange of bodily fluids (general mention)	5%
Unsterile tattoos/tattooing/body piercing	3%
Casual contact (e.g., kissing, hugging, shaking hands)	3%
From mother to child during pregnancy, birth, or breastfeeding	3%
Risky lifestyle/behaviour	2%
Other	4%
Don't know/No response	7%

Note: Only those responses selected by 2% or more are shown

[5] Combined response for unprotected sexual activity, as well as unprotected vaginal, anal and oral sex with the greatest proportion indicating vaginal intercourse.

- Those under the age of 25 are less likely to point to sharing needles (20 per cent) and blood transfusions (six per cent), although this is likely a mode effect resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone.
- Those who are 55 or older are also less likely to cite unprotected vaginal, anal, or oral sex (65 per cent), sharing needles (35 per cent), and blood to blood contact (20 per cent).
- Residents of Quebec are less apt to make mention of sharing needles (31 per cent).
- Identification of risk factors increases with education and income. Those with a university education are more likely to cite unprotected vaginal, anal, or oral sex (77 per cent), sharing needles (52 per cent), blood to blood contact (31 per cent), and receiving blood transfusions (22 per cent). Those with $150,000 income or more are most apt to mention unprotected vaginal, anal, or oral sex (78 per cent), sharing needles (54 per cent), and receiving blood transfusions (24 per cent).
- Members of the LGBTQ2 community are more likely to identify sharing needles and drug injection equipment (58 per cent). Indigenous respondents are more likely to identify some infrequently mentioned factors such as contact with physical objects (eight per cent), health care workers and first responders (six per cent), and contaminated food (five per cent).

Respondents were asked to list who they thought is at greatest risk of contracting HIV. One in three (34 per cent) feel that people who inject drugs have the highest risk, while one in four (25 per cent) pointed to gay and bisexual men. One in five identified youth (21 per cent) or people who have unprotected sex (18 per cent), while one in ten mentioned sex trade workers (eight per cent). One in eight (13 per cent) feel that no group faces an appreciably higher risk of getting HIV.

Table 12: Groups Most Vulnerable to HIV

As far as you know, what groups in society are most at risk of getting HIV? Any other groups? (Unprompted)

-	**Total**
n=	*2452*
People who inject drugs	34%
Gay and/or bisexual men	25%
Younger people (20's)	21%
People who have unprotected sex	18%
Sex trade workers	8%
Those who engage in sexually risky behaviour (e.g., multiple partners, promiscuous behaviour, not knowing partners' history, not getting tested)	5%
People who are homeless and/or street involved	4%
People who have blood transfusions or organ transplants	3%
Low income Canadians	3%
People of African or Caribbean descent	3%
Those who are sexually active	3%
Health care workers/First responders	3%
Women	2%
Transgender people	2%
Indigenous peoples	2%
Those who maintain risky lifestyles	2%
Those who lack knowledge/information/education	2%
LGBTQ (not specific to gay/bisexual men)	2%
Older generation/Elderly	2%
Other	2%
No Groups more likely	13%
Don't know/No response	7%

Note: Only those responses selected by 2% or more are shown

- Those under the age of 25 are less likely to mention several of the key segments identified, although this is likely a mode effect, resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone.
- Those ages 55 and over are less apt to identify people who inject drugs (30 per cent) than younger age groups, and more likely than other age groups to see gay or bisexual men as a segment at higher risk (31 per cent).
- Residents of Western Canada are more likely to mention people who inject drugs (40 to 45 per cent). Quebec residents are less likely to select people who inject drugs

(23 per cent) or gay and bisexual men (19 per cent), but are more apt to choose youth (32 per cent) or suggest that no groups are at increased risk (20 per cent).

- University-educated respondents are more likely to mention people who inject drugs (52 per cent), gay or bisexual men (31 per cent), people who have unprotected sex (22 per cent) or sex trade workers (12 per cent).
- Those with high income are more likely to identify people who inject drugs (46 per cent), gay or bisexual men (31 per cent), or people who have unprotected sex (27 per cent).
- Although still a low percentage, Indigenous respondents were much more likely than others to point to those who are homeless or street involved (12 per cent).
- Members of the LGBTQ2 community are more likely than other segments to say that there is no likely group (18 per cent).

Those respondents who would rate their personal risk of contracting HIV as low were asked to explain the rationale behind their responses. More than one in three (37 per cent) believe their risk is low because they are monogamous. Another one in five (21 per cent) feel that their lack of drug use is the reason for their low risk assessment. Just over one in ten said they are not sexually active (13 per cent), feel their exposure to people and places is generally low (12 per cent), or believe that they are sufficiently knowledgeable about how to avoid or reduce their risk (12 per cent). One in ten (10 per cent) said they generally do not engage in risky behaviour. Another nine per cent feel that their safe sexual practices keep their risk of contraction low, while the same proportion specifically said they do not engage in risky sexual practices. Four per cent said they have regular check-ups or testing with a health care provider and five per cent said they do not use or share needles. Other reasons were cited with less frequency.

Table 13: Reasons for Perceiving Oneself as Low-Risk of Contracting HIV

You said earlier that your own personal risk of contracting HIV is low. Why do you think this? (Unprompted)

-	**Total**
n=	*2,288*
Married/only one partner/monogamous	37%
Do not use drugs (general mention)	21%
I am not sexually active	13%
Minimal/limited exposure to people and places associated with HIV risk	12%
Knowledge of risks, take precautions, avoid/minimize risk	12%
Do not engage in risky behaviours (general mention)	10%
Practice safe/protected sexual practices (e.g., condoms)	9%
Do not engage in risky sexual behaviours (e.g., multiple partners, promiscuous behaviour, not knowing partners' history, not getting tested)	9%
Do not use/share needles	5%
Regular check-ups/testing	4%
Do not use IV drugs (specifically)	4%
Healthy (e.g., healthy diet and exercise)	2%
No blood transfusions	2%
Not in high risk categories	2%
Do not travel	2%
Do not work in high risk environment	2%
I am heterosexual	2%
Other	2%
Don't know/No response	4%

Note: Only those responses selected by 2% or more are shown

- There are no substantively different responses among men and women.
- Across regions, residents of the Prairies and Atlantic Canada are marginally more likely than residents of other regions to say that they do not engage in risky behaviours generally (15 to 16 per cent), and residents of Quebec are somewhat more apt to say they are knowledgeable about how to reduce or avoid risk (17 per cent).
- As with hepatitis C risk, monogamy was a more pronounced reason for those 25 to 54 (44 to 53 per cent), while those 55 or older were less likely to say they are in monogamous relationships (28 per cent) and most apt to say they are not sexually active (18 per cent) or that they have limited exposure generally to people and places associated with risk (17 per cent). Those in the 25 to 54 age range are also more apt to say they do not use drugs (24 to 31 per cent). Younger Canadians (under 35) are the most likely to say they use safe sexual practices (14 per cent).

- Respondents from the Caribbean or South or Central America are more likely than other ethnicities to say their risk is low because they practice safe sex (20 per cent).
- Respondents from the LGBQT2 community are more likely to say they are not at risk because they practice safe sex (26 per cent).

Among the limited number of respondents who rated their risk of contracting HIV as moderate (n=91), reasons were varied. The most common explanations for a risk that is not low were multiple sexual partners (nine per cent), exposure to high-risk work environments (nine per cent), and that not every situation can be controlled for (eight per cent). Those explaining why their risk was not high most often indicated confidence in one's knowledge of the risks and precautions to take (13 per cent), a commitment to monogamous practices (ten per cent), and an aversion to high-risk sexual activity (nine per cent).

Table 14: Reasons for Perceiving Oneself as Moderate-Risk of Contracting HIV

You said earlier that your own personal risk of contracting HIV is moderate. Why do you think this? (Unprompted)

-	**Total**
n=	*91*
Knowledgeable of risks/precautions to take	13%
I have only one partner	10%
I have multiple partners	9%
I work in a high-risk work environment	9%
I do not engage in high-risk sexual activity	9%
Accidents happen/Can not control every situation	8%
I do not use drugs	6%
I use protection (general mention)	6%
I do not lead a risky lifestyle in general	5%
Sometimes engaged in unprotected sex	5%
I engage in high-risk sexual activity	4%
Good hygiene/health practices	3%
Other	14%
Don't know/No response	14%

Note: Only those responses selected by 2% or more are shown

Turning to the small number of respondents who identified as high-risk (n=52), responses were widely varied. One in ten (11 per cent) mentioned that they work in a high-risk environment. The same proportion said that they do not use/seldom use condoms. Other reasons are provided by nine per cent or less, including being sexually active, having more than one partner, and being HIV positive. Three in ten (29 per cent) did not provide an explanation.

Table 15: Reasons for Perceiving Oneself as High-Risk of Contracting HIV

You said earlier that your own personal risk of contracting HIV is high. Why do you think this? (Unprompted)

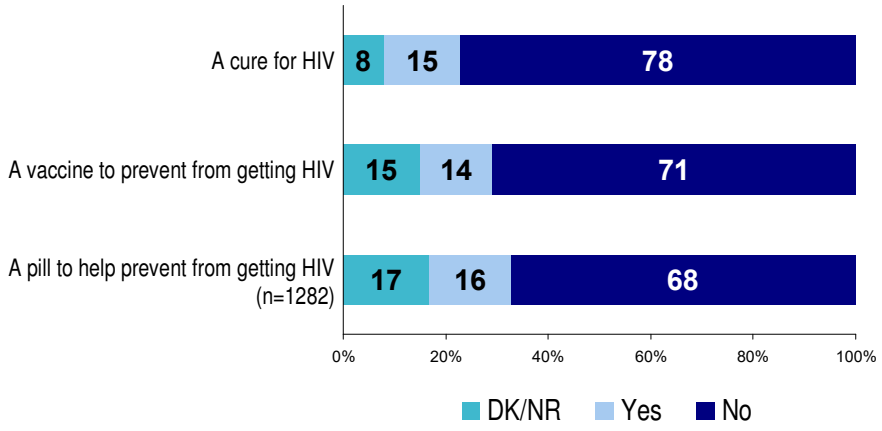
-	**Total**
n=	*52*
I work in a high-risk environment	11%
I seldom or never have protected sex (condoms, etc)	11%
I am sexually active	9%
I have more than one partner	8%
I am HIV positive	8%
I am gay	7%
Others not practicing safe sex/Lack of protection being used	7%
I know/have contact with someone who has HIV	6%
I am engaged with a partner who does not disclose that they are at risk/HIV positive	2%
Other	13%
Don't know/No response	29%

Note: Only those responses selected by 2% or more are shown

Roughly three in four Canadians believe there is no cure for HIV (78 per cent). Fifteen per cent believe there is a cure and eight per cent are not sure. Seven in ten Canadians do not think that there is a vaccine (71 per cent) or a pill (68 per cent) available to help prevent someone from getting HIV.

Chart 7: Cure and Prevention of HIV

"To the best of your knowledge, is there…?"



EKOS Research Associates Inc.

n=2452

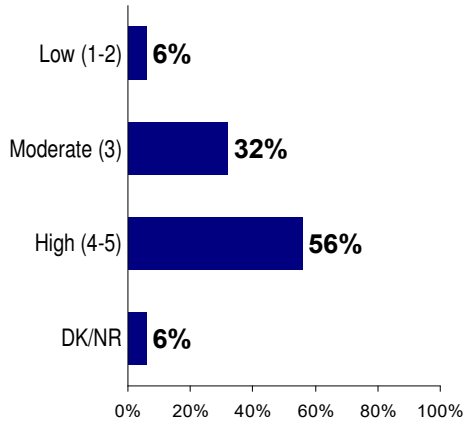
STBBI Survey, 2018

- Those ages 55 and over (21 per cent) and residents of Quebec (26 per cent) are more likely to believe there is a cure for HIV.
- Those under the age of 25 (26 per cent) are more likely to say there is a vaccine available to prevent someone from getting HIV. Those in the 25 to 54 age groups are more apt to say there is not.
- Those ages 25 to 34 (33 per cent) are more likely to say there is a pill to prevent HIV.
- Individuals with a high school education or less are more apt to believe there is a cure for HIV (19 per cent) or a vaccine available (19 per cent).
- Members of the LGBTQ2 community are more apt to say there is no cure for HIV (88 per cent), but that there is a vaccine to prevent HIV (25 per cent) or a pill to prevent HIV (48 per cent).

Over half of Canadians (56 per cent) believe that HIV treatments are effective in helping people with the disease lead long and normal lives. One-third (32 per cent) feel that HIV treatments are moderately effective, while six per cent say they are not effective.

Chart 8: Effectiveness of HIV Treatments

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



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

- Those ages 45 to 54 (62 per cent) are more likely than other age cohorts to say that HIV treatments are effective. Younger Canadians are least likely (41 per cent) to see treatments as effective (with 12 per cent believing them to be minimally effective, and 38 per cent believing them to be moderately effective).
- Residents of British Columbia (67 per cent) and Ontario (60 per cent) are more likely than those in other regions to say that HIV treatments are effective.
- Those with a university education (64 per cent) are more likely than those with less education to believe that HIV treatments are effective, as are those with high income (69 per cent).
- Those with British or North American ethnicity (67 per cent) are more apt to say treatments are effective.
- Members of the LGBTQ2 community (73 per cent) are much more likely to believe that treatments are effective.

Seven in ten Canadians (69 per cent) believe that testing to diagnose HIV is available through a clinic or hospital, while half (52 per cent) said that someone can get testing done at a doctor's office. More than one in ten said testing can be conducted at a community health centre (15 per cent) or other testing laboratories (12 per cent). Other reasons were provided by fewer respondents.

Table 16: Available Facilities for HIV Testing

From what you know, where can someone get testing to diagnose HIV? (Unprompted)

-	**Total**
n=	*1226*
Clinic or hospital	69%
Doctor's office	52%
Community health centre	15%
Testing laboratories	12%
Anywhere with a lab unit	2%
Blood donation services	2%
Public health department	2%
Sexual health clinics (e.g., Planned Parenthood)	2%
Don't know/No response	6%

Note: Only those responses selected by 2% or more are shown

- Men (73 per cent) are more likely than women (65 per cent) to believe that testing can be done in a clinic or hospital.
- Those ages 35 and over are more likely than younger Canadians to think testing can be done in a doctor's office (57 to 60 per cent). This is most prominent among those 55 or older (60 per cent). Those under the age of 25 and those 55 and over are less likely to mention a clinic (60 per cent and 65 per cent, respectively). Among youth, however, this is at least partially driven by mode effects, resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone.
- Residents of Quebec are much less likely to believe that testing can be done at a doctor's office (22 per cent) and are more apt to mention a clinic or hospital (81 per cent). Those in Alberta are more likely to say testing laboratories (20 per cent).
- Those with a university education are more likely than those with less education to think someone can get testing at a community health centre (19 per cent) or testing laboratories (16 per cent).

- Those who were born in Canada are more apt to say testing to diagnose HIV can be done in a doctor's office (54 per cent).

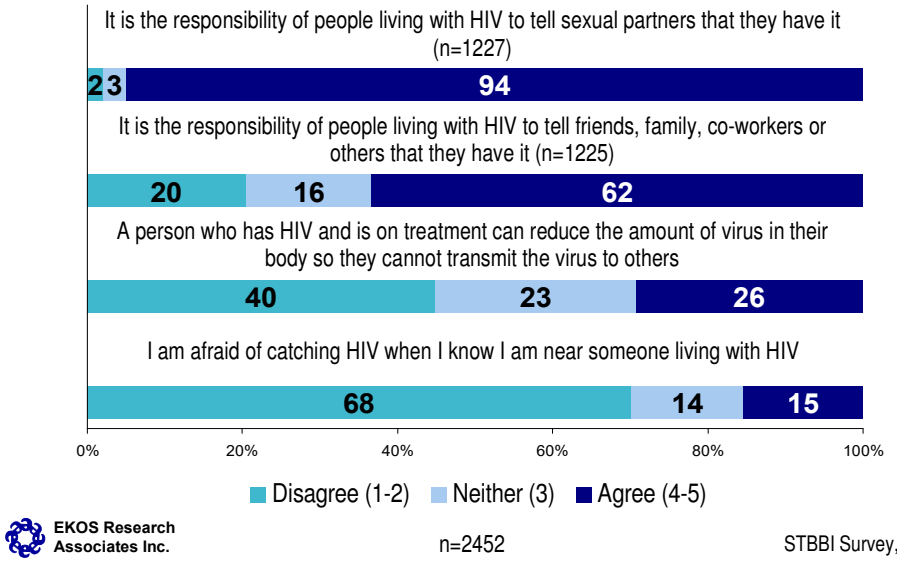
Nearly all Canadians (94 per cent) feel it is the responsibility of people living with HIV to tell sexual partners that they have it; only two per cent disagree. Six in ten (62 per cent) agree that it is the responsibility of people living with HIV to tell friends, family, co-workers, or others that they have it.

One-quarter of Canadians (26 per cent) believe that a person who has HIV and is on treatment can reduce the amount of virus in their body so they can not transmit the virus to others. Four in ten (40 per cent) disagree, and 23 per cent neither agree nor disagree.

A small proportion of Canadians, 15 per cent, agree that they are afraid of catching HIV when they know they are near someone living with HIV. The majority (68 per cent) disagree.

Chart 9: HIV Attitudes

"Please rate your level of agreement or disagreement with the following statements."



EKOS Research Associates Inc.

n=2452

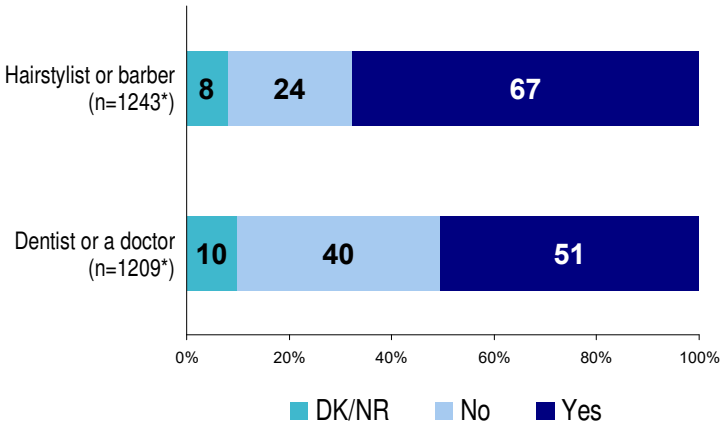
STBBI Survey, 2018

- Those under the age of 25 are less likely than any other age group to believe sexual partners should be informed (85 per cent), although this may be a mode effect, resulting from online respondents feeling more comfortable expressing this point of view.
- Those ages 55 and over (72 per cent) are more likely than younger cohorts to think it is the responsibility of those with HIV to tell friends, family, and coworkers. They are somewhat less apt to agree that a person can reduce the amount of the virus so they cannot transmit the infection (21 per cent).
- Individuals who are between the ages of 25 and 34 (39 per cent) are more likely to agree that a person with HIV and on treatment can reduce the amount of virus in their body.
- Younger Canadians (25 per cent), along with those living in Quebec (22 per cent), are more likely to agree that they are afraid of catching HIV when they are near someone living with the disease, although again, this is likely a result of online respondents feeling more comfortable to express this point of view.
- Those who are from Africa (30 per cent) or South or South East Asia (28 per cent) are more likely to say they are afraid of catching HIV from someone living with HIV. The fear decreases the longer someone has been in Canada. While 27 per cent of those who have been in Canada less than 30 years agree, only 15 per cent of those in the country more than 30 years agree.
- Members of the LGBTQ2 community are less likely to say that they are afraid of catching HIV (only seven per cent agree), or that it is the responsibility of people living with HIV to tell other people (34 per cent agree). They are more likely to agree that a person with HIV can reduce the amount of the virus so they cannot transmit the virus to others (53 per cent).

The majority of Canadians said they would use the services of individuals who are HIV positive. Two-thirds (67 per cent) said that they would be comfortable using a hairstylist or barber who is HIV positive, while one-quarter (24 per cent) would not. Fewer would use the services of a dentist or doctor (51 per cent), with four in ten (40 per cent) indicating that they would not use these medical professionals if they were HIV positive.

Chart 10: Services from HIV Positive Individuals

"Would you use the services of a … who is HIV positive?"



EKOS Research Associates Inc.

* Half sample used for each question

STBBI Survey, 2018

- Those under the age of 25, as well as those ages 55 and over, are consistently less likely to say they would be comfortable using the services of an individual who is HIV positive. Again, among youth, this is likely a result of online respondents feeling more comfortable to express this point of view.
- Men (45 per cent) are more likely than women (35 per cent) to say they would not be comfortable using a dentist who is HIV positive.
- Those with a high school education or less (53 per cent) or income under $40,000 (49 per cent) say they would not use the services of a dentist or doctor who is HIV positive. Likewise, these groups are less likely to use a hairstylist or barber who is HIV positive (33 per cent of those with high school or less education and 29 per cent of those with income under $40,000 would not use the services).

- Those born in Canada are more likely to use the services of a hairstylist or barber (70 per cent) or a dentist or doctor (52 per cent) who is HIV positive.
- Members of the LGBTQ2 community are much more apt than other groups to use the services of a hairstylist or barber (85 per cent) or a dentist or doctor (71 per cent) who is HIV positive.

Just over four in ten Canadians (44 per cent) suspect that people at risk of contracting HIV may not get tested because of fear that test results will be positive. One-quarter (25 per cent) perceive that individuals may not get tested because they fear people finding out and treating them differently. Other reasons cited include not believing they are at risk for HIV (16 per cent), not noticing any symptoms (14 per cent), not having access to health care to get testing done, being generally lazy or neglectful or not caring (seven per cent in each case), or fear of being thought of as someone who is gay or has sex casually or with multiple partners (five per cent). Fifteen per cent are not sure why someone at risk of contracting HIV would not get tested.

Table 17: Reasons for Not Getting Tested for HIV

Why do you think someone who is at risk of contracting HIV, might not get tested for it? (Unprompted)

-	**Total**
n=	*2452*
Fear that test results will be positive	44%
Fear of people finding out and treating you differently	25%
Does not see themselves at risk for HIV/Does not know how HIV is contracted/transmitted	16%
Not having any symptoms	14%
Not having access to health care to get testing done/Not knowing how or where to get testing done	7%
Laziness/neglectful/indifference	7%
Fear of being thought of as gay/someone having casual sex/someone with more than one sexual partner/someone using needles/ drug user/etc	5%
Not knowing if there is a cure or treatment for HIV	3%
Fear of telling your partner	3%
Little or no support network (family or friends)	2%
Not knowing that persons testing positive for HIV may have normal lives with usual life expectancy	2%
Other	2%
Don't know/No response	15%

Note: Only those responses selected by 2% or more are shown

- Women are somewhat more likely to cite fear of a positive result (48 per cent, compared to 40 per cent of men).
- Those under 25 are comparatively less likely to mention fear that the results will come back positive (26 per cent) or concern over how others will react (14 per cent).
- Those with a university education are more likely to think someone might not get tested due to fear that the results would be positive (48 per cent) or that they would be treated differently (32 per cent). Those with a high school education or less are more apt to say they do not know (22 per cent).
- Those who have lived in Canada for less than 10 years are more likely to say they do not know why someone might not get tested (30 per cent).

Respondents were asked to consider some of the reasons someone who thought they may have HIV would hide it from others. Seven in ten (71 per cent) speculated that someone would be afraid of the stigma of being associated with the disease. One-quarter (24 per cent) think that people may be afraid of others' reactions to them or worry about contracting HIV from casual contact. One in ten (10 per cent) said someone may worry about what to say to family, friends, or their employer, while slightly fewer say they may fear loss of employment or insurance (eight per cent), be concerned about being rejected by sexual partners (eight per cent), fear being labelled as someone who is gay, a drug user, or casual partner (six per cent), or fear of being rejected by friends and family (six per cent).

Table 18: Reasons for Hiding HIV Status

What are some of the reasons someone who thought they may have HIV might hide it from others? (Unprompted)

-	**Total**
n=	*1232*
Afraid of stigma of being associated with the disease	71%
Afraid of others' reactions to you, and worry about catching HIV from casual contact with you	24%
Worry about what to say to family, friends, or employer	10%
Fear of loss of employment/insurance	8%
Concern about being rejected by sexual partners	8%
Afraid of being labelled as someone who is (gay/drug user/casual partner/other)	6%
Fear of rejection by friends/family (being alone without support)	6%
Do not care about others/malicious	2%
Concerns about privacy/confidentiality and protection of rights	2%
In denial about the truth	2%
Fear of not being employable in the future	2%

-	Total
n=	*1232*
Other	1%
Don't know/No response	7%

Note: Only those responses selected by 2% or more are shown

- There are no substantively different results between men and women.
- Residents of Ontario and the Prairies are slightly more likely to attribute this behaviour to concern about stigma (76 per cent in Ontario and 79 per cent in the Prairies), and fear of reactions of others (29 per cent and 24 per cent, respectively), as well as fear of labelling (13 per cent) in the Prairies.
- Those under 25 and 55 or older are most apt to point to fear of stigma and discrimination (59 and 66 per cent, respectively).
- Those with a university education are more likely to speculate that people would be afraid of the stigma of being associated with the disease (77 per cent) or fear of loss of employment or insurance (12 per cent).
- Members of the LGBTQ2 community are considerably more likely than others to point to fear of stigma (82 per cent).

Respondents selected various methods of encouraging people to get tested for HIV from a prompted list[6], primarily involving knowledge and information. Seven in ten Canadians perceive that knowledge about the seriousness of the illness and methods of transmission (71 per cent), knowing that testing is fairly easy to do and privacy is protected (71 per cent), or information about sexual health and seeking testing that is free of judgement and culturally sensitive (70 per cent) are the best methods of encouraging testing. Roughly two-thirds believe that this goal is best achieved through knowledge that people can be infected and not know that there is treatment (68 per cent), knowledge about how and where to access testing and treatment (68 per cent), recommendations to get tested from health care providers (64 per cent), or education about safer drug use and/or harm reduction (64 per cent).

[6] List was read by interviewers/shown on screen.

Table 19: Best Methods for Encouraging HIV Tests

What do you see as the best methods of encouraging people to get tested for HIV? (Prompted)

-	**Total**
n=	*2452*
Knowledge about seriousness of illness and methods of transmission	71%
Knowing that testing is fairly easy to do and privacy is protected	71%
Information about sexual health and seeking testing that is free of judgement and culturally sensitive	70%
Knowledge that people can be infected and not know that there is treatment	68%
Knowledge about how and where to access testing and treatment	68%
Recommendation to get tested from health care providers	64%
Education about safer drug use and/or harm reduction	64%
More public awareness campaigns/advertising (unprompted)	3%
Don't know/No response	3%

Note: Only those responses selected by 2% or more are shown

- As with hepatitis C results, women are more likely than men to see each method as an ideal way to encourage people to get tested for HIV.
- Those under age 25 are least likely to select knowing that testing is fairly easy (64 per cent), information about sexual health (63 per cent), education about safer drug use (56 per cent), and recommendations to get tested (56 per cent) as best methods. Among youth, this may be a mode effect, resulting from online respondents not seeing the list, whereas interviewers were able to assist respondents on the telephone.
- Quebec residents are less likely to identify information about sexual health (64 per cent), recommendations to get tested (58 per cent), and education about safer drug use (55 per cent) as superior methods.
- Those with a university education are more likely to suggest knowing that testing is easy and privacy is protected (74 per cent) or that information about sexual health and seeking testing is free of judgement (73 per cent).
- Members of the LGBTQ2 community are more apt to indicate that knowing information about sexual health and seeking testing is free of judgement (81 per cent), testing is easy and that privacy is protected (80 per cent), knowledge about how and where to access testing and treatment (75 per cent), and recommending to get tested from health care providers (73 per cent) are all best methods of encouraging people to get tested for HIV.

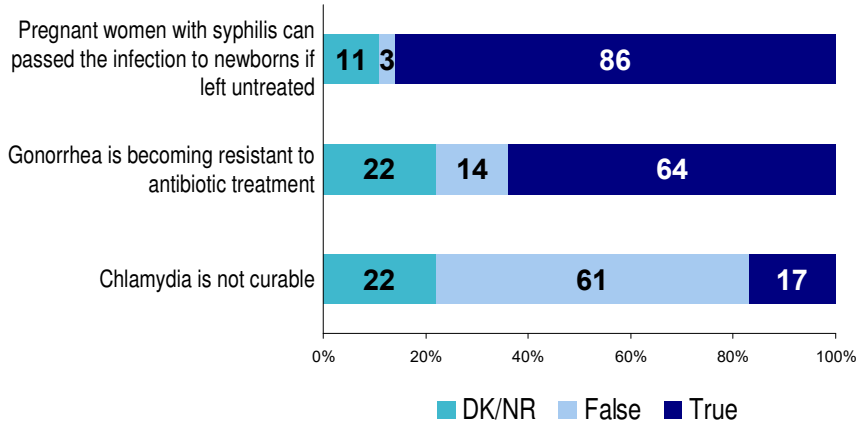
2.4 Sexually Transmitted and Blood-Borne Infections

a) Knowledge of Chlamydia, Gonorrhea and Syphilis

Respondents were presented with a list of three questions designed to assess their knowledge of sexually transmitted infections. Based on results, nearly nine in ten (86 per cent) Canadians are aware that pregnant women with syphilis can pass on their infection to newborns if left untreated. Roughly two-thirds (64 per cent) correctly stated that gonorrhoea is becoming resistant to antibiotic treatment and a similar proportion (61 per cent) correctly rejected the statement that chlamydia is not curable.

Chart 11: Knowledge of STIs

"Please indicate if you think each of the following statements is true or false."



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

- Those under the age of 25 were the least likely to offer a correct answer when it comes to the transmission of syphilis from pregnant mothers to their newborns (74 per cent) or the evolution of antibiotic-resistant strains of gonorrhea (52 per cent), although these are more likely to have been incorrect among respondents online. Those ages 55 or older are comparatively less aware that chlamydia is curable (54 per cent), but most likely to say that syphilis can be passed from mother to newborn child (89 per cent).

Table 20: Knowledge of Sexually Transmitted Blood-Borne Infections by Age

Please indicate whether each of the following are true or false, to the best of your knowledge?

Table 20a: Chlamydia is not curable

Age	16-24	25-34	35-44	45-54	55 up
n=	314	305	339	443	1046
True	20%	18%	15%	15%	17%

Table 20b: Pregnant women with syphilis can passed the infection to newborns if left untreated

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
True	74%	86%	86%	87%	89%

Table 20c: Gonorrhea is becoming resistant to antibiotic treatment

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
True	52%	71%	64%	63%	66%

- Men are somewhat more likely to recognize that gonorrhea is becoming resistant to antibiotics (68 per cent, compared to 60 per cent of women).
- Atlantic Canadians are more likely to be aware that chlamydia is curable (68 per cent), but less likely to be aware that gonorrhea is becoming antibiotic-resistant (55 per cent).
- Manitoba and Saskatchewan residents more likely to be aware that infected pregnant women can transfer syphilis to newborns (93 per cent).
- Canadians with an annual household income of $80,000 or higher, as well as those who are university-educated, are more likely to be aware that gonorrhea is becoming antibiotic-resistant (69 to 70 per cent). They are also more apt to understand that chlamydia is curable (67 to 73 per cent indicating false to the statement that it is not curable).

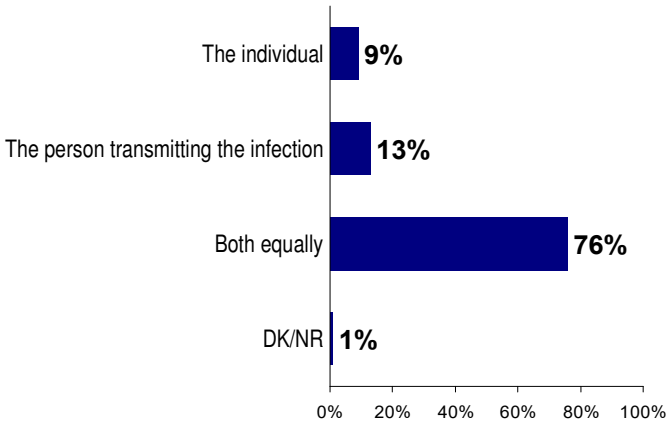
- Awareness that gonorrhea is becoming antibiotic-resistant is greater within the LGBTQ2 community than in the rest of the Canadian population (75 per cent). Awareness is also higher that Chlamydia is curable (71 per cent).
- Foreign-born Canadians are less apt to be aware that chlamydia is curable than the rest of the population (50 per cent, compared to 64 per cent among those born in Canada).

b) Responsibility for Preventing Transmission of Infections

Results reveal that Canadians widely believe that both parties in a sexual partnership should bear equal responsibility for preventing the transmission of STIs and blood-borne infections. Fully three-quarters (76 per cent) believe that responsibility for protecting oneself against these infections lies with both the individual and the person transmitting the infection. Just one in eight (13 per cent) said that the person transmitting the infection should bear the burden of inhibiting its spread, while a similar proportion (nine per cent) say the responsibility lies with the individual.

Chart 12: Responsibility for Preventing Transmission of STIs

"Do you think that the responsibility to protect oneself against HIV and other sexually transmitted infections lies mostly with...?"



EKOS Research Associates Inc.

n=1204 (half sample)

STBBI Survey, 2018

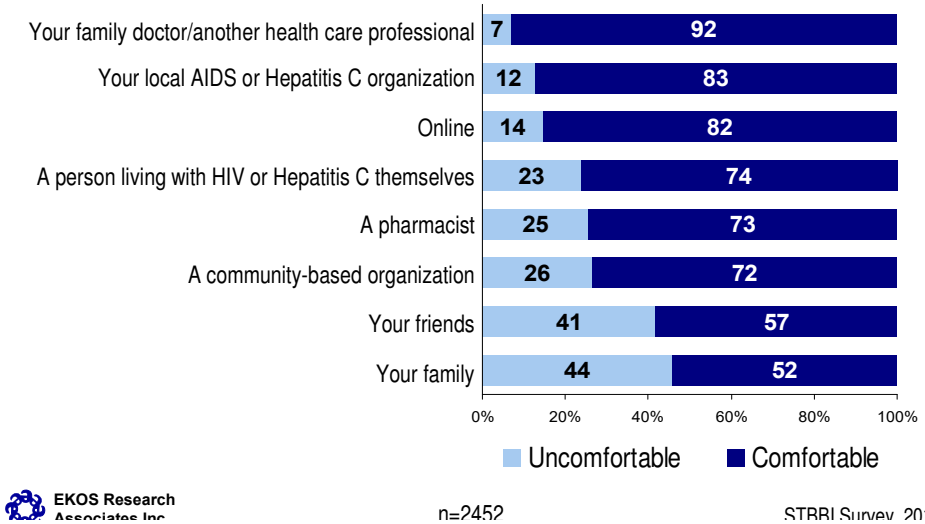
- Women (80 per cent) are more likely than men (73 per cent) to attribute responsibility for preventing STI transmission to both parties in a sexual relationship, while men more often assign sole responsibility to the infected party (16 per cent).
- Canadians ages 35 to 44 are more likely to attribute responsibility for STI prevention equally between both parties in a sexual relationship (86 per cent), while youth under the age of 25 are less likely to believe this (67 per cent), and more apt to place responsibility with the person transmitting the infection (18 per cent).
- Residents of Alberta, Saskatchewan and Manitoba are more likely than others in Canada to place the responsibility of STI prevention with the infected party (19 to 20 per cent), while Quebec residents more often assign responsibility equally between both parties (82 per cent) than average.
- Sentiment that the individual should assume the burden of responsibility for STI prevention is greater among the LGBTQ2 community is greater than in the rest of the Canadian population (16 per cent).
- Those born outside of Canada are somewhat more apt to place the responsibility with the person transmitting the infection (17 per cent). This is particularly pronounced among those who self-identify as being of South or South East Asian ethnicity (23 per cent).

2.5 INFORMATION SOURCES

Canadians have varying degrees of comfort when it comes to discussing sexually transmitted infections with various parties. Nine in ten Canadians (92 per cent) would be comfortable seeking information from a health care professional, while eight in ten would not hesitate to consult an AIDS/hepatitis C organization (83 per cent) or search anonymously for the information online (82 per cent). Respondents are somewhat less comfortable to seek the guidance of a person living with HIV or hepatitis C (74 per cent say comfortable), a pharmacist (73 per cent), or a community-based organization (72 per cent). Fewer than six in ten Canadians (57 per cent) would be comfortable seeking information from a friend, while half (52 per cent) would be comfortable discussing the matter with family.

Chart 13: Comfort with Discussing STIs

"How comfortable would you be seeking information about HIV, hepatitis C or other sexually transmitted blood-borne infections from the following?"



EKOS Research Associates Inc

n=2452

STBBI Survey, 2018

Table 21: Discomfort with Information Sources by Age

How comfortable would you be seeking information about HIV, Hepatitis C or other sexually transmitted blood-borne infections from the following? Those saying "Uncomfortable"

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
Your family doctor or another health care professional	15%	8%	5%	5%	5%
n=	*161*	*160*	*191*	*227*	*530*
A pharmacist	31%	19%	21%	25%	26%
n=	*162*	*143*	*175*	*233*	*515*
Your friends	43%	43%	29%	42%	44%
n=	*152*	*162*	*164*	*210*	*531*
Your family	49%	51%	44%	41%	40%
n=	*146*	*162*	*174*	*218*	*497*
A community-based organization	36%	21%	20%	20%	29%
n=	*314*	*305*	*339*	*443*	*1046*
Online	13%	8%	5%	11%	22%
n=	*312*	*301*	*334*	*431*	*1014*
A person living with HIV or Hepatitis C themselves	31%	24%	15%	19%	25%
n=	*168*	*136*	*160*	*217*	*506*
Your local AIDS or Hepatitis C organization	18%	11%	6%	7%	14%

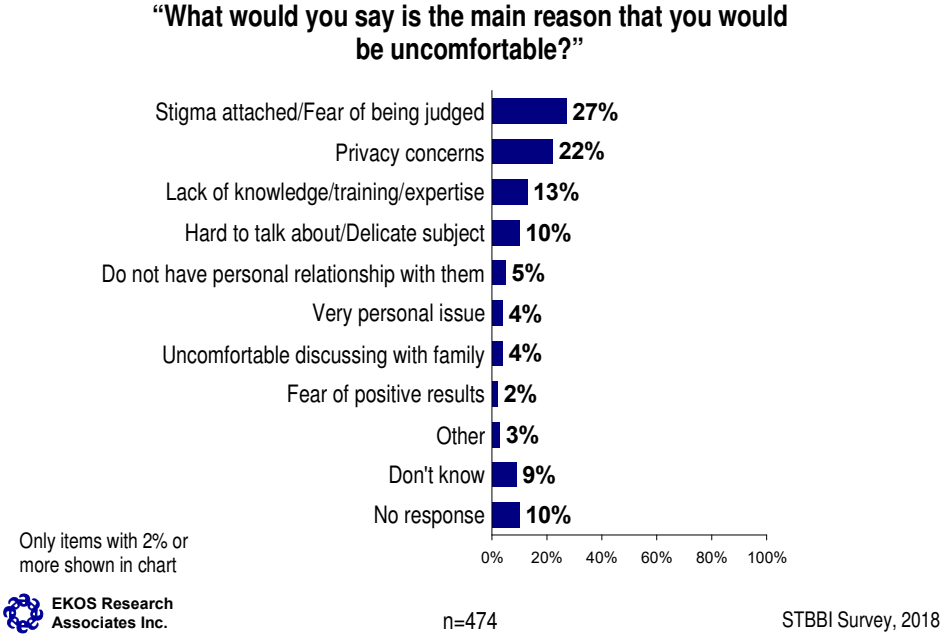
- With the exception of friends and online sources, those under the age of 25 are consistently less comfortable with consulting any of these parties, although discomfort was consistently more apt to be expressed online. Those ages 55 and over also express lower-than-average comfort levels when it comes to discussing the matter with a community-based organization (29 per cent) or online (22 per cent). Those ages 35 to 44 are the most comfortable with turning to friends for information on STIs (68 per cent).
- Those with a university education and reporting higher household incomes are more likely to be comfortable with virtually all of the professionals and organizations, including online, compared with those with less education and income. The exception is comfort with family, which is lower among the university-educated. Conversely, those with high school completion or less, and individuals reporting household incomes of less than $40,000, are much less comfortable with many of the sources including with health care providers, a community-based organization, a person living with hepatitis C, and online.
- Members of the LGBTQ2 community are more likely to be comfortable with most of the sources, including health care providers, pharmacists, community-based

organizations, going online, and speaking with a person living with hepatitis C, as well as friends.

- Those who identify with South or South East Asian as an ethnicity are more apt to be comfortable online compared with others. Those identifying as being of African ethnicity are less likely to be comfortable with health care providers. Those of British descent are more apt to be comfortable than others when it comes to speaking with a person living with hepatitis C.

Those respondents in the survey who expressed discomfort with seeking information about STIs from a doctor, a pharmacist, or a local organization were asked to elaborate on their answer. One-quarter conveyed a fear of being judged (27 per cent), while slightly fewer (22 per cent) cited concerns over privacy. Roughly one in ten expressed doubts that the other party would have adequate knowledge to provide meaningful advice (13 per cent) or stated simply that STIs are difficult to talk about (10 per cent). Other reasons were mentioned by five per cent or less. One in five (19 per cent) did not provide a response.

Chart 14: Reasons for Discomfort with Discussing Infections



- Canadians between the ages of 45 and 54, as well as those with university education or household incomes of $150,000 or higher, are more likely than others to cite privacy concerns (31 to 35 per cent). Lack of knowledge is also more often attributed as a reason by those reporting the highest incomes (24 per cent).
- Fear of stigma is put forward as an explanation considerably more often among those who are 25 to 34 (39 per cent) compared with those who are younger or older.
- Those who are not born in Canada (16 per cent) and, in particular, those who have arrived in Canada within the last decade (23 per cent) are more likely than others to point to the sensitive nature of the subject and reticence to discuss it. This is also more often true of youth compared with older age cohorts (17 per cent). Residents of Manitoba and Saskatchewan are also more likely than others across the country to say they believe people may be uncomfortable discussing the topic with family in particular (15 per cent).

2.6 Sexual Activity and Testing

a) Reasons for Avoiding STI Testing

Respondents were asked to speculate about why an at-risk individual would choose to not get tested for an STI. Three in ten pointed to fear of a positive test result (32 per cent) or fear of others finding out (29 per cent) as possible causes. One in five (18 per cent) argued that the absence of symptoms may be to blame, while one in seven (14 per cent) suggested that the individual may simply not see themselves as at-risk. Another one in ten pointed to a general lack of knowledge/education about testing and cures for STIs. Other proposed explanations include indifference (eight per cent), a lack of access to testing facilities (eight per cent), and fear of informing a partner (seven per cent). Other reasons were mentioned by four per cent or less. Thirteen per cent did not offer a response.

Table 22: Reasons for Not Getting Tested for STIs

What do you think the reason would be for someone at risk of contracting a sexually transmitted infection, might not get tested? (Unprompted)

-	**Total**
n=	*2452*
Fear that test results will be positive	32%
Fear of people finding out and treating you differently	29%
Not having any symptoms	18%
Does not see themselves at risk/Does not know how it is contracted/transmitted	14%
Lack of knowledge/education/information (e.g., existence of cure)	10%
Laziness/neglectful/indifference	8%
Not having access to health care to get testing done/Not knowing how or where to get testing done	8%
Fear of telling your partner	7%
Fear of being thought of as gay/someone having casual sex/someone with more than one sexual partner	3%
Privacy concerns	2%
Other	3%
Don't know/No response	13%

Note: Only those responses selected by 2% or more are shown

- Those under the age of 25 are less likely than older Canadians to suggest fear of a positive test result (19 per cent), while those ages 55 and over are less inclined to blame a lack of symptoms (13 per cent). Those 25 to 44 are the most likely cohort to point to a lack of symptoms (24 to 26 per cent). Those who are 25 to 34 are also more apt to suggest that fear of people finding out is a key driver (35 per cent).
- Quebec residents are less likely than other residents to mention fear of others finding out or a lack of familiarity with STI transmission as primary reasons (18 and nine per cent, respectively), while residents of Ontario are more likely to point to fear of discovery that they have an STI as a primary reason (35 per cent). Alberta residents are more likely than average to say it is a lack of familiarity with STI transmission (20 per cent) and Atlantic Canadians are more likely to blame fear of a positive result (40 per cent).
- Canadians with an annual income between $80,000 and $100,000 are more likely than others to mention the fear that others will find out as a primary reason (35 per cent), while this is least likely among those earning under $40,000 (24 per cent).
- Canadians born in South or South East Asia are less likely than other foreign-born Canadians to blame either fear of a positive result or the discovery by others as a primary reason (21 and 20 per cent), but are more likely to point to a lack of health care access (13 per cent). Canadians born in either the Caribbean or South America

are more likely than those coming from other regions to blame fear of discovery by others (42 per cent), while British-born Canadians are more likely to point to fear of telling one's partner, or a lack of health care access (12 and 14 per cent).

- Those who arrived in Canada within the last 10 to 29 years are more likely than others to suggest being asymptomatic as a primary reason (25 per cent).
- Members of the LGBTQ2 community are more likely than other Canadians to blame being asymptomatic as a primary reason (25 per cent).

b) Best Methods for Encouraging STI Testing

Respondents were asked to identify what they considered to be the best approaches for encouraging STI testing from a list provided. All of the methods tested were met with the approval of the majority of respondents. Eight in ten (80 per cent) identified enhanced sexual health education as a key approach, while three-quarters (75 per cent) recommended increased knowledge about the seriousness of illness and methods of transmission. Roughly seven in ten selected stressing the simple and confidential nature of STI testing (73 per cent), broadening awareness that STIs do not always produce visible symptoms and can only be ruled out through testing (72 per cent), increasing knowledge on how and where to access testing (70 per cent), and recommendations from health care providers (67 per cent).

Table 23: Best Methods for Encouraging STI Testing

Which of the following do you think are the best methods of encouraging people to get tested and/or treated for sexually transmitted infections? (Prompted)

-	**Total**
n=	*2452*
Increased sexual health education and information about seeking testing that is free of judgement and culturally sensitive	80%
Increased knowledge about seriousness of illness and methods of transmission that is free of judgement and culturally sensitive	75%
Knowing that testing and treatment are fairly easy to do and privacy is protected	73%
Increase knowledge that people can be infected and not know and that there is treatment and possible cure	72%
Increase knowledge on how and where to access testing and treatment	70%
Recommendations from health care providers	67%
Other	1%
Don't know/No response	2%

Note: Only those responses selected by 2% or more are shown

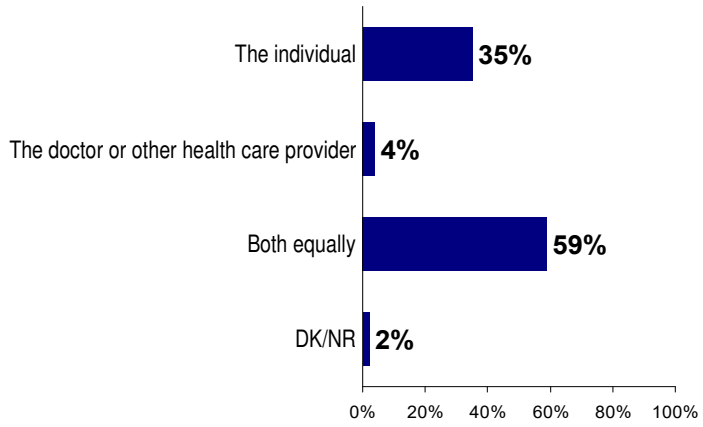
- Those aged 35 to 44 are consistently more likely to select each of the methods discussed above. Those under 25 years of age are less likely to choose recommendations from health care providers (54 per cent), particularly among online respondents.
- Residents of Saskatchewan and Manitoba are more likely to choose knowledge of how and where to get tested or treated (76 per cent). Quebec residents are less likely to select either the knowledge that testing and treatment are fairly easy to get (67 per cent), or recommendations from health care providers (60 per cent).
- Canadians with an annual income of $150,000 or greater are more likely to select increased knowledge of the seriousness of STIs (80 per cent). Those with an annual income of less than $40,000 are less likely to choose the knowledge that testing and treatment is fairly easy to get (68 per cent).
- Those who consider themselves to be members of an ethnic group are less likely to select either the increased knowledge of that infection can go undetected (67 per cent), knowledge on how and where to get tested or treated (65 per cent), knowledge that testing and treatment are fairly easy to get (68 per cent), or a health care provider's recommendations (61 per cent). British-born Canadians are less likely to select increased knowledge of either the seriousness of STIs (67 per cent), the fact that infection can go undetected (60 per cent), that testing or treatment are easy to get (64 per cent), or recommendations by health care providers (55 per cent). European-born Canadians are less likely to choose increased knowledge that people can be infected with STIs and not know it (63 per cent), knowledge of where and how to access testing or treatment (65 per cent), knowledge of the ease of accessing testing or treatment (65 per cent), or recommendations by health care providers (59 per cent).
- Canadians with a disability are more likely than others to select increased knowledge of how and where to access testing and treatment (76 per cent), knowledge that testing and treatment are easy to get (79 per cent), and recommendations from health care providers (73 per cent).
- Members of the LGBTQ2 community are more likely to select increased knowledge of how and where to access testing and treatment (75 per cent), knowledge that testing and treatment are easy to get (80 per cent), and recommendations from health care providers (74 per cent).

c) Responsibility for Preventing Transmission of STIs

When asked whether they felt that responsibility to request STI testing rests primarily with the individual or with the individual's health care provider, six in ten Canadians (59 per cent) believe that both parties should be equally responsible. One-third (35 per cent), however, feel that responsibility lies mainly with the individual. Very few (four per cent) believe that the individual's health care provider should take charge on the matter.

Chart 15: Responsibility for Requesting Testing

"Do you think that the responsibility to request testing for HIV and other sexually transmitted infections lies mostly with...?"



EKOS Research Associates Inc.

n=1248 (half sample)

STBBI Survey, 2018

- Women are more likely to say that both parties should take equal part in seeking testing for STIs (65 per cent, compared to 53 per cent of men). Men, in contrast, are comparatively more likely to say that the individual should take responsibility (39 per cent, compared to 31 per cent women).
- Canadians under the age of 25 and those with a high school education or less are less likely to feel that responsibility should be shared between both parties (48 and 53 per cent, respectively).

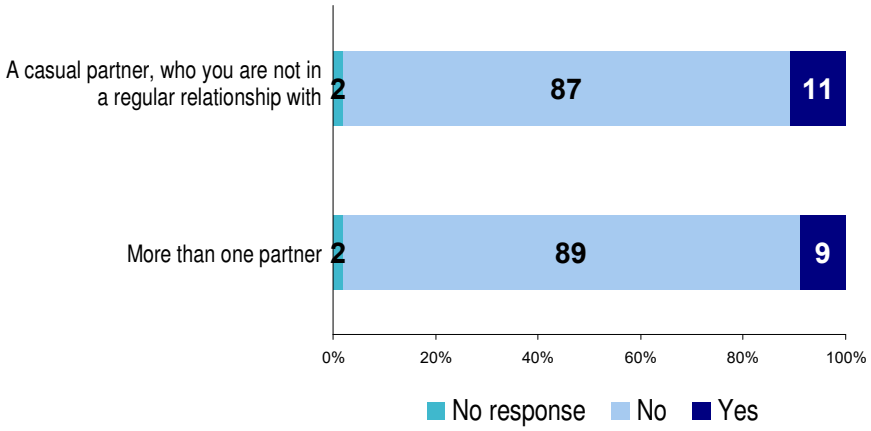
- Foreign-born Canadians, particularly those who arrived in Canada within the last 10 to 29 years are less likely to feel the individual should assume primary responsibility (30 and 24 per cent).

d) Recent Sexual Activity

One in ten Canadians in the sample (nine per cent) said that they are sexually active with more than one partner (over the previous 12 months). A similar proportion (11 per cent) were sexually active with a casual partner with whom they were not in a regular relationship.

Chart 16: Recent Sexual Activity

"In the last 12 months have you been sexually active with…?"



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

- The proportion of respondents who reported that they are sexually active with a casual partner declines from 27 per cent among those under the age of 25 to three per cent among those ages 55 and over. Similarly, the proportion who has been engaged with multiple partners drops from 21 per cent among those under the age of 25 to two per cent among those ages 55 and over.

Table 24: Sexual Activity by Age

In the last 12 months have you been sexually active with…? (Per cent saying yes)

Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
A casual partner, who you are not in a regular relationship with	27%	18%	12%	7%	3%
More than one partner	21%	16%	9%	5%	2%

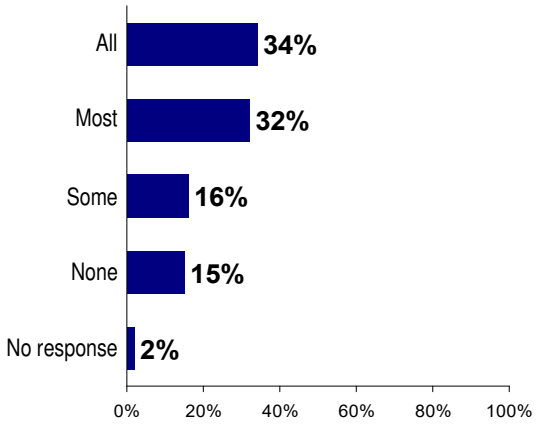
- Quebec residents are more likely to have been sexually active with a casual partner (16 per cent), while residents of Saskatchewan and Manitoba are less so (five per cent).
- Members of the LGBTQ2 community are more likely to have been sexually active with a casual partner (35 per cent), or more than one partner (33 per cent).

e) Use of Protective Barriers

Those respondents who have been sexually active with either multiple partners or at least one casual partner in the past 12 months were asked how often they used condoms. One-third (34 per cent) claimed that they used condoms in all of their sexual encounters, while a similar proportion (32 per cent) used a condom 'most' of the time. One in six used a condom just some of the time (16 per cent) or not at all (15 per cent). Perceived risk and condom use are seemingly related. Those who use condoms all of the time are considerably more likely to also rate their risk of contracting HIV, and to a lesser extent sexually transmitted infections.

Chart 17: Use of Protective Barriers

"Would you say that you used a condom all of the time, most of the time, some of the time or none of the time?"



EKOS Research Associates Inc.

n=276 (have multiple partners)

STBBI Survey, 2018

- Those under 25 years of age are more likely to have used a condom most of the time (42 per cent), although this was less often true among those responding online. Those 25 to 34 and 45 to 54 are more likely to have used a condom all of the time (43 and 49 per cent, respectively), although the sample sizes for each segment are small. Those 55 or older are the most apt to say they never use a condom (33 per cent), although again, the sample size is small (n=42).

Table 25: Use of Protective Barriers by Age

Would you say that you used a condom all of the time, most of the time, some of the time or none of the time?

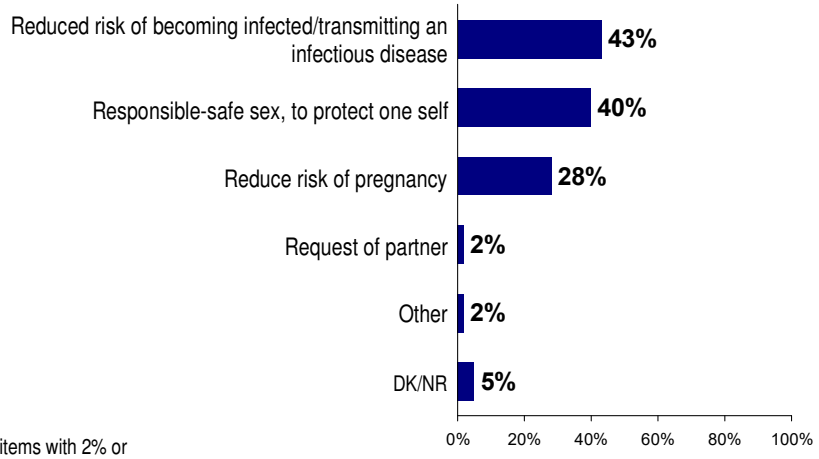
Age	16-24	25-34	35-44	45-54	55 up
n=	*93*	*61*	*48*	*32*	*42*
All	27%	43%	37%	49%	22%
Most	42%	26%	41%	9%	21%
Some	14%	18%	10%	17%	24%
None	15%	11%	10%	18%	33%

- University-educated Canadians are more likely to have used a condom all of the time (41 per cent).
- Those born outside the country and those belonging to a visible minority are more likely to have used a condom most of the time (45 and 47 per cent, respectively).

Among those who indicated that they use condoms at least some of the time, four in ten attributed their use of protection to the reduced risk of infection (43 per cent) and responsible and safe sex (40 per cent). Three in ten (28 per cent) cited the reduced risk of pregnancy. Other reasons were mentioned by four per cent or fewer.

Chart 18: Reasons for Using a Condom

"What was your reason(s) for using a condom?"(Unprompted)



Only items with 2% or more shown in chart

EKOS Research Associates Inc.

n=224

STBBI Survey, 2018

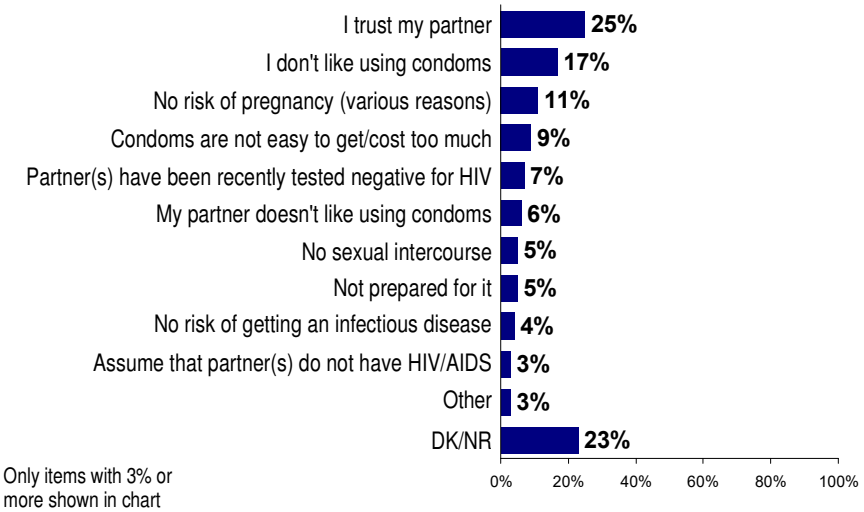
- Women are more likely to cite reduced risk of pregnancy as a primary reason for using condoms (39 per cent, compared to 20 per cent of men).
- Those under 25 years of age are more likely to cite reduced risk of pregnancy as a primary reason to have used a condom (36 per cent).

- Those with an annual income between $40,000 and $80,000 are more likely to select reduced risk of pregnancy as a primary motivator in their decision to wear a condom (39 per cent).
- Members of the LGBTQ2 community are less likely to mention reduced risk of pregnancy (17 per cent).
- Those born outside Canada are less likely to cite reduced risk of pregnancy as a primary reason to use a condom (11 per cent).

Among the small number of respondents who indicated that they do not use condoms, the most common explanations include trust in their partner (25 per cent), an aversion to using condoms in general (17 per cent), and lack of risk of pregnancy (11 per cent). Lack of access to condoms (availability/cost) is an issue put forward by one in ten (nine per cent). Other reasons were mentioned by seven per cent or less and one in four (23 per cent) did not provide an answer.

Chart 19: Reasons for Not Using a Condom

"What was your reason(s) for not using a condom?" (Unprompted)



Only items with 3% or more shown in chart

EKOS Research Associates Inc.

n=46

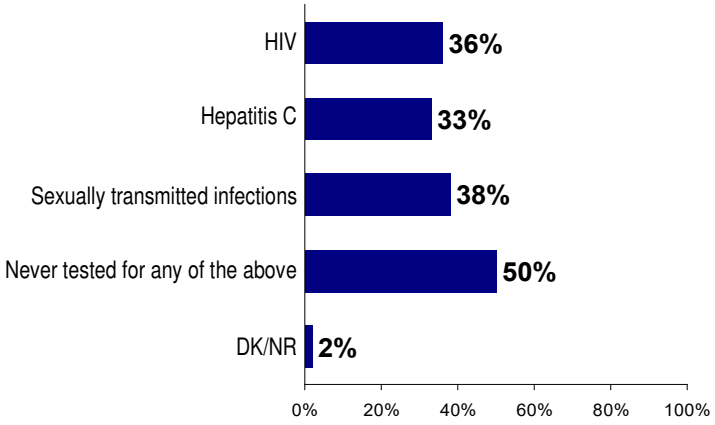
STBBI Survey, 2018

f) History of STBBI Testing

Results suggest somewhat limited use of STBBI testing. Half of respondents (50 per cent) indicated that they have never been tested for an STBBI. Four in ten (38 per cent) said they had been tested for an unspecified STBBI in the past. Roughly one-third have been tested for HIV (36 per cent) or hepatitis C (33 per cent). Those indicating consistent condom use are also more likely to have been tested for one or more STBBI. Perhaps in part for this reason, testing is most often reported among those perceiving their risk of contracting HIV and/or hepatitis C as moderate.

Chart 20: Incidence of STBBI Testing

"Have you ever been tested for any of the following, excluding testing for insurance, blood donation and participation in research studies?"



EKOS Research Associates Inc.

n=2452

STBBI Survey, 2018

- Those ages 25 to 44 were much more likely to have been tested for any of these infections. Those ages 55 and up were the most likely to have never been tested (67 per cent).

Table 26: Incidence of STBBI Testing by Age

Have you ever been tested for any of the following, excluding testing for insurance, blood donation and participation in research studies?

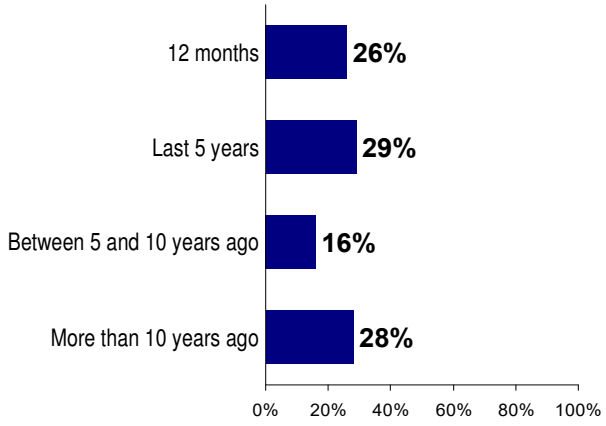
Age	16-24	25-34	35-44	45-54	55 up
n=	*314*	*305*	*339*	*443*	*1046*
HIV	25%	57%	58%	43%	20%
Hepatitis C	23%	50%	48%	38%	21%
Sexually transmitted infections	36%	64%	58%	40%	20%
Never tested for any of the above	52%	29%	33%	45%	67%
Don't know/No response	7%	0%	2%	2%	2%

- Residents of Saskatchewan and Manitoba are also most likely to have never received STBBI testing (62 per cent), while residents of British Columbia are more likely to have been tested for hepatitis C specifically (38 per cent), compared to Atlantic Canadians who are less likely to have been tested for either hepatitis C (25 per cent) or STBBIs generally (31 per cent).
- Canadians with a high school education or less are less likely to have been tested for any of these infections (58 per cent), while the university-educated are more likely to indicate that they have been tested for STBBIs (43 and 44 per cent for HIV and sexually transmitted diseases, and 37 per cent for hepatitis C).
- Canadians with an annual income of $80,000 or greater are more likely to have been tested for HIV infection (41 to 44 per cent).
- Members of the LGBTQ2 community are more likely to have been tested for any of these infections. The same is true for Indigenous Canadians, those who identify as a visible minority, and Canadians of Caribbean and South American descent.
- Those born outside of Canada who have been in the country for 10 years or less are more likely to have been tested for an HIV infection (50 per cent).

Among those who have ever been tested for any of these infections, one-quarter (26 per cent) indicated that their most recent STBBI test took place within the past 12 months. Three in ten (29 per cent), meanwhile, have been tested within the past two to five years. One in six (16 per cent) last submitted to testing between five and ten years ago, and 28 per cent have not been tested in the last decade.

Chart 21: Timing of Most Recent STBBI Test

"Was this within the last...?"



EKOS Research Associates Inc.

n=1141 (those who have been tested)

STBBI Survey, 2018

- Men are comparatively more likely to have been tested in the past 12 months (30 per cent, compared to 22 per cent of women), while women are more likely to have reported that their most recent test took place more than 10 years ago (34 per cent, compared to 22 per cent of men). This is also true for those who are 55 or older (55 per cent of those tested were tested more than 10 years ago).
- There is a strong, inverse correlation between recency of an individual's most recent STBBI test and age. For instance, the proportion of respondents who say they have been tested in the past 12 months declines from 57 per cent among those under the age of 25 to 10 per cent among those ages 55 and over.
- Residents of British Columbia are less likely to have received STBBI testing within the last year (15 per cent) and more likely to have last been tested for STBBIs over a decade ago (37 per cent). Residents of Saskatchewan and Manitoba are more likely

have last received an STBBI test over 10 years ago (41 per cent), while residents of Quebec are less likely have last been tested for STBBIs over 10 years ago (22 per cent). Atlantic Canadians are more likely have last been tested for STBBIs five to 10 years ago (27 per cent).

- Canadians with an annual income below $40,000 are more likely to have last been tested for STBBIs within the last year (35 per cent), while those with an annual income greater than $150,000 are more likely to have last been tested over 10 years ago (38 per cent).
- Foreign-born Canadians who have been in the country for 29 years or less are more likely to have last been tested for STBBIs within the last year (46 per cent among those who have been in Canada for under 10 years and 37 per cent among those who have been in Canada for 10-29 years), while those who have been in Canada for over 30 years are more likely to have last been tested for STBBIs over 10 years ago (42 per cent).
- Canadians who identify as a member of a visible minority and members of the LGBTQ2 community are more likely to have been tested for STBBIs within the last year (54 per cent).
- Canadians of Caribbean and South American descent are more likely to have been tested for STBBIs in the last year (41 per cent). The same is true of Canadians of South and South East Asian descent (42 per cent).

APPENDIX A
SURVEY INSTRUMENT

APPENDIX A: Survey Instrument

Hello,

The Government of Canada is conducting a research survey with individuals 16 to 64 years of age, who are permanent residents of Canada on important health related topics. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais?

My name is .... of EKOS Research, the company hired to do the survey. The survey takes about 20 minutes to complete. It is registered with the Marketing Research and Intelligence Association. Your participation is voluntary and completely confidential. Your answers will remain anonymous.

Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada. Would you mind if we asked you some questions?

The personal information you provide to the Government of Canada is collected in accordance with the Privacy Act under the authority of section 4 of the Department of Health Act, and in accordance with the Treasury Board Directive on Privacy Practices. We only collect the information we need to conduct the research project.

In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

May I continue?

NOTE: If respondent aged 65 or older, ask to speak with someone in household aged 16-64. If no one in household aged 16-64, thank and terminate, code QF.

Continue	1
(VOLUNTEERED) Prefer to complete it online	2
Refuse (THANK & TERMINATE)	9

INTRORF1

Prefer online, PINTRO

Would you be willing to complete the survey online as soon as possible?

IF YES: Please provide us with your email address.

IF NO: THANK AND TERMINATE

Yes (record email) :	1
No THANK AND TERMINATE	2

INTRORF2

Prefer online, PINTRO

An invitation email has been sent, it should be received shortly. Please complete the survey as soon as possible. Thank you for your time and cooperation.

MUST ALWAYS CLICK "CONTINUE" TO RETURN TO INTRODUCTION	1

PRIV

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

QGENDR

With which gender do you identify? (DO NOT READ OPTIONS)

Male	1
Female	2
Prefer to self-identify (specify):	77
Prefer not to say	99

QAGEX

In what year were you born?

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

Year :	1
No response	9

QAGEXA

If 2002, confirm if at least 16

Are you at least 16 years of age?

Yes	1
No	2
No response	99

QAGEY

If hesitant

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

Under 16	98
16-19 years	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

PQKNOW1

Half-sample

How knowledgeable would you say that you are about about each of the following on a scale where one is not at all knowledgeable, 5 is extremely knowledgeable and the midpoint 3 is moderately knowledgeable?

QKNOW1A

HIV

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

QKNOW1B

Hepatitis C

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

QKNOW1C

Hepatitis B

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

QKNOW1D

Sexually transmitted infections such as Gonorrhea, Chlamydia or Syphilis

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

PHRISK

How would you rate your own personal risk of contracting each of the following, using a scale where 1 is a very low risk, 5 is a very high risk and the midpoint 3 is moderate risk?

HRISKA

HIV

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

HRISKB

Hepatitis C

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

HRISKC

Half-sample, Hep B

Hepatitis B

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

HRISKD

Sexually transmitted infections such as Gonorrhea, Chlamydia or Syphilis

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

Q2 [1,16]

From what you know or have heard, can you tell me what actions, factors or conditions could increase a person's risk of getting hepatitis C, a viral infection that causes liver inflammation, sometimes leading to serious liver damage. That is, how people might contract hepatitis C?

(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

Sharing needles/injection drug equipment	1
Sharing drug inhalation (snorting) equipment (e.g., straws)	2
Unprotected sexual intercourse	3

Unsterile tattooing/body piercing	4
Sharing personal hygiene items (e.g., toothbrushes, razors)	5
Casual contact (e.g., kissing, hugging, shaking hands)	6
Being born to a mother who has Hepatitis C	7
From mother to child through breastfeeding	8
Lived in/travelled to a country where hepatitis C is common	9
Received medical care where non-sterile equipment may have been used	10
Received a blood transfusion, blood products or organ transplants in Canada before 1992	11
Received a blood transfusion, blood products or organ transplants in a country where Hepatitis C is common	12
Received vaccination where non-sterile equipment may have been used	13
Other (specify)	77
Don't know/No response	99

PQ10

Please tell me if you think each of the following statements is true or false.

Q10A

Many people living with hepatitis C do not know they have it.

True	1
False	2
Don't know/ No response	9

Q10B

A blood test is the only way to know if you have contracted hepatitis C.

True	1
False	2
Don't know/ No response	9

Q10C

People in your age group are more likely to have or contract hepatitis C than those in other age groups.

True	1
False	2
Don't know/ No response	9

QCOMFHC

How comfortable would you be working around or having casual contact with someone who is living with hepatitis C?

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

QRISKG [1,22]

As far as you know, in Canada today, what groups in society are most at risk of getting hepatitis C? Any other groups?

(DO NOT READ - CODE ALL THAT APPLY)

People who inject drugs	1
Gay and/or bisexual men	2
Men	3
Women	4
Blood transfusion recipients/people with hemophilia	5
Organ transplant recipients	6
Those who practice unprotected sex	7
Babies born to mothers with Hepatitis C	8
People who have tattoos, body piercing	9
Those who share items potentially contaminated with blood (such as needles, toothbrushes and razors) with someone who has hepatitis	10
Younger people	11
Older people/baby boomer	12
Indigenous peoples	13
People in prisons	14
New immigrants	15
Sex trade workers	16
People who are homeless and/or street involved	17
Other (specify)	77
No Groups more likely	98
Don't know/No response	99

Q14

To the best of your knowledge, is there a cure for hepatitis C?

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

Q15

Is there a vaccine available to prevent someone from getting hepatitis C?

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

Q15B

Half-sample, Hep B

Is there a vaccine available to prevent someone from getting hepatitis B?

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

Q17 [1,3]

Why do you think someone who is at risk of contracting hepatitis C, might not get tested for it?

DO NOT READ; ACCEPT UP TO THREE RESPONSES	
Not understanding the risk factors / how hepatitis C is contracted/transmitted	1
Not understanding how serious it is	2
Not understanding how or where to get testing done	3
Not having access to health care to get testing done	4
Not understanding if there is treatment or a cure for hepatitis C	5
Not having any symptoms that would make them think they were infected	6
Do not see themselves at risk	7
Fear of people finding out/ being thought of as someone who has casual sex/ uses needles /etc	8
Fear of telling your partner	9
Health care provider did not recommend it	10
Do not have time or ability to get tested	11
Other (specify)	77
Don't know/No response	99

Q19 [1,15]

Which of the following do you see as the best methods of encouraging people to get tested for hepatitis C?

Read list - accept all that apply	
Knowledge about seriousness of illness and methods of transmission	1
Knowledge that people can be infected and not know that there is treatment/possible cure	2
Knowledge about how and where to access testing and treatment	3
Knowing that testing is fairly easy to do and privacy is protected	4
Education about safer drug use and/or harm reduction	5
Recommendation to get tested from health care providers	6
Information about sexual health and seeking testing that is free of judgement and culturally sensitive	7
Other (specify)	77
Don't know/No response	99

RISK2 [1,3]

Low, HRISKB

You said earlier that your own personal risk of contracting hepatitis C is low. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES	
I am heterosexual	1
Married/only one partner/monogamous	2
I don't have oral sex	3
I don't have vaginal sex	4
I don't have anal sex	5
My partner's viral load is undetectable	6
I use Pre-exposure Profilaxis (PreP)	7
I always use a condom	8
I don't use IV drugs	9
I don't engage in risky behaviours	10
I never have sex with sex trade workers	11

Please specify :	77
Don't know/No response	99

RISK3 [1,3]

Mod, HRISKB

You said earlier that your personal risk of contracting hepatitis C is moderate. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

I am heterosexual	1
I am gay	2
I am bisexual	3
I am lesbian, gay, bisexual, transgender, questioning, queer	4
I have only one partner	5
I am not sexually active	6
I always use a condom	7
I don't use IV drugs/don't share drug use equipment	8
I have multiple partners	9
I use IV drugs/I share drug use equipment	10
I never share needles when I use IV drugs	11
I sometimes share needles when I use IV drugs	12
I don't always use condoms	13
I sometimes have sex with sex trade workers	14
My partner is HIV positive	15
I use Pre-exposure Profilaxis (PreP)	16
My partner's viral load is undetectable	17
I have an STI	18
Please specify :	77
Don't know/No response	99

RISK4 [1,3]

High, HRISKB

You said earlier that your own personal risk of contracting hepatitis C is high. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

I am gay	1
I have more than one partner	2
I seldom or never have protected sex (condoms, etc)	3
I use IV drugs/share drug use equipment	4
I don't use condoms or don't use it every time	5
I sometimes or often share needles when I use IV drugs	6
My partner is HIV positive	7
My partner is an IV drug user	8
I frequently have sex with sex trade workers	9
I have an STI	10
I think my partner is cheating on me	11
My partner has a high viral load	12
Please specify :	77
Don't know/No response	99

HQ2 [1,17]

From what you know or have heard, can you tell me what actions, factors or conditions could increase a person's risk of getting HIV. That is, how people might contract HIV?

(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

Unprotected anal intercourse	1
Unprotected vaginal intercourse	2
Unprotected oral sex	3
Sharing needles/injection drug equipment	4
Sharing drug inhalation (snorting) equipment (e.g., straws)	5
Unsterile Tattoos/Tattooing/body piercing	6
Contact with physical objects (e.g., fountains, toilet seats)	7
Blood to blood contact (e.g. from an open cut)	8
Insect bites	9
Casual contact (e.g., kissing, hugging, shaking hands	10
A sneeze or cough	11
From mother to child during pregnancy, birth, or breastfeeding	12
By being stuck with an HIV-contaminated needle or other sharp object	13
Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV	14
Other (specify)	77
Don't know/No response	99

HGRPS [1,22]

As far as you know, what groups in society are most at risk of getting HIV? Any other groups?

(DO NOT READ - CODE ALL THAT APPLY)

Youth (under 25 years of age)	1
People who inject drugs	2
Gay and/or bisexual men	3
Women	4
Transgender people	5
Indigenous peoples	6
People in prisons	7
People who have unprotected sex	8
People who have blood transfusions or organ transplants	9
People with hemophilia	10
Low income Canadians	11
Sex trade workers	12
New immigrants to Canada	13
People who are homeless and/or street involved	14
Children with parents living with HIV	15
People of African or Caribbean descent	16
Other (specify)	77
No Groups more likely	98
Don't know/No response	99

HRISK2 [1,3]

Low, HRISKA

You said earlier that your own personal risk of contracting HIV is low. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

I am heterosexual	1
Married/only one partner/monogamous	2
I am not sexually active	3
My partner's viral load is undetectable	4
I use Pre-exposure Profilaxis (PreP)	5
I always use a condom	6
I don't use IV drugs	7
I don't engage in risky behaviours	8
I never have sex with sex trade workers	9
Please specify :	77
Don't know/No response	99

HRISK3 [1,3]

Mod, HRISKA

You said earlier that your personal risk of contracting HIV is moderate. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

I am heterosexual	1
I am gay/bisexual/lesbian/transgender/questioning/queer	2
I have only one partner	3
I always use a condom	4
I don't use IV drugs/don't share drug use equipment	5
I have multiple partners	6
I use IV drugs/I share drug use equipment	7
I don't always use condoms	13
I sometimes have sex with sex trade workers	14
My partner is HIV positive	15
I use Pre-exposure Profilaxis (PreP)	16
My partner's viral load is undetectable	17
I have an STI	18
Please specify :	77
Don't know/No response	99

HRISK4 [1,3]

You said earlier that your own personal risk of contracting HIV is high. Why do you think this?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

I am gay	1
I have more than one partner	2
I seldom or never have protected sex (condoms, etc)	3
I use IV drugs/share drug use equipment	4
I don't use condoms or don't use it every time	5
I sometimes or often share needles when I use IV drugs	6
My partner is HIV positive	7

My partner is an IV drug user	8
I frequently have sex with sex trade workers	9
I have an STI	10
I think my partner is cheating on me	11
My partner has a high viral load	12
Please specify :	77
Don't know/No response	99

HQ14

To the best of your knowledge, is there a cure for HIV?

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

HQ15

Is there a vaccine available to prevent someone from getting HIV?

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

HQ15B

Half-sample

Is there a pill that can be taken to help prevent someone from getting HIV?

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

HTREAT

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

READ LIST

Not at all effective	1
Not very effective	2
Somewhat effective	3
Effective	4
Very effective	5
Don't know/ No response	9

HQ16B [1,10]

Half-sample

From what you know, where can someone get testing to diagnose HIV?

(DO NOT READ - CODE ALL THAT APPLY)

Doctor's office	1
Clinic or hospital	2
Pharmacy	3
Community health centre	4

Home	5
Testing laboratories	6
Home/Self-testing kits	7
Other (specify)	77
Don't know/No response	99

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 five point scale where 1 is completely disagree, 5 is completely agree and the midpoint 3 is neither.

HQAGB

I am afraid of catching HIV when I know I am near someone living with HIV

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

HQAGC

A person who has HIV and is on treatment can reduce the amount of virus in their body so they cannot transmit the virus to others.

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

HQAGE

Half-sample, HQAGE/F

It is the responsibility of people living with HIV to tell friends, family, co-workers or others that they have it

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

HQAGF

Half-sample, HQAGE/F

It is the responsibility of people living with HIV to tell sexual partners that they have it

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

HSERV1A

Half-sample, HSERV1A/B

Would you use the services of a dentist or a doctor who is HIV positive?

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

HSERV1B

Half-sample, HSERV1A/B

Would you use the services of a hairstylist or barber who is HIV positive?

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

H17 [1,3]

Why do you think someone who is at risk of contracting HIV, might not get tested for it?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

Fear that test results will be positive	1
Little or no support network (family or friends)	2
Not having access to health care to get testing done/Not knowing how or where to get testing done	3
Not knowing if there is a cure or treatment for HIV	4
Not having any symptoms	5
Not knowing that persons testing positive for HIV may have normal lives with usual life expectancy	6
Fear of telling your partner	7
Fear of people finding out and treating you differently	8
Fear of being thought of as gay/someone having casual sex/someone with more than one sexual partner/someone using needles/ drug user/etc	9
Does not see themselves at risk for HIV/Does not know how HIV is contracted/transmitted	10
Fear of criminal prosecution due to HIV status	11
Other (specify)	77
Don't know/No response	99

H17B [1,3]

Half-sample

What are some of the reasons someone who thought they may have HIV might hide it from others?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

Afraid of stigma of being associated with the disease	1
Fear of loss of employment /insurance	2
Afraid of others' reactions to you, and worry about catching HIV from casual contact with you	3
Worry about what to say to family, friends, or employer.	4
Concern about asking employer for time off for treatment and follow-up testing	5
Concern about not being able to be employed	6
Concern about being rejected by sexual partners	7
Afraid of being labelled as someone who is (gay/drug user/casual partner/other)	8
Afraid of dying from the disease	9
Other (specify)	77

Don't know/No response	99

H19 [1,15]

What do you see as the best methods of encouraging people to get tested for HIV?

Read list - accept all that apply	
Knowledge about seriousness of illness and methods of transmission	1
Knowledge that people can be infected and not know that there is treatment	2
Knowledge about how and where to access testing and treatment	3
Knowing that testing is fairly easy to do and privacy is protected	4
Education about safer drug use and/or harm reduction	5
Recommendation to get tested from health care providers	6
Information about sexual health and seeking testing that is free of judgement and culturally sensitive	7
Other (specify)	77
Don't know/No response	99

PSTI

Please indicate whether each of the following are true or false, to the best of your knowledge

STIA

Chlamydia is not curable.	
True	1
False	2
Don't know/ No response	9

STIB

Pregnant women with syphilis can passed the infection to newborns if left untreated.	
True	1
False	2
Don't know/ No response	9

STIC

Gonorrhea is becoming resistant to antibiotic treatment.	
True	1
False	2
Don't know/ No response	9

STI4 [1,3]

What do you think the reason would be for someone at risk of contracting a sexually transmitted infection, might not get tested?

DO NOT READ; ACCEPT UP TO THREE RESPONSES	
INTERVIEWER NOTE: if respondent says "fear", probe for source of fear - "Fear of what?"	
Fear that test results will be positive	1
Fear of telling your partner	2
Not having access to health care to get testing done/ Not knowing how or where to get testing done	3
Not knowing if there is a cure or treatment	4

Not having any symptoms	5
Fear of people finding out and treating you differently	6
Fear of being thought of as gay/someone having casual sex/someone with more than one sexual partner	7
Does not see themselves at risk/Does not know how it is contracted/transmitted	8
Other (specify)	77
Don't know/No response	99

STI5 [1,15]

Which of the following do you think are the best methods of encouraging people to get tested and/or treated for sexually transmitted infections ?

Read list - accept all that apply

Increased sexual health education and information about seeking testing that is free of judgement and culturally sensitive	1
Increased knowledge about seriousness of illness and methods of transmission that is free of judgement and culturally sensitive	2
Increase knowledge that people can be infected and not know and that there is treatment and possible cure	3
Increase knowledge on how and where to access testing and treatment	4
Knowing that testing and treatment are fairly easy to do and privacy is protected	5
Recommendations from health care providers	6
Other (specify)	77
Don't know/No response	99

STI6

Half-sample, STI6/7

Do you think that the responsibility to protect oneself against HIV and other sexually transmitted infections lies **mostly** with:

Read categories, select only 1

The individual	1
The person transmitting the infection	2
Both equally	3
Don't know/No response	9

STI7

Half-sample, STI6/7

Do you think that the responsibility to request testing for HIV and other sexually transmitted infections lies **mostly** with:

Read categories, select only 1

The individual	1
The doctor or other health care provider	2
Both equally	3
Don't know/No response	9

HINFSQ

The next series of questions asks about your information sources.

HP86

How comfortable would you be seeking information about HIV, Hepatitis C or other sexually transmitted blood-borne infections from the following ... Would you be very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable.

Q87

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

Q88

Half-sample

A pharmacist

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

Q89

Half-sample, Q89/Q90

Your friends

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

Q90

Half-sample, Q89/Q90

Your family

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

Q91

Half-sample, Q91/Q94

A community-based organization

Very uncomfortable	1
Somewhat uncomfortable	2
Somewhat comfortable	3

Very comfortable	4
Don't know/ No response	9

Q92

Online

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

Q93

A person living with HIV or Hepatitis C themselves

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

Q94

Half-sample, Q91/Q94

Your local AIDS or Hepatitis C organization

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

Q95 [1,3]

Uncomfortable, Q87/88/94

What would you say is the main reason that you would be uncomfortable?

Please specify :	77
Don't know	98
No response	99

PSEX

These next few questions are strictly for the purposes of understanding patterns of attitudes about HIV. 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.

In the last 12 months have you been sexually active with:

SEXA

A casual partner, who you are not in a regular relationship with.

SEXB

More than one partner.

Yes	1
No	2
No response	9

SEX2

Yes, SEXA/B

Would you say that you used a condom all of the time, most of the time, some of the time or none of the time?

All	1
Most	2
Some	3
None	4
No response	9

SEX6 [1,3]

All/most/some, SEX2

What was your reason(s) for using a condom?

DO NOT READ; ACCEPT UP TO THREE RESPONSES

Reduce risk of becoming infected/ transmitting HIV specifically	1
Reduced risk of becoming infected/transmitting an infectious disease	2
Reduce risk of pregnancy	3
Request of partner	4
Responsible-safe sex, to protect one self	5
I am or my partner has a high viral load	6
Please specify :	77
Don't know/No response	99

SEX7 [1,3]

None, SEX2

What was your reason(s) for not using 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)

No sexual intercourse	1
No risk of getting an infectious disease	2
Already have HIV	3
Assume that partner(s) do not have HIV/AIDS	4
Partner(s) have been recently tested negative for HIV	5
Not prepared for it	6
I don't like using condoms	7
Condoms are not easy to get	8
Condoms don't prevent you from contracting HIV	9
Condoms cost too much money	10
My partner doesn't like using condoms	11
I am or my partner (s) am/are virally suppressed	12
I use Pre-exposure Profilaxis (PreP)	13
Please specify :	77
Don't know/No response	99

TEST [1,3]

Have you ever been tested for any of the following, excluding testing for insurance, blood donation and participation in research studies?

Read list - accept all that apply

HIV	1
Hepatitis C	2
Sexually transmitted infections	3
Never tested for any of the above	8
Don't know/No response	9

TESTB

Tested, TEST

Was this within the last:

READ LIST

12 months	1
Last 5 years	2
Between 5 and 10 years ago	3
More than 10 years ago	4
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

Q130A

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

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

Q130 [1,18]

Yes, Q130A

Which one(s)?

IF NEEDED: 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, Ukrainian)	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/Indigenous (Ojibway, Iroquois, Cree...)	13
American (general mention)	14
African (Nigerian, Somali)	15
Other (specify)	77
None	98
Don't know/No response	99

MINOR [1,4]

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 Indigenous person	2
A person with a disability	3
Lesbian, Gay, Bisexual, Transgendered, Queer, Two-Spirit	4
(DO NOT READ) None	5
(DO NOT READ) Don't know/No response	9

QBORN

Were you born in Canada?

Yes	1
No	2
Prefer not to say	99

QBORNB

No, QBORN

How many years have you lived in Canada?

Less than 5 years	1
5-9 years	2
10-19 years	3
20-29 years	4
30 or more years	5
Don't know / No response	99

D2

What is the highest level of formal education that you have completed?

Grade 8 or less	1
Some high school	2
High school diploma or equivalent	3

Registered Apprenticeship or other trades certificate or diploma	4
College, CEGEP or other non-university certificate or diploma	5
University certificate or diploma below bachelor's level	6
Bachelor's degree	7
Post graduate degree above bachelor's level	8
Prefer not to say	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	3
$60,000-$79,999	4
$80,000-$99,999	5
$100,000-$149,999	6
$150,000 or more	7
Don't know/No response	99

POSTCELL

Missing admin postal code

What are the first three digits of your postal code?

Format: A1A

Please specify :	1
Don't know / No response	9

THNK

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

APPENDIX B
RESPONSE RATES

APPENDIX B: Response Rates

Response Rate - Random Digit Dial (RDD) Sample

Total Sample	**Number of People**
Valid and invalid sample attempted	62,840

Out of Scope	**Number of People**
Invalid number, blocked by Bell, fax/modem, duplicate	20,402

Unresolved (U)	**Number of People**
Busy, no answer answering machine	25,314

In-Scope- non responding (IS)	**Number of People**
Language Problem	510
Refusal	13,571
Qualified respondent break-off	356
Total	**14,437**

In-scope – Responding Units (R)	**Number of People**
Completed interviews	1,762
Ineligible, quota filled	925
Total	**2,687**

Response Rate = R/(U+IS+R)	**6.3%**

The response rate described in the report for the RDD telephone sample relies on the empirical method which uses the total numbers called (62,840) minus those found invalid (20,402) as the base (42,438), and the total number completed (1,762) plus those ineligible to complete the study (925) as the numerator (i.e., 2,687 divided by 42,393 or 6.3%), using the method outlined by the Market Research and Intelligence Association.

Participation Rate - Cellphone Only Panel Sample

Total Sample	Number of People
Valid and invalid sample attempted	2,129

Out of Scope	Number of People
Invalid number, blocked by Bell, fax/modem, duplicate	56

Unresolved (U)	Number of People
Busy, no answer answering machine	1,305

In-Scope- non responding (IS)	Number of People
Language Problem	1
Refusal	141
Qualified respondent break-off	28
Total	**170**

In-scope – Responding Units (R)	Number of People
Completed interviews	541
Ineligible, quota filled	57
Total	**598**

Response Rate = R/(U+IS+R)	**28.8%**

The participation rate described in the report for the telephone sample relies on the empirical method which uses the total numbers called (2,129) minus those found invalid (56) as the base (2,073), and the total number completed (541) plus those ineligible to complete the study (57) as the numerator (i.e., 598 divided by 2,073or 11.6%), using the method outlined by the Market Research and Intelligence Association.