

AIDS-Related Knowledge, Attitudes, Behavior, and Practices: A Survey of 6 Chinese Cities



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**Summary Report of CHAMP 2008 KAB/P
(Data Analysis)**

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PREFACE

This survey investigates knowledge, attitudes, behaviors and practices (KAB/P) among different segments of society in six important Chinese cities Kunming, Shenzhen, Shanghai, Wuhan, Zhengzhou and Beijing. The survey was conducted by Renmin University with financial and technical support from UNAIDS, the Global Business Coalition on HIV/AIDS, TB and Malaria (GBC), and Ogilvy. This summary report of the survey results outlines key information regarding people's understanding of HIV and AIDS, their attitudes towards HIV and people living with HIV, their related behavior, and the ways in which their understanding, or lack of understanding, affects their attitudes and behavior. We hope the data will provide critical information supporting HIV prevention to practitioners and organizations, government institutions, academic institutions, and the public at large.

This is the result of a unique public-private partnership, involving UNAIDS, GBC, Renmin University, and Ogilvy, who have joined forces to produce this survey.

The survey also provides interesting and useful details about how shortcomings in knowledge about HIV lead to misconceptions and fear of people living with HIV, often resulting in stigma and discrimination.

We share the results of the research undertaken and hope that this information will help government institutions, NGOs, private sector partners and other relevant stakeholders to review HIV prevention programmes in the light of this and other scientific evidence. We need to understand our epidemic and design evidence-based strategies and programs to make good use of limited resources. We encourage researchers and academics to further analyze the data to inform and strengthen policies and programmes. We trust these findings on what has been achieved, and what still needs to be done provide impetus to increase our efforts to address issues regarding AIDS awareness, prevention, and stigma and discrimination and will inspire all partners in the fight against AIDS in China to allow us to achieve universal access to prevention, treatment, and care.



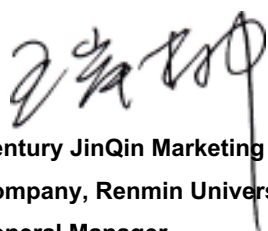
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Executive Summary

According to China's Ministry of Health, the number of people living with HIV (PLHIV) in China had reached 700,000 by December 2007. Because AIDS is spreading both in numbers and geographically, it is viewed as a major public health threat and strategies are underway to increase AIDS awareness and knowledge among the general public.

The China AIDS Media Partnership (CHAMP) was initiated by the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria in August 2007. This program aims to enhance the awareness and understanding of HIV/AIDS among the general public and to achieve wider media coverage on HIV/AIDS. CHAMP plans to use China's mass media, including TV, radio broadcasting, print, Internet and outdoor advertising to improve AIDS awareness and to reduce the stigma and discrimination associated with the disease.

In February-March 2008, the 2008 CHAMP KAB/P Survey, which analyzes knowledge, attitudes, behaviour, and practices related to HIV, risk perception of contracting HIV, and people living with HIV, was undertaken in six Chinese cities, which included Beijing, Shanghai, Shenzhen, Wuhan, Zhengzhou, and Kunming. The four target groups were white-collar workers, blue-collar workers, migrant workers, and youth. More than 6,000 interviews were carried out. The actual survey was conducted by Century JinQin Marketing Research Company at Renmin University. Five reports were produced in both English and Chinese: one summary report and five detailed reports.

The survey is the first of its kind conducted on a large scale in China. More than 6,000 people in six cities were interviewed at one time. The final sample size was 6,382 interviewees — 1,000 in each city, plus a 6% overflow allotment to make sure the survey sample goal of 6,000 was reached. The target groups and sample consisted of the following:

Youth: Aged 15 to 24, total surveys conducted: 1,604

Migrant Workers: Aged 18 to 49, total surveys conducted: 1,529

Blue-collar workers: Aged 18 to 49, total surveys conducted: 1,649

White-collar workers: Aged 25 to 49, total surveys conducted: 1,600

The sample population was distributed as follows: Beijing had 1033 respondents (16.2%), Shanghai had 1044 respondents (16.4%), Shenzhen had 1086 respondents (17.0%), Wuhan had 1067 respondents (16.7%), Zhengzhou had 1064 respondents (16.7%), and Kunming had 1088 respondents (17.0%).

3,392 respondents were male (53.1%) and 2,990 were female (46.9%). 3,280 respondents (51.4%) were married; 1,726 (27%) were unmarried and sexually inactive; 1,322 (20.7%) were unmarried and sexually active, 39 (0.6%) were divorced, and 15 (0.2%) were widowed.

The survey is the first of its kind conducted on a large scale in China. More than 6,000 people in six cities were interviewed at one time.

Among the key findings were:

- * 52.3% of the interviewees viewed China's current HIV/AIDS situation as "serious" or "very serious".
- * All four target groups and all cities showed similar results for this question.
- * Thirteen survey questions used to determine knowledge of transmission routes were answered correctly on average 80.9% of the time. However, more than 48% of respondents thought they could contract HIV from a mosquito bite, and over 18% by having an HIV positive person sneeze or cough on them.
- * 26.3% of interviewees did not know where they could get an HIV test. 11.0% did not know where to get condoms and 29.6% did not know how to use a condom correctly. 43.1% had never used a condom, mainly because of sexual inactivity or trust in their sexual partner(s).
- * Among the four target groups, the main information sources for information on HIV/AIDS were, in order of popularity: television, newspapers, and the Internet.
- * 19.2% said they would not be willing to use a condom if they had sex with a new partner.
- * 30.0% of interviewees think HIV positive students/children should not be allowed to study at the same schools as uninfected children/students. 12% of respondents were unsure. Migrant workers showed the greatest opposition, with 48.7% saying they should not be allowed.
- * Nearly 48% of interviewees would be unwilling to eat with an HIV-infected person; 65% would be unwilling to live with an HIV-infected person, and 63.4% would be unwilling to accept services such as hairdressing from an infected person. High levels of stigma and discrimination were associated with working together - 41.3% would be unwilling to work with a person infected with HIV, and 41.8% would be unwilling to share tools with a person infected with HIV.
- * 83.4% of interviewees had never searched for information on HIV/AIDS on their own initiative. 57.0% had never talked about AIDS-related issues with their family members, friends, classmates or colleagues. Blue-collar workers were least likely to have talked about HIV/AIDS-related issues with friends, family etc., with 63.8% saying they had never done so.
- * 10.7% of respondents had had sex with people who were not their spouse, girlfriend or boyfriend during the past 6 months; 42.0% of those respondents had not used condoms during the last two acts of sexual intercourse with those partners. 5.1% said they had multiple-sexual partners in the past year. Of these, blue-collar workers had the highest rate of multi-partner sex with 35.3%, next were migrant workers (28.8%), white-collar workers (24.8%), and finally youth (11.1%).
- * 31.7% of interviewees thought people with HIV/AIDS deserved their disease because of their sexual behavior or drug abuse.
- * 88.1% of interviewees felt they were *not* at risk of HIV transmission. This included 92% of white-collar workers, 92% of youth, 90% of blue-collar workers, and 78% of migrants.

As well as comparing different target groups and cities, one of the major aims of the KAB/P study was to analyse in more depth respondents who had very limited knowledge about HIV transmission. These respondents were categorised into a Low Rate of Correct Answers (LRCA) group. The survey found that 2,611 respondents – 40% of the total sample population – fell into this category. Special analysis was used to compare the answers from this group against the responses of the sample population as a whole, in order to optimize future mass-media AIDS-awareness campaigns. The LRCA group had an average correct answer rate 10% lower than for the sample population as a whole and displayed higher levels of stigma and discrimination:

...more than 48% of respondents thought they could contract HIV from a mosquito bite, and over 18% by having an HIV positive person sneeze or cough on them.

31.7% of interviewees thought people with HIV/AIDS deserved their disease because of their sexual behavior or drug abuse.

Preventing stigma and discrimination is a collective task shared by all and successes in this regard will not only benefit people living with HIV, but also prevention efforts and society as a whole.

* The average correct answer rate for the LRCA group for questions on how HIV can be transmitted was 65.4%. This was significantly lower than the correct answer rate for these questions for the sample population as a whole, 80.9%.

* 34% of the LRCA group thought they could contract HIV by eating with an infected person, 35% by using the same toilet, and 65% from a mosquito bite. 20% would not touch an HIV positive family member or relative.

* 86% had never searched for information on HIV/AIDS on their own initiative, and 61% had never spoken to anyone about AIDS. This rate was similar for the sample population as a whole.

* 16% did not know where to get condoms. 33% did not know how use condoms. 36% did not know where to get an HIV test, and 44% had never used a condom before.

* Only 24.7% would use a condom with a first-time sex partner. 12.4% had had multiple sex partners in the last year; 45.8% had not used a condom in their last two acts of sexual intercourse.

Conclusion

The survey clearly shows that the average level of knowledge regarding AIDS and HIV transmission is relatively low and that serious misperceptions, such as the belief that transmission can occur through mosquito bites are fairly common. However, most people do correctly identify sexual transmission as one way of contracting HIV. Unfortunately, the lack of proper risk assessment and lack of knowledge of protective preventive measures cause individuals to continue to engage in high risk behavior. As a consequence, people who are sexually active will often underestimate their risk of contracting HIV, particularly if they belong to high-risk groups, or are having sex with people who practice high risk behavior, such as sex workers, men who have sex with men, and intravenous drug users. Furthermore, as people in general do little to seek new information on HIV transmission this situation will persist unless addressed by outside interventions. Finally, a clear correlation exists between a low level of knowledge and high levels of discriminatory attitudes, indicating a significant need to improve information coverage on HIV/AIDS, even among groups with relatively low risk of contracting HIV. Preventing stigma and discrimination is a collective task shared by all and successes in this regard will not only benefit people living with HIV, but also prevention efforts and society as a whole.

Background

AIDS appeared in China for the first time in the early 1980s, and, according to the Chinese Ministry of Health, the number of HIV positive people has been steadily increasing during recent years. Characteristics of China's AIDS epidemic include a wide geographical spread, a large imbalance between regions, and growth of various transmission pathways. Drug abuse and sex remain the main transmission routes for new infections. There is a risk of AIDS spreading from typical high-risk populations to the general public. As of December 2007, there were an estimated 700,000 PLWHAs in China, an increase of 50,000 from December 2005. The overall prevalence rate in the entire population is 0.05%.

Because AIDS is spreading in China, it has become an important threat to public health and may impact social and economic development in certain areas. According to the Joint Assessment Report released by the Chinese Ministry of Health and the UN, the dissemination of health education and information on HIV/AIDS still needs to be stepped up in order to increase the generally low levels of awareness among the general public concerning self-protection and to reduce the stigma surrounding HIV/AIDS which is present in many sections of society.

The China AIDS Media Partnership (CHAMP) was initiated by The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria in August 2007. The program aims to enhance awareness and understanding of HIV/AIDS among the general public and to achieve wider media coverage on HIV/AIDS. CHAMP will use China's mass media industry, including TV, radio broadcasting, print, Internet and outdoor advertising to improve AIDS awareness and to reduce the stigma and discrimination associated with the disease. CHAMP initiated the 2008 CHAMP KAB/P Survey, with the aim of evaluating levels of understanding, attitudes and behaviors relating to HIV/AIDS of a sample population, in order to identify effective methods and strategies for its AIDS media campaign. Based on the information from this study, CHAMP will formulate targeted messages to be broadcast by various media.

The Century JinQin Marketing Research Company of Renmin University of China was asked by GBC/CHAMP and UNAIDS to conduct this survey. The survey's target population includes: white-collar workers, blue-collar workers, migrant workers, and youth. Five reports were submitted by the implementing agency: Survey Report of 2008 CHAMP KAB/P (White-Collar), Survey Report of 2008 CHAMP KAB/P (Blue-Collar), Survey Report of 2008 CHAMP KAB/P (Youth), Survey Report of 2008 CHAMP KAB/P (Migrants) and Survey Report of 2008 CHAMP KAB/P (Comprehensive Report).

This report is a Summary Survey Report of the 2008 CHAMP KAB/P (Comprehensive Report).

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Survey Summary

1. Overview

The Century JinQin Marketing Research Company of Renmin University in China conducted the “**2008 CHAMP KAB/P Survey**” between February 22nd and March 27th 2008. The survey was carried out in six target cities: Beijing, Kunming, Shanghai, Shenzhen, Wuhan, Zhengzhou and surveyed 6000 respondents divided evenly between the cities.

The survey consisted of two sections:

- 1) Computer Aided Telephone Interviews (CATI) consisting of random telephone interviews with persons identified as youths, blue-collar workers and white-collar workers between mid-February and mid-March 2008 (see sample profile below).
- 2) A separate Central Intercept Test (CIT) was conducted with migrant workers. These were face-to-face interviews conducted simultaneously with the CATI survey and with sample population divided evenly between the six target cities.

The survey evaluated respondents' knowledge, attitudes, behaviors, and media habits as they related to HIV/AIDS. A detailed analysis of the responses was carried out, which will allow CHAMP, UNAIDS, Chinese government agencies and other partners to develop long-term educational, prevention and awareness-raising programs, using new and existing formats as well as Chinese mass-media outlets - television, radio, the Internet, public service announcements, etc., to more effectively reach populations in urban and regional/provincial areas throughout China.

All interviewers were given comprehensive training on accepted survey procedures and were also given a thorough briefing on HIV/AIDS information. Surveys were conducted between mid-February and mid-March 2008. Project supervisors were on hand in each city to assure quality control and data credibility. A stringent process of data collection, review and analysis was carried out, and a comprehensive project report was completed on March 27th 2008.

2. Target Groups and Sample

The target groups and sample population included:

Youths: Aged 15 to 24, with local identity card (hukou), and resident in the target city for at least 1 year continuously, in or out of school. Total surveys conducted: 1,604

Migrant Workers: Aged 18 to 49, engaged in manual work in cities, without local identity card (hukou), living in target city for at least 3 months continuously. Total surveys conducted: 1,529

Blue-collar workers: Aged 18 to 49, with local identity card (hukou), and resident for at least one year

The survey was carried out in six target cities: Beijing, Kunming, Shanghai, Shenzhen, Wuhan, Zhengzhou and surveyed 6000 respondents divided evenly between the cities.

in the target city, engaged in manual work. Total surveys conducted: 1,649

White-collar workers: Aged 25 to 49, with local identity card (hukou), and 1 year of continuous residence in the target city, engaged in managerial or higher-level work. Total surveys conducted: 1,600

The survey had a final sample size of 6,382 interviews; 1,000 in each city, plus a 6% excess allotment to ensure the desired goal of 6,000 was achieved.

3. Target Sample Demographics

Beijing had 1033 respondents (16.2%), Shanghai 1044 (16.4%), Shenzhen 1086 (17.0%), Wuhan 1067 (16.7%), Zhengzhou 1064 (16.7%), and Kunming 1088 (17.0%). 6,382 respondents were surveyed in total.

3,392, or 53.1% of all respondents were male, while 2990 (46.9%) were female. 3,280 respondents (51.4%) were married; 1,726 respondents (27%) were unmarried and sexually inactive; 1,322 (20.7%) were unmarried and sexually active, 39 (0.6%) were divorced, and 15 (0.2%) were widowed.

1,855 (29.1%) had Bachelor's degrees; 1750 (27.4%) were in, or had completed high school, 1,187 (18.6%), were in junior-high school (18.6%); 1,184 (18.6%) had college graduate level qualifications; 252 (3.9%) were at elementary school level or below (3.9%), and 154 (2.4%) were at postgraduate level or above. Monthly income ranged from 0 - 15,000 RMB.

Migrant workers included: hotel/restaurant/entertainment workers, (163 people, 10.7%), cleaners (147 people, 9.6%), street dealers, (147 people, 9.6%), delivery workers, (143 people, 9.4%), environment protection workers, (143 people, 9.4%), repair workers, (136 people, 8.9%), security personnel, (134 people, 8.8%); road & bridge workers, (132 people, 8.6%), interior decoration workers, (130 people, 8.5%), construction workers, (130 people, 8.5%), freight delivery workers, (124 people, 8.1%).

Blue-collar workers included: service industry and unspecified workers, (626 people, 38%), salespeople, (239, 14.5%), general factory workers, (200 people, 12.1%), customer service workers, (154 people, 9.3%), technicians, (149 people, 9.0%), repair workers, (63 people, 3.8%), construction workers, (54 people, 3.3%), nurses, (51 people, 3.1%), freight delivery workers, (47 people, 2.9%), taxi drivers, (42 people, 2.5%) and cooks, (24 people, 1.5%).

White-collar workers included: company office workers, (479 people 29.9%), professional skilled workers: accountants, lawyers, engineers, doctors, artists, IT professionals, (312 people, 19.5%), enterprise managers, (292 people, 18.3%), freelancers, (226 people, 14.1%), technical staff: teachers, scientists, technicians, researchers, (139 people, 8.7%), ordinary officials: (99 people, 6.2%), and government leaders: (53 people, 3.3%).

I. INTERVIEWEES' KNOWLEDGE REGARDING HIV/AIDS

1. Perception of the Current HIV/AIDS situation in China

The survey showed that 52.3% of the interviewees viewed the current HIV/AIDS situation in China as either "very serious" or "serious," reflecting a high level of concern and fear concerning China's HIV/AIDS problem. 21.1% indicated that they were "not sure" about China's current HIV/AIDS situation and could not express an opinion. Complete details are listed in the table below:

Table 1: Perception of Current HIV/AIDS Situation in China

	Number	Percentage	
Not a problem	126	2.0%	
A small problem, but under control	1,572	24.6%	
Serious	2,468	38.7%	} 52.3%
Very serious	868	13.6%	
Not sure	1,348	21.1%	
Total	6,382	100.0%	

For survey results for different cities and target groups, refer to Table A1: Perception of Current HIV/AIDS Situation Among Interviewees in Each City and Table A2: Perception of Current HIV/AIDS Situation in China Among Different Groups in the Addendum to this report.

2. Knowledge of HIV/AIDS Transmission Routes

(A) Perception of Risk of Transmission in Different Situations

The survey showed that the interviewees had a relatively good understanding of HIV/AIDS transmission routes, and generally achieved a high rate of correct answers on the risk of transmission in different situations, achieving 80.9% on average. For the four HIV transmission routes - sex, blood transfusion, needle sharing and mother-to-baby - the percentage of correct answers was above 90%. The lowest percentage of correct answers was for the question on whether HIV/AIDS can be transmitted by a mosquito bite - 48.7% answered "yes" to this question. Full data on responses to these questions are listed in the table below:

...interviewees had a relatively good understanding of HIV/AIDS transmission routes, and generally achieved a high rate of correct answers on the risk of transmission in different situations, achieving 80.9% on average.

Table 2: Perception of Transmission Risk in Different Situations

	Unit:%			Correct rate
	YES	NO	Don't know	
Sharing needles with others	93.6	4.3	2.1	93.6
Receiving blood transfusion of unscreened blood	95.8	1.9	2.3	95.8
Using the same toilet as someone who is HIV positive	18.4	74.6	7.0	74.6
A mosquito bite	48.7	44.5	6.9	44.5
Kissing on the cheek /Touching someone who is HIV positive	15.1	79.2	5.7	79.2
Having unprotected penetrative anal sex with a person who is infected with HIV	80.0	9.4	10.6	80.0
Having unprotected penetrative vaginal sex with a person who is infected with HIV	95.7	1.6	2.7	95.7
Having unprotected penetrative oral sex with a person who is infected with HIV	74.2	16.0	9.8	74.2
Being near an HIV positive person who is sneezing or coughing	18.3	75.1	6.5	75.1
Using the same drinking glass, chopsticks or eating together at the same table as a HIV positive person	16.1	78.8	5.1	78.8
Working in the same room as an HIV positive person	9.3	87.1	3.7	87.1
Having unprotected sex with someone who looks healthy	80.0	9.8	10.2	80.0
Whether an HIV positive mother can infect her child during pregnancy, childbirth, or when breastfeeding	92.7	3.3	4.1	92.7
Average percentage of correct answers				80.9

Among the four groups, Youth had the highest rate of correct answers (RCA) with 85.1%; second were White-Collar Workers with 83.1%, then Blue-Collar Workers (80.5%) and Migrant Workers (74.4%). The average RCA was 80.9%.

Other Key Facts on Transmission:

1) The survey compared the knowledge level of transmission routes of HIV/AIDS in each city. It found interviewees in Kunming and Shanghai had the highest Rate of Correct Answers (RCA) with 82.5% and 82.4% respectively. Wuhan was third with 81.6%, then Zhengzhou (80.6%), Beijing (80.3%), and Shenzhen with 77.9%. The average RCA was 80.9%.

2) Among the four groups, Youth had the highest rate of correct answers (RCA) with 85.1%; second were White-Collar Workers with 83.1%, then Blue-Collar Workers (80.5%) and Migrant Workers (74.4%). The average RCA was 80.9%. For complete details see Table A3: RCA of Transmission Routes Among Different Groups in the Addendum to this report.

It is striking that 52.3% of respondents considered China's HIV/AIDS situation to be "serious" or "very serious", yet most felt they were not at risk.

3. Perception of Risk of Contracting HIV/AIDS

The survey found that 5,623 interviewees (88.1%) felt they were *not* at risk of being infected with HIV. This included 92.3% of white collar workers, 91.9% of youth, 90.1% of blue collar workers, and 77.6% of migrant workers. In fact, only 5.9% (385 of 6,382 people interviewed) felt they were at risk of contracting HIV - the group expressing most concern was migrant workers, at 9%. 374 respondents were "not sure."

Of the cities in which the survey was carried out, the highest perception of risk was found in Kunming (10.4%). Second was Shenzhen (8.3%), then Beijing (5.5%), Zhengzhou (4.8%), Wuhan (3.6%), and Shanghai, the lowest with 2.4%. Within the four target groups, 9% of migrant workers, followed by 5.3% of blue-collar workers, 4.7% of youth, and 4.6% of blue collar workers felt themselves to be at risk.

It is striking that 52.3% of respondents considered China's HIV/AIDS situation to be "serious" or "very serious", yet most felt they were not at risk.

4. Knowledge of Whether HIV Infection is the Same as Having AIDS

The survey found that 2,493 people (39.1%) assumed that being infected with HIV is the same as having AIDS. Another 2,690 (42.1%) thought it was not the same, and 1,199 (18.8%) did not have a clear idea. Among the four groups, Youth had the highest RCA at 59.9%; second were White-Collar Workers with 43.9%, then Blue-Collar Workers with 38.0%, and Migrant workers with 26.2%. Of the six cities, Beijing had the highest RCA for this question with 48.6%, next were Wuhan at 47.4%, Kunming and Zhengzhou with 40.7%, Shanghai with 40.4%, and Shenzhen, the lowest with 35.4%

5. Knowledge of Whether People Infected with HIV Have Visible Symptoms

The survey showed that 1,435 respondents (22.5% of all interviewees) thought that people infected with HIV have visible symptoms. Conversely, 2,572 interviewees (40.3%) thought they do not, and 2,375 interviewees (37.2%) did not know. Anticipated visible signs include: weight loss (29.1%), skin infection (26.8%), and spotted skin (19.7%), among other ailments.

Other Key Findings on Whether HIV Infection Has Visible Symptoms:

Of the six target cities, Wuhan had the highest RCA (no visible symptoms) at 48.1%, then came Beijing (44.9%), Zhengzhou (40.4%), Shanghai (39.2%), Shenzhen (34.9%), and Kunming (34.7%). Of the four groups, migrant workers had the highest RCA (43.6%), followed by youth, white-collar workers, and blue-collar workers with 41.5%, 38.6%, and 37.8% respectively.

6. Perception of Whether AIDS is Curable

The survey showed that 11.3% of interviewees (718 people) thought that AIDS was curable, while 77.0% (4,916) thought it was not. 748 people (11.7%) were not sure. Among the 718 who thought AIDS was curable, 231 respondents (32.1%) felt that "Using Modern Medicine" was the key to a cure. 218 respondents (30.3%) felt that "Traditional Medicine" was the answer. Another 77 respondents (10.7%) felt a combination of traditional and modern medicine could cure AIDS; And, 192 respondents (26.8% of the group) thought "Other" treatments could bring about a cure.

Other Key Findings Regarding Perceptions of Whether AIDS is Curable

The survey showed that in Wuhan, the RCA on "Whether HIV/AIDS Can Be Cured" was the highest (84.6%), then Shanghai at 82.9%, followed by Beijing (75.4%), Zhengzhou (74.3%), Kunming (72.5%), and Shenzhen (72.4%). Also notable was the finding that white-collar workers and youth had the highest RCA on this question with 80.6% and 79.7%, followed by blue-collar workers (77.%) and migrant workers (70.3%).

7. Other Issues Related to HIV/AIDS

(A) Knowing Where to Get an HIV Test

The survey showed that 26.3% of interviewees did not know where to get an HIV test. The percentage was highest among migrant workers (41.7%). Blue-collar workers, youth, and white-collar workers followed with 24.4%, 22.9%, and 17.1%- respectively.

(B) Knowing Where to Get Condoms

The survey showed that 11.0% of interviewees did not know where to get condoms. The percentage was highest among youth at 17.3%, followed by migrant workers (13.0%), blue-collar workers (9.5%), and white-collar workers, the lowest with 4.3% .

(C) Condom Use

The survey showed that almost 30% of all interviewees did not know how to use condoms correctly. The percentage was highest among youth at 57.2 %, followed by migrant workers (27.0%), blue-collar workers (21.6%), and white-collar workers at 12.5% .

8. Sources of HIV/AIDS Knowledge

(A) Sources of HIV/AIDS Knowledge

The survey found that TV (79.2%), newspapers (53.5%), the Internet (34.1%), HIV/AIDS materials (22.5%), and magazines (21.0%) were the five leading HIV/AIDS information sources. A complete listing of information sources is shown in the table below.

The survey showed that almost 30% of all interviewees did not know how to use condoms correctly.

It is interesting to note that just 8.5% get information from school, and only 5.5% from health facilities.

Table 3: Sources of HIV/AIDS knowledge

	Number	Percentage (%)
TV	5,056	79.2
Newspapers	3,414	53.5
Internet	2,175	34.1
HIV/AIDS materials and booklets	1,433	22.5
Magazines	1,340	21.0
School/teachers	540	8.5
Radio	537	8.4
Health facilities	352	5.5
Brothers, sisters and friends	263	4.1
Workplace	236	3.7
People from health sector	196	3.1
Neighborhood/Community	167	2.6
Public monitors and TV screens	126	2.0
Relatives	68	1.1
Parents	31	0.5
Sex partner	26	0.4
Others	86	1.3
Total	16,046	251.4

Note: Multiple answers may be selected, so the total percentage is more than 100%.

Other Key Findings on Sources of HIV/AIDS Knowledge

1) Among the four target groups, several trends emerged regarding sources of HIV/AIDS information, mostly attributable to differences in living standards, employment, personal attitudes and literacy. The five leading HIV/AIDS information sources were television (79.2%), newspapers (53.5%), the Internet (34.1%), HIV/AIDS materials and booklets (22.5%), and magazines (21.0%). For complete results, consult Table A4: Approaches to Learning About HIV in Different Groups in the Addendum to this report

2) The survey showed that respondents felt the best ways to get HIV/AIDS knowledge were from TV (66%), followed by newspapers (43.9%), the Internet (29.2%), HIV/AIDS materials (25%) and magazines (15.4%). A total of 14,058 multiple choice responses were recorded. For the complete survey results, see Table A5: Preferred Sources of HIV/AIDS Information in the Addendum to this report.

3) It is also interesting to note that just 8.5% get information from school, and only 5.5% from health facilities.

II. ATTITUDES TOWARDS HIV/AIDS AMONG INTERVIEWEES

1. Attitudes Toward Condom Use

(A) Attitudes toward the Use of Condoms by Married People

The survey showed that 486 interviewees (7.6%) thought it was unacceptable for married people to use condoms while 4,922 respondents (77.1%) considered that it was acceptable. Another 15.3% (974 respondents) answered "not sure" to this question.

(B) Attitude toward the Use of Condoms by Unmarried People

The survey showed that 3.3% of interviewees (212 respondents) considered it unacceptable for unmarried people to use condoms. 88.5% (5,649 respondents) thought it was acceptable, and 521 subjects (8.2%) answered "not sure." Among the four target groups, 91.9% of white-collar workers thought it was acceptable for unmarried people to use condoms, next were blue-collar workers, youth and migrants with 89.4%, 87.7%, and 84.8% respectively. For more details, see Table 4: Attitudes Regarding Use of Condoms by Unmarried People in 4 Groups, shown below.

Table 4: Attitudes Regarding Use of Condoms by Unmarried People in 4 Groups

	Youth	Blue collar	White collar	Migrants	Total
Acceptable	87.7%	89.4%	91.9%	84.8%	88.5%
Unacceptable	3.4%	2.9%	2.9%	4.2%	3.3%
Not sure	9.0%	7.6%	5.2%	11.0%	8.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

(C) Attitudes to Public Advertising for Condoms

The survey showed that 4,359 respondents, or 68.3% of interviewees felt condoms should be advertised publicly, 1,142 (17.9%) disagreed with public advertising of condoms. Another 13.8% (881 interviewees) were not sure.

The survey showed that 4,359 respondents, or 68.3% of interviewees felt condoms should be advertised publicly...

III. LEVELS OF STIGMA AND DISCRIMINATION

(1) Willingness to Come into Contact with PLWHAs

It is particularly noteworthy that many people are reluctant to engage in normal social relations with HIV positive people. Interviewees were generally quite unwilling to come into contact with HIV positive people. 47.8% would be "strongly unwilling" or "unwilling" to eat with an HIV/AIDS infected person. Other situations such as living together (64.9%), and receiving services (63.4%) such as going to the same barber or hairdresser, working together (41.3%), and using tools (41.8%) showed high levels of stigma and discrimination. Conversely, more than 74% of respondents would be willing to "shake hands" with HIV/AIDS infected people, nearly 80% would be willing to care for a sick relative, and 53.7% would be willing to work in the same place as an HIV/AIDS infected person. For complete results, see Table A6: Willingness to Come into Contact with PLWHAs In Various Situations in the Addendum to this report.

(2) Attitudes toward HIV Positive Students at School

The survey showed that 30% of interviewees (1,913 persons) did not believe HIV positive students should be allowed to study at the same school as uninfected students. Conversely, another 3,697 respondents (57.9%) saw no problem with sharing a school with HIV/AIDS infected people. Another 772 respondents (12.1%) were not sure.

Of the six target cities, respondents from Kunming (67.2%) and Beijing (66.3%) were the most accepting of HIV positive students studying in the same school with non-infected students. Shenzhen and Shanghai had the lowest rates with 51.8% and 50.2%, respectively. The complete results are available in Table A7: Attitude to HIV Positive Students Studying in the Same School in 6 Cities found in the Addendum to this report. Among the four target groups, 76.9% of youth, 63.5% of white-collar workers, 61.2% of blue-collar workers, and 28.6% of migrant workers said HIV/AIDS infected students should go to the same school as non-infected students.

(3) Attitudes To HIV Infection through Sex or Drug Abuse

The survey found that 2,024 (31.7%) of all interviewees considered that HIV infection through sex or drug abuse was deserved. Another 2,769 respondents (43.4%) did not think this was the case, while 1,589 (24.9%) were undecided. Among cities, Wuhan had the highest percentage of affirmative answers to this question, 35.5%. Shanghai came second with 32.3%, followed by Shenzhen (31.5%), Zhengzhou (30.7%), Kunming (30.4%), and Beijing (29.6%). Among the four target groups, migrant workers gave the highest percentage of affirmative responses to this question (43.2%), followed by blue-collar workers (32.0%), white-collar workers (28.4%), and youth (23.8%).

(4) Attitudes Regarding the Life Value of PLWHAs

4,988 interviewees (78.2%) considered that PLWHAs still had life value despite being infected. Another 440 respondents (6.9%) thought that they did not, and 954 interviewees (14.9%) were not sure. Of the six target cities, the highest proportion of people thought that PLWHAs had life value in Beijing

Interviewees were generally quite unwilling to come into contact with HIV positive people. 47.8% would be "strongly unwilling" or "unwilling" to eat with an HIV/AIDS infected person.

(85.6% of respondents). Next was Kunming with 82.6%. The other four cities is averaged 75%. The findings among the four target groups were equally revealing: 89.5% of youth said PLWHAs had life value as did 88% of white collar workers, 81.8% of blue collar workers, and 51.9% of migrant workers.

(5) Attitudes toward HIV Positive Relatives

The survey showed that 51.8% of interviewees (3,307 persons) expressed willingness to accompany an HIV positive relative to the hospital for treatment. 41.1% (2,623 interviewees) said they would take care of them during their illness. Another 2,063 persons (32.3%) would help HIV-infected relatives search for more information about HIV/AIDS. On the other hand, some interviewees displayed negative attitudes. 12.1% of respondents (770 persons) would not touch an HIV/AIDS-infected relative or family member, and 3.8% (245 persons) would not talk with them. This data is presented in the table below.

Table 5: Attitudes toward HIV Positive Relatives

	Number	Percentage(%)
Go with them to the local clinic	3307	51.8
Ensure that they know that you would care for them if they are sick	2623	41.1
Seek more information on HIV	2063	32.3
Not touch them	770	12.1
Stop talking to them	245	3.8
Comfort, support, encourage, give emotional support	145	2.3
Persuade them to go to hospital to receive treatment	51	0.8
Others	322	5.0
Total	9526	149.3

12.1% of respondents (770 persons) would not touch an HIV/AIDS-infected relative or family member, and 3.8% (245 persons) would not talk with them.

IV. BEHAVIORS & PRACTICES

1. Taking the Initiative to Search for Information on HIV/AIDS

The survey showed that 83.4% of interviewees had never searched for HIV/AIDS-related information on their own initiative. Only 3.3% and 2.9% had searched during the past six months and one month respectively. See the following table:

Table 6: Taking the Initiative to Search for Information on HIV/AIDS

	Number	Percentage(%)
Investigated during the past month	186	2.9
Investigated during the last six months	213	3.3
Investigated six months or more ago	662	10.4
Never investigated	5,321	83.4
Total	6,382	100.0

2. Talking About HIV/AIDS Related Issues

The findings showed that 57% of interviewees had never spoken about HIV/AIDS-related issues with relatives, friends, classmates or workmates. 26.1% talked about HIV/AIDS over half a year ago, 10.4% talked about HIV/AIDS within the past 6 months, and 6.5% within the last month.

Comparing the four groups, the percentage of blue-collar workers who had never talked about HIV/AIDS was the highest at 63.8%, then white-collar and migrants both at around 57%. Youth was the lowest with 49.4%. More details are found in the following table:

Table 7: Talking about HIV/AIDS Related Issues in Four Groups

	Youth	Blue collar	White Collar	Migrants	Overall
Talked during last month	7.2%	5.6%	5.6%	8.0%	6.5%
Talked during last six months	12.4%	7.3%	10.6%	11.5%	10.4%
Talked six months or more ago	31.0%	23.3%	27.9%	22.0%	26.1%
Never talked	49.4%	63.8%	56.0%	58.5%	57.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Of the more than 4,000 interviewees who *had* talked about HIV/AIDS before, 1,555 (56.6%) had spoken with friends, 939 (34.2%) with colleagues, 888 (32.3%) with classmates, and 661 (24.1%) with classmates and family/relatives.

The findings showed that 57% of interviewees had never spoken about HIV/AIDS-related issues with relatives, friends, classmates or workmates.

3. Condom Use

The survey showed that 2,753 (43.1%) of more than 6,300 total interviewees had never used a condom before. 79% of white-collar workers said they had never used a condom, the highest percentage in the survey group. Second were blue-collar workers (66.8%) and migrant workers with 61.9%. Only 19.7% of youth said they had never used a condom before.

The overwhelming reason why interviewees did not use condoms was lack of sexual activity, given as a reason by 64.7% of respondents. Other reasons for not using condoms included trust of partners (8.2%), inconvenience (6.0%), or the use of other contraceptive methods (5.4%). Reasons such as fear of going to buy condoms, loss of sensation when using condoms, wanting to save money, etc. accounted for a very small proportion of responses.

In another finding, 1,227 interviewees, or 19.2%, said they would not use a condom if having sex with a new partner for the first time. Another 3,457 interviewees (54.2%) said they would, and the remaining 1,698 respondents (26.2%) were undecided.

4. Sexual Behavior with Non-Regular Partners

The survey found that 684 people, or 10.7% of all interviewees had had sex with someone other than their spouse, girlfriend, or boyfriend in the past six months. Of these people, 42% said they had not used condoms in the last two instances of sexual intercourse with a person other than their spouse or regular sexual partner.

5. Multiple Sex Partners in the Past Year

The survey showed that 323 (5.1%) of the 6,382 interviewees had had more than one sexual partner in the past year; another 497 persons (7.8%) refused to answer. Among those who had had multiple sex partners, 72.8% were male. Blue-collar workers comprised 35.3% of those having multiple sex partners, migrant workers 28.8%, white-collar workers 24.8%, and youth, the lowest at 11.1%. Furthermore, of those 323 persons 53.6% were married, the rest unmarried. Among the target cities, Kunming had the highest percentage of people admitting multiple partner sexual activities at 23.5%. Zhengzhou, at 17.3% was next, then Shenzhen (17.0%), Shanghai (15.5%), Wuhan (13.9%), and Beijing, the lowest with 12.7%.

The survey found that 684 people, or 10.7% of all interviewees had had sex with someone other than their spouse, girlfriend, or boyfriend in the past six months.

The five most popular media formats among interviewees in China were television (79.2%), newspapers (53.5%), the Internet (34.1%), HIV/AIDS materials and booklets (22.5%), and magazines (21.0%).

V. MEDIA HABITS

1. Accessing Rate and Frequency of Media Use

The five most popular media formats among interviewees in China were television (79.2%) newspapers (53.5%), the Internet (34.1%), HIV/AIDS materials and booklets (22.5%), and magazines (21.0%). The study examined the level of media use in each area. This information is of particular importance for future AIDS information awareness initiatives.

A) Television

The survey found that nearly 5,665 respondents (88% of 6,382 total interviewees) watched TV at least once a week, and 59.4% watched TV almost everyday. Conversely, 504 interviewees (7.9%) said they watched television once or twice a month. 213 respondents (3.3%) said they never watch television.

B) Radio

The survey showed that 30.8% of interviewees (1,968 people) never listened to radio broadcasts. Another 2,567 people (40% of interviewees) listened to the radio at least once every week. Only 13.1% listened to the radio every day.

C) Magazines

Some 4,557 respondents (71.4%) read magazines at least once a week. Nearly 16% read magazines almost every day. 630 respondents (9.9%) said they never read magazines.

D) Newspapers

39.4% of respondents read newspapers almost everyday, 69.4% read newspapers at least once a week and 20.1% never read newspapers.

E) Internet

4,432 respondents (69.4% of 6,382 total interviewees) accessed the Internet at least once a week, and 39.8% access the Internet almost every day. 10.5% said they listened to radio once or twice a month. 20.1% of interviewees said they never access the Internet.

2. Media Habits Among Four Target Groups

The survey showed that different groups had different media habits. TV, newspapers, magazines, and the Internet had good coverage, with all four groups showing high access rates (AR) - usually over 90%. Each group also had a high frequency accessing rate (FAR) for TV (71% on average) and newspapers (55% on average). Among youth, the Internet had the highest FAR (72.2%), followed by newspapers (44%), and TV (39.4%). For white collar workers, the highest FARs were for television (78.9%), newspapers (65.7%), and magazines (64.9%). For migrant workers, the highest FAR included television (86.9%), newspapers (50.6%), and public monitor screens (27%). The highest FAR for blue-collar workers was for television (78.5%), then newspapers (60.6%), and finally the Internet (48.1%).

Accessing rate (AR): The percentage of interviewees who access a kind of media divided by the total number of interviewees. This rate can be used to indicate the width of media coverage.

Frequent accessing rate (FAR): The percentage of interviewees who access a kind of media at least 4 times weekly divided by the total number of interviewees. This rate can be used to indicate the depth of media coverage.

3. TV Channels Most Often Watched

The survey showed that China Central Television (CCTV) was the most watched channel (86%) among all the TV networks and channels in China. Next were city TV channels at 47.1%. Provincial Satellite TV and local provincial TV had 27.3% and 26.1% shares respectively, followed by regional satellite channels such as Phoenix channel from Hong Kong. For MTV, the rate was 3.0%. As more than one response could be selected for each question, the total number of responses came to 12,421, nearly double the size of the sample population.

4. TV Programs Most Often Watched

The most watched television programs were news programs (62.0%), series dramas (47.2%), then entertainment programs, and finally sports and movies with 25.9%, 24.1%, and 18.0% shares of all viewing respectively. Educational programs accounted for 11.1% of viewing. Other common responses included "super entertainment programs" (8.3%), music programs (6.6%), entertainment talk programs (5.6%), and documentaries (3.0%). As the questions allowed for multiple choice answers, 13,549 responses were collected, nearly twice the total sample size.

Table 8: AR & FAR in Four Groups

	AR			
	White-collar	Blue-collar	Youth	Migrants
Newspapers	97.8%	95.6%	94.1%	90.9%
TV	99.0%	97.8%	90.3%	99.6%
Movie	64.9%	58.5%	70.0%	33.5%
Public monitor screen	86.2%	86.3%	86.9%	80.9%
Radio	72.8%	71.9%	73.6%	57.9%
Internet	94.9%	81.6%	98.1%	46.2%
Magazines	92.1%	92.7%	95.1%	77.2%

	FAR			
	White-collar	Blue-collar	Youth	Migrants
Newspapers	65.7%	60.6%	44.0%	50.6%
TV	78.9%	78.5%	39.4%	86.9%
Movie	5.6%	5.9%	8.1%	1.8%
Public monitor screen	40.3%	37.1%	25.6%	27.0%
Radio	19.9%	21.2%	20.5%	18.1%
Internet	40.3%	48.1%	72.2%	16.0%
Magazines	64.9%	35.9%	29.7%	12.1%

VI. Analysis of Group with Low Rate of Correct Answers (LRCA) Regarding HIV/AIDS Transmission Pathways

1. Definition of Low Rate of Correct Answers Group

Good understanding of how HIV/AIDS is transmitted and widespread knowledge of transmission routes are both critical in the fight against HIV/AIDS. In the survey, 13 questions were used to evaluate interviewees' knowledge and understanding of HIV/AIDS. Based on the survey, those who scored lower than the average (10 correct answers) were categorised together as a Low Rate of Correct Answers (LRCA) Group. This group consisted of 2611 persons, 40% of the interviewees.

2. Characteristics of LRCA Group

Of the 2,611 interviewees making up the LRCA group, 50.5% were male, and 49.5% female. Migrant workers accounted for 34.6% of the group, with blue-collar and white-collar workers accounting for 26.4% and 21.4% respectively. Youth represented the smallest component of the group, accounting for 17.7%.

30.4% of the LRCA group were high school graduates, junior high school students accounted for 27.5%, college graduates for 17.0%, bachelor degree recipients 17.0% and elementary school students 6.3%. Respondents with postgraduate education accounted for the smallest proportion of the LRCA group - just 1.7%. Geographically, 20.5% of the LRCA group were from Shenzhen, 17.5% from Zhengzhou, 16.5% from Beijing, 15.7% from Wuhan, 15% from Kunming, and 14.8% from Shanghai.

3. Knowledge Blind Spots

A) Transmission Routes

For questions regarding HIV/AIDS transmission routes, the average correct answer rate of the LRCA group was 65.4%. Six questions in the survey regarding HIV/AIDS transmission were answered incorrectly by a large percentage of respondents. These included the questions on "mosquito bites" (64.5%), "using the same toilets" (35%), "kissing on the cheek /touching someone who is HIV positive" (30%), "An HIV positive person sneezing or coughing" (38.4%), "using the same drinking glass, chopsticks, or eating together (34.4%), and "working in the same room as a HIV positive person" (20.6%). This indicates the LRCA group incorrectly believed that HIV/AIDS can spread through airborne pathways or casual contact. To view the complete results of this survey question, see Table A8: RCA of HIV/AIDS Transmission Routes of LRCA Group in the Addendum to this report.

B) Knowledge on Reducing the Risk of HIV Infection

Generally the LRCA group had a lower awareness level concerning measures to reduce the risk of HIV infection with an average correct rate of 67.9%. Again, certain questions suggested that the LRCA group had a low level of general understanding in this area. Notably, 50.6% thought they could reduce HIV infection by not having meals with infected people and 61.2% by using mosquito nets.

Six questions in the survey regarding HIV/AIDS transmission were answered incorrectly by a large percentage of respondents.

Complete details on these questions are found in Table A9: Knowledge on Reducing the Risk of HIV Infection in the Addendum to this report.

C) LRCA Sources of HIV/AIDS-Related Information

The main source of HIV/AIDS-Related information for the LRCA group was television, with 80.3% of the LRCA respondents saying they got information on HIV/AIDS from this source. Newspapers were cited as a source of information by 50.0% of the LRCA group, and the Internet by 27.8%. These proportions are similar to those found for the sample population as a whole.

4. LRCA Group Attitudes

A) Toward the Use of Condoms

Of the 2,611 individuals in the LRCA group, 72.9% considered it improper for married people to use condoms, 9.6% thought it was not, and 17.5% were not sure. 84.6% thought it proper for unmarried people to use condoms, while 4.5% did not. 15.8% (412 persons) did not know where to get condoms. Furthermore, 851 persons (32.6%) said they did not know how to use condoms correctly. Generally the percentage is similar to the percentages for the sample population as a whole.

B) Willingness to Come into Contact With PLWHAs

In the LRCA group, the percentage of negative answers regarding willingness to come into contact with PLWHAs was on average 10% higher than for the sample population as a whole. For questions concerning working together (52.9%), living together (73.7%), eating in the same place (60.1%), sharing tools or office equipment (54.3%), shaking hands (38%), and receiving services (68.3%) such as visiting the barber or hairdresser, the LRCA group displayed a higher percentage of incorrect beliefs on how they might contract HIV/AIDS. Such beliefs feed into the stigma and discrimination long associated with HIV/AIDS infection. For more details on this aspect of the study, see Table A11: LRCA Willingness to Come Into Contact With PLWHAs in the Addendum to this report and refer to A6: Willingness to Come Into Contact With PLWHAs In Various Situations for overall survey results.

C) Taking the Initiative to Search for Information on HIV/AIDS

Among the LRCA group, 85.9% had never searched for information on HIV/AIDS on their own initiative. The percentage is similar to the percentage for the sample population as a whole. More details on this can be found in Table A11: Taking the Initiative to Search for Information on HIV/AIDS in the Addendum. 61.3% of the LRCA Group had never talked about HIV/AIDS with relatives, friends, classmates or workmates. This was similar to the percentage for the sample population as a whole.

D) Views on the Life Value of PLWHAs

Among the LRCA group, 68.7% of respondents believed PLWHAs had the same life value as people not infected with HIV, and could fulfill the same roles in society. This proportion is almost 10 percent lower than for the sample population as a whole.

In the LRCA group, the percentage of negative answers regarding willingness to come into contact with PLWHAs was on average 10% higher than for the sample population as a whole.

12.4% had had sex with a person who was not their spouse or their regular partner during the last six months. Of these, 45.8% had not used a condom during the last two instances of sexual intercourse with those people.

5. Related Behaviors of LRCA Group

Among the LRCA group, 44.2% (1,153 of 2,611 persons) had never used a condom before. This percentage is close to the percentage for the sample population as a whole. 48.4% of the LRCA group said they would use a condom when having sex with a new partner for the first time, 24.7% said they would not, and the remaining 26.9% were undecided.

12.4% had had sex with a person who was not their spouse or their regular partner during the last six months. Of these, 45.8% had not used a condom during the last two instances of sexual intercourse with those people. Furthermore, 5.6% (more than 140 persons) had had more than one sex partner during the last year; 9.3% (243 persons) refused to answer this question.

Conclusions

In their individual risk assessment people with high-risk behavior clearly underestimate the risk of contracting HIV. Stigma and discrimination are widespread, particularly among people with limited knowledge about HIV and how the virus is transmitted. These indicators all point towards an unmet need for information and education about AIDS and how HIV is transmitted, and particularly how it is not transmitted, in order to reassure people about risk-free daily interactions with HIV positive people.

The survey clearly shows that the average level of knowledge regarding AIDS and HIV transmission is relatively low and that serious misperceptions, such as the belief that transmission can occur through mosquito bites are fairly common. However, most people do correctly identify sexual transmission as one way of contracting HIV. Unfortunately, the lack of proper risk assessment and lack of knowledge regarding correct condom use causes individuals to continue to engage in high-risk behavior. As a consequence, people who are sexually active will often underestimate their risk of contracting HIV, particularly if they belong to high-risk groups, or are having sex with people who practice high risk behavior, such as sex workers, men who have sex with men, and intravenous drug users. Furthermore, as people in general do little to seek new information on HIV transmission this situation will persist unless addressed by outside interventions. Finally, a clear covariation exists between a low level of knowledge and high levels of discriminatory attitudes, indicating a significant need to improve information coverage on HIV/AIDS, even among groups with relatively low risk of contracting HIV. Preventing stigma and discrimination is a collective task shared by all and successes in this regard will not only benefit people living with HIV, but also prevention efforts and society as a whole.

CHAMP SUMMARY SURVEY ADDENDUM: Tables and Charts from Comprehensive CHAMP Report

**Table A1: Perception of Current HIV/AIDS Situation
Among Interviewees in Each City**

	Beijing	Shanghai	Shenzhen	Wuhan	Zhengzhou	Kunming
Not a problem	2.8%	1.1%	0.6%	3.7%	1.9%	1.8%
A small problem, but under control	27.4%	21.6%	22.6%	35.8%	25.7%	15.1%
Serious	34.1%	41.2%	38.2%	34.6%	37.9%	45.9%
Very serious	13.6%	15.6%	13.0%	7.7%	13.5%	18.2%
Not sure	22.2%	20.6%	25.6%	18.3%	21.1%	19.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A2: Perception of Current HIV/AIDS Situation in China Among Different Groups

	Youth	Blue collar	White collar	Migrants	Overall
Not a problem	1.2%	1.2%	1.4%	4.3%	2.0%
A small problem, but under Control	31.0%	20.9%	21.1%	25.6%	24.6%
Serious	40.6%	38.6%	38.9%	36.5%	38.7%
Very serious	10.0%	11.4%	15.6%	17.7%	13.6%
Not sure	17.1%	27.9%	23.1%	16.0%	21.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
Serious & Very Serious	50.6%	50.0%	54.4%	54.2%	52.3%

Table A3: RCA of Transmission Routes Among Different Groups

	Average Number of Correct Answers	RCA
Youth	11.1	85.1%
Blue collar	10.5	80.5%
White collar	10.8	83.1%
Migrants	9.7	74.4%
Average	10.5	80.9%

Table A4: Approaches to Learning About HIV in Different Groups

	Youth	Blue collar	White collar	Migrants	Overall
Radio	4.3%	7.0%	5.9%	16.9%	8.4%
TV	68.1%	81.7%	82.1%	85.2%	79.2% 1
Newspaper	44.5%	57.1%	58.6%	53.6%	53.5% 2
Magazine	20.6%	23.7%	20.8%	18.8%	21.0% 5
Internet	49.3%	29.9%	39.1%	17.3%	34.1% 3
HIV/AIDS materials and booklets	28.2%	17.6%	18.1%	26.2%	22.5% 4
School/teacher	26.0%	2.6%	1.8%	3.3%	8.5%
Place of work	1.6%	2.2%	2.1%	9.3%	3.7%
TV of bus or city train	0.6%	0.9%	0.8%	5.8%	2.0%
Sanitation	2.5%	2.7%	2.4%	15.0%	5.5%
Neighborhood/Community	1.3%	2.1%	1.8%	5.4%	2.6%
Parents	0.7%	0.2%	0.1%	0.9%	0.5%
Brothers, sisters and friends	2.9%	2.0%	1.8%	10.1%	4.1%
Relatives	0.7%	0.7%	0.6%	2.3%	1.1%
Sex partner	0.1%	0.1%	0.3%	1.2%	0.4%
People of medical affairs	0.7%	2.2%	1.9%	7.8%	3.1%
Others	2.3%	0.7%	0.8%	1.6%	1.3%
Total	254.4%	233.5%	238.8%	280.9%	251.4%

Note: The cumulative results from this survey exceed 100%

Table A5: Most Popular Sources of Information on HIV/AIDS

	Number	Percentage (%)
TV	4,249	66.6
Newspaper	2,803	43.9
Internet	1,862	29.2
HIV/AIDS materials	1,624	25.4
Magazine	985	15.4
School/teacher	528	8.3
Health facilities	475	7.4
People from health sector	359	5.6
Radio	306	4.8
Neighborhood/Community	210	3.3
Workplace	196	3.1
Public monitor and TV screen	128	2.0
Brothers ,sisters and friends	76	1.2
Sex partner	38	0.6
Parents	30	0.5
Relatives	27	0.4
Others	162	2.5
Total	14,058	220.3

Note: Multiple responses are allowed, so total percentage is over 100%.

Table A6: Willingness to Come Into Contact With PLWHAs in Various Situations

	Strongly unwilling	Unwilling	OK	Willing	Very willing	Willingness index
a. Would you be willing to work in the same place with a person who is HIV positive?	9.3	32.0	32.2	24.3	2.2	2.78
b. Would you be willing to live in the same room/apartment as a person who is HIV positive?	20.8	44.1	20.3	13.8	1.0	2.30
c. Would you be willing to eat food at the same place as a person who is HIV positive?	13.6	34.2	28.6	21.6	2.1	2.64
d. Would you be willing to share tools or office equipment with a person who is HIV positive?	12.0	29.8	31.2	24.6	2.4	2.76
e. Would you be willing to shake hands with someone who is HIV positive?	8.6	17.1	29.8	37.0	7.4	3.17
f. Would you be willing to receive services from someone who is HIV positive, for example a barber, hairdresser, beautification?	21.5	41.9	17.4	17.3	1.9	2.36
g. Would you be willing to care for a relative sick with AIDS?	7.1	13.0	24.3	44.7	10.9	3.39
Average willingness index						2.77

Table A7: Attitude to HIV Positive Students Studying in the Same School in 6 Cities

	City					
	Beijing	Shanghai	Shenzhen	Wuhan	Zhengzhou	Kunming
Allowed	66.3%	50.2%	51.8%	55.3%	56.8%	67.2%
Not allowed	24.9%	38.8%	29.6%	36.6%	29.0%	21.2%
Hard to say	8.8%	11.0%	18.6%	8.2%	14.2%	11.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CAR	66.3%	50.2%	51.8%	55.3%	56.8%	67.2%

Table A8: RCA of HIV/AIDS Transmission Routes of LRCA Group

Unit: %

	Yes	No	Not sure	Correct rate
Sharing needles with others	88.2	7.2	4.7	88.2
Receiving blood transfusion of unscreened blood	91.2	3.8	5.0	91.2
Using the same toilets as someone who is HIV positive	35.8	50.3	13.9	50.3
A mosquito bite	64.5	23.8	11.7	23.8
Kissing on the cheek /Touching someone who is HIV positive	30.0	57.9	12.2	57.9
Having unprotected penetrative anal sex with a person who is infected with HIV	62.8	16.0	21.2	62.8
Having unprotected penetrative vaginal sex with a person who is infected with HIV	89.9	3.6	6.5	89.9
Having unprotected penetrative oral sex with a person who is infected with HIV	58.5	22.8	18.7	58.5
An HIV positive person sneezing or coughing near him or her	38.4	48.4	13.3	48.4
Using the same drinking glass, chop sticks or eating together at the same table as a HIV positive person	34.4	55.1	10.5	55.1
Working in the same room as a HIV positive person	20.6	71.0	8.3	71.0
Having unprotected sex with someone who looks healthy	66.7	16.1	17.2	66.7
Whether an HIV positive mother can infect her child during pregnancy or breastfeeding?	86.3	5.6	8.1	86.3
Average RCA				65.4

Table A9: Knowledge on Reducing the Risk of HIV infection

Unit: %

	Yes	No	Not sure	Correct rate
By having sex only with one faithful sexual partner who is not infected with HIV?	81.2	9.3	9.5	81.2
By abstaining from sex?	68.7	18.5	12.8	68.7
By not sharing meals with an infected person?	50.6	41.5	7.9	41.5
By using condoms when having sex?	80.9	11.0	8.0	80.9
By abstaining from penetrative sex?	68.4	12.8	18.8	68.4
By not using injection needles already used by others?	87.8	8.3	3.8	87.8
By using mosquito nets?	61.2	27.4	11.4	27.4
By using only screened clean blood during a transfusion?	87.4	7.4	5.2	87.4
Average RCA				67.9

Table A10 LRCA Willingness to Come into Contact with PLWHAs

	Strongly unwilling	Unwilling	OK	Willing	Very willing	Willingness index
Would you be willing to work in the same place with a person who is HIV positive?	16.9	36.0	28.0	17.3	1.9	2.5
Would you be willing to live in the same room/apartment as a person who is HIV positive?	30.3	43.4	16.0	9.2	1.1	2.1
Would you be willing to eat food at the same place as a person who is HIV positive?	23.1	37.0	23.4	14.7	1.8	2.4
Would you be willing to share tools or office equipment with a person who is HIV positive?	21.2	33.1	27.1	16.7	1.9	2.4
Would you be willing to shake hands with someone who is HIV positive?	16.2	21.8	28.0	28.2	5.9	2.9
Would you be willing to receive services from someone who is HIV positive,	29.0	39.3	16.0	13.7	2.0	2.2
Would you be willing to care for a relative sick with HIV/AIDS?	12.4	16.8	24.9	36.1	9.8	3.1
Average willingness index						2.51

Table A11: Taking the Initiative to Search for HIV/AIDS Information

	number	Percentage(%)
Searched during past month	68	2.6
Searched during past six months	66	2.5
Searched six months or more ago	233	8.9
Never searched	2,244	85.9
Total	2,611	100.0

