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Health Survey (NI) Sexual Health Bulletin Findings from 2023/24 survey



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Health Survey (NI)

Sexual Health Bulletin

Knowledge/awareness of HIV

Findings from 2023/24 survey

Authors: Stephen Reddick, Deirdre Corrigan & Mary Scarlett

Bill Stewart (Lead Statistician)

Public Health Information & Research Branch, Information Analysis Directorate

Department of Health
Castle Buildings, Belfast BT4 3SQ

☎ Tel: 02890 522 523

☎ Ext: 22523

✉ Email: phirb@health-ni.gov.uk

This publication is a summary of the sexual health questions included in the 2023/24 Health Survey. Further bulletins and tables are available on the Health Survey page on the Departmental website.

[Health survey Northern Ireland | Department of Health](#)

Information on sexual health is available online: [Home - Sexual Health NI](#)

Any statistics used must be acknowledged and sourced to the Health Survey Northern Ireland, Department of Health.

Sexual Health

The sexual health HIV module ran as a self-completion module as part of the main in-house interview and was offered to those respondents aged 16 to 74, resulting in a sample size of 910 respondents.

This bulletin presents a summary of the key findings. Further detail is included in the statistical data table available online at: <https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland>.

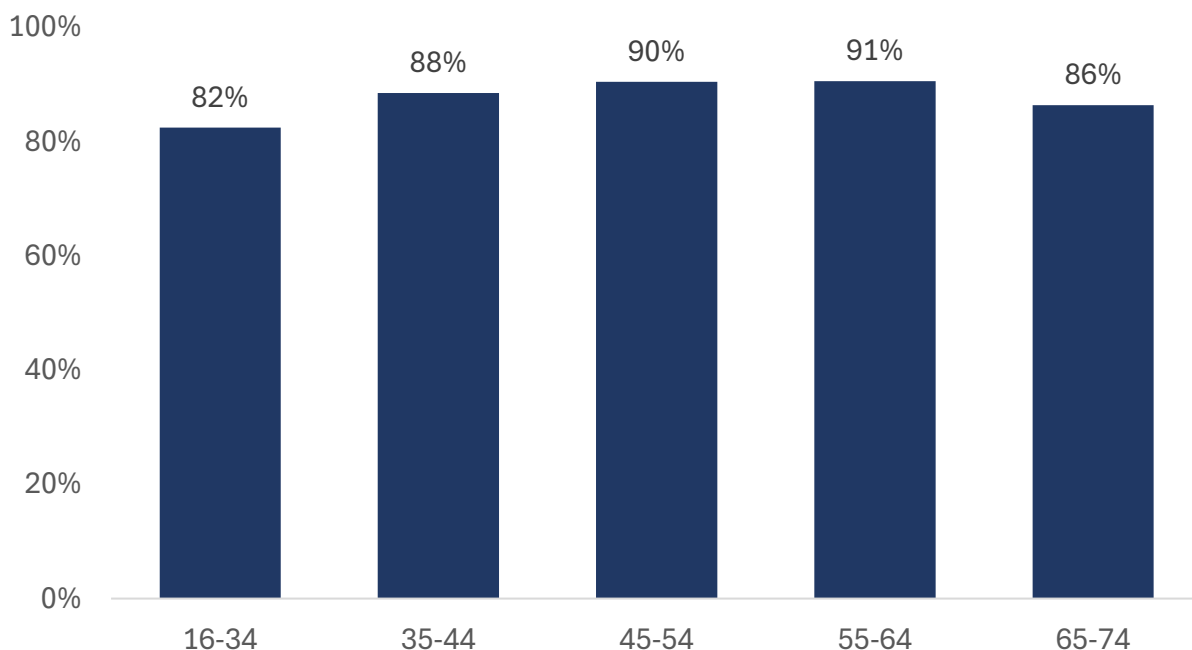
Knowledge/awareness of HIV

In 2023/24, just under nine in ten respondents had heard of HIV (87%). This is a decrease from the 94% reported in the 2018/19 survey ^[1]. There was no significant difference by sex, deprivation area or between urban and rural areas.

**87% of respondents
had heard of HIV**

Whilst there was no significant difference between the youngest and oldest age groups, it was found that a lower proportion of those aged 16-34 had heard of HIV than those aged 45-64.

Heard of HIV by age-group



^[1] Please note that in the 2018/19 Health Survey, this question was included in a module that referenced HIV and whilst respondents were asked if they had heard of HIV apart from in this survey, we cannot be sure that the prior reference to HIV did not impact on responses.

Knowledge of how HIV can be passed from person to person.

Those respondents who had indicated they had heard of HIV were asked how HIV can be passed from person to person.

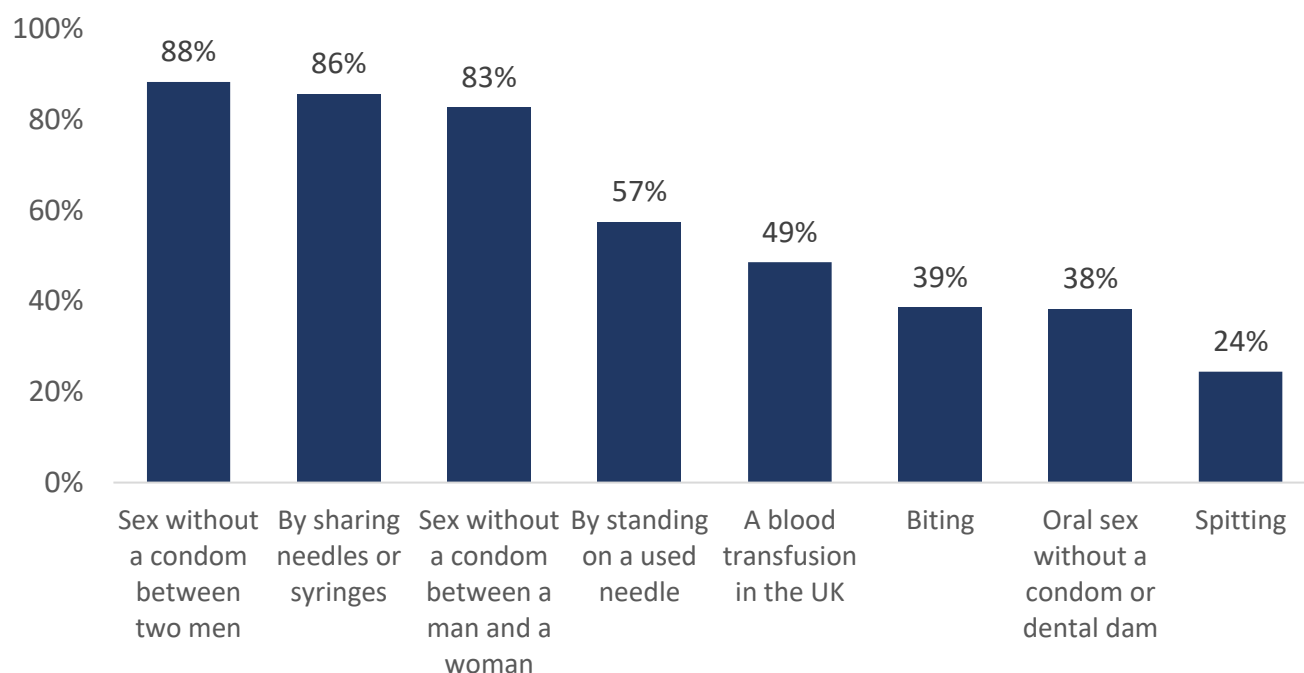
From the list of options provided, over four-fifths of respondents thought that HIV can be passed from person to person through 'sex without a condom' (both 'between two men' and 'between a man and a woman') and 'sharing needles or syringes'.

Around three-fifths of respondents (57%) thought it can be passed on by standing on a used needle and around half (49%) thought through a blood transfusion in the UK.

A small proportion of respondents thought HIV can be passed from person to person by certain everyday activities such as coughing or sneezing (6%), sharing a glass (5%) and from a toilet seat (4%). Around one in ten thought it could be passed from a toothbrush (13%) and from kissing someone (11%).

To note, a small proportion of respondents (5%) indicated that they did not know in response to this question.

Respondent views on how HIV can be passed from person to person



There were differences between males and females for two methods; males were more likely than females to think that HIV can be passed from person to person through a blood transfusion in the UK (53% of males thought this compared with 45% of females) and females were more likely than males to think that HIV can be passed from person to person by kissing someone (13% of females compared with 8% of males).

Respondents opinion on HIV statements

Those respondents who had indicated they had heard of HIV were asked if they felt a series of statements about HIV were either true or false.

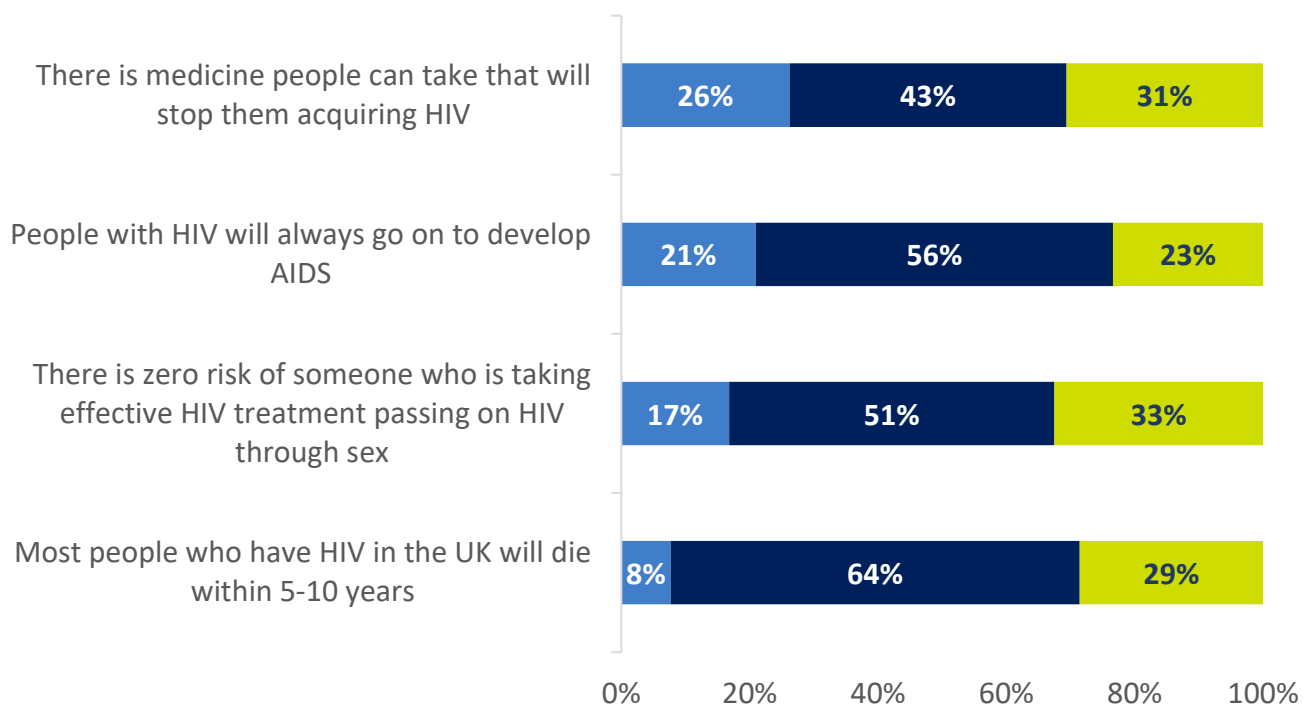
The highest proportion of respondents that felt that one of the statements was true was for 'There is medicine people can take that will stop them acquiring HIV' (26%). Conversely, 8% of respondents believed the statement that 'Most people who have HIV in the UK will die within 5-10 years' to be true.

Respondents were more likely to view each of the statements as being false, with around two-thirds indicating this for 'Most people who have HIV in the UK will die within 5-10 years' (64%), while around half felt that it was false that 'People with HIV will always go on to develop AIDS' (56%) and 'There is zero risk of someone who is taking effective HIV treatment passing on HIV through sex' (51%).

For each statement, a sizeable proportion of respondents (ranging from 23% to 33%) indicated they did not know if it was either true or false.

True or false; responses to statement on HIV

■ I am certain or feel the statement is true ■ I am certain or feel the statement is false ■ Don't know



Differences by male/female

- A similar proportion of males and females felt it was true that 'There is medicine people can take that will stop them acquiring HIV' however males were more likely than females to feel it was false (49% of males compared with 37% of females) and females were more likely than males to indicate they did not know (34% of females compared with 27% of males).

- There were no differences in responses between males and females with respect to the statement that 'People with HIV will always go on to develop AIDS'.
- Males were more likely than females to feel that the statement 'There is zero risk of someone who is taking effective HIV treatment passing on HIV through sex' was false (54% of males compared with 47% of females) while females were more likely to indicate they did not know (37% of females compared with 28% of males).
- Males were twice as likely as females to feel it was true that 'Most people who have HIV in the UK will die within 5-10 years' (11% of males compared with 5% of females).

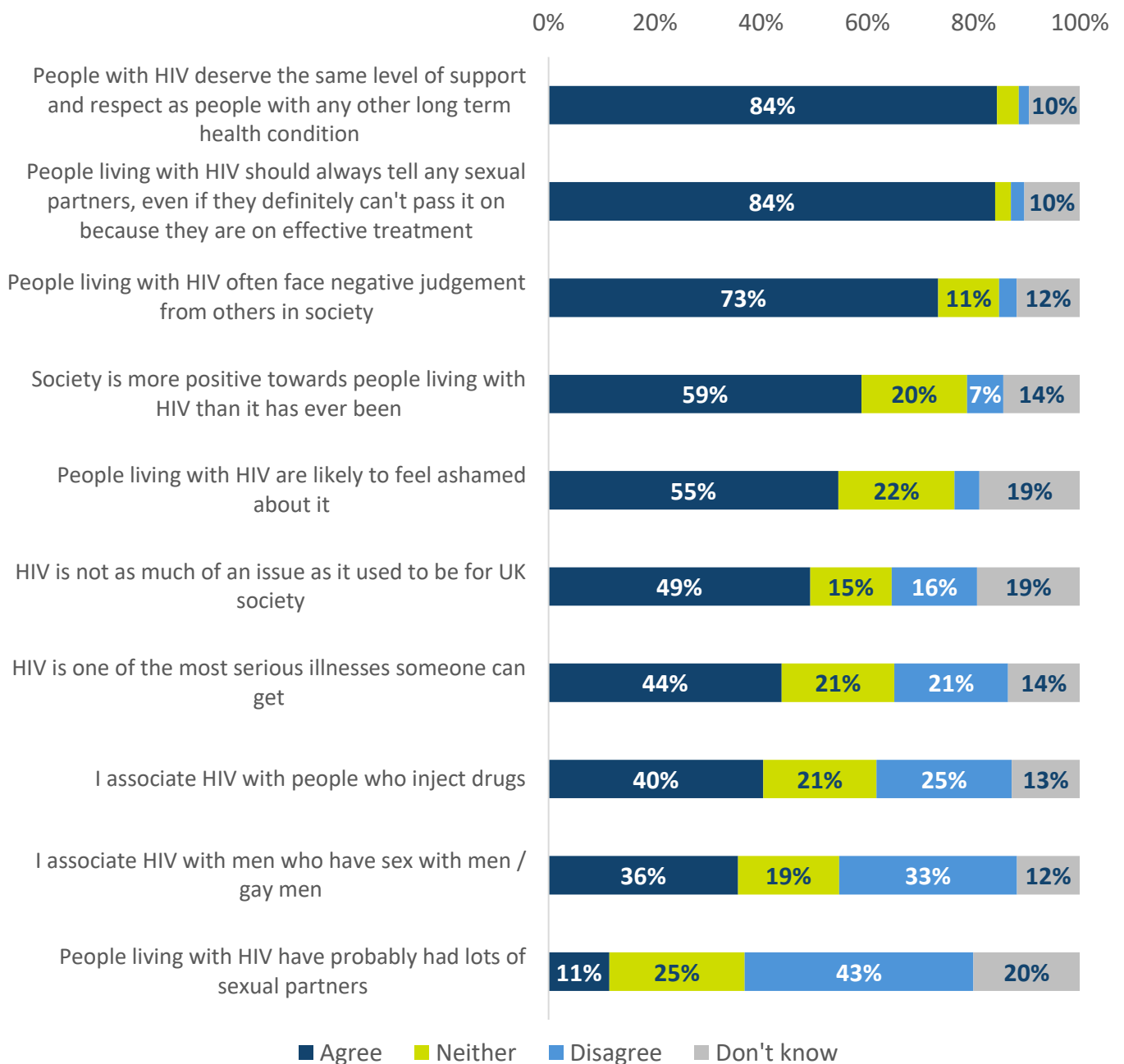
HIV statements: agree/disagree

Those respondents who had indicated they had heard of HIV were asked if they agreed or disagreed with a variety of HIV related statements.

More than four-fifths (84%) of respondents agreed with the statements that 'People with HIV deserve the same level of support and respect as people with any other long-term health condition' and 'People living with HIV should always tell any sexual partners, even if they definitely can't pass it on because they are on effective treatment'.

Around three-quarters of respondents (73%) agreed with the statement 'People living with HIV often face negative judgement from others in society' and over half (55%) agreed with 'People living with HIV are likely to feel ashamed about it' however 59% also agreed with 'Society is more positive towards people living with HIV than it has ever been'.

Agree or disagree; responses to statement on HIV



More than two-fifths of respondents disagreed with the statement 'People living with HIV have probably had lots of sexual partners' which compares with 11% that agreed with the statement. Around a third of respondents agreed (36%) and disagreed (33%) with 'I associate HIV with men who have sex with men/gay men'.

Differences by male/female

For half of the statements, there were no differences in male and female responses. Any differences are outlined below:

- Males were more likely than females to agree that 'HIV is not as much of an issue as it used to be for UK society' (54% of males compared with 45% of females) whilst females were more likely to indicate they did not know (22% of females compared with 16% of males).
- Males were more likely than females to agree that 'HIV is one of the most serious illnesses someone can get' (49% of males compared with 39% of females).
- For the statements 'I associate HIV with men who have sex with men/gay men' and 'I associate HIV with people who inject drugs', males were more likely than females to agree with the statements whilst females were more likely than males to neither agree nor disagree.
- Males were more likely than females to agree that 'People living with HIV have probably had lots of sexual partners' (15% of males compared with 8% of females) whilst females were more likely than males to disagree (47% of females compared with 39% of males).

Health Survey Northern Ireland 2023/24

Things users need to know

All face-to-face household interviews were suspended in the middle of March 2020 due to the coronavirus (COVID-19) pandemic. In the survey years 2020/21, 2021/22 and 2022/23 all interviews carried out on the Health Survey were conducted by telephone. For this survey year, 2023/24, face-to-face interviewing was reinstated alongside telephone interviewing in June 2023, thus the survey adopted a mixed mode methodology.

There are a number of factors which users should take into consideration when interpreting the 2023/24 results and care should be taken when comparing these with previously published findings.

1. The dual modality of the survey necessitated changes to how some questions were asked or presented as well as the response categories associated with them. This may have implications for how people responded to the survey.
2. The achieved response rate on the survey for 2023/24 was 53% which is a slightly lower response compared to the normal achieved response rate of 55% in face-to-face mode pre-pandemic; the final achieved sample was 3,410 individuals. The sexual health module ran as a self-completion module as part of the main in-house interview and was offered to those respondents aged 16 to 74, resulting in a sample size of 910 respondents.
3. The precision of the survey estimates should be taken into consideration especially when broken down by sub-groups of the population; the accompanying data tables outline the survey estimates and the respective confidence intervals.
4. The demographic profile of the achieved sample has an under-representation of people aged 16 to 34, so the results are based on information that has been weighted by age-group and sex in order to better reflect the composition of the general population of Northern Ireland. In addition, the profile of respondents for telephone and face-to-face interviews was substantially different, thus it was decided that the two groups should be weighted separately. Whilst the weighting should reduce bias in the results they cannot eliminate all forms of bias which may be present in the data.

Any changes within the 2023/24 data compared with previous years should be considered in the context of all of the above and caution should be exercised when drawing conclusions from the findings.

Given the various changes in the survey methodology and wider society since the pandemic, it may be advisable to monitor any apparent changes noted in these results in the future to see if there is further evidence that these changes are indeed indicative of a permanent change.

Further guidance on using the information from the Health Survey can be found in the document How to interpret Health Survey Northern Ireland estimates, available online at:

<https://www.health-ni.gov.uk/publications/how-interpret-health-survey-northern-ireland-estimates>

Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality-based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10-year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database and Impact Measurement Tool, which are used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.