INVESTIGATING HIV/AIDS INFORMATION IN UK PUBLIC LIBRARIES

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by

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Abstract

Background
Rates of HIV infection are currently rising in the UK. Groups at particular risk of being affected by HIV/AIDS in the UK include women, gay men and people who have migrated from areas of Africa where HIV prevalence is high. Although there is a significant amount of literature focussing on the information needs and behaviours of people affected by HIV/AIDS, there is little research into the role of public libraries in providing this information.

Aims
This study aimed to investigate the current provision of HIV/AIDS information in UK public libraries. Areas which were focussed on include: what type of HIV/AIDS information is offered by UK public libraries; what formats this information is provided in; who the material is targeted at; how it is displayed; and what proportion of funds is directed towards HIV/AIDS information. The study also aimed to explore the perceptions amongst UK public library staff about HIV/AIDS information.

Methods
A survey instrument was developed by the author. The survey was in two parts; the first part asked respondents about HIV/AIDS collections in their library authority and the second focussed on the professional opinions of the respondent. The survey was emailed to all 218 library authorities in the UK, and distributed through other online means. Eleven per cent of authorities responded.

Results
The results showed that most HIV/AIDS material stocked by library authorities represented was directly health related. This information was targeted at heterosexuals, homosexuals, teenagers and people with learning difficulties. Few people reported offering HIV/AIDS information directed at women, people from ethnic minority groups, older people and children. No respondents indicated that they offered HIV/AIDS material in alternative formats. Most respondents reported that they would feel comfortable displaying HIV/AIDS material, although it is generally not displayed in a designated section. The attitude of the respondents towards HIV/AIDS information was found to be generally positive.

Conclusion
As the survey response rate was low, an overall impression of HIV/AIDS collections in UK public libraries has not been achieved. However this study has identified areas which warrant further research. These include investigating the availability and provision of HIV/AIDS information in public libraries, and the provision of information targeted at women, people from ethnic minority groups, older people and children.

Contents

1.0 Introduction

This study investigates the current provision of HIV/AIDS information in UK public libraries. It also explores perceptions held by public library staff about HIV/AIDS information.

1.1 Background to the study

This study arose from the researcher's interest in consumer HIV/AIDS information and issues surrounding social inclusion. This study is intended to provide a starting point for developing HIV/AIDS-related library services and a foundation upon which further research can be conducted. Government estimates indicate that there were around 63 500 adults aged 15-59 living with HIV/AIDS in the UK at the end of 2005 (National Statistics, 2006). Cases as a result of heterosexual transmission are rising most rapidly, although men who have sex with men (MSM) are the group at greatest risk of HIV infection (National Statistics, 2006). Many people currently living with HIV/AIDS (PLWHA) in the UK were infected in Africa (National Statistics, 2006). This diversification of HIV/AIDS means that information needs to be in appropriate formats. For instance, information may need to be presented in languages other than English, or targeted specifically at heterosexuals.

HIV/AIDS has been affecting the lives of people living in the UK since the 1980s. During the latter half of that decade many public health campaigns took place in an attempt to prevent the continuing spread of HIV. Since then HIV/AIDS has been less frequently featured in the media. This may be a symptom of apathy with regard to HIV/AIDS. It may be that HIV/AIDS is not

felt to be a problem in the UK anymore. In fact current statistics have shown that the UK has one of the highest rates of new HIV cases in the European Union (BBC, 2007). As there is currently no cure for HIV/AIDS, only treatments, the only effective weapon which society has against the virus is education. If people know how HIV is transmitted and are able to follow safe practices then the new rates of infection can be slowed. In order for people to be able to behave safely they need access to accurate information. Access to information may also help eliminate the stigma associated with HIV/AIDS. Inaccurate ideas about HIV/AIDS and how it is transmitted can lead people to discriminate PLWHA. Public libraries currently provide health information to their communities and may have a significant role to play in the fight against HIV/AIDS. Many public libraries operate a social inclusion agenda which aims to reach out to people who are at a disadvantage in society. This suggests that public libraries are already in a position to disseminate HIV/AIDS information, and ensure it reaches marginalised groups. The coming year may see developments in public library provision of HIV/AIDS information as Bruce Madge, President of Cilip, speaking at the Health Libraries Conference 2008 claimed that he would be encouraging public libraries to promote World AIDS Day this December (Madge, 2008). The researcher felt that a survey of UK public libraries needed to be done to gain an overview of current provision of HIV/AIDS information.

Public libraries have recently been increasingly involved with health related projects. For instance, 'Books on Prescription' is a project which involves libraries working with health care organisations to deliver quality health information to patients. Many public libraries have 'Books on Prescription'

sections where users can access material recommended by their GP or other health professional. More recently UK public libraries have been working with the NHS on 'NHS Choices' (NHS, 2008). For instance, Stockport Libraries promote 'NHS Choices' and help users to access the website and use the 'Choose and Book' facility. These projects signify an increased move towards providing consumer health information in public libraries. In order to provide communities with the best possible service, staff from the health and public library sectors can work together to share skills and expertise. This way of working may enable public libraries to provide improved HIV/AIDS information services to their communities.

1.2 Statement of the problem

Recent statistics have shown that the UK has one of the highest rates of new HIV cases in the European Union (BBC, 2007). This indicates that an increased level of information will need to be made available to support people living with HIV/AIDS. If new infection rates are to be curbed it is equally essential that information about the transmission of HIV is communicated to the general public. Accurate information may also help to diminish the stigma associated with HIV/AIDS, which can be based on misconceptions, rumour and fear. As independent organisations which serve cross-sections of communities, public libraries are in an ideal position to provide accurate, unbiased and freely accessible information. However, it is not known how far, and in what way, UK public libraries meet the public need for HIV/AIDS information.

1.3 Purpose Statement

The purpose of this study is to investigate HIV/AIDS information in UK public libraries. Analysis of data collected from UK public libraries provides an impression of the state of HIV/AIDS information provision by public libraries in this country. As the sample was smaller than intended, these results are not generalisable to the whole UK public library population. In this study, information provision is considered to be: materials within the public library; the format in which these materials are available; and the manner in which they are displayed. Data regarding the professional opinions of public library staff responsible for HIV/AIDS information was also collected and analysed to provide an impression of the attitudes towards HIV/AIDS amongst this group.

1.4 Aim of the study

The aim of this study is to investigate the current state of HIV/AIDS information in UK public libraries.

1.5 Research objectives

- To investigate what materials are provided by UK public libraries

- To find out approximately how much of a library authority's budget is generally spent on HIV/AIDS information.

- To determine what formats these materials are available in.

- To investigate how these materials are displayed.

- To discover who these materials are targeted at.

- To explore the perceptions of HIV/AIDS information provision amongst public librarians.

- To determine the adequacy of HIV/AIDS collections in UK public libraries.

1.6 Definition of terms

HIV/AIDS – this term is used to refer to both Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

PLWHA - this acronym is used to indicate people living with HIV/AIDS.

HIV/AIDS information – in this study HIV/AIDS information includes: information about HIV/AIDS; information directed at PLWHA; information directed at people at risk of HIV infection; information directed at people affected by HIV/AIDS in any way; HIV/AIDS information in any format e.g. DVD, spoken word, leaflets; and fiction dealing with HIV/AIDS or featuring PLWHA.

1.7 Scope

This survey investigates the HIV/AIDS information provision in UK library authorities only. This is to ensure that findings are specific to UK public library authorities.

In order to gain a basic impression of HIV/AIDS information in UK public libraries this survey only investigates the provision of physical collections. Public library activities such as events, services and classes, which may be related to HIV/AIDS information provision, are not examined.

Online HIV/AIDS information, which may be accessible through the People's Network is not investigated, despite the public library facilitating the delivery of this information. It is unlikely that public libraries have any records on the usage of this kind of information. However, online HIV/AIDS material provided by the public library, e.g. journal subscriptions, may be considered part of the library's collection by the respondent.

The survey investigates opinions held by public library staff but does not ask respondents to discuss personal beliefs or experiences. This means that respondents who do not wish to discuss such matters are not deterred from taking part in the research.

1.8 Structure of chapters

This study is comprised of five chapters. The first chapter is the introduction which discusses the background to the study, statement of the problem, a statement about the purpose of the study, the aims and objectives of the study, definition of terms used in the study, and its scope.

The second chapter is the literature review. This chapter provides an overview of existing research and information that deals with publicly provided HIV/AIDS information. This chapter covers the following areas: information behaviour both of PLWHA and those at risk of HIV/AIDS; risk factors associated with HIV/AIDS and how these affect information provision; HIV/AIDS information provision for children and young people; stigma; and the role of public libraries in providing HIV/AIDS information. This chapter also discusses the significance of this study within the literature already in the field.

Chapter Three describes the methodology used in this project. It includes: a discussion of methods of investigation considered and employed in this study; a discussion of the survey instrument used; the population studied; the data collection method; ethical issues; and the limitations of the study.

Chapter Four discusses the data collected and presents it in an easily understandable manner.

The final chapter draws conclusions from this data and offers recommendations for further research.

2.0 Literature Review

2.1 Information behaviour

There is much published about the information behaviours of PLWHA and people at risk of HIV infection. This information is useful to librarians considering how best to provide their communities with HIV/AIDS information. Studies in this area investigate issues such as who people prefer to get information from, what format they prefer, what kind of questions people want the answers to, and how the internet is used as a source of information.

Hogan and Palmer (2005) conducted a survey of PLWHA to investigate the information preferences and practices of this group. Over 600 people responded to surveys which were distributed through AIDS service organisations across the U.S.A. They found that most of their survey respondents preferred getting HIV/AIDS information from people (Hogan and Palmer, 2005). Respondents considered information from people to be trustworthy, useful, understandable and readily available (Hogan and Palmer, 2005). This finding suggests that written information is at an immediate disadvantage. Hogan and Palmer's (2005) finding is supported by that of Hutchinson et al. (2004) who collected data from focus groups in order to study patients' perspective on HIV testing. Participants expressed a preference for information from healthcare providers and some preferred not to read information (Hutchinson et al., 2004). However the internet and public libraries, two resources which provide predominantly written information, were named as sources of information which offered the benefit of relative privacy

(Hutchinson et al., 2004). An earlier study from Mitchell et al. (1995) investigated the HIV/AIDS information practices of parents and children (whose HIV status was not collected for the purposes of the study). The study found that white parents were more likely to utilise printed HIV/AIDS information than non-white parents (Mitchell et al., 1995). Mitchell et al.'s (1995) study also found that, if they were to seek further HIV/AIDS information, parents would consult a health professional. This particular preference among this group seems similar to the preferences exposed by Hogan and Palmer (2005) and Hutchinson et al. (2004), however very few of the participants in Mitchell et al.'s (1995) study had actually used health professionals as a source of information suggesting that people's self-reported information preferences do not necessarily align themselves to their actual information behaviour.

Kalichman and Belcher (1997) studied the types of questions asked of an HIV/AIDS information hotline in the USA. Their investigation revealed that the most commonly asked questions regarded HIV testing (27%), HIV related symptoms (16%) and risk of transmission in various situations (14%) (Kalichman and Belcher, 1997). Kalichman and Belcher (1997) deduced that most people were motivated to call the hotline by fears of being infected with HIV. This exposes a significant level of ignorance among the studied population and a real need for accessible and accurate information to be made publicly available.

2.1.1 Perceived need for information

Some studies have been undertaken to investigate the level of HIV/AIDS knowledge held by certain populations. One such study found that some teenage students in the USA did not have even basic knowledge about HIV/AIDS, including understanding of transmission (Anon., 2002).   This situation makes clear the link between a lack of information and real risk of infection developing. In order to lower the risk of infection people must be equipped with basic knowledge about transmission.   However this issue may be complicated somewhat by difference between people's self-perceived level of knowledge and their actual knowledge. Buysse (1994) found a discrepancy between the actual HIV/AIDS knowledge of a group of young adults and their interest in acquiring further information. Buysse (1994) suggests that this may be an issue specific to young people as they may be more likely to overestimate their knowledge or get inaccurate information from peers. Further study is necessary to establish how people perceive their need for HIV/AIDS information and how this perception is affected by age etc. This study will investigate how many HIV/AIDS enquiries public library services generally receive but of course this will not take into account people who do not use public libraries for HIV/AIDS information and those who do not make enquiries about HIV/AIDS.

2.1.2 Awareness of information sources

Several studies have shown that people are aware that they can access HIV/AIDS information from healthcare organisations, the internet, and to a lesser extent, public libraries (Kalichman et al., 2002, 2003; Wolitski et al., 1996; Hutchinson et al., 2004; Hogan and Palmer, 2005). Albright and Mehra (2005) investigated academic librarians' knowledge of HIV/AIDS information sources and found that this was low amongst their participants. Public libraries are not frequently mentioned in literature about general HIV/AIDS information sources when compared to resources such as healthcare organisations and the internet. This raises the question of whether public libraries should develop and promote their HIV/AIDS collections more effectively, or leave the information provision to those sources already at the forefront of people's minds. This study will investigate whether public librarians consider public libraries to be an appropriate agency to disseminate HIV/AIDS information.

2.1.3 Internet

Much research focuses on internet use amongst PLWHA. Significant research in this area has been carried out by Kalichman et al. (2002, 2003). Kalichman et al.'s 2002 study identified that only 51% of respondents (all PLWHA) had ever used the internet. People who had used the internet were significantly better educated and wealthier than those who had not used the internet (Kalichman et al., 2002). Kalichman's subsequent study (2003) similarly found an inequality of internet access among PLWHA and concluded that people needed to be equipped with skills to find accurate information

online. Public libraries can help provide free access to the internet and can provide training on searching the internet. However it is not known how far these services are directly targeted at PLWHA, or other people who need to access HIV/AIDS information.

Information from the internet is not greatly trusted by people. Both Hogan and Palmer (2005) and Hutchinson et al. (2004) found that their study participants did not generally consider online information to be trustworthy in comparison to information from people, particularly healthcare professionals. A study from Schmidt and Ernst (2002) shows that these perceptions were fairly accurate as their investigation of various HIV/AIDS 'alternative therapy' websites revealed there was a significant lack of consensus between sites; two actually advocated the cessation of conventional treatments.

Some studies show that many PLWHA benefit from the internet as a means to maintain contact with other PLWHA, rather than a way of accessing information. Temesgen et al. (2006) investigated the usage of CHESS, an internet based consumer health informatics system for PLWHA. They found that the discussion group was the most frequently accessed facility on the system (Temesgen et al., 2006). Similarly, Reeves, (2001) found that many PLWHA used the internet for making social connections, and O'Grady (2006) found that users of a web-based consumer health environment for PLWHA found the resource useful as a communication and support tool.

The fact that people do not generally trust online information, but use the internet more as a communication tool means that public libraries need not necessarily consider the internet to be viable competition as a HIV/AIDS information resource. Of course, people may compromise accuracy of information for the convenience that online access offers. Public libraries may consider positioning HIV/AIDS collections as complementary to online information; a resource to find reliable information after conducting initial research online. Public libraries may also have a role in providing access to the internet and equipping users with the information literacy skills necessary to evaluate online information.

2.2 Risk factors

Although HIV is indiscriminate in who it infects, certain groups are disproportionately affected by HIV/AIDS. These groups may have an increased need for HIV/AIDS over the general population, and may benefit from information that is specifically targeted and relevant to them. This study will investigate the current provision of HIV/AIDS information targeted at various groups.

2.2.1 Poverty

Siegel et al. (2004), in their study of women living with HIV/AIDS, claim that many women who are affected by HIV/AIDS also face poverty. This study focussed on women but it is feasible that many people of either gender who live with HIV/AIDS face poverty. Poverty has been shown to have an adverse effect on access to HIV/AIDS information. For instance, as previously

mentioned, Kalichman et al. (2002, 2003) found that people who used the internet were wealthier than other respondents. Public libraries can offer free access to HIV/AIDS information to people who many not be able to afford books, periodicals or Internet access.

2.2.2 Education

Lower levels of education not only increase the likelihood of facing poverty, but present additional problems when accessing HIV/AIDS information. Green and Smith (2004) acknowledge that people with lower levels of education may not have equal access to HIV/AIDS information as much HIV/AIDS information is in printed format and assumes a fairly high level of education of its readers. Developments in HIV treatments may only serve to exacerbate this problem as information becomes more complex (Green and Smith, 2004). Kalichman et al. (2002, 2003) note that PLWHA with low levels of education are less likely to access online information than PLWHA who have higher levels of education.

2.2.3 Ethnicity

African communities are disproportionately affected by HIV/AIDS in the UK when compared with other ethnic groups (Avert, 2008). This disparity is largely accounted for by the fact that many people from these communities have migrated to the UK from areas of Africa where HIV infection rates are very high. The table below (Fig. 1) shows how annual rates of infection are distributed amongst ethnic groups in the UK.

Fig. 1
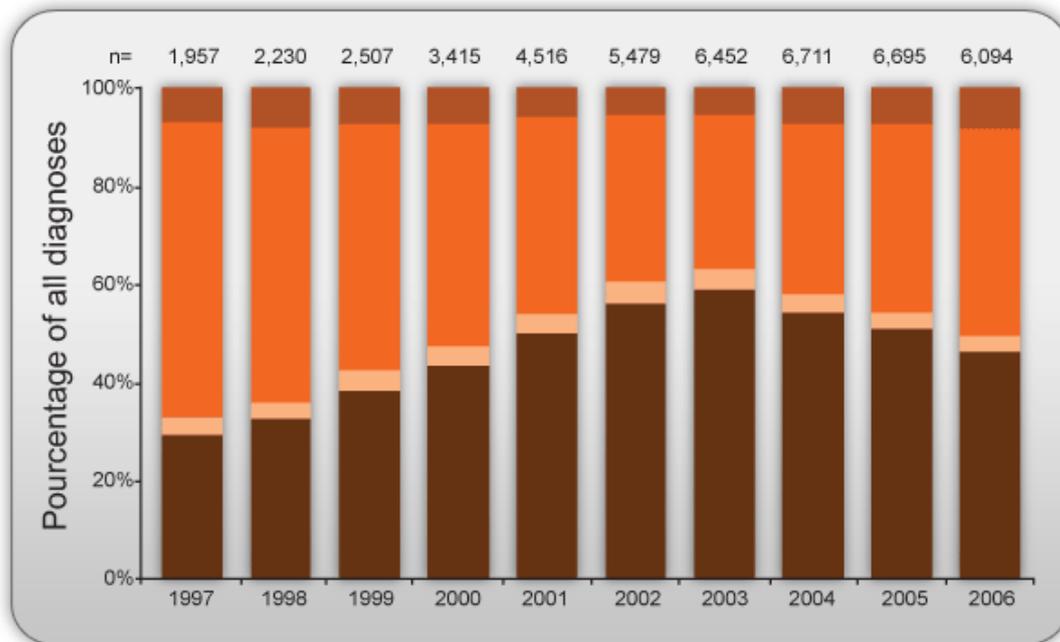
Black Carribean

Black African

White

Other / mixed

(Reproduced with permission from Avert, 2008)

The rate of infection amongst people from Black African communities now appears to be declining (due to fewer people migrating to the UK from areas of high prevalence) but remains high (Avert, 2008).

People from marginalised ethnic groups do not have equal access to information services. Kalichman et al. (2002) identified that non-white PLWHA were less likely to have access to the internet. Durrani (2000) claims that the UK public library service does not effectively engage with black and

minority ethnic communities because of a lack of confidence, inadequate skills and an underrepresentation of people from black and ethnic minority backgrounds in the public library workforce. People from black and ethnic minority backgrounds may therefore encounter barriers to accessing public library services. For instance refugees and people seeking asylum may be prevented from joining the library if they do not have a fixed address, or they may require information in a language other than English.

Public library services offering HIV/AIDS information to black and ethnic minority communities may also wish to consider evidence surrounding the information behaviour of these groups. A 2002 study, conducted in the U.S.A., found that African American adolescents were more likely to access sexual health information online than young people from other ethnic groups (Anon., 2002a). Wolitski et al. (1996) found in a study of ethnic groups that African Americans were least likely to talk about HIV/AIDS, Hispanic people and African Americans were most likely to rely on mass media for information, whereas white people tended to rely on small media. Clearly information behaviour amongst ethnic groups in the UK may differ but until research can provide a clear impression of the situation it is important for providers of information to be aware of possible differences between individuals and groups and to be able to offer appropriate information.

2.2.4 Gay men

Scott et al. (2004) assert that gay and bisexual men comprise the group who are at the greatest risk of becoming infected with HIV. Avert (2008) claim that at the end of 2006 41% of people living with HIV in the UK were men who have sex with men (MSM). This information shows that this group of people are significantly affected by HIV/AIDS and therefore require information which is specifically targeted at this group.

Scott et al. (2004) report that homophobia and discrimination can lead to low self-esteem amongst gay men, which in turn weakens the individual's ability to refuse high-risk behaviours. Public libraries therefore have a role to play in providing an inclusive service which supports all the needs of the gay community. This may include offering materials which offer emotional support for gay men, information on how unsafe practices may best be refused, fiction and biographical material which may offer the reader an insight into others' similar experiences. An inclusive service should acknowledge gay communities as having an equal stake in the library service and provide services and stock that reflects this (Gough and Greenblatt, 1990).

2.2.5 Intravenous drug users

Intravenous drug users (IDUs) are less well documented in the literature than some of the other groups mentioned here, despite being long-recognised as a group at high risk if HIV infection. One study which considers IDUs when investigating HIV/AIDS information is that from Bell et al. (2003). They found

that people from this high-risk group displayed less risky behaviour when sharing needles if both users were perceived to be HIV-negative than if users had perceived discordant[1] HIV statuses (Bell et al., 2003). Bell et al. (2003) concluded that this was evidence that HIV/AIDS prevention information directed at high risk groups has been fairly successful in changing behaviour. This study was limited to a non-randomized sample of IDUs from one city but nevertheless provides an insight into the affect of HIV/AIDS information on IDUs.

2.2.6 Women

Sex between men and women was the second largest method of HIV transmission among PLWHA in the UK by the end of 2007 (Avert, 2008). Of those infected through heterosexual transmission, at least 60% are women (Avert, 2008). The rate of diagnoses of HIV infection amongst heterosexuals has also been higher than diagnoses amongst gay men since 1998 (Avert, 2008). This means that there is a significant group of HIV positive women living in the UK who require appropriate information. However the fact that heterosexuals are currently more often diagnosed than gay men in the UK may indicate that information regarding the importance of testing is already reaching this group.

The majority of people living in the UK who were infected with HIV through heterosexual sex acquired the virus in sub-Saharan Africa (Avert, 2008). As a result of this many of the people in this group will require information which is

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[1] Where one partner is HIV-positive and the other HIV-negative.

culturally and language appropriate. In order to meet this need information

which is targeted at ethnic minority women may need to be made available.

Bell et al. (2003) showed that women in heterosexual and drug use

relationships are at an increased risk of engaging in unsafe behaviour.

Women were the only group in the study who showed increased risk-taking in

relationships which both partners were perceived as HIV-negative (Bell et al.,

2003). This may be as a result of women being less informed about

HIV/AIDS, but a study from Wolitski et al. (1996) found that women were more

likely than men to obtain HIV/AIDS information. Further research is required

to establish a clearer picture of the informational needs of women at risk of

HIV infection and women living with HIV/AIDS.

2.2.7 Young people and children

Lukenbill (1995), writing from a U.S. perspective, notes that young people are

a group at particular risk of HIV infection and emphasises the need for

targeted information in formats which are accessible. For instance

information may need to be in simple language, with modern, engaging

graphics and images. Thirty-four percent of HIV infections diagnosed in the

UK up until the end of 2007 occurred in people under thirty years of age

(Avert, 2008). It is feasible that some of these infections may have been

acquired some years earlier, even in adolescence.

Lukenbill (1995) promotes a model of "social learning theory" which is based on access to quality, accurate information (p.57). He claims that for an adolescent to be able to recognise their activities as risky they must have knowledge of how HIV is transmitted and an understanding of their own personal risk (Lukenbill, 1995). This involves avoiding stereotypes of the kind of people who are affected by HIV/AIDS (Lukenbill, 1995). Lukenbill (1995) also notes that young people may suffer from egocentrism and feelings of indestructibility which may affect their ability to perceive HIV/AIDS information as personally relevant.

Although numbers of children living in the UK with HIV/AIDS is relatively low, many children will be affected by HIV/AIDS in some way. There is very little in the literature written about the HIV/AIDS information needs of children but public librarians may consider making some provision in this area.

2.4. Stigma

The stigma that still regrettably surrounds HIV/AIDS affects HIV/AIDS information provision in a number of ways. It may be argued that information of accurate HIV/AIDS information is particularly important in comparison to other health issues as a result of the stigma associated with HIV/AIDS. Reeves (2001) asserts that stigma increases the need for informational support for PLWHA. Siegel et al. (2004) conducted a study of HIV-positive women before and after the advent of HAART (Highly Active Anti-Retroviral Therapy) and found that the psychosocial characteristics of this group were little changed. They suggest that this may be due to the multitude of other

issues which affect the lives of these people such as dealing with stigma and discrimination, which are not eased by advancements in medicine (Siegel et al., 2004). It may therefore be considered important to ensure that PLWHA also have access to information which can benefit them psychosocially.

Public libraries have been highlighted as appropriate locations for HIV/AIDS information as they are perceived as neutral spaces (Lukenbill, 1995). It may be that someone wishing to gain HIV/AIDS information would feel more comfortable entering a public library than an HIV/AIDS specific organisation (Lehman, 1993). However there is a danger that these opinions could result in a concealment or attempted disguise of HIV/AIDS information, and this may be considered to condone and so perpetuate stigma.

Information may also be used as a tool to reduce discriminating attitudes among HIV-negative populations. Knaus et al. (1999) investigated the effect of visiting an AIDS memorial quilt on prejudiced attitudes towards PLWHA. The study revealed a decrease of social distance between the participants and PLWHA after the participants had visited the quilt. This indicates that upon learning something of HIV/AIDS, people saw PLWHA as less dissimilar top themselves as they had previously perceived, thus reducing the potential for discrimination and stigma.

2.5 Public Libraries

2.5.1 Qualities of a successful HIV/AIDS information service/collection

Participants in Albright and Mehra's (2005) research believed that HIV/AIDS information services should be non-judgemental, offer confidentiality and utilise ICT. The public library's position as an organisation which primarily offers information, as opposed to advice, helps establish a climate of non-judgement, and Cilip's Code of Professional Practice for Library and Information Professionals states that professionals in the sector should "avoid inappropriate bias or value judgements in the provision of services" (Cilip, 2007. The code goes on to address the issue of confidentiality stating that professionals should "protect the confidentiality of all matters relating to information users, including their enquiries, any services to be provided, and any aspects of the users' personal circumstances or business" (Cilip, 2007). A nonjudgmental approach is identified by Perry (2000) as key, and confidentiality is mentioned in various studies as a priority for people seeking HIV/AIDS information (Hogan and Palmer, 2005; Cowen and Rix, 1991; Hutchinson et al., 2004). Nokes and Nwakeze (2005) point out that there is often little time within a healthcare setting for patient's information needs to be fully met. Public libraries offer access to information away from a time-pressured healthcare setting.

The usage of ICT is not measured in this investigation but the People's Network means that every public library authority in the UK offers its users

access to the internet. Public libraries are thus in a good position to provide an effective HIV/AIDS service.

2.5.2 Partnership working

Partnership working can enable public libraries to provide HIV/AIDS information even if they do not feel they hold all the skills, knowledge and resources necessary within their organisation. Dancy and Dutcher (2007) discuss projects in the USA which have been funded by the National Library of Medicine's AIDS Community Information Outreach Program. The National Library of Medicine promoted their AIDS Community Information Outreach Program to encourage organisations to provide local HIV/AIDS information services. This partnership allowed local organisations to provide effective services to their communities with the help of funding, support and expertise from a national organisation. Forsyth (2005) notes that public libraries can partner with health organisations to provide HIV/AIDS information services. Perry (2000) agrees that partnership working is vital to provide a community with a cohesive HIV/AIDS support network. Writing in 1993, Lukenbill claims that public libraries should work with AIDS Service Organisations (ASOs) to provide HIV/AIDS information services (Lukenbill, 1993). Lukenbill (1993) points out that public libraries should ensure that they do not duplicate the work of ASOs but provide complimentary services. Where there is a lack of local ASOs, in rural areas for instance, public libraries can take the lead in offering HIV/AIDS information while working with general health organisations. Although Lukenbill (1993) is writing from a US perspective, his ideas can be considered in a UK environment.

2.5.3 Outreach

Dancy and Dutcher (2007) note that most of the projects which were carried out in partnership with the National Library of Medicine's AIDS Community Information Outreach Program targeted people with HIV/AIDS. Many projects also more specifically targeted certain ethnic groups and tailored projects to the specific needs of local communities (Dancy and Dutcher, 2007). Dancy and Dutcher (2007) claim that allowing local organisations and communities to take ownership of projects increases the likelihood of community engagement and success of the project. Public libraries are in a good position to reach out to their communities as many librarians are now community based, rather than being confined to the physical library space. Partnership work can also enable libraries to reach their target populations. For instance, partnering with HIV/AIDS health organisations may provide a way for the library service to reach people affected by HIV/AIDS.

2.5.4 Types of information

Lukenbill (1995) notes that there is a vast array of information that may be included in an HIV/AIDS collection in a public library. Information about transmission should be accompanied by information on nutrition, finances, treatment, spiritual concerns and historical, social and cultural issues (Lukenbill, 1995). Lukenbill (1995) also makes the point that public libraries may have a particular role to play in providing communities with fiction which deals with HIV/AIDS.

2.5.5 Formats

The format in which HIV/AIDS information is provided should be considered by those responsible for public library collections. In order to comply with the DDA 2005 (Great Britain, 2005) public libraries should provide all material in alternative, accessible formats where possible. Material should be provided that is accessible to people with visual impairments, hearing impairments, mobility impairments and dyslexia. Unfortunately less than 5% of all published material in the UK is published in alternative formats so it is likely that there is little HIV/AIDS information of this kind available (RNIB, 2008). The needs of all people should also be considered when providing guidance to direct library users to HIV/AIDS materials.

As mentioned in section 2.3 Green and Smith (2004) note that much information about HIV/AIDS assumes a fairly high level of education. Public libraries may wish to source information that is suited to those with lower literacy levels. Audio-visual or pictorial materials may be effective in providing people with HIV/AIDS information regardless of their level of literacy.

2.5.6 Censorship

Due to the often necessarily sexually explicit nature of HIV/AIDS information, and its references to injection drug use, public librarians may face the issue of censorship from colleagues, the public or other interested parties. Gough and Greenblatt (1990) note that some elements of society equate efforts to provide high-risk groups with HIV/AIDS information with endorsement of the lifestyle choices of these groups. Gough and Greenblatt (1990) also mention

that resistance may be faced when providing information in colloquial and 'slang' language as some groups feel that this kind of information should written in a strictly medical style. However Gough and Greenblatt (1990) argue that it is necessary to provide information in a format that is accessible to target groups, including young people and people with low education levels.

Lukenbill (1995) claims that it is not necessary for public libraries to go as far as to hand out free condoms or sterilised needles, but, as information professionals, librarians cannot fail to provide HIV/AIDS information in an effort to avoid controversy. Gough and Greenblatt (1991) argue that inactivity is another form of censorship and must be avoided by public libraries.

2.6 Significance of the study

A study investigating the state of HIV/AIDS collections in UK public libraries is important for several reasons. Firstly it will provide a comprehensive impression of current practice on which can be based recommendations for collection development. Library practitioners may find the study useful in this area. Secondly researchers may find this study helpful as a basis for further research. The study will help fill the gap in the current literature of research focussing on HIV/AIDS materials in UK public libraries. There is a significant amount of research on the information needs of people living with HIV/AIDS and the information behaviour of people at risk of HIV infection. There is also some research from the early to mid nineties about the role of U.S. public libraries in providing HIV/AIDS information. There is no recently published

work that provides an insight into current public library practice in the UK with

regard to HIV/AIDS.

3.0 Methodology

3.1 Introduction

This study is an investigation into the current state of HIV/AIDS information provision in UK public libraries. It also investigates the opinions of UK public library staff about HIV/AIDS information. The study was intended to be as comprehensive as possible. All public library authorities in the UK were invited and encouraged to respond. Due to the large scale nature of the research it was deemed appropriate to collect quantitative data. The data has been analysed to provide an insight into the current state of HIV/AIDS information provision in UK public libraries. This study may form the basis of further, perhaps qualitative research into HIV/AIDS information in UK public libraries.

This study is investigative but not intrusive. The role of the researcher was entirely separate from the environment being investigated. The method of data collection was unobtrusive and should not have affected the normal practice of the respondent and their library authority in any way.

3.2 Method of investigation

The population to be investigated was intended to be comprehensive. All 218 UK public library authorities were invited to respond to a survey. However only 24 authorities responded to the survey. The library authorities that did respond varied in size and geographic location.

Although the data collected is quantitative (except a few instances of qualitative data from incidental emails) the approach to this research can be said to be qualitative. This is because the aim of this study was to gain an impression of the state of HIV/AIDS materials in UK public libraries, rather than to disprove any existing theories, or hypotheses developed by the researcher. The findings of this project are descriptive; a kind of census of HIV/AIDS collections in UK public libraries. Oppenheim (1992) notes that this kind of research is not intended to explain anything but instead essentially aims to count things. Oppenheim (1992) goes on to explain that data from descriptive research is often used to identify patterns and make predictions. It was certainly the researcher's intention to investigate the relationship between dependent and independent variables to some extent, though a low response rate prevented inferential statistics from being applied to the data. A non-experimental design was to be used, as described by Punch (2003). Punch (2003) notes that this kind of research does not involve the manipulation of variables, rather the investigation of "naturally occurring variables" (p. 12). The researcher's intention in this study was to gather data relating to the provision of HIV/AIDS information in UK public libraries and then run statistical tests on this data to determine if any relationships existed between naturally

occurring variables. With the response rate being lower than anticipated, it was necessary to rely on descriptive statistics to provide a picture of HIV/AIDS information provision in UK public libraries. Although the sample size is too small to be generalisable to the entire UK public library population, these statistics give an interesting, indicative idea as to what HIV/AIDS information exists on the shelves of UK public libraries.

The methodology of this study is loosely based on the idea of analytical induction as described by De Vaus (2001). De Vaus (2001) notes that analytical induction aims to study individual cases in order to reach generalisations that apply to all cases. Should a large number of library authorities have responded to the survey as originally hoped, such generalisations may have been possible in this study. However due to the small number of respondents, only descriptive statistics can be produced. De Vaus (2001) comments that it is also usual for analytic induction researchers to develop a preliminary hypotheses to be tested. The researcher for this study did not feel there was enough directly relevant literature to develop a preliminary hypothesis, and felt that the research would benefit from a more open approach. This study may provide the basis of hypotheses for a future study.

3.2.1 Survey instrument

The data was collected by means of a survey comprised of two parts. The first part contained 22 items. These items included information about the library authority the respondent represented, for instance how many people are registered members of the service. Multiple choice questions about HIV/AIDS information provision within the library authority followed. These questions asked the respondent to identify what kinds of HIV/AIDS information is held within their library authority. There was an option for the respondent to indicate that they did not know the answer to a question to allow for gaps in knowledge and to avoid a high instance of missing data.

The second part of the survey was comprised of 14 statements to be rated by the respondent on a Likert scale, according to how far they agree with each statement. The Likert scale options ranged from 'strongly agree' to 'strongly disagree'. The statements represented opinions about HIV/AIDS, HIV/AIDS information and the role of public libraries in providing it. The responses to this section give an insight into current professional opinion on the topic. The responses in this section were intended to be used to identify any correlation between opinions held and collections offered, however the sample was too small to produce valid conclusions.

The final part of the survey asked respondents to identify their gender, and indicate which age range they fall into. This data was intended to be analysed to identify any relationship between demographic characteristics, professional opinions and information provision. Again, the sample size was too small to

be able to do this, but the information provides descriptive statistics rather than inferential ones.

The questions in the survey were designed to be clear, unleading and unbiased, as recommended by Fink (1995). However it is impossible to further control measurement error that may originate from the respondent and their surroundings, such as tiredness, time pressure etc. (Fink, 1995).

The survey instrument was piloted before being sent out to all UK public library authorities. This is in accordance with recommendations from Oppenheim (1992:48-49). The survey was piloted by a librarian responsible for collection development at Sheffield libraries, lecturers from the Department of Information Studies at the University of Sheffield, who have prior experience of library practice, and students enrolled on the MA librarianship course at the University of Sheffield. Comments resulting from this pilot informed slight amendments to be made to the instrument. These changes included the re-wording of questions to make them clearer, and correction of typographical errors.

3.2.2 Population
Every public library authority in the UK was invited to respond to the survey. A broad geographic range and range of size is represented by the 24 library authorities from which responses were received. Library authorities from England, Scotland and Wales responded.

In order to contact every library authority in the UK, email addresses were taken from *Libraries and Information Services in the United Kingdom and the Republic of Ireland 2007-2008*. (Cilip, 2007a). Some entries in the directory provide contact details for collection development or information librarians while others listed only the Head of Service. Librarians with responsibility for collection development were targeted directly where possible. Where this was not possible Heads of Service were targeted and asked to pass the survey on to the relevant person. Where several individuals who were considered to be suitable for responding to the survey are listed, an email was sent to each of these people.

Respondents were also targeted through the JISCmail (JISCmail, 2007) LIS-PUB-LIBS (for people interested in public library work) list in order to reach librarians who may not have received the survey link directly.

The link to the survey was also distributed to interested parties via The Network (The Network, 2008?), an organisation led by John Vincent which supports social inclusion work in cultural and heritage organisations.

Web 2.0 technologies were employed to distribute the survey. Messages were posted on the Facebook (Facebook, 2008) 'walls' of the following groups: Terence Higgins Trust Gloves Off Campaign; 2008 National Year of Reading; Cilip Members; Cilip YH (the group of the Yorkshire and Humberside branch of CILIP); and Maverick Librarians (the group of the students of the Information Studies department at the University of Sheffield). This method

of distribution allowed large numbers of people to access the survey link, and provided respondents, or potential respondents with the opportunity to contact the researcher with any questions, or additional information.

3.3 Data collection and analysis

The online survey responses were automatically returned upon completion. The statistical software SPSS (v.14.0) was used to analyse the data and to produce graphs and charts to enable easy viewing of the project findings. Statistical analysis such as t-tests, Chi square, ANOVA were planned to be employed to elucidate any trends in the data and enable comparisons between variables. However the sample size was not large enough for these statistical tests to be appropriate. Instead, descriptive statistics were used to present the findings of this study.

The resulting analysis is then interpreted. What the data means with regard to current library practice in providing HIV/AIDS information is considered. Emergent trends, and the effect of findings on practice and research is discussed. However it is important to note that due to the small sample size, these findings can not be generalised to all UK public library authorities. They merely provide a description of current HIV/AIDS information provision in the public libraries that responded to the survey.

Although not actively collecting qualitative data, the researcher received several emails from people who had either completed the questionnaire, or chosen not to and wanted to further express their opinions. The information

received in this way provided interesting viewpoints and raised issues relevant to the research and so it was decided to use qualitative content analysis methods on this data. Due to the small amount on data collected in this way it was felt that human coding was appropriate.

3.4 Ethical considerations

This study has been assessed as low risk via the University of Sheffield Information Studies department's ethics review procedure. HIV/AIDS may be considered a sensitive subject, but no vulnerable people were asked to respond. Deacon et al. (2005) emphasise the importance of gaining consent from respondents and participants in HIV/AIDS research. In order to ensure all responses came from people who wanted to take part in the research, responding to the survey, although encouraged, was entirely voluntary. Individual respondents are not identified in the data, or in the final research findings. Potential respondents were informed of this before they decided to complete the survey to prevent people from being dissuaded to respond by concerns that they would be individually identified in the final report. The first part of the survey asked only objective questions about HIV/AIDS collections, and the second part, although requesting opinions, required the respondent to give professional opinions rather than personal beliefs or experiences.

3.5 Limitations of the study

This investigation was limited in various ways. One major limitation was the amount of time available for the completion of the study. Approximately three months was the time frame within which preliminary research had to be

carried out research instruments designed, data collected, analysed and interpreted. This time limitation meant that qualitative data could not be easily collected on a large scale. Some qualitative data was collected incidentally via emails to the researcher from interested individuals and respondents. This data has been discussed but the main data is quantitative to allow for a large scale investigation to be completed within the short time frame available.

Another limitation of this study is that it does not directly investigate online collections. The study does not take into consideration information that is held online by the library authority. This may include online periodicals that the library authority subscribes to. The issue of online information is further complicated in that much is available to everyone, for free. In this way library authorities may claim to provide HIV/AIDS information by facilitating access to the internet. Online HIV/AIDS information in libraries is an area which may be investigated further in the future.

This study also does not investigate activities, services or initiatives that library authorities may provide. Examples of these could be HIV/AIDS reader groups, training sessions on searching for HIV/AIDS information online etc. Again, this is an area which could be investigated further to build upon the findings of this study.

The use of a survey to gather data, while ensuring all library authorities can be reached and the data analysed within the time constraint, restricted the responses that could be given by respondents. The nature of quantitative

data collection using a survey instrument means that respondents are limited as to what responses they can give. Some respondents have chosen to email the researcher directly in order to offer information that they wanted to share. This qualitative data has been discussed in this study but cannot form a major part of the analysis due to time restrictions and the unregulated manner in which the data was collected. Subsequent qualitative research in this area would complement the findings of this study.

4.0 Results

This chapter presents the data collected with the survey instrument. The results for each question are summarised in turn in order for the reader to gain a clear overview of the data collected before the results are discussed in Chapter Five. Content analysis has been applied to questions with an open-ended response, whereas answers which are quantifiable have been statistically analysed. Graphs and tables accompany these results to aid the reader in gaining an overview of the data. Patterns and trends which emerge from the data are noted but due to the small sample size, these patterns and trends are not generalisable to a larger population.

Throughout the chapter, where no answer has been given by the respondent, the data is presented as 'missing'.

Percentages are given as a proportion of the total respondents to the survey rather than the total number of respondents to each individual question. This is because missing answers are felt by the researcher to carry some meaning in themselves.

4.1 Part 1 Question 1 - Which library authority are you representing?

Out of 32 responses, 28 respondents chose to identify which library authority they were representing. Three library authorities were represented more than once. It is impossible to say whether multiple responses from the same authority are indicative of multiple respondents from the same authority but this is likely as answers to other questions differ. The responses include one from a London based prison library. Although not strictly a public library, this library is run by the local authority.

4.1.1 Regional distribution

All the UK regions are represented in the data apart from the North West of England, Northern Ireland and the Crown Dependencies. The table below (Fig. 2) shows how many responses were received for each region.

Fig. 2 Number of responses per UK region

Region	No. of responses
Scotland	5
North East	3
North West	0
Yorkshire and Humberside	2
Northern Ireland	0
West Midlands	3
East Midlands	2
Wales	1
East Anglia	4
South West	2
South East	2
London	4
Crown Dependencies	0
Total	28

The following table (Fig. 3) shows how many authorities are represented in the data.

Fig. 3 Number of authorities represented

Region	No. of authorities
Scotland	5
North East	2
North West	0
Yorkshire and Humberside	2
Northern Ireland	0
West Midlands	3
East Midlands	2
Wales	1
East Anglia	2
South West	2
South East	2
London	3
Crown Dependencies	0
Total	24

The above tables clearly show that more responses were received than authorities represented. Throughout the following presentation and analysis of results, the number of responses will be focussed on rather than the authorities represented. This is because although some responses come from the same authority, responses to individual questions differ significantly.

4.2 Part 1 Question 2 - How many people are registered members of your library service?

This question required respondents to select the category which the library authority they were representing fell into. An error with the survey instrument which was only realised at the stage of analysis was that it was possible for one answer to fit into two categories. For instance, if a library service had 40 000 members, the respondent could select either "20 000 - 40 000" or "40 000 - 60 000". This means that the responses to this question cannot be considered totally valid data. However, respondents may not have found this to be a significant problem as, due to the constantly changing nature of library membership, they are likely to have only a general notion of how many people are registered members of their library service.

Out of 32 responses 22 chose to respond to this question. The table below (Fig. 4) displays the results for this question

Fig. 4 Approximate number of members of library service

Approximate number of members	Frequency	Percentage of total respondents (May not total 100% due to rounding)
Less than 20 000	5	15.6
20 000 - 40 000	3	9.4
40 000 - 60 000	5	15.6
60 000 - 80 000	2	6.3
80 000 - 100 000	2	6.3
100 000 - 200 000	2	6.3
200 000 - 300 000	2	6.3
300 000 - 400 000	1	3.1
400 000 - 500 000	0	0
More than 500 000	0	0
No category selected (missing)	9	28.1

This data shows that, of those who responded to the question, most indicated that their library service had less than 60 000 members. Reasons for this weighting can only be speculated by the researcher but may be because a smaller library service may have more time to respond to surveys, or the survey may have been more likely to reach the appropriate member of staff due to there being less staff. A large proportion of respondents chose not to

respond to this question. Again, it is impossible to identify definite reasons for this non-response but it is possible that the respondent did not know how many people were members of their library service. If this is the case it indicates that some library staff do not know some basic information about the community that they serve.

4.3 Part 1 Question 3 - Approximately what percentage of your total materials budget is spent on health information each year?

This question allowed for an open-ended response. This means that respondents were free to express an answer to this question in any form, without being restricted to strictly numerical or pre-determined categories.

- Twenty-one people chose to respond to this question, with 11 choosing not to answer.

- Of the 21 people who answered, eight indicated that they did not know what percentage of their total materials budget was spent on health materials. Of these, two indicated that this was because money spent on health information is not quantified separately by their library service.

- Three respondents indicated that 10% or around 10% of their total materials budget was spent on health information.

- Four respondents claimed that 5% or around 5% of their total materials budget was spent on health information.

- Four respondents gave answers which fell into the range of 1-3%.

- Two respondents indicated that less than 1% of their total materials budget was spent on health information.

It appears that there is some variation in the amount of funds directed at health information between library services. Figures around 10% seem a fairly large proportion to spend on one general topic, whereas less than 1% seems very little to direct towards a popular, and potentially life-changing, area of information. Most answers expressed a level of uncertainty, for example some respondents used "c." to indicate circa, or added "maybe" to their answer. In addition to this a large proportion of those that answered (44.5%) indicated that they did not know the answer to the question. This lack of knowledge may be because the library authority does not record this data (as indicated by two respondents), the respondent did not have access to the information or the respondent has not accessed the information for whatever reason. It may also be that those who chose not to answer the question did so because they did not know the answer.

4.4 Part 1 Question 4 - Approximately what percentage of the budget for health information in your authority is spent on HIV/AIDS information?

This question allowed for an open-ended response, resulting in answers in various forms.

- Twenty-one people responded to the question, with 11 opting out.
- Of the 21 people who answered, 12 indicated that they did not know how much of their budget for health information was spent on HIV/AIDS information. Of these, one indicated that this was because this data was not recorded by the library service.
- One respondent gave 10% as an answer.
- Three respondents indicated gave answers which fell into the range of 1-3%
- Four respondents indicated that less than 1% of the budget for health information was spent on HIV/AIDS information.
- One responded claimed that "very little" of their authority's budget for health information was spent on HIV/AIDS information, giving an explanation that there are very few books available for the library service to buy.

Most of the responses (other than 'don't know' answers) indicate that library services spend less than 3% of the budget for health information on HIV/AIDS materials. A large proportion (57.2%) of those than answered indicated that

they did not know how much was spent on HIV/AIDS information. This
indicates a predominant lack of knowledge in this area. It may be that the 11
people who did not respond to the question also did not know what
percentage of the budget for health information is spent on HIV/AIDS
materials in their authority.

4.5 Part 1 Question 5 - Do any libraries in your authority have a designated section for HIV/AIDS information?

Twenty-three people chose to respond to this question. The table below (Fig. 5), and the following bar chart (Fig. 6), summarise the results.

Fig. 5 Designated section for HIV/AIDS information in libraries

Designated section for HIV/AIDS information	Frequency	Percentage of total respondents
No	21	65.6
Yes	2	6.3
Missing	9	28.1

Fig. 6

Do any libraries in your authority have a designated section for HIV/AIDS information?

Do any libraries in your authority have a designated section for HIV/AIDS information?
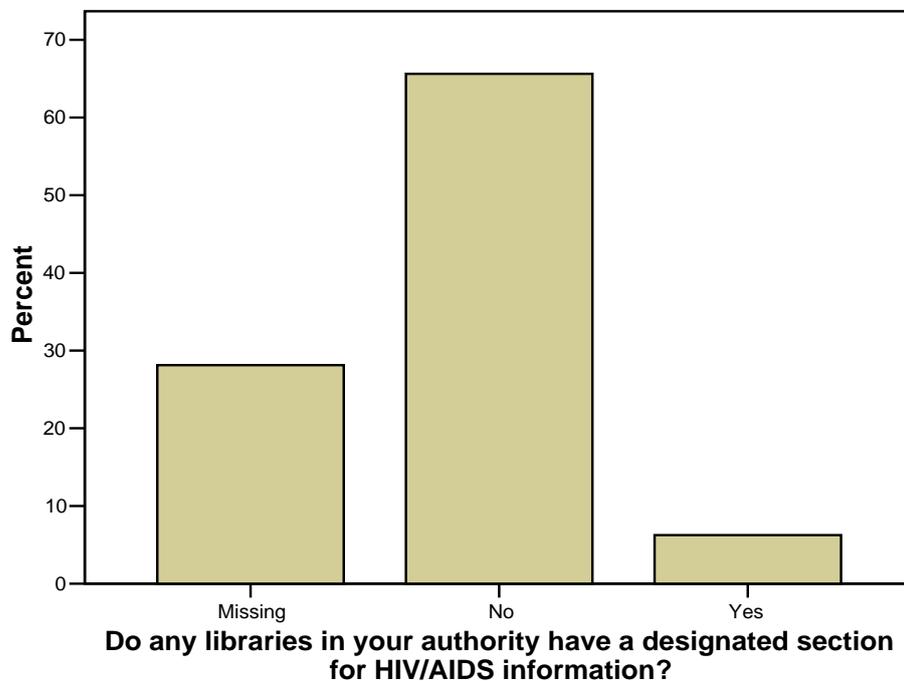
An overwhelming majority answered either 'No' or failed to provide an answer to this question. Again, it is impossible to know why some respondents chose not to answer this question but it could be suggested that those people who did not answer the question are unlikely to represent an authority which does provide a designated section for HIV/AIDS information.

4.6 Part 1 Question 6 - How does your library service select HIV/AIDS material?

The table below (Fig.7) summarises the answers given in response to this question. Twenty-six people answered this question, with six people choosing not to.

Fig. 7 Method of selection of HIV/AIDS materials

Method of selection	Frequency	Percentage of total respondents
Library supplier	11	34.4
Librarian's choice	22	68.8
Stock suggestions or reader requests	21	65.5
Recommendations from other organisations e.g. health care providers	12	37.5
Other	3	9.4

Despite the trend for public libraries to move towards using library suppliers, this was not the most popular method of selecting information. It seems that the traditional method of allowing librarians to select stock remains popular in this area. The popularity of stock suggestions or reader requests means that

the libraries surveyed may be successful in providing collections that reflect the needs of the community. However it is worth noting that there may be library users (or potential users) who do not make suggestions or request items. Many UK public libraries charge users a fee for requesting items so this could be a deterrent. It may be that some readers may not wish to request or suggest items of a sensitive nature. Therefore a risk exists that collections may reflect only the needs of confident, more affluent members of the community. Almost half of the people who answered this question indicated that they use recommendations from other organisations. This is evidence of organisations forming partnerships and working together to provide a quality service to communities.

Of those respondents who selected "Other" two indicated using free resources from other organisations and one indicated that they did not know how HIV/AIDS materials are selected in their library's service. One respondent who used free resources mentioned pharmacy campaign packs, and the other identified magazines and leaflets from AIDS charities as a resource.

4.7 Part 1 Question 7 - Do you feel there is sufficient HIV/AIDS material available to buy for your library service?

Twenty-three people answered this question, while nine did not. This question was a late addition to the survey so a small number of respondents completed the survey before this question was added. The table (Fig. 8) and bar chart (Fig. 9) below summarise the results.

Fig. 8 Sufficient HIV/AIDS material available to buy

Sufficient material	Frequency	Percentage of total respondents
No	4	12.5
Yes	7	21.9
Don't know	12	37.5
Missing	9	28.1

Fig. 9

Do you feel there is sufficient suitable HIV/AIDS material available to buy for your library service?

Do you feel there is sufficient suitable HIV/AIDS material available to buy for your library service?
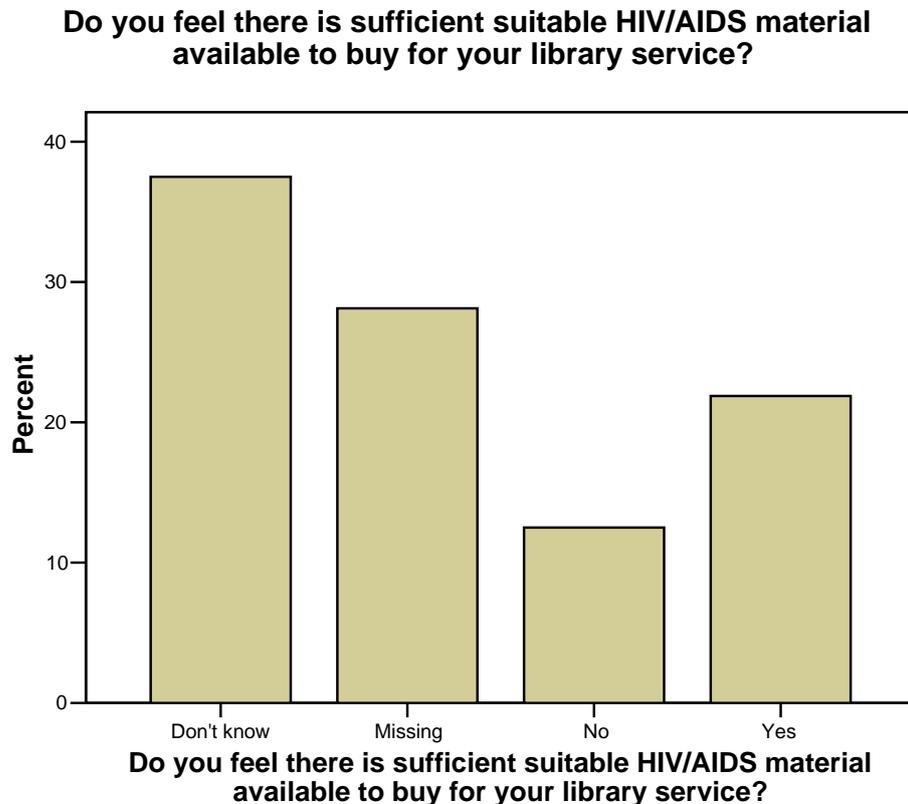
The availability of HIV/AIDS information to buy is clearly an area which the respondents to this survey were not particularly familiar with. Some respondents were able to indicate whether they felt there was sufficient information available but more selected either 'Don't know' or failed to answer.

Although more people indicated that they felt there was sufficient material available, a significant proportion indicated that they felt there wasn't sufficient information available. It is also worth considering the email received by the researcher which is analysed in section 4.26. This email was received early in the data collection process and prompted the late inclusion of this question. The person writing the email indicated that they did not feel there was

sufficient HIV/AIDS information available to buy for library services. Although this respondent completed the survey before this question was included, it is likely that they would have selected 'No' had they been able to answer. There is no clear consensus amongst the survey respondents on this issue.

4.8 Part 1 Question 8 - Does your library service stock leaflets/pamphlets on HIV/AIDS?

Twenty-five people answered this question; seven did not. The table (Fig. 10) and bar chart (Fig. 11) below summarise the results.

Fig. 10 Provision of HIV/AIDS leaflets/pamphlets

Leaflets/pamphlets	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	1	3.1
Yes	20	62.5
Don't know	4	12.5
Missing	7	21.9

Fig. 11

Does your library service stock leaflets/pamphlets on HIV/AIDS?

Does your library service stock leaflets/pamphlets on HIV/AIDS?
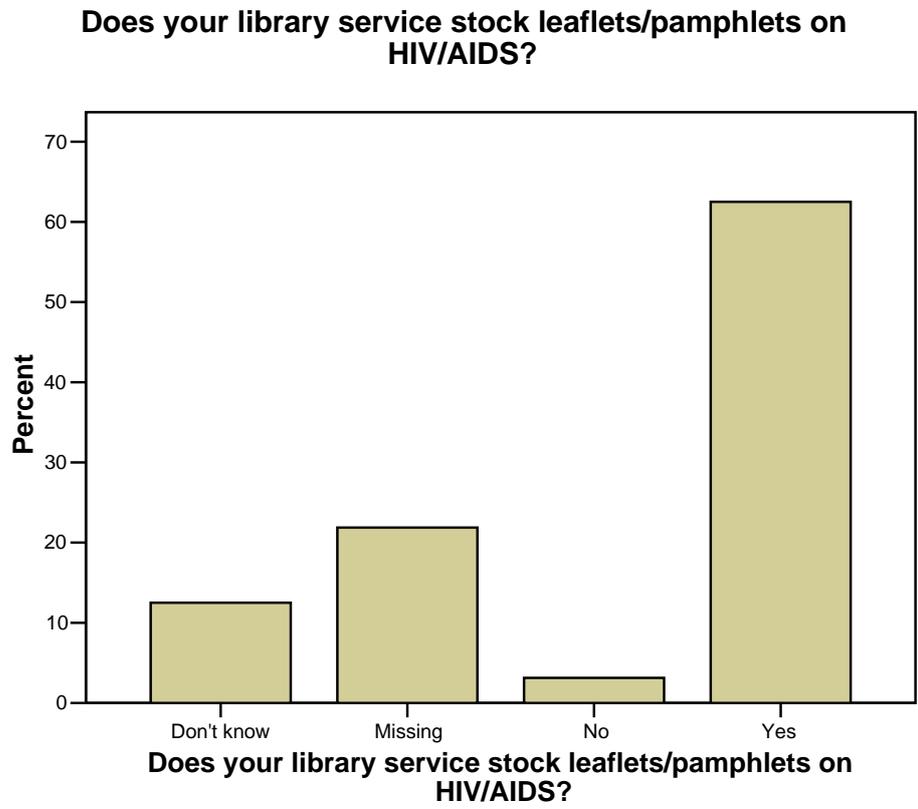
The data shows that most respondents represent library authorities provide

HIV/AIDS information in the format of leaflets of pamphlets.

4.9 Part 1 Question 9 - Does your library service stock HIV/AIDS information in alternative, accessible formats e.g. large print, audio books?

Twenty-four people responded to this question while eight opted out. The table (Fig. 12) and bar chart (Fig. 13) below summarise the results.

Fig. 12 Provision of HIV/AIDS information in alternative formats

Alternative formats	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	20	62.5
Yes	0	0
Don't know	4	12.5
Missing	8	25

Fig. 13

Does your library service stock HIV/AIDS information in
alternative, accessible formats e.g. large print, audio books?

Does your library service stock HIV/AIDS information in
alternative, accessible formats e.g. large print, audio books?

Not a single respondent was able to confirm that their library authority

provided HIV/AIDS information in alternative formats such as large print and

audio books. A large majority was able to confirm that their library authority

did not provide HIV/AIDS information in such format while fewer respondents

indicated 'Don't know' or failed to answer.

4.10 Part 1 Question 10 - Does your library service stock HIV/AIDS material targeted at people with learning difficulties?
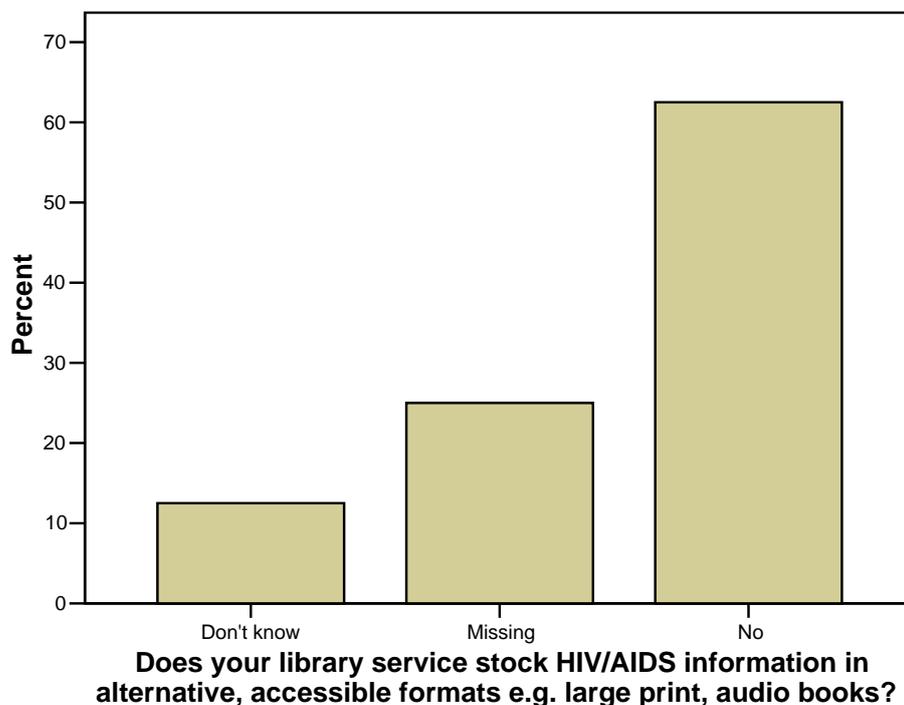
Twenty-four people responded to this question while eight opted out. The table (Fig. 14) and bar chart (Fig. 15) below summarise the results.

Fig. 14 Provision of HIV/AIDS information targeted at people with learning difficulties

Learning difficulties	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	9	28.1
Yes	11	34.4
Don't know	4	12.5
Missing	8	25

Fig. 15

Does your library service stock HIV/AIDS material targeted at people with learning difficulties?

Does your library service stock HIV/AIDS material targeted at people with learning difficulties?

The data does not show any overwhelming bias to any one answer, although 'Yes' was the most frequently selected answer, indicating that many library authorities represented by the respondents considered the needs of people with learning difficulties when providing HIV/AIDS information.

4.11 Part 1 Question 11 - Does your library service stock HIV/AIDS information targeted at women?

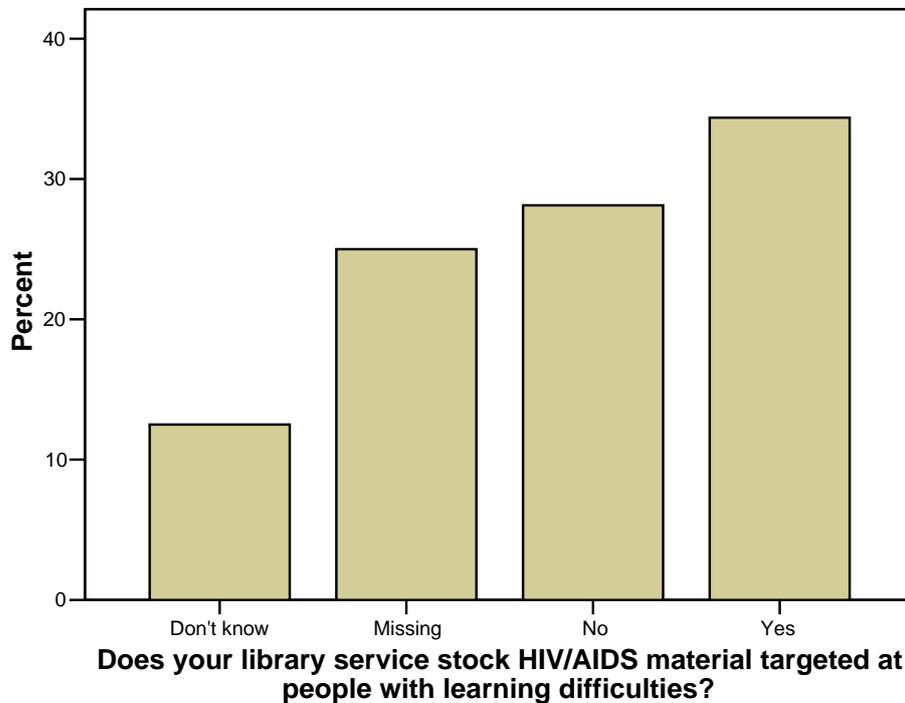Twenty-three people responded to this question while nine opted out. The table (Fig. 16) and bar chart (Fig. 17) below summarise the results.

Fig. 16 Provision of HIV/AIDS information targeted at women

Women	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	12	37.5
Yes	5	15.6
Don't know	6	18.8
Missing	9	28.1

Fig. 17

Does your library service stock HIV/AIDS information targeted at women?

The predominant answer to this question, as shown by the data, is 'No'. A significant proportion of respondents either indicated that they did not know the answer or failed to provide and answer. It is possible, perhaps likely, that those respondents who failed to answer did not know the answer to the question. Some respondents were able to indicate that their authority did provide HIV/AIDS information targeted at women, more than who were able to indicate that their authority provided material in alternative formats, as discussed in section 4.9.

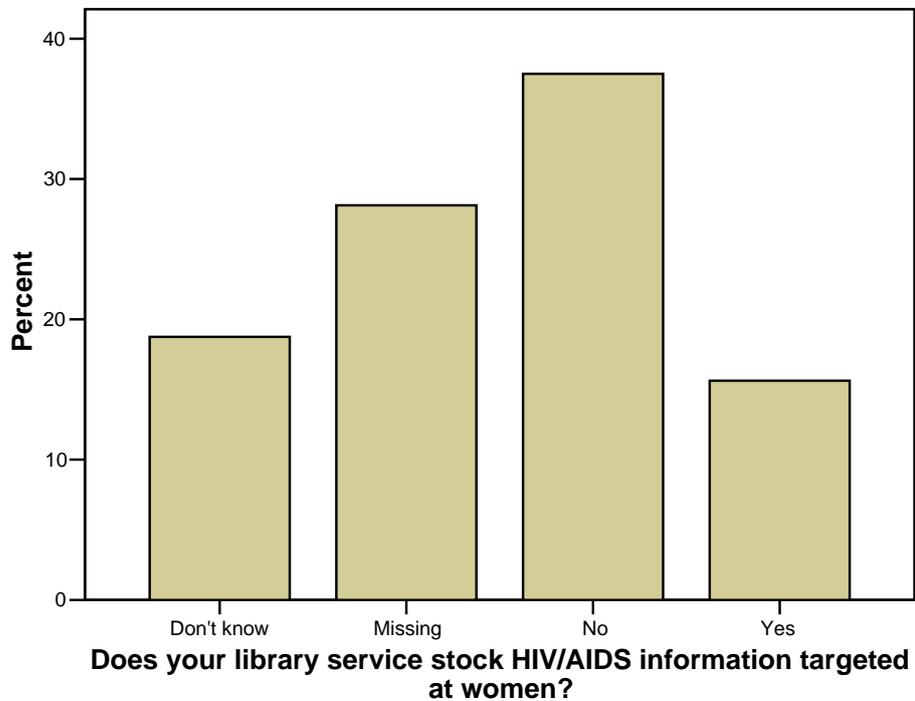**4.12 Part 1 Question 12 - Does your library service stock HIV/AIDS information targeted at ethnic minority groups?**

Twenty-two people responded to this question while 10 opted out. The table (Fig. 18) and bar chart (Fig. 19) below summarise the results.

Fig. 18 Provision of HIV/AIDS information targeted at ethnic minority groups

Ethnic minority groups	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	12	37.5
Yes	7	21.9
Don't know	3	9.4
Missing	10	31.3

Fig. 19

Does your library service stock HIV/AIDS information targeted at ethnic minority groups?

Does your library service stock HIV/AIDS information targeted at ethnic minority groups?

Most respondents selected 'No' in answer to this question. A significant proportion chose not to answer this question, while few indicated that they did not know the answer. It is not possible to deduce why so many people chose not to answer the question. It may be that they did not know the answer or they felt that the question was not appropriate to the community served by their library authority.

4.13 Part 1 Question 13 - Does your library authority provide HIV/AIDS information targeted at heterosexuals?
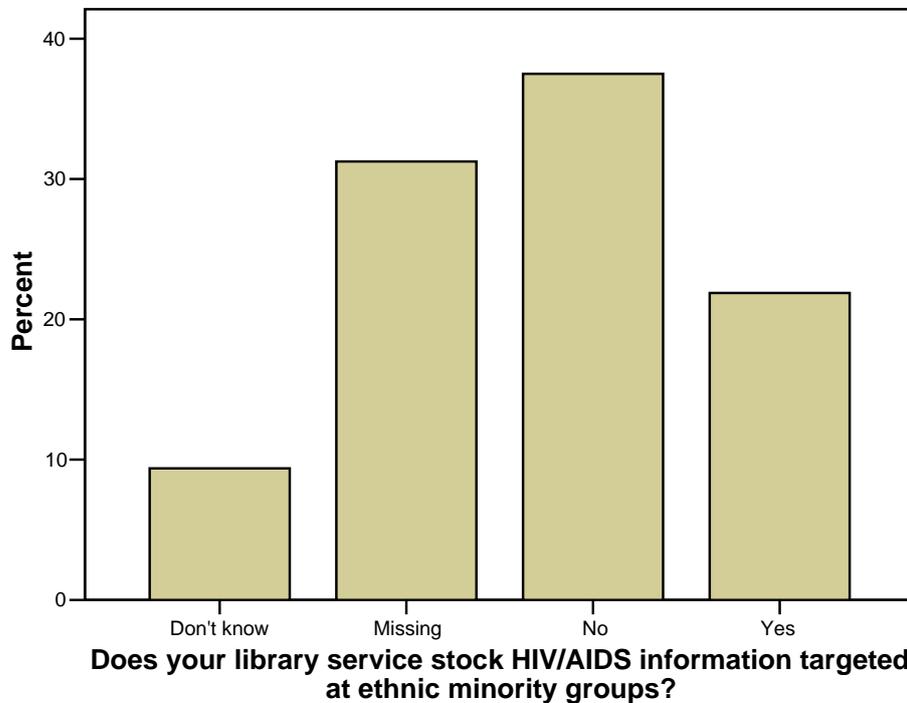
Twenty-three people responded to this question while nine opted out. The table (Fig. 20) and bar chart (Fig. 21) below summarise the results.

Fig. 20 Provision of HIV/AIDS information targeted at heterosexuals

Heterosexuals	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	1	3.1
Yes	16	50
Don't know	6	18.8
Missing	9	28.1

Fig. 21

Does your library authority provide HIV/AIDS information targeted at heterosexuals?

Does your library authority provide HIV/AIDS information targeted at heterosexuals?
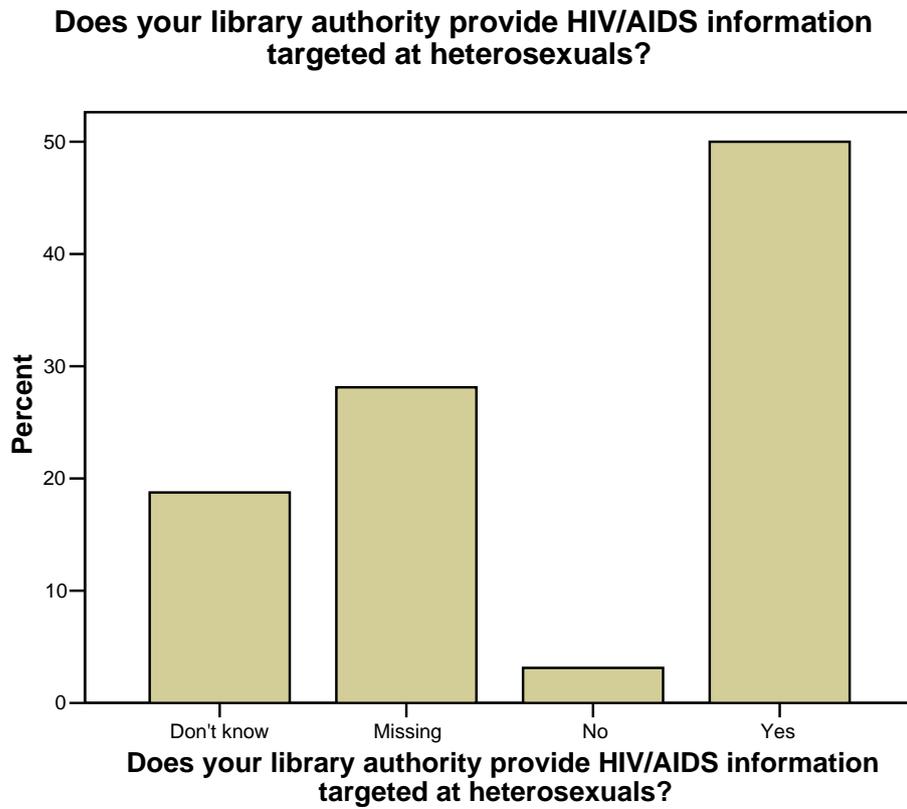
Half the respondents indicated that their authority provided HIV/AIDS information targeted at heterosexuals. Only one indicated that their authority did not provide this information while the rest selected 'Don't know' or chose not to answer.

4.14 Part 1 Question 14 - Does your library service stock HIV/AIDS information targeted at homosexuals?

Twenty-four people responded to this question while eight chose not to. The table (Fig. 22) and bar chart (Fig. 23) below summarise the results.

Fig. 22 Provision of HIV/AIDS information targeted at homosexuals

Homosexuals	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	1	3.1
Yes	15	46.9
Don't know	8	25
Missing	8	25

Fig. 23

**Does your library service stock HIV/AIDS information targeted
at homosexuals?**

The majority of respondents indicated that their library authority provides
HIV/AIDS material aimed at homosexuals. The results for this question are
similar to the previous question which asked respondents if their authority
provided HIV/AIDS information aimed at heterosexuals, as discussed in
section 4.14.

4.15 Part 1 Question 15 - Does your library service stock HIV/AIDS information targeted at people aged fifty and above?

Twenty-three people answered this question while nine did not. The table (Fig. 24) and bar chart (Fig. 25) below summarise the results.

Fig. 24 Provision of HIV/AIDS information targeted at people aged fifty and above

People aged fifty and above	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	11	34.4
Yes	3	9.4
Don't know	9	28.1
Missing	9	28.1

Fig. 25

Does your library service stock HIV/AIDS information targeted at people aged fifty and above?

Does your library service stock HIV/AIDS information targeted at people aged fifty and above?

Few respondents selected 'Yes' in answer to this question. There is a fairly even spread between 'Don't know' 'No' and no answer. This suggests that the HIV/AIDS information needs of people aged fifty and above are not reflected in the collections of the library authorities represented, or the staff from these authorities are not aware of any provision that may exist.

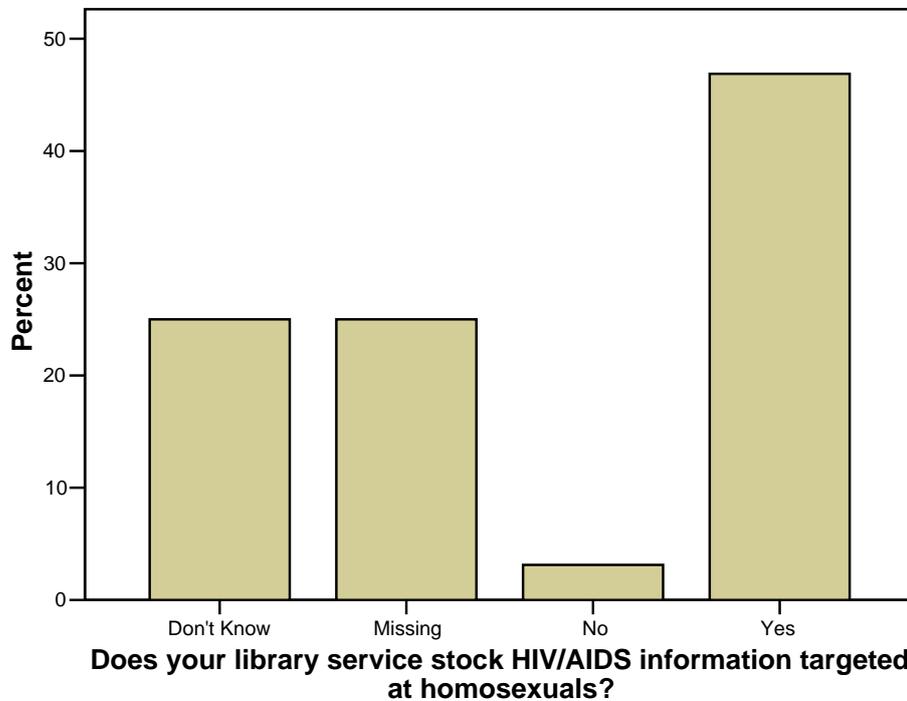**4.16 Part 1 Question 16 - Does your library service stock HIV/AIDS information targeted at young people/teenagers?**
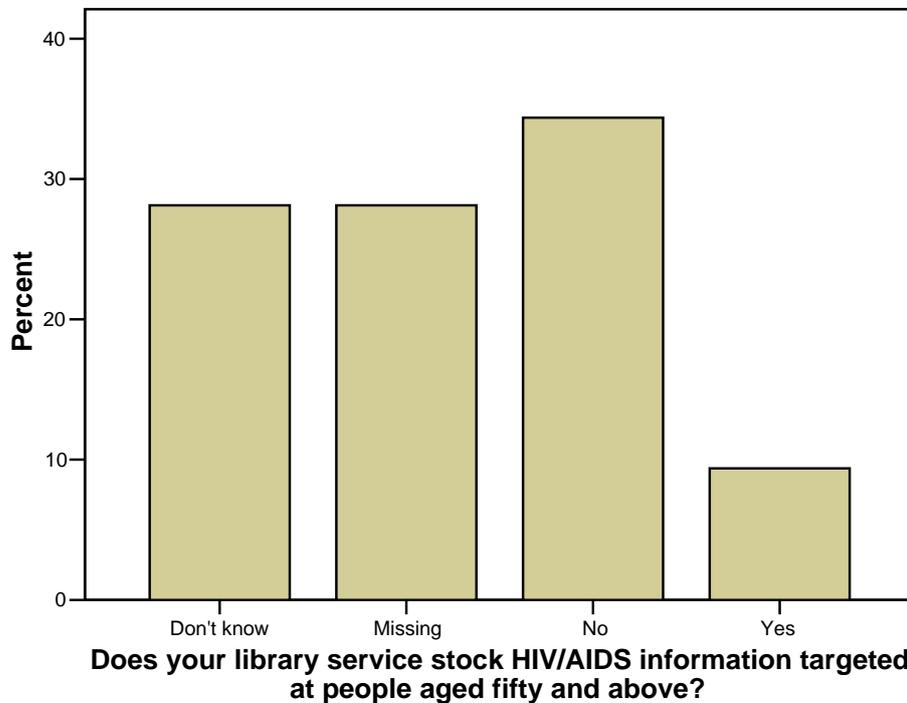
Twenty-three people responded to this question while nine opted out. The table (Fig. 26) and bar chart (Fig. 27) below summarise the results.

Fig. 26 Provision of HIV/AIDS information targeted at young people/teenagers

Young people/teenagers	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	2	6.3
Yes	18	56.3
Don't know	3	9.4
Missing	9	28.1

Fig. 27

Does your library service stock HIV/AIDS information targeted at young people/teenagers?

Does your library service stock HIV/AIDS information targeted at young people/teenagers?

In contrast to the previous question about information provision for people aged fifty and above, the results to this question show a level of certainty amongst the respondents. Although a significant number of people chose not to answer the question, few indicated that they did not know the answer to the question. Most respondents indicated that HIV/AIDS information targeted at young people and teenagers is provided by their library authority.

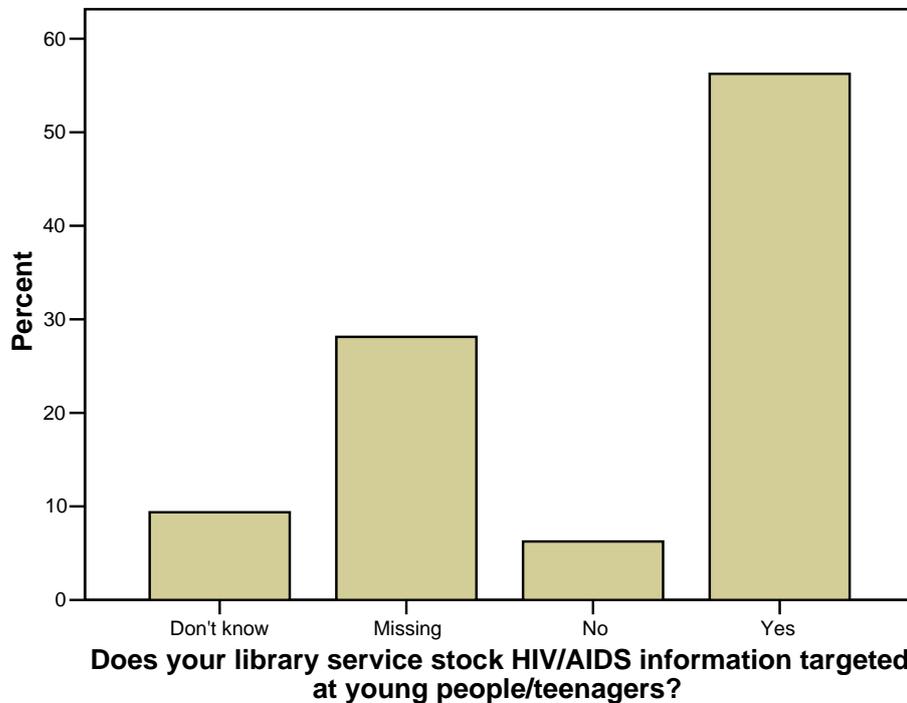**4.17 Part 1 Question 17 - Does your library service stock HIV/AIDS information targeted at children?**

Twenty-three people chose to respond to this question; nine chose not to. The table (Fig. 28) and bar chart (Fig. 29) below summarise the results.

Fig. 28 Provision of HIV/AIDS information targeted at children

Children	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	10	31.3
Yes	6	18.8
Don't know	7	21.9
Missing	9	28.1

Fig. 29

Does your library service stock HIV/AIDS information targeted at children?

Does your library service stock HIV/AIDS information targeted at children?
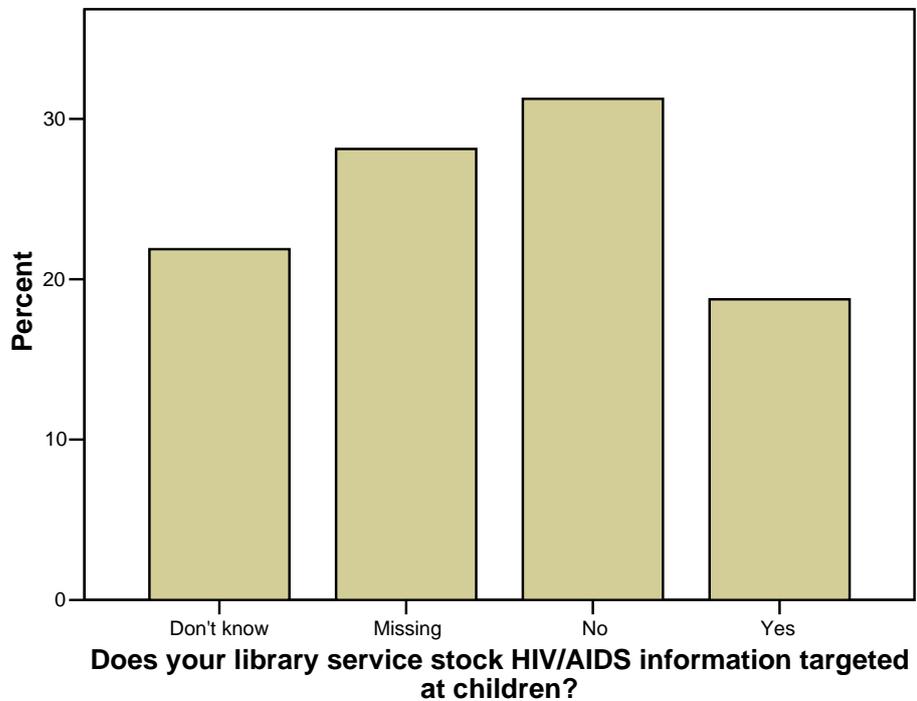
The data shows no clear answer to this question. Many respondents either failed to answer the question or indicated that they did not know the answer. 'No' was the most frequently selected answer, although, considering the niche, and often controversial issue, a significant number of respondents indicated that their library authority did provide HIV/AIDS information aimed at children.

4.18 Part 1 Question 18 - Which topics does your non-fiction HIV/AIDS collection cover?

Twenty-three people completed this question and nine opted out. The table below (Fig. 30) summarises the responses given

Fig. 30 Topics covered by HIV/AIDS collections

Topic	Frequency	Percentage of total respondents to the question
Drug information	18	78.3
Wellbeing	20	87
Financial information	4	17.4
Legal information	6	26.1
HIV/AIDS disclosure	8	34.8
Death and Dying	10	43.5
Spiritual and religious topics	5	21.7
Biography/Autobiography	15	65.2
Other	4	17.4

The two most popular topics selected, wellbeing and drug information are both directly related to health. Other topics are significantly less popular, although biography/autobiography was selected by approximately 65% of people who answered the question. It may be that library staff may feel well equipped to provide information in the format of biographies or autobiographies as providing this kind of material is a core activity for UK public libraries.

Of the respondents who selected "Other" two indicated that they did not know which topics were covered by their collections, one mentioned general health information as an area covered and another indicated that their library service stocked historical and social information on HIV/AIDS.

4.19 Part 1 Question 19 - Does your library service stock fiction material tackling the subject of HIV/AIDS?

Twenty-three people responded to this question while nine opted out. The table (Fig. 31) and bar chart (Fig. 32) below summarise the results.

Fig. 31 Provision of HIV/AIDS fiction

Fiction	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	0	0
Yes	13	40.6
Don't know	10	31.3
Missing	9	28.1

Fig. 32

Does your library service stock fiction material tackling the subject of HIV/AIDS?

Does your library service stock fiction material tackling the subject of HIV/AIDS?
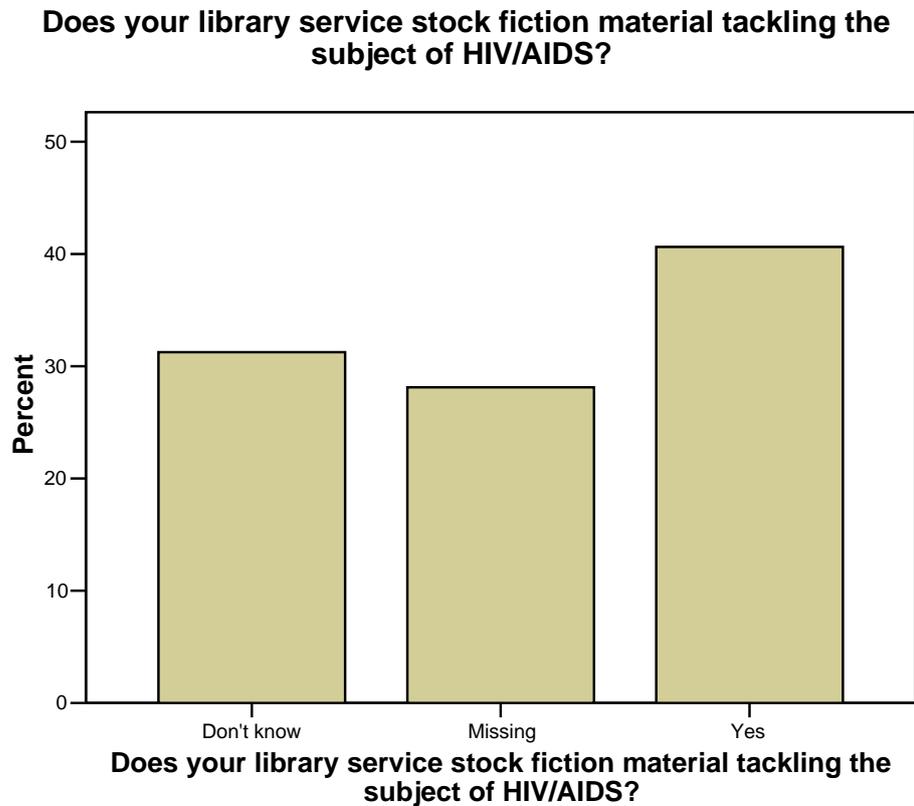
Interestingly, no one indicated that there library service does not provide fiction which tackles the subject of HIV/AIDS. The majority of respondents either indicated that they did not know the answer to the question or chose not to respond. This may be due to difficulty in identifying which titles may be said to be HIV/AIDS related.

4.20 Part 1 Question 20 - Does your library service provide recommended reading lists for people seeking information on HIV/AIDS?

Twenty-three people responded to this question while nine opted out. The table (Fig. 33) and bar chart (Fig. 34) below summarise the results.

Fig. 33 Provision of HIV/AIDS reading lists

Reading lists	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	21	65.6
Yes	0	0
Don't know	3	9.4
Missing	8	25

Fig. 34

Does your library service provide recommended reading lists for people seeking information on HIV/AIDS?

Does your library service provide recommended reading lists for people seeking information on HIV/AIDS?
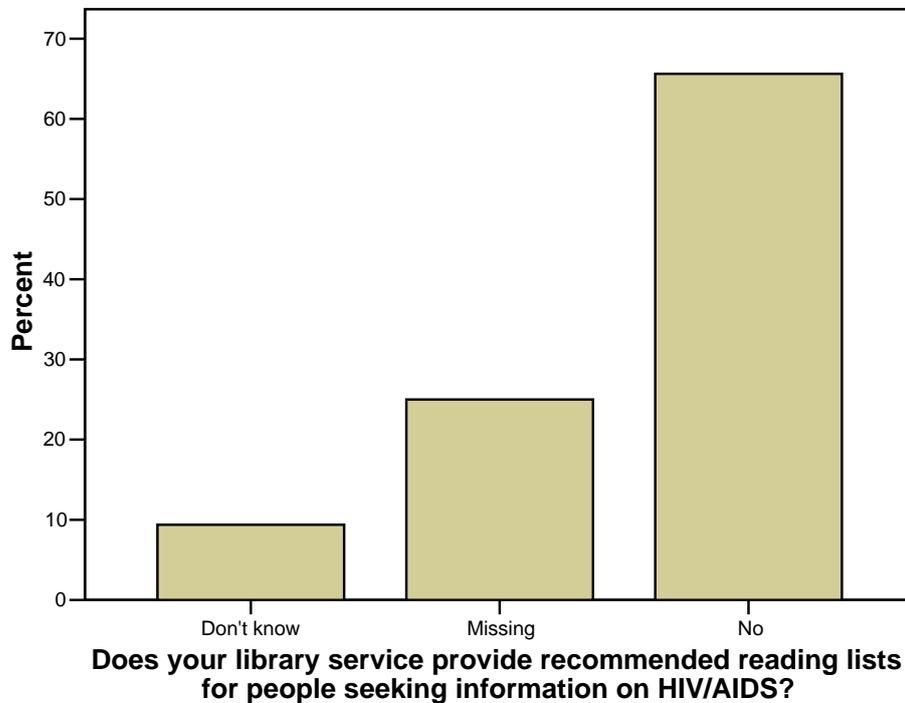
The overwhelming answer to this question is 'No'. Some respondents selected 'Don't know' or did not answer the question. No respondents indicated that they provided recommended reading lists for library users seeking HIV/AIDS information.

4.21 Part 1 Question 21 - Approximately how many HIV/AIDS related enquiries does your library service receive each month?

This question required respondents to select the category which the library authority they were representing fell into. An error with the survey instrument which was only realised at the stage of analysis was that it was possible for one answer to fit into two categories. For example, if a library service had ten enquiries per month the respondent could select either "5 - 10" or "10 - 15". Because of this ambiguity the results of this question cannot be considered completely valid.

Twenty-three people responded to this question; twelve did not. The table below (Fig. 35) summarises the responses given for this question.

Fig. 35 Approximate number of HIV/AIDS related enquiries per month

Approximate number of HIV/AIDS related enquiries per month	Frequency	Percentage of total respondents to the question (May not total 100% due to rounding)
Less than 5	13	56.5
5 - 10	0	0
10 - 15	0	0
15 - 20	0	0
More than 20	0	0
Don't know	10	43.5

It is evident from this data that where numbers of HIV/AIDS related enquiries are known, they are very few. This may be due to the sensitive nature of the subject; library users may not feel comfortable asking library staff for help in this area.

A large proportion of respondents did not know how many HIV/AIDS related enquiries their library service receives each month. This could be because the library service does not record enquiries, or the respondent has not accessed the information.

4.22 Part 1 Question 22 - Does your library service have any partnerships with HIV/AIDS organisations?

Twenty-three people responded to this question while nine opted out. The table (Fig. 36) and bar chart (Fig. 37) below summarise the results.

Fig. 36 Partnerships with HIV/AIDS organisations

Partnerships	Frequency	Percentage of total respondents (May not total 100% due to rounding)
No	22	68.8
Yes	0	0
Don't know	2	6.3
Missing	8	25

Fig. 37

Does your library service have any partnerships with HIV/AIDS organisations?

Does your library service have any partnerships with HIV/AIDS organisations?
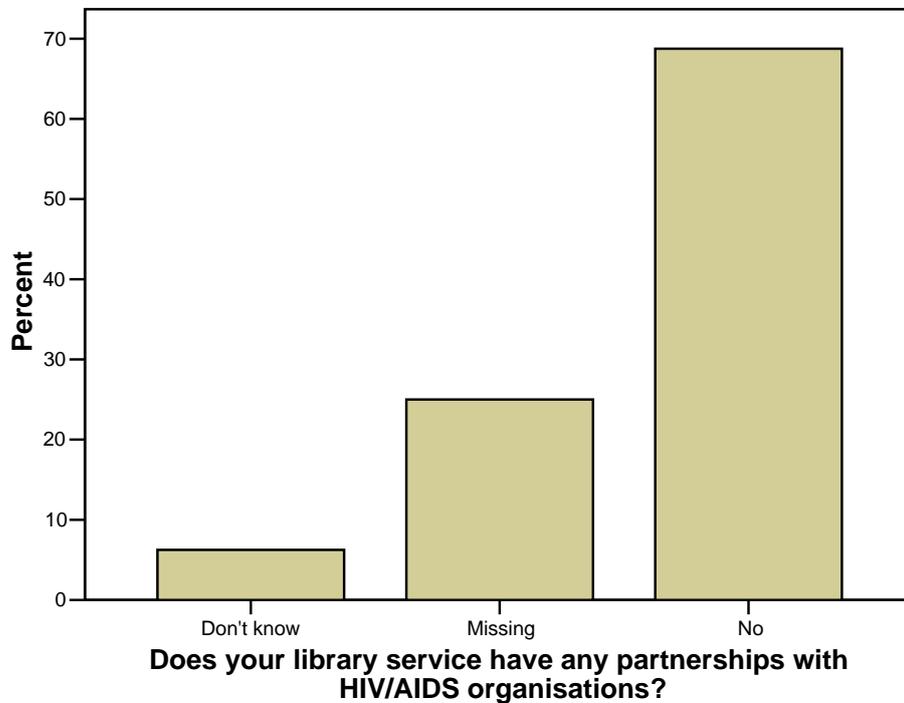
No respondents indicated that they had partnerships with HIV/AIDS organisations. However the results for Question 6 (section 4.6) indicate that some of the library authorities represented in this study have a relationship with some kind of health organisation. This data shows that, amongst the library authorities represented, there are no known partnerships with HIV/AIDS organisation specifically.

4.23 Part 2 Question 1 – Professional Opinions

Respondents were presented with fourteen statements and asked to indicate how far they agreed with each one using a five-point Likert scale. Twenty-eight people responded to all but one statement (see section 4.23.7), which had twenty-seven respondents.

The results are summarised in the following tables and bar charts. The tables show the frequency which each point on the Likert scale was selected for each statement. Percentages are represented as a proportion of the total respondents to the survey i.e. 32.

Statements are presented in pairs which roughly represent opposing views on the same issue. This provides a dual perspective on issues. A brief discussion of the results for each pair is followed by tables and charts presenting the data.

4.23.1 Significance of HIV/AIDS in the UK today

The general consensus on this topic amongst the survey respondents is that HIV/AIDS is a fairly significant issue. Half the respondents believed that rates of HIV infection are increasing in the UK while over 60% disagreed that HIV/AIDS is not a significant problem in the UK today. Few respondents felt strongly enough to select 'Strongly agree' or 'Strongly disagree' in response to the statements.

Fig. 38 Significance of HIV/AIDS in the UK today

	I believe rates of HIV infection are increasing in the UK today.		HIV/AIDS is not a significant problem in the UK today.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	3	9.4	0	0
Agree	16	50	1	3.1
Neither agree nor disagree	7	21.9	3	9.4
Disagree	2	6.3	20	62.5
Strongly disagree	0	0	4	12.5
Missing	4	12.5	4	12.5

Fig. 39

I believe rates of HIV infection are increasing in the UK today.

I believe rates of HIV infection are increasing in the UK today.

Fig. 40

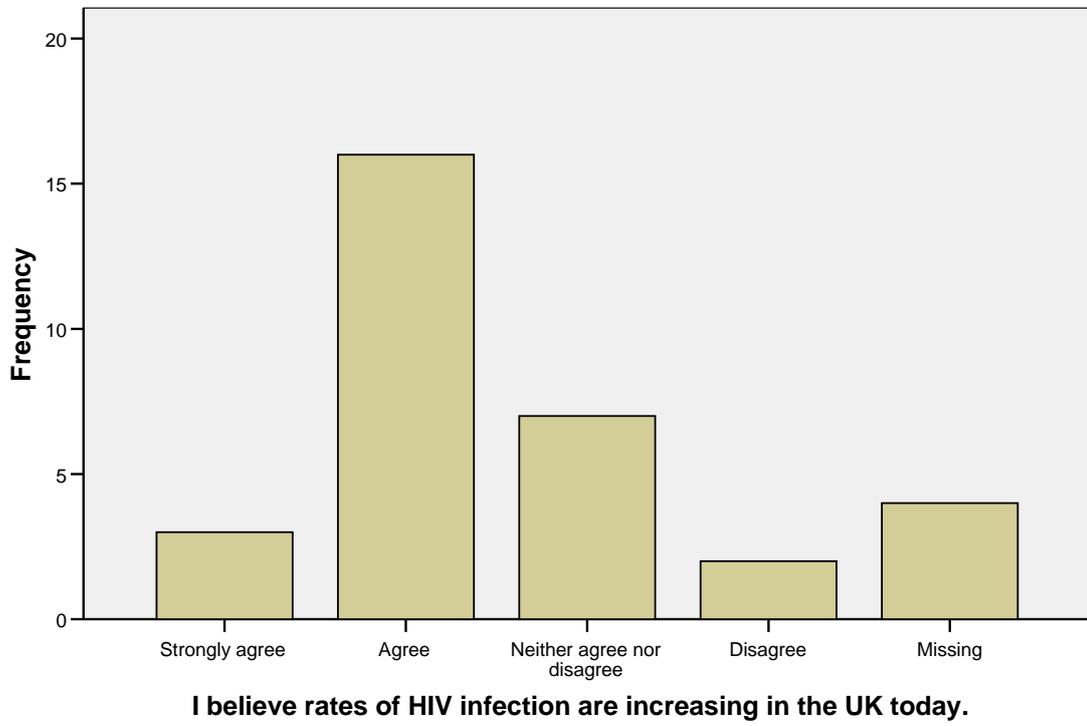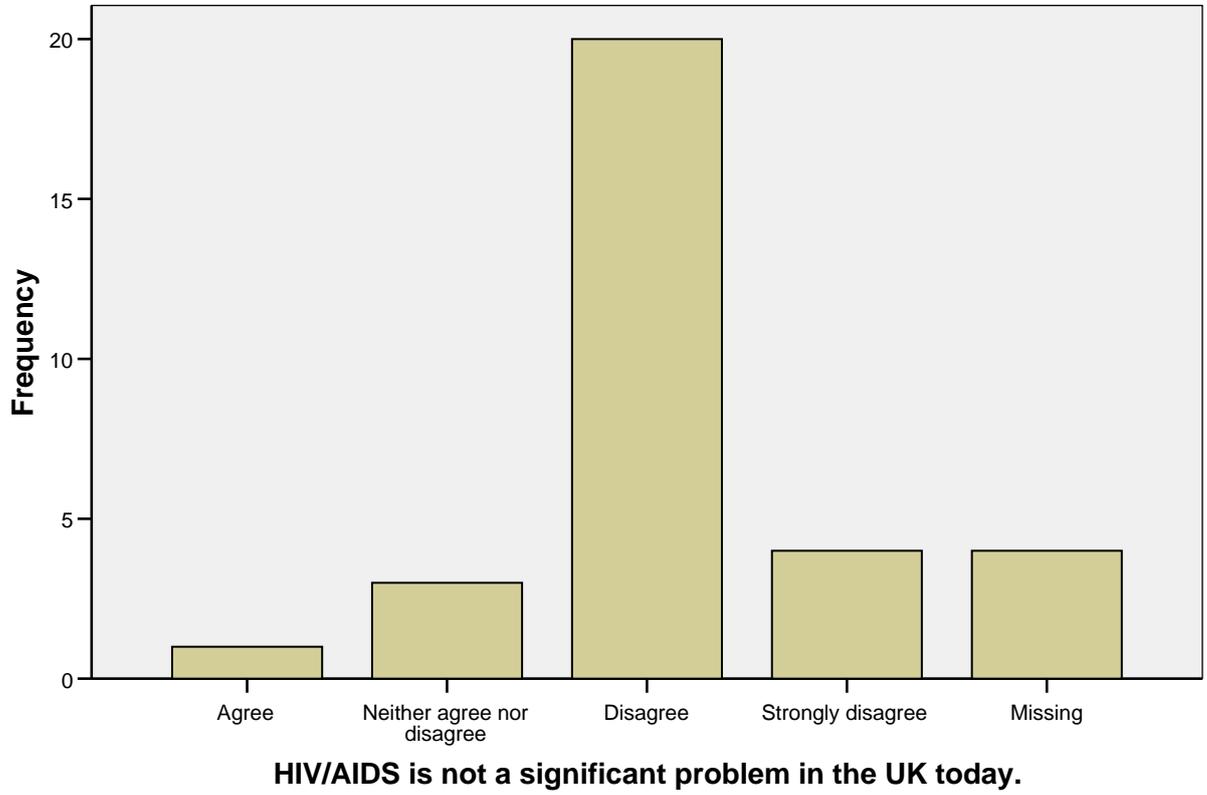**HIV/AIDS is not a significant problem in the UK today.**

HIV/AIDS is not a significant problem in the UK today.

4.23.2 Role of libraries in providing HIV/AIDS information

The data for the statements which address this issue suggests that the survey respondents generally agree that libraries have a role to play in providing HIV/AIDS information although other organisations may be in a better position to do so. Most respondents agreed that libraries have an important role to play in the fight against HIV/AIDS, with only one disagreeing, and a few neither agreeing nor disagreeing.

Although the majority of respondents indicated that they neither agreed nor disagreed that other organisations are in a better position to provide HIV/AIDS information, a significant number indicated that they agreed with this statement.

Fig. 41 Role of libraries in providing HIV/AIDS information

	Libraries have an important role to play in the fight against HIV/AIDS.		Other organisations are in a better position to provide HIV/AIDS information.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	3	9.4	0	0
Agree	20	62.5	10	31.3
Neither agree nor disagree	4	12.5	13	40.6
Disagree	1	3.1	5	15.6
Strongly disagree	0	0	0	0
Missing	4	12.5	4	12.5

Fig. 42

Libraries have an important role to play in the fight against HIV/AIDS.
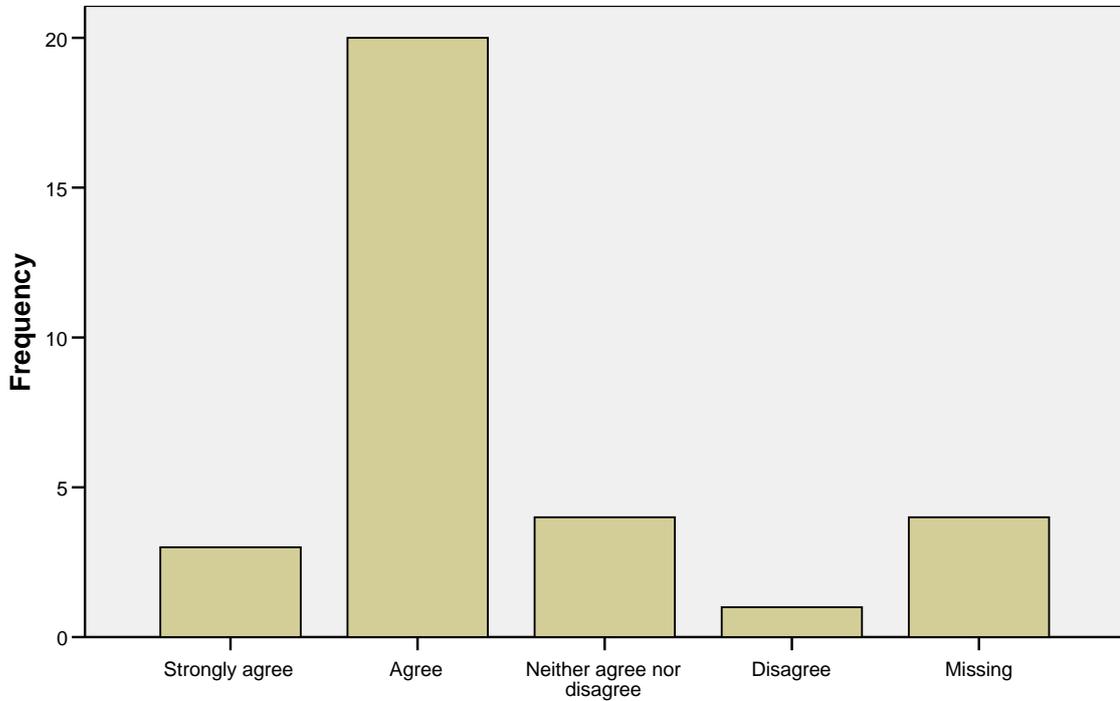
Libraries have an important role to play in the fight against HIV/AIDS.
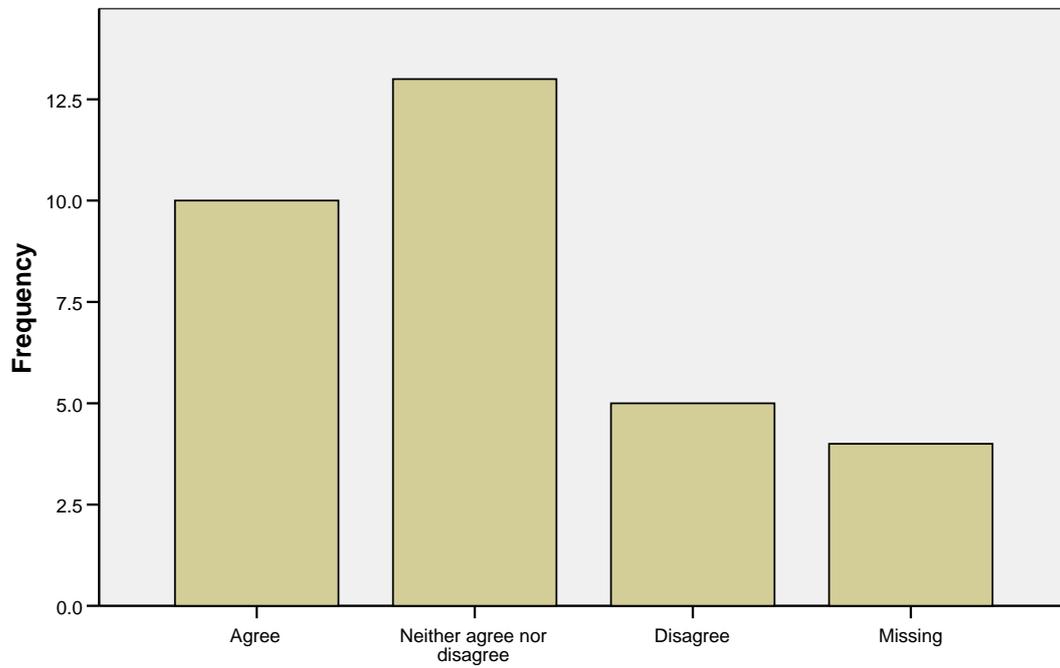
Fig. 43

Other organisations are in a better position to provide HIV/AIDS information.

Other organisations are in a better position to provide HIV/AIDS information.

4.23.3 Need for HIV/AIDS information

The data collected for the statements relating to this issue clearly indicates that the survey respondents believe that there is a real need for HIV/AIDS information in public libraries and that accurate information dissemination can help reduce stigma. All the respondents either disagreed or strongly disagreed that there is no need for HIV/AIDS information in public libraries. All but one respondent either agreed or strongly agreed that accurate information dissemination is vital to reduce the stigma associated with HIV/AIDS.

The conclusiveness of the data relating to this issue may be because the statements deal with the importance of information. Information professionals are naturally likely to agree that information is generally an important commodity.

Fig. 44 Need for HIV/AIDS information

	Accurate information dissemination is vital to reduce stigma associated with HIV/AIDS.		There is no need for HIV/AIDS information in public libraries.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	12	37.5	0	0
Agree	15	46.9	0	0
Neither agree nor disagree	0	0	0	0
Disagree	1	3.1	13	40.6
Strongly disagree	0	0	15	46.9
Missing	4	12.5	4	12.5

Fig. 45

Accurate information dissemination is vital to reduce stigma associated with HIV/AIDS.

Accurate information dissemination is vital to reduce stigma associated with HIV/AIDS.

Fig. 46

There is no need for HIV/AIDS information in public libraries.
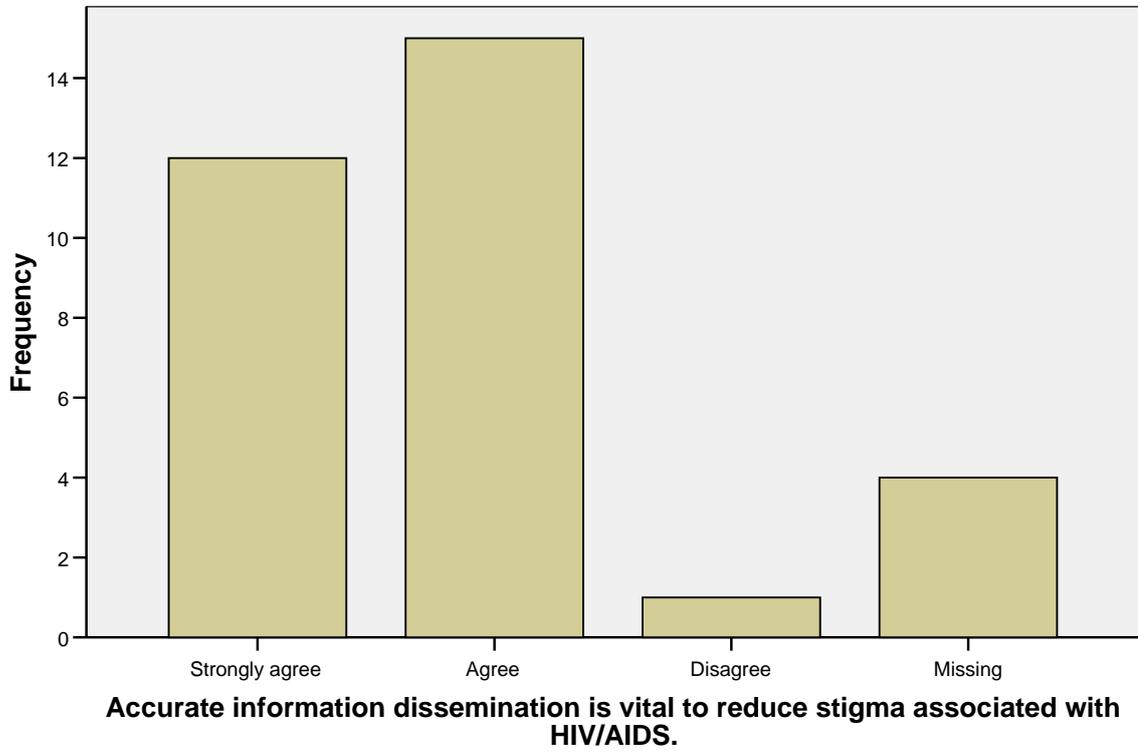
There is no need for HIV/AIDS information in public libraries.
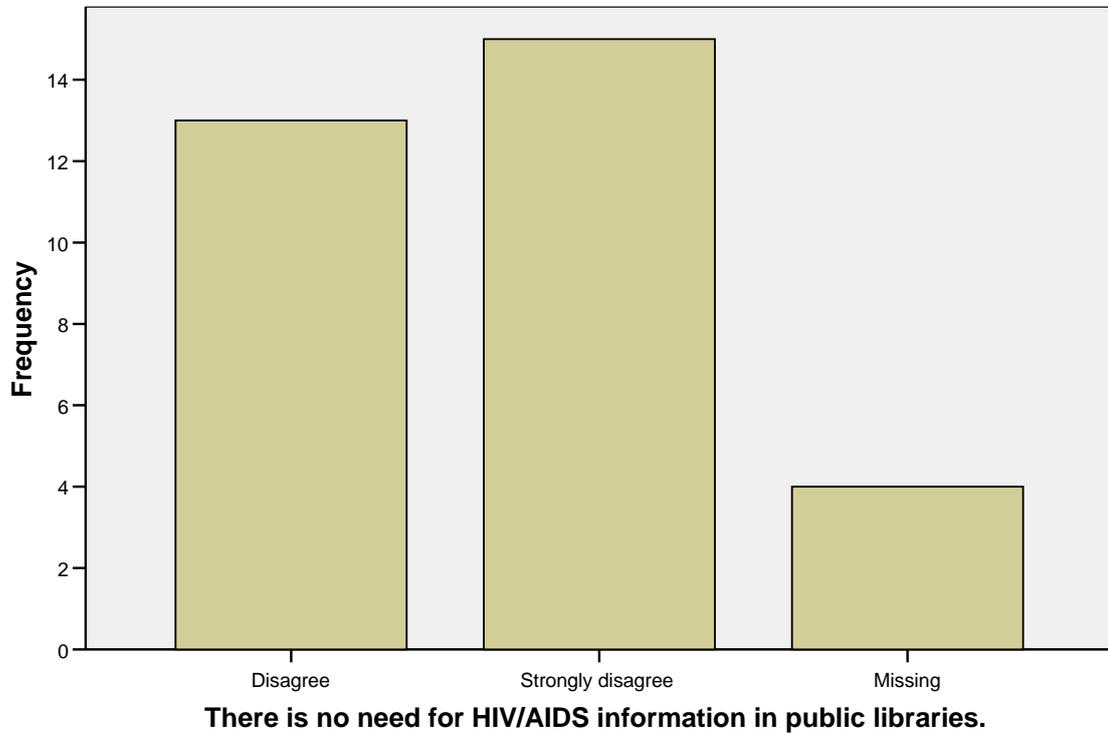
4.23.4 Adequacy of HIV/AIDS information collection

The responses to the statements which address this issue indicate that respondents generally feel that the HIV/AIDS information collection provided by their library authority could be improved. The majority of respondents neither agreed nor disagreed that the collection in their library authority is adequate. Almost as many either disagreed or strongly disagreed with this statement. We can therefore conclude that although there is some disagreement as to whether collections are considered adequate as they stand, almost all could be improved.

Fig. 47 Adequacy of HIV/AIDS information collection

	I think the HIV/AIDS collection in my library service could be improved.		The HIV/AIDS collection in my library service is adequate.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	7	21.9	0	0
Agree	16	50	3	9.4
Neither agree nor disagree	4	12.5	13	40.6
Disagree	1	3.1	9	28.1
Strongly disagree	0	0	3	9.4
Missing	4	12.5	4	12.5

Fig. 48

I think the HIV/AIDS collection in my library service could be improved.

I think the HIV/AIDS collection in my library service could be improved.
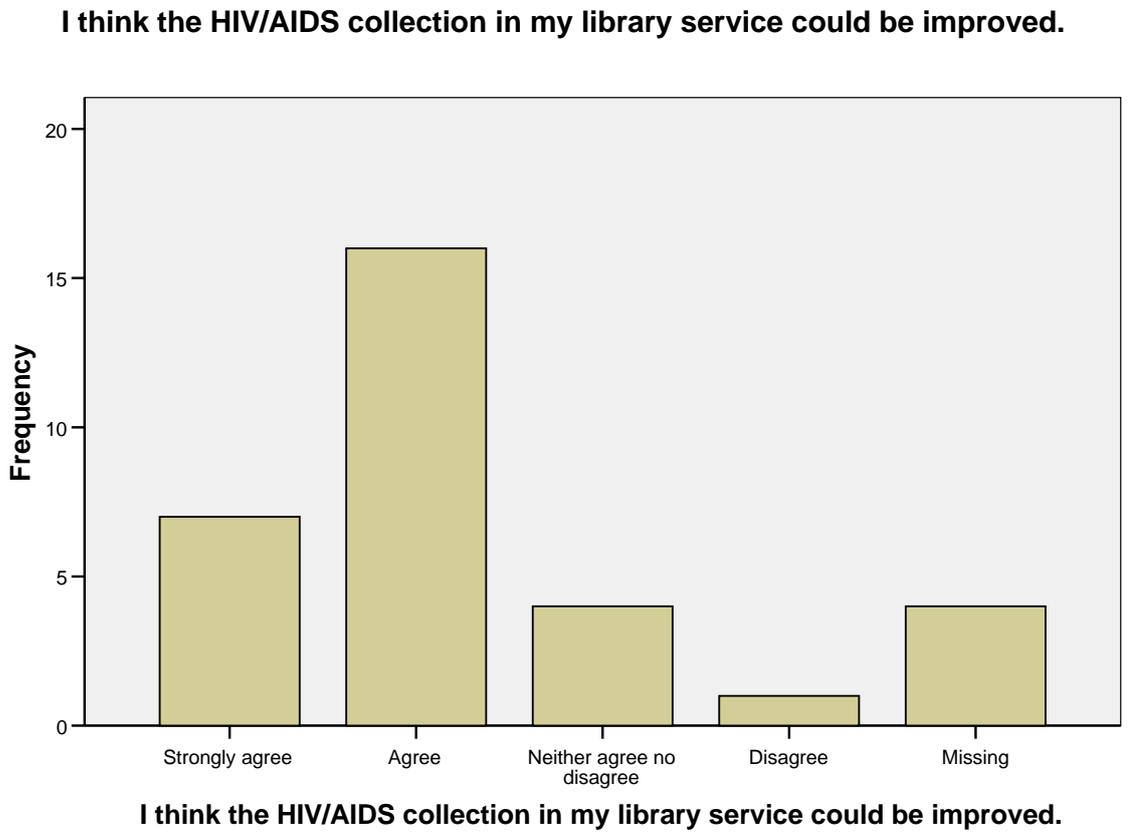
Fig. 49

The HIV/AIDS collection in my library service is adequate.
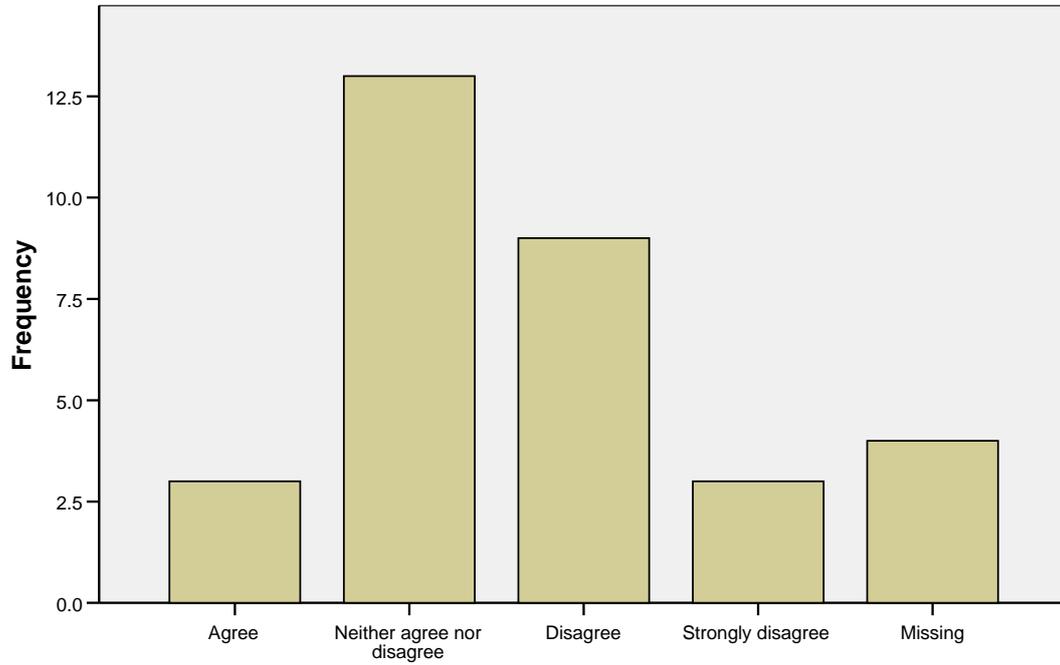
The HIV/AIDS collection in my library service is adequate.

4.23.5 Promotion of HIV/AIDS information

The data relating to this topic suggests that the survey respondents are not generally concerned that promoting HIV/AIDS information may cause controversy.

The responses to the statement 'I would feel comfortable organising an HIV/AIDS information display in my library' cannot necessarily be taken as an indication of whether respondents are concerned with controversy. For instance, a librarian may not feel comfortable organising such a display because they are not confident that they are familiar enough with the topic rather than because they fear a negative response from staff or users.

Fig. 50 Promoting HIV/AIDS information

|	I would feel comfortable organising an HIV/AIDS information display in my library.		I worry that promoting HIV/AIDS information will cause controversy amongst staff or users.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	4	12.5	0	0
Agree	20	62.5	2	6.3
Neither agree nor disagree	2	6.3	4	12.5
Disagree	2	6.3	17	53.1
Strongly disagree	0	0	5	15.6
Missing	4	12.5	4	12.5

Fig. 51

I would feel comfortable organising an HIV/AIDS information display in my library.
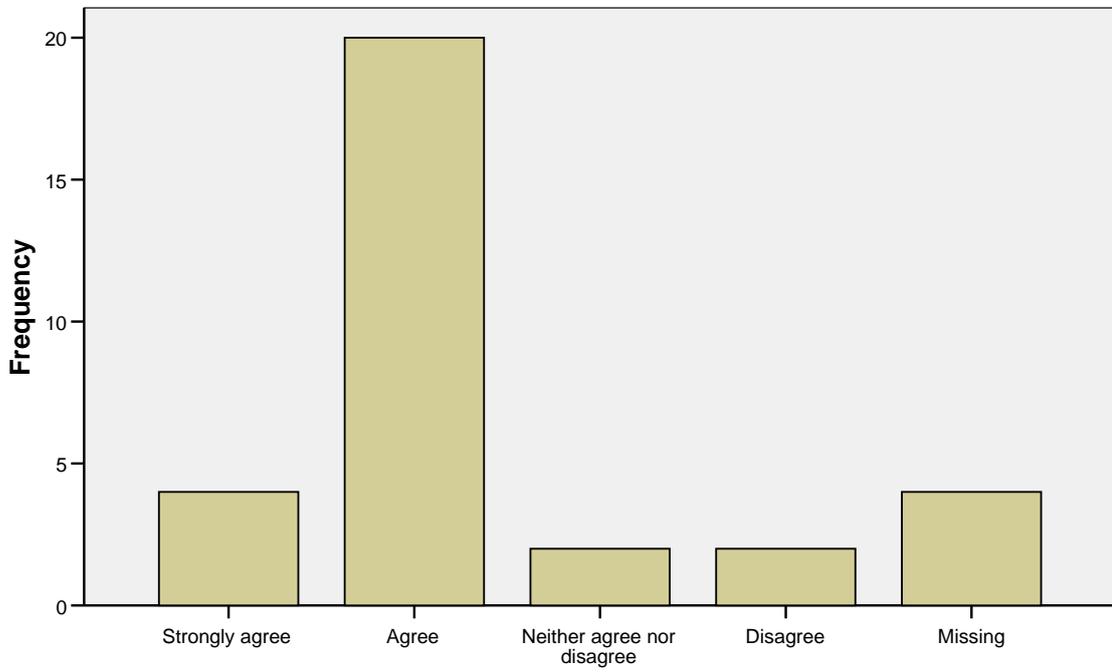
I would feel comfortable organising an HIV/AIDS information display in my library.

Fig. 52

I worry that promoting HIV/AIDS material will cause controversy amongst staff or users.
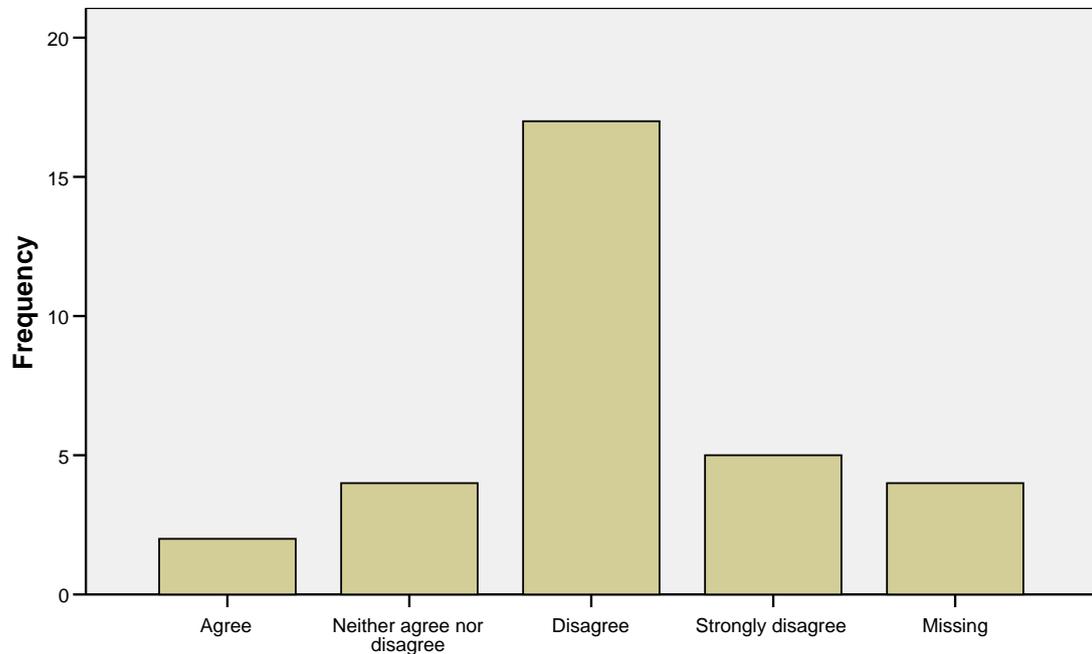
I worry that promoting HIV/AIDS material will cause controversy amongst staff or users.

4.23.6 HIV/AIDS information for children/young people

Respondents generally agree that children and young people should have access to HIV/AIDS information. Only one respondent disagreed that it is important for children/young people to have access to HIV/AIDS information, and two agreed that children/young people should not have easy access to HIV/AIDS information.

Fig. 53 HIV/AIDS information for children/young people

	It is important for children/young people to have access to HIV/AIDS information.		Children/young people should not have easy access to HIV/AIDS information.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	4	12.5	0	0
Agree	22	68.8	2	6.3
Neither agree nor disagree	1	3.1	2	6.3
Disagree	1	3.1	17	53.1
Strongly disagree	0	0	7	21.9
Missing	4	12.5	4	12.5

Fig. 54

It is important for children/young people to have access to HIV/AIDS material.

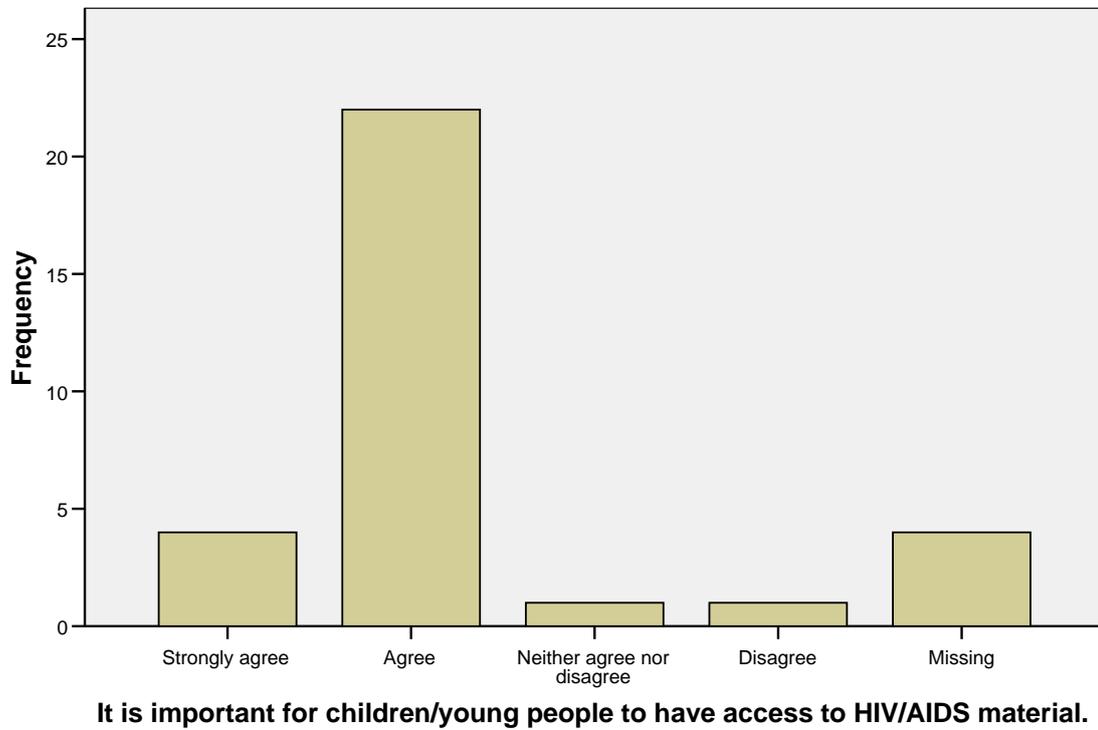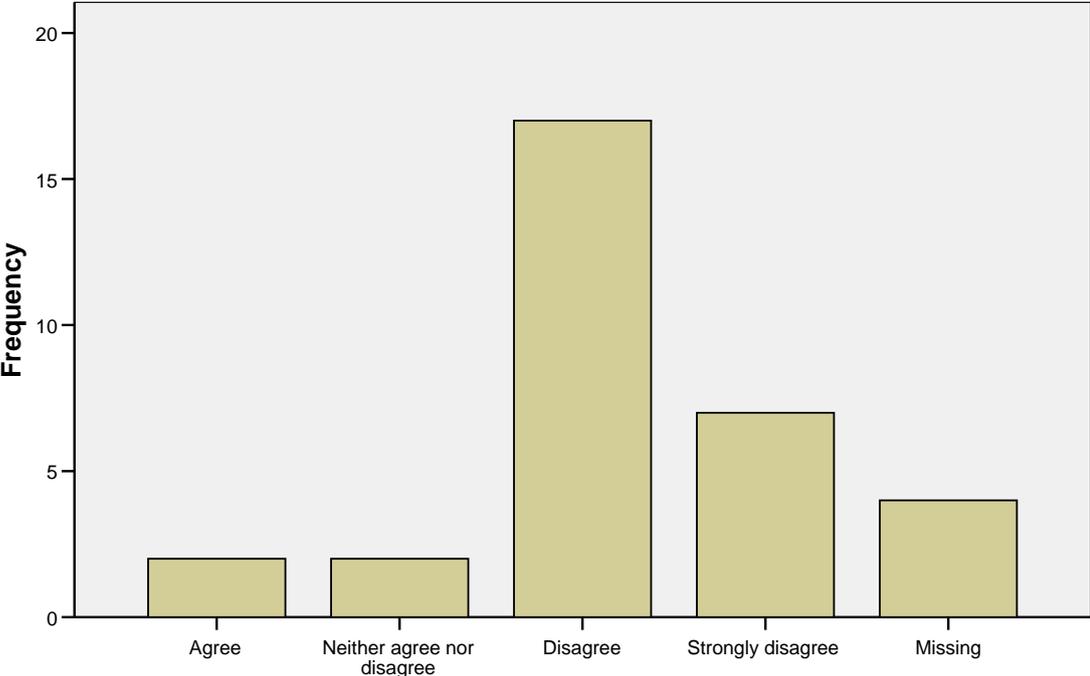**It is important for children/young people to have access to HIV/AIDS material.**

Fig. 55

Children/young people should not have easy access to HIV/AIDS information.

Children/young people should not have easy access to HIV/AIDS information.

4.23.7 Treatment of HIV/AIDS information

Most respondents disagreed that HIV/AIDS information is different to other health-related information and agreed that it should be treated in the same way. A significant number of respondents indicated that they strongly disagreed that HIV/AIDS information is different from other health-related information and strongly agreed that it should be treated in the same way. Despite this apparent conclusiveness, significant numbers of respondents also indicated that they neither agreed nor disagreed with these statements.

One respondent who had responded to every other statement for this question failed to indicate how far they agreed that HIV/AIDS information is different to other health-related information. It may be that the respondent could not decide how far they agreed with the statement, did not feel that any of the options related to how they felt about the statement, or simply failed to select a point on the scale by mistake.

Fig. 56 Treatment of HIV/AIDS information

	HIV/AIDS information is different to other health-related information.		HIV/AIDS information should be treated in the same way as any other health-related information.	
	Frequency	Percentage of total respondents	Frequency	Percentage of total respondents
Strongly Agree	0	0	8	25
Agree	2	6.3	15	46.9
Neither agree nor disagree	7	21.9	3	9.4
Disagree	14	43.8	2	6.3
Strongly disagree	4	12.5	0	0
Missing	5	15.6	4	12.5

Fig. 57

HIV/AIDS information is different to other health-related information.
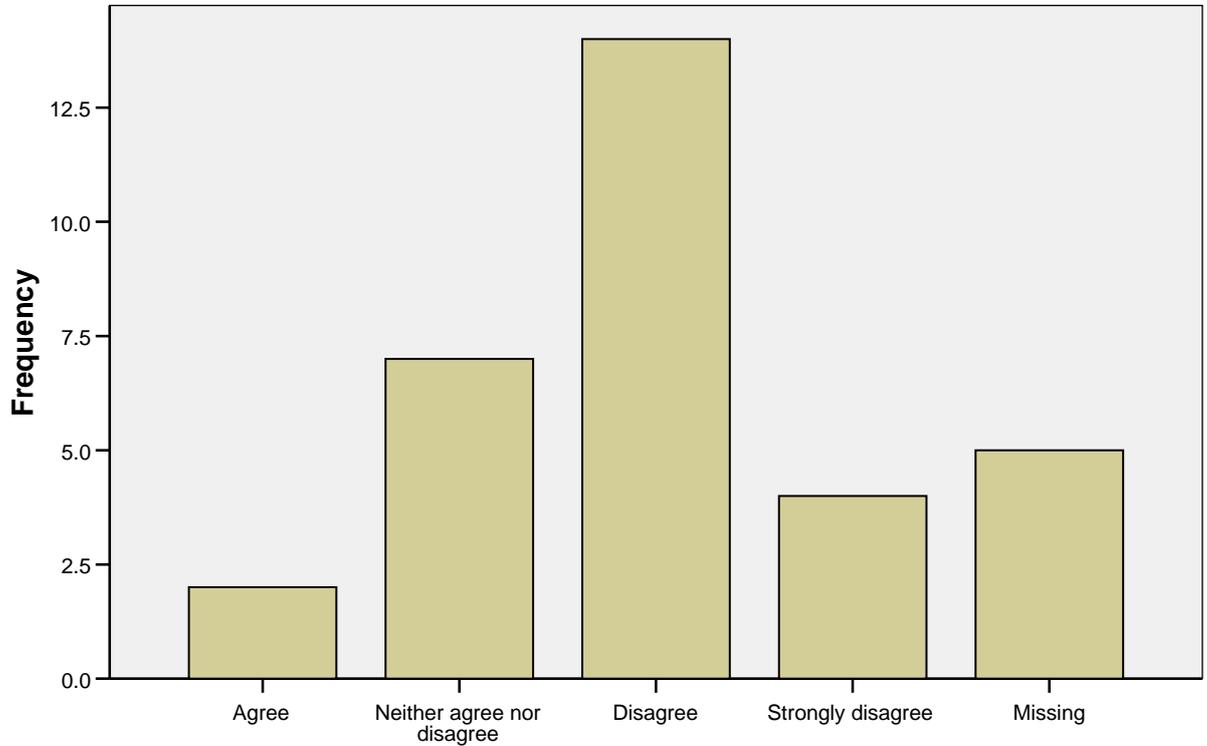
HIV/AIDS information is different to other health-related information.

Fig. 58

HIV/AIDS information should be treated in the same way as any other health-related information.
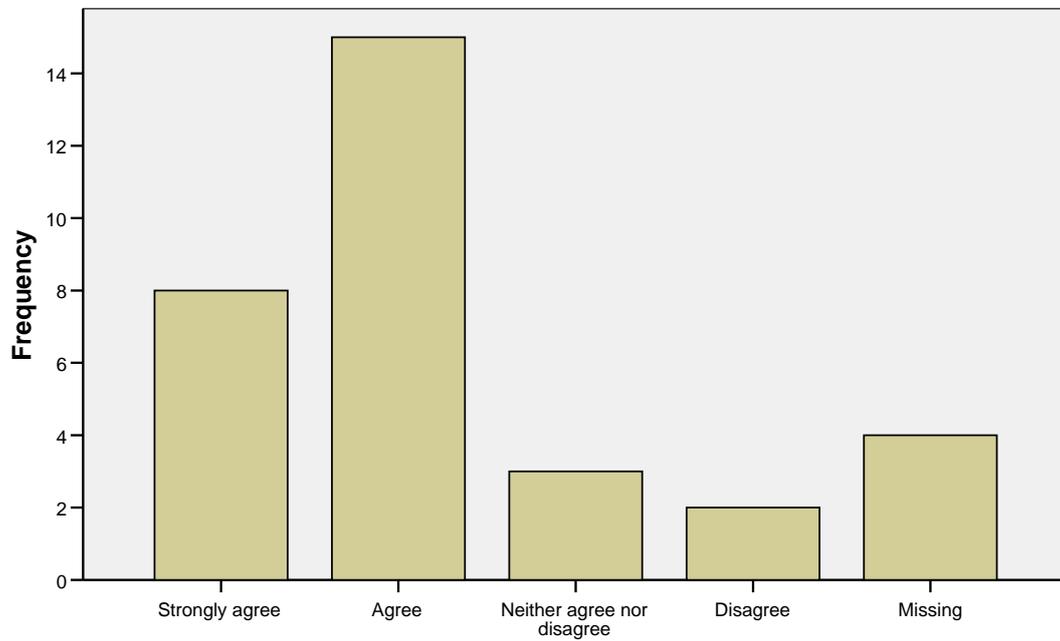
HIV/AIDS information should be treated in the same way as any other health-related information.

4.24 Part 2 Question 2 – Are you female or male?

Twenty-six people responded to this question; six chose not to. The table

(Fig. 59) and pie chart (Fig. 60) below summarise the results. The majority of

respondents were female, although a significant proportion were male. More

males responded than was anticipated, considering the high proportion of

females working in the public library profession.

Fig. 59 Gender

Gender	Frequency	Percentage of total respondents (May not total 100% due to rounding)
Female	16	50
Male	10	31.3
Missing	6	18.8

Fig. 60

Are you female or male?

Legend:
- Female
- Male
- Missing

4.25 Part 2 Question 3 – How old are you?

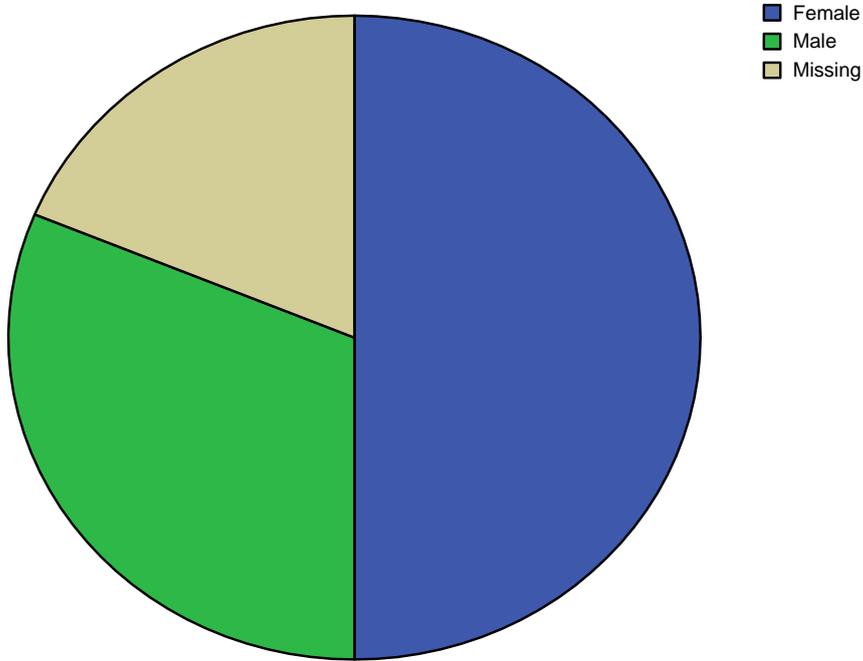Twenty-six people chose to answer this question; six did not. The table (Fig. 61) and pie chart (Fig. 62) below summarise the results. The vast majority of respondents fell between the ages of 36 and 45. This was as expected considering the general age of the UK's workforce.

Fig. 61 Age

Age	Frequency	Percentage of total respondents (May not total 100% due to rounding)
Under 26	0	
26 - 35	1	3.1
36 - 45	10	31.3
46 - 55	11	34.4
56 - 65	4	12.5
Over 65	0	
Missing	6	18.8

Fig. 62

How old are you?

Legend:
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- Missing
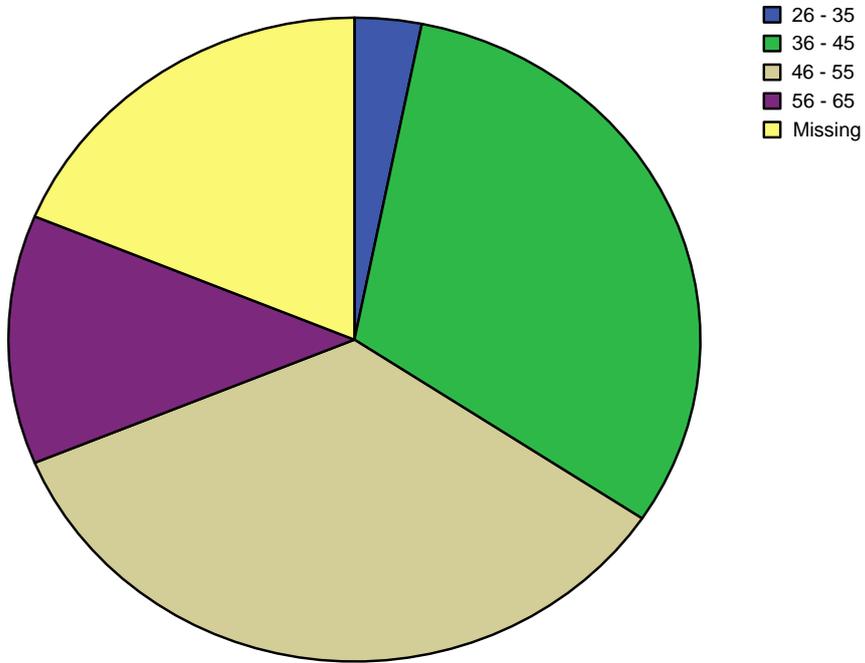
4.26 Other data

Emails were sent by some public library staff to the researcher. These emails, although not formally collected, provide additional qualitative data which offers further insight into HIV/AIDS information provision in UK public libraries today. Four emails were received from staff from four different public library authorities. Generally the emails were sent because the public library worker felt that the survey instrument did not allow them to express their opinions on the subject or communicate enough information.

The following table (Fig. 63) summarises the main issues raised in the emails and indicates how often the issue is mentioned.

Fig. 63 Content Analysis of emails received by researcher

Issue	Frequency
Role of public library with regard to HIV/AIDS information	2
Control over information	2
Funding	2
Material usage	2
Book availability	1

4.26.1 Role of public library with regard to HIV/AIDS information

Two emails raised the issue of the role of the public library in providing HIV/AIDS information to the public. One commented that the questions in the survey instrument asked for information that was more detailed than is relevant for public libraries. This suggests that the sender of this email considered public libraries to have a role only in providing very general information, and anything beyond that is not required. Another email, from a prison librarian, included a comment that before looking at the survey instrument, the librarian had not considered HIV/AIDS information provision to be a role of the library, assuming that it was dealt with by other departments in the prison (e.g. healthcare).

4.26.2 Control over information

Two emails mentioned the control that public libraries have over their HIV/AIDS material. As the results to Part 1 Question 8 (4.8) show, HIV/AIDS information leaflets and pamphlets are popular formats for providing HIV/AIDS information in. However it is likely that many of these leaflets are sent for free, to public libraries by external organisations. The results to Part 1 Question 6 (4.6) demonstrate that this is not an unusual practice. However this means that the information was not selected by the public library, and staff may not be familiar with the information contained in such leaflets and pamphlets. One email includes comments that the public library has little control over information provided by third parties. Another email mentions that information about HIV/AIDS collection is not collected by the public library so there is little knowledge about what items are available, what topics they

cover and how much is spent on them. Information from third parties may be particularly difficult to collect data about.

4.26.3 Funding

Two emails contained comments that the public libraries did not allocate funding specifically for HIV/AIDS information; rather it is covered within the general non-fiction budget.

4.26.4 Material usage

Emails from two people expressed that usage of HIV/AIDS information in their public library authorities was very low. One person mentioned that the only HIV/AIDS-related items that issued reasonably well were autobiographical accounts. From this information alone it is impossible to know if these low usage levels are a result of a genuine lack of need for the information in public libraries or because the people who need this information do not know it is available in the public library.

4.26.5 Book availability

One person emailed to comment that they did not feel there was sufficient books available to buy. The email included comments that books for public libraries needed to be simple and clear but there is not enough books that meet this requirement on the market to provide a decent public library collection. This email was received by the researcher fairly early on in the data collection process and it was felt that the survey instrument should be altered to reflect this insight. Therefore an extra question (Part 1 Question 7,

Section 4.7) was added to the survey in order to collect the opinion of others

about the availability of HIV/AIDS consumer information books.

5.0 Discussion/Conclusion

The first part of this chapter will discuss the results of the survey in relation to the research objectives outlined in Chapter One.

The second part of this chapter will comment on the project as a whole and make recommendations for further research.

5.1 Discussion of results

The original aim of this study was to investigate the current state of HIV/AIDS information in UK public libraries. Despite the greatest efforts of the researcher, the survey response rate was much lower than is required to make conclusions which are generalisable to public library services across the UK.

The low response rate may be due to several factors. As the survey was distributed through several mediums, and several reminders sent out it is unlikely that the low response rate was due to people not being aware of the survey. Possible reasons for the low response rate include;

- People are not generally interested in HIV/AIDS information in public libraries.

- People do not feel that they know enough about HIV/AIDS information in their authority to respond to the survey.

- The survey appeared to be too time consuming.

- The survey appeared to demand a too high level of detail.

Thirty-two responses were received from 24 library authorities. These responses provide an interesting insight into the current state of HIV/AIDS information collections in some public library services and provide a good basis for further research.

5.1.1 Research objective - to investigate what materials are provided by UK public libraries

The results for part 1 question 18 (section 4.18) show that most HIV/AIDS information provided by the library services of the respondents falls into the categories of drug information and wellbeing. Significant numbers of respondents also indicated that their library service offered biographies and autobiographies dealing with HIV/AIDS. Other categories, including financial information; legal information; HIV/AIDS disclosure; death and dying; and spiritual and religious topics were less frequently selected. This suggests that topics directly related to health are thought by those who provide collections to be the most important. Material which acknowledges the practical and psychosocial ways in which HIV/AIDS can affect lives is less frequently a

feature of library provision. The relative popularity of biographies and autobiographies on the topic may be indicative of the popularity of this format, regardless of topic, in UK public libraries.

Lukenbill's (1995) suggestion that material dealing with the facts of transmission should be core to a collection but accompanied by information which tackles less obviously relevant topics appears to be generally upheld by the library services represented by the survey respondents. Each category was selected by at least four respondents so there are no significant gaps in HIV/AIDS information provision in the public library services surveyed.

Lukenbill (1995) also suggests that public libraries should provide communities with fiction which tackles the subject of HIV/AIDS. About 40% of those surveyed claimed, in their response to part 1 question 19 (section 4.19) that their library service stocked HIV/AIDS fiction while about 60% either indicated that they did not know, or failed to answer the question. Although the amount of people who indicated that they did stock HIV/AIDS fiction is encouraging, the fairly high level of respondents who did not know or did not respond suggests that there is cause for concern about HIV/AIDS fiction stock knowledge amongst library staff. It is possible that librarians who have responsibility for information collections do not consider fiction to be part of their remit. Such librarians may benefit from working closely with other librarians, for instance, those responsible for reader development in order to provide holistic HIV/AIDS collections.

5.1.2 Research objective - to find out approximately how much of a library authority's budget is generally spent on HIV/AIDS information

Questions 3 and 4 of the survey aimed to elucidate this area. Over 40% of those who responded to question 3, which asked what percentage of their authority's total materials budget was spent on health information, indicated that they did not know the answer. Of those who were able to give an answer, figures ranged from less than 1% to 10%. The results for question 4, which asked what percentage of their authority's health information budget was spent on HIV/AIDS information, were similar. This is a fairly large range which suggests either that there is a great disparity between amounts spent on health and HIV/AIDS information across library services or the survey respondents had inaccurate knowledge of this area. For both questions, some respondents indicated that their authority did not quantify such information. Public libraries are funded by taxes and so are accountable to their communities. It may be beneficial, for libraries and their communities, for such information to be documented and available. In this way public libraries can ensure that they are meeting the needs of the community in investing sufficiently in areas of information which are valuable to library users.

5.1.3 Research objective - to determine what formats these materials are available in

Green and Smith (2004) acknowledge that much HIV/AIDS information may present a challenge for people with low levels of literacy. Heavy books with a large amount of text can be intimidating. Lukenbill (1995) adds that young people may also require material which is easy to read and has engaging graphics. Leaflets and pamphlets often offer this kind of accessible information so it is encouraging that 62.5% of survey respondents indicated that their library service offered material in this format (part 1 question 8, section 4.8). An additional benefit of providing HIV/AIDS information in leaflet or pamphlet form is that people can take the information away without having to check it out at the issue desk. Lehman (1993) and Lukenbill (1995) suggest that public libraries are effective venues for the provision of HIV/AIDS information because they are neutral spaces. Being able to collect information from a library without having to go to the issue desk makes the process even more anonymous for the user who requires privacy and discretion.

It is also important for public libraries to provide information in alternative formats such as large print or audio material. This ensures that people who are visually impaired, dyslexic, mobility impaired hearing impaired etc. receive an equal service from the library as people who are able to access standard material. Unfortunately no survey respondents were able to indicate that their library service provided HIV/AIDS information in alternative formats (part 1 question 9, section 4.9). Over 60% of respondents indicated that their library

service did not stock such material and the remainder either answered 'don't know' or failed to provide an answer. It may be that HIV/AIDS information in alternative formats is not provided by library services because it is not available to buy. This is clearly an area which requires further investigation and development.

5.1.4 Research objective - to investigate how these materials are displayed

The majority of survey respondents (65.6%) indicated that their library service did not have a designated section for HIV/AIDS information (question 5, section 4.5). Only two (6.3%) respondents indicated that they did have a separate section, and the remainder did not answer the question. Failing to display HIV/AIDS information prominently and promote it may be a reason why public libraries are not frequently mentioned as likely places from which to obtain HIV/AIDS information. This is discussed in section 2.1.2. Conversely library users may prefer HIV/AIDS information to 'blend into' other material so they can consult collections discreetly. There is an element of wanting to promote HIV/AIDS information so that it reaches as many people as possible, and it is hoped that by promoting it stigma may be reduced somewhat. However this conflicts with the opinion that library users prefer privacy when consulting HIV/AIDS information, as discussed by Hutchinson et al. (2004). The results show that the survey respondents are generally not concerned that promoting HIV/AIDS material will have negative effects (part 2, question 1, section 4.23.5). The majority agree that they would feel

comfortable organising a display of such material and that they would not be concerned that promoting the information would cause controversy amongst staff or users. However, although in the minority, 18.8% of respondents either agreed or neither agreed nor disagreed that they would be concerned about causing controversy by promoting HIV/AIDS material. This shows that there is still some level of apprehension about dealing with HIV/AIDS information.

5.1.5 Research objective - to discover who these materials are targeted at

Survey respondents were asked if their library service stocked material targeted at various groups (part 1 question 10 - 17, section 4.10 – 4.17). 'Yes' was the most frequently selected answer for information targeted at people with learning difficulties, heterosexuals, homosexuals, and teenagers and young people. Information targeted at women, ethnic minorities, people aged fifty and over, and children is evidently less frequently provided by the library services surveyed. Targeted HIV/AIDS material is essential if people from these groups are able to relate to the information and view it as relevant to their lives. A large proportion of respondents failed to answer these questions or indicated that they did not know the answer. This suggests that some library staff are not aware of information targeted at various groups and the importance of providing it to communities. This is particularly important for groups who have an increased risk of being affected by HIV/AIDS. For instance, African communities living in the UK are disproportionately affected by HIV/AIDS (Avert, 2008), gay men remain a group significantly affected by

HIV/AIDS, and rates of infection amongst heterosexuals (Scott et al., 2004), and affecting women in particular, are the fastest rising of any other group in the UK (Avert, 2008).

5.1.6 Research objective - to explore the perceptions of HIV/AIDS information provision amongst public librarians

The results to part 2, question 1 show that opinions about HIV/AIDS information provision amongst respondents are fairly progressive. Most respondents indicated that HIV/AIDS is a significant problem in the UK today and that public libraries have a role to play in the fight against HIV/AIDS. Most agreed that accurate information dissemination can help reduce stigma associated with HIV/AIDS. Most also agreed that children and young people should have access to HIV/AIDS information.

The majority of respondents indicated that they believed that HIV/AIDS information is no different to other health information and should be treated in the same way. Although this is encouraging in that it suggests respondents do not harbour any negative ideas about HIV/AIDS information and it's place in a public library, it reveals that respondents have not acknowledged that HIV/AIDS differs from many other conditions in that it has the potential to negatively impact upon the psychosocial wellbeing of those affected. The stigma associated with HIV/AIDS means that PLWHA and their families and friends are at risk of social exclusion and are in need of increased psychosocial support, as acknowledged by Reeves (2001). This aspect of

HIV/AIDS may mean that HIV/AIDS may need to be dealt with in a way different to other health information.

The results show that there is a lack of confidence among respondents about the role of public libraries in providing HIV/AIDS information. Most respondents indicated that they either agree or neither agree nor disagree with the statement 'other organisations are in a better position to provide HIV/AIDS information'. It may be true that health organisations and HIV/AIDS charities have more experience in disseminating HIV/AIDS information but there is a convincing argument (Lukenbill, 1995; Lehman, 1993; Cowen and Rix, 1991; Gough and Greenblatt, 1990) for public libraries to play a significant role in providing this information to communities. Partnerships with other, more experienced agencies may provide public library staff with the skills and confidence to develop and promote effective HIV/AIDS collections. Unfortunately no respondents indicated that their library service had any partnerships with such organisations (part 1, question 22, section 4.22).

5.1.7 Research objective - to determine the adequacy of HIV/AIDS collections in UK public libraries

The majority of survey respondents indicated that they agree that the HIV/AIDS collection in their library service could be improved. However the majority of respondents (40.6%) claimed to neither agree nor disagree that their collection was adequate. It may be that this is indicative of a lack of knowledge amongst public library staff as to what would be considered an

adequate collection. The literature contributes suggestions for effective HIV/AIDS information provision in a public library but does not prescribe a clear framework from which to develop a collection. Without such a framework, or checklist, it is impossible to conclude whether the collections in offered by the surveyed library services can be deemed adequate. However there are some areas of information provision which appear to be being well met by the surveyed library services. These include: information dealing with drug information and wellbeing; providing materials in leaflet/pamphlet format, providing a neutral, private space in which to gain HIV/AIDS information; offering targeted material at people with learning difficulties, heterosexuals, homosexuals, and teenagers and young people; and staff having a generally positive approach to the provision of HIV/AIDS information. Areas which may require further development include: documenting and communicating funds spent on HIV/AIDS materials; providing information relating to the non-health related aspects of HIV/AIDS; actively promoting HIV/AIDS collections; offering material aimed at women, older people, ethnic minorities and children; and recognising that information may need to be treated in a manner in accordance with the unique experience of those affected by HIV/AIDS.

5.1.8 Additional Findings

Data received in the form of emails from people who were aware of this study and who wanted to communicate their opinions in a way which the survey instrument did not allow raised issues aside from those discussed above.

One significant issue which was raised concerned the control of HIV/AIDS information in the public library. Much HIV/AIDS information in public libraries, particularly that in the form of leaflets, is provided by external organisations and is not catalogued or monitored by the library. This means that usage cannot be easily measured.

Another significant issue which was raised was the usage of HIV/AIDS material in the library. Two people expressed the opinion that there was a very low demand for HIV/AIDS information in their library. This opinion is supported by the finding that there is a low rate of HIV/AIDS related enquiries in the public libraries surveyed. Further investigation is required to discover the reason for this low demand. It may be that people are not aware of the information provided by public libraries, do not wish to use the public library to access HIV/AIDS information, or do not wish to access HIV/AIDS information at all.

A third noteworthy issue which became apparent through emails received was book availability. It was felt by one person who emailed that there is not sufficient material to buy for their library service. The results for the question which was subsequently added to the survey instrument showed that the

majority of the respondents were not familiar with the availability of HIV/AIDS

information. This indicates that this is an area which requires further

investigation.

5.2 Conclusion

5.2.1 Overview of study

The survey response has been acknowledged as poor and the possible reasons for this discussed in section 5.0. With hindsight, there are some measures that could have been taken to ensure a good response rate. These include;

- Making survey questions easier to answer. For instance asking only opinion based questions which do not require the respondent to look up any information may have encouraged people to complete the survey.
- Widening participation to anyone interested, such as public library users, Librarianship students and people who work in the field of HIV/AIDS information.

An increased response rate would have allowed inferential statistical techniques to be applied to the data and so more definite conclusions about HIV/AIDS information provision in UK public libraries could have been made.

The wording of some survey questions could have been improved in order to eliminate ambiguity. For instance where respondents were required to select a range from a list, the ranges should have read '5-10, 11-15' etc. rather than '5-10, 10-15' etc. More subtle instances of ambiguity are evident in part 2,

question 1. Respondents were asked to indicate how far they agreed with the statement 'I would feel comfortable organising an HIV/AIDS display in my library'. If a respondent indicates that they disagree with this statement it is impossible to tell why they may not feel comfortable organising such a display. As the question was designed to reveal respondents' feelings about the potentially controversial nature of HIV/AIDS information, a more appropriate statement may have been 'I would not worry about negative reactions from staff or users if I organised a display of HIV/AIDS material in my library'.

It may have been beneficial to undertake a short opinion gathering exercise before designing the survey instrument. This would ensure that the survey instrument focussed on relevant aspects of HIV/AIDS provision. This may have brought the issue of HIV/AIDS information availability to light before the survey was distributed rather than after, as was the case (see section 4.26). Opinions may have been sought through channels such as JISCmail lists (JISCmail, 2007). Gathering opinions in this way would have been particularly useful as there is little recent literature which focuses on HIV/AIDS information in public libraries in particular.

5.2.3 Recommendations for further study

This study provides a good basis for further investigation into HIV/AIDS provision in UK public libraries. Areas which particularly warrant deeper study include;

- Provision of HIV/AIDS material in alternative formats.
- Provision of HIV/AIDS information targeted at women, ethnic minorities, people aged fifty and above and children.

Future research may adopt a different method of data collection such as interviews, or surveying library catalogues to determine stock held. Interviews would provide a clearer impression of the opinions and experiences of individual professionals in the field than was achieved through the survey instrument. Surveying library catalogues to determine stock would provide unbiased, proven information about HIV/AIDS materials provided by UK public libraries. The survey instrument used in this survey did not rule out the possibility of bias, and there is no guarantee that respondents' answers are accurate.

Different populations may be studied in further research. These may include general library users, people from groups at particular risk of HIV/AIDS or PLWHA. This would provide data from different perspectives. Consulting people who are users or potential users of HIV/AIDS information in public libraries would give a valuable insight into their needs and preferences.

Achieving a strong research base about HIV/AIDS information in public

libraries will allow librarians to develop effective HIV/AIDS collections and

services and play a significant part in the fight against HIV/AIDS.

Word count: 17 536

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Appendix – Survey instrument

HIV/AIDS Information in UK Public Libraries

1. Your library service

Thank you for deciding to take part in this study. Your time and effort is really appreciated.

1. Which library authority are you representing?

Which library authority are you representing?

2. How many people are registered members of your library service?

○ How many people are registered members of your library service?   Less than 20 000

○ 20 000 - 40 000

○ 40 000 - 60 000

○ 60 000 - 80 000

○ 80 000 - 100 000

○ 100 000 - 200 000

○ 200 000 - 300 000

○ 300 000 - 400 000

○ 400 000 - 500 000

○ More than 500 000

3. Approximately what percentage of your total materials budget is spent on health information each year?

Approximately what percentage of your total materials budget is spent on health information each year?

4. Approximately what percentage of the budget for health information in your authority is spent of HIV/AIDS information?

Approximately what percentage of the budget for health information in your authority is spent of HIV/AIDS information?

5. Do any libraries in your authority have a designated section for HIV/AIDS information?

○ Do any libraries in your authority have a designated section for HIV/AIDS information?   Yes

○ No

6. How does your library service select HIV/AIDS material? (Please tick all that apply)

☐ How does your library service select HIV/AIDS material? (Please tick all that apply)   Library supplier

☐ Librarian's choice

☐ Stock suggestions or reader requests

☐ Recommendations from other organisations e.g. health care providers

☐ Other (please specify)

[   ]

7. Do you feel there is sufficient suitable HIV/AIDS material available to buy for your library service?

○ Do you feel there is sufficient suitable HIV/AIDS material available to buy for your library service?   Yes

○ No

○ Don't know

8. Does your library service stock leaflets/pamphlets on HIV/AIDS?

○ Does your library service stock leaflets/pamphlets on HIV/AIDS?   Yes

○ No

○ Don't know

9. Does your library service stock HIV/AIDS information in alternative, accessible formats e.g. large print, audio books?

○ Does your library service stock HIV/AIDS information in alternative, accessible formats e.g. large print, audio books?   Yes

○ No

○ Don't know

10. Does your library service stock HIV/AIDS material targeted at people with learning difficulties?

〇 Does your library service stock HIV/AIDS material targeted at people with learning difficulties?   Yes

〇 No

〇 Don't know

11. Does your library service stock HIV/AIDS information targeted at women?

〇 Does your library service stock HIV/AIDS information targeted at women?   Yes

〇 No

〇 Don't know

12. Does your library service stock HIV/AIDS information targeted at ethnic minority groups?

〇 Does your library service stock HIV/AIDS information targeted at ethnic minority groups?   Yes

〇 No

〇 Don't know

13. Does your library authority provide HIV/AIDS information targeted at heterosexuals?

〇 Does your library authority provide HIV/AIDS information targeted at heterosexuals?   Yes

〇 No

〇 Don't know

14. Does your library service stock HIV/AIDS information targeted at homosexuals?

〇 Does your library service stock HIV/AIDS information targeted at homosexuals?   Yes

〇 No

〇 Don't Know

15. Does your library service stock HIV/AIDS information targeted at people aged fifty and above?

○   Does your library service stock HIV/AIDS information targeted at people aged fifty and above?   Yes

○   No

○   Don't know

16. Does your library service stock HIV/AIDS information targeted at young people/teenagers?

○   Does your library service stock HIV/AIDS information targeted at young people/teenagers?   Yes

○   No

○   Don't know

17. Does your library service stock HIV/AIDS information targeted at children?

○   Does your library service stock HIV/AIDS information targeted at children?   Yes

○   No

○   Don't know

18. Which topics does your non-fiction HIV/AIDS collection cover? (Please tick all that apply)

☐   Which topics does your non-fiction HIV/AIDS collection cover? (Please tick all that apply)   Drug information

☐   Wellbeing

☐   Financial information

☐   Legal information

☐   HIV/AIDS disclosure

☐   Death and dying

☐   Spiritual and religious topics

☐   Biography/Autobiography

☐   Other (please specify)

[   ]

19. Does your library service stock fiction material tackling the subject of HIV/AIDS?

○ Does your library service stock fiction material tackling the subject of HIV/AIDS?   Yes

○ No

○ Don't know

20. Does your library service provide recommended reading lists for people seeking information on HIV/AIDS?

○ Does your library service provide recommended reading lists for people seeking information on HIV/AIDS?   Yes

○ No

○ Don't know

21. Approximately how many HIV/AIDS related enquiries does your library service receive each month?

○ Approximately how many HIV/AIDS related enquiries does your library service receive each month?   Less than 5

○ 5 - 10

○ 10 - 15

○ 15 - 20

○ More than 20

○ Don't know

22. Does your library service have any partnerships with HIV/AIDS organisations?

○ Does your library service have any partnerships with HIV/AIDS organisations?   Yes

○ No

○ Don't know

2. Your professional opinions

1. Please indicate how far you agree with the following statements

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I believe rates of HIV infection are increasing in the UK today.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
Libraries have an important role to play in the fight against HIV/AIDS.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
Accurate information dissemination is vital to reduce stigma associated with HIV/AIDS.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
Other organisations are in a better position to provide HIV/AIDS information.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
I think the HIV/AIDS collection in my library service could be improved.	◉ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
I would feel comfortable organising an HIV/AIDS information display in my library.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree
There is no need for HIV/AIDS information in public libraries.	○ Strongly agree	○ Agree	○ Neither agree nor disagree	○ Disagree	○ Strongly disagree

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Children/young people should not have easy access to HIV/AIDS information.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I worry that promoting HIV/AIDS material will cause controversy amongst staff or users.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
HIV/AIDS information should be treated in the same way as any other health-related information.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is important for children/young people to have access to HIV/AIDS material.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
HIV/AIDS information is different to other health-related information.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
HIV/AIDS is not a significant problem in the UK today.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The HIV/AIDS collection in my library service is adequate.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

2. Are you female or male?

○ Are you female or male?   Female

○ Male

3. How old are you?

☐ How old are you?   Under 26

☐ 26 - 35

☐ 36 - 45

☐ 46 - 55

☐ 56 - 65

☐ Over 65

Thank you for completing this survey. Your response is greatly appreciated.