



## **HIV Futures II Regional Reports** Western Australia



A COLLABORATING CENTRE TO THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

FUNDED THROUGH A CARG COLLABORATING CENTRE GRANT FROM THE  
COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE

*AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY*  
*December 2000*

# **HIV Futures II Regional Reports: Western Australia**

Jeffrey Grierson, Sebastian Misson and Philomena Horsley

Monograph Series Number 25  
ISBN 1864465220



A COLLABORATING CENTRE TO THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

FUNDED THROUGH A CARG COLLABORATING CENTRE GRANT FROM THE  
COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE

**Suggested citation**

Grierson, J., Misson, S. and Horsley, P. (2000) *HIV Futures II Regional Reports: Western Australia*, Monograph Series Number 25, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

The Living with HIV Program can be contacted at

The Australian Research Centre in Sex, Health and Society,  
LaTrobe University  
215 Franklin Street  
Melbourne 3000  
Australia

Phone: +61 3 9285 5382

Email: [hivfutures@latrobe.edu.au](mailto:hivfutures@latrobe.edu.au)

HIV Futures I & II community reports can be found on the HIV Futures website:  
[www.latrobe.edu.au/hiv-futures](http://www.latrobe.edu.au/hiv-futures)

## Introduction

The HIV Futures Study is the largest of its kind in Australia. It is designed to provide HIV, health and funding agencies, as well as the affected community, with a picture of the overall situation of people living with HIV/AIDS (PLWHA) in Australia.

The *HIV Futures II* survey was conducted by the Living with HIV research program at the Australian Research Centre in Sex, Health and Society, La Trobe University, in the second half of 1999. The survey asked PLWHA about their health, use of antiretroviral and complementary treatments, use of information and support services, and their housing and financial situation. It also asked about sex and relationships, people's social supports, recreational drug use, work situation and future planning.

This is the second time this national survey has been conducted. The research team held consultations with PLWHA and HIV organisations around the country in order to improve this follow-up survey.

The results of this study have been reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia*. The HIV Futures Community Report contains a vast amount of information about the social impacts of HIV/AIDS including: treatment uptake and health management; the impact of HIV/AIDS on sexual practice; the involvement of respondents in community organisations, and the importance of HIV/AIDS organisations to PLWHA; the impact of HIV/AIDS on work and employment participation; and the financial impact of living with HIV/AIDS. This report relates specifically to people who were resident in Western Australia at the time of the survey.

We recognise the importance of providing analysis of data for specific communities to assist with planning and policy. The series of state reports give an overview of findings for those states where there were a sufficient number of respondents. The reports cover the major areas of the main report and should be read in conjunction with it.

## **The people who completed the survey**

The survey was completed by 924 respondents. This sample represents 8% of all PLWHA in Australia. Respondents ages ranged from 18 to 77 years (median = 38.0 years, mean = 41 years). The average time since respondents first tested HIV seropositive was 9.8 years. The results relating to the total sample are reported in the document *HIV Futures II: Health, The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson, Bartos, de Visser and McDonald, 2000).

The national sample under-represents gay men from NSW and over-represents women, heterosexual men, those from non-metropolitan areas and those from outside NSW. All data in the remainder of this report have been weighted based on mode of infection, gender, state of residence and diagnoses of AIDS defining illness in order to conform to the demographic profile detailed in the Australian HIV Surveillance report.

Seventy-two Western Australian PLWHA completed the HIV Futures II Survey. This figure is significantly larger than would be expected given a representative sample of all PLWHA in Australia. The large number of Western Australian respondents is a reflection of the great efforts to promote the survey made by AIDS Pastoral Care, Lindisfarne Medical Group, Social Work Department – Royal Perth Hospital, Western Australia AIDS Council (WAAC), Mark Reid at WAAC, WAAC Women's Project, Trudy Matthews and Dr Ric Chaney.

Among Western Australian respondents, 79% were male and 21% were female. This represents a significantly greater proportion of women than the combined sample from the other states. The ages of the Western Australian respondents ranged from 19 years to 76 years. The average age for Western Australian PLWHA was 41.6 years, which is similar to that of the rest of the sample. On average, PLWHA living in Western Australia had been HIV seropositive for 8.6 years - a similar length of time to that reported by PLWHA from other States (mean = 9.9 years).

The vast majority of respondents had been infected with HIV through sexual contact: 72% cited homosexual or bisexual contact as the most likely transmission route, 3% reported injecting drug use, 18% cited heterosexual contact, and 3% were infected by blood products or in a health care setting.

## Major findings

The results reported below compare PLWHA from Western Australia with PLWHA from other States of Australia, ie. the rest of the sample minus the Western Australian respondents.

### Current health

Most respondents reported that they currently feel healthy: 28% said that their health is *excellent*, 44% said that their health is *good*, 22% said that their health is *fair*, and 6% said that their health is *poor*. Eleven percent of the Western Australian respondents have been diagnosed with an AIDS-defining illness - a similar proportion to that reported by PLWHA from the other states combined.

Almost half (44%) of the respondents from Western Australia have a major health condition other than HIV/AIDS - a similar proportion to the 40% reported by PLWHA from other States. The most frequently cited *other* health conditions for all PLWHA in Australia included haemophilia, cardiovascular disease, arthritis, asthma, mental illnesses, hepatitis B, hepatitis C, and back pain. One in ten (10%) PLWHA from Western Australia have had hepatitis A, and 24% have had hepatitis B. PLWHA from Western Australia were significantly less likely to have had hepatitis A when compared with the rest of the sample. Of the 75% of Western Australian PLWHA who have been tested for hepatitis C, 24% have tested positive, 71% have tested negative and 5% don't know the result of their test. This means that 18% of Western Australian PLWHA have also tested positive for Hep C. Eighteen percent of respondents are on medication for anxiety, 22% for depression, and 4% are on anti-psychotic medication.

All of the respondents from Western Australia have taken both a CD4/T-cell test, and all but one (98%) have viral load test. The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). It is interesting to note that 8% of Western Australia PLWHA have a CD4/T-cell count below 250 and a viral load above 50,000. Respondents from Western Australia were also significantly less likely to have had a genotypic antiretroviral resistance test (GART) than respondents from the rest of the sample (66% vs 88%).

**Table 1: Results of serological testing**

<b>Description</b>	<b>Result</b>	<b>Proportion</b>
<b>CD4/T-cell count</b>	<b>cells/ml blood</b>	
little or no immune damage	over 500	37%
moderate immune damage	250 - 500	39%
severe immune damage	below 250	24%
<b>Viral load</b>	<b>copies/ml blood</b>	
below detectable level	below 200 / 500	61%
low	500 - 10,000	12%
moderate	10,000 - 50,000	10%
high	over 50,000	16%

**Antiretroviral Therapy**

Figure 1 shows the uptake of antiretroviral treatment for Western Australian PLWHA. Almost nine out of ten (86%) of Western Australian PLWHA have taken antiretroviral drugs at some stage. Of these 87% are using them currently. These figures are similar to those for PLWHA from other states. Western Australian PLWHA have taken an average of 2.5 antiretroviral drugs, significantly fewer than PLWHA from the rest of the sample. Of those Western Australian PLWHA who have ever taken antiretrovirals 40% report that their health has improved, 30% reported that their health has stayed the same, 28% that it has fluctuated, and 3% that it has deteriorated.

About half (51%) of the PLWHA from Western Australia who use antiretroviral drugs reported that they experience side-effects from these drugs - a similar figure to that reported by PLWHA in other States. Among respondents from all states currently using antiretrovirals the most commonly reported side-effects are: diarrhoea (experienced by 46% of PLWHA experiencing side effects of antiretroviral drugs), nausea (30%), neuropathy (15%), fatigue/lethargy (14%), lipodystrophy (13%), insomnia (12%) and headaches (11%).

Eighty-one percent of Western Australian PLWHA who use antiretrovirals report difficulties in taking this medication. The most common difficulties among these respondents are remembering to take drugs on time (59%), organising meals around medication (32%) and taking a large number of tablets (27%).

Only 7% of Western Australian PLWHA missed one or more doses on the day before they filled out the survey, with a similar proportion (17%) missing a dose the day before that. Only 1 respondent (2%) from Western Australia missed a dose on both days. Over a third (36%) of Western Australian PLWHA have taken a break from antiretrovirals at some stage, a similar proportion to that for other states. Among the whole sample, the reasons most commonly given for taking a break were side effects (20%), drug resistance having developed (16%) and taking a break to clean out the system (11%).

Figure 1: The uptake of antiretroviral drugs

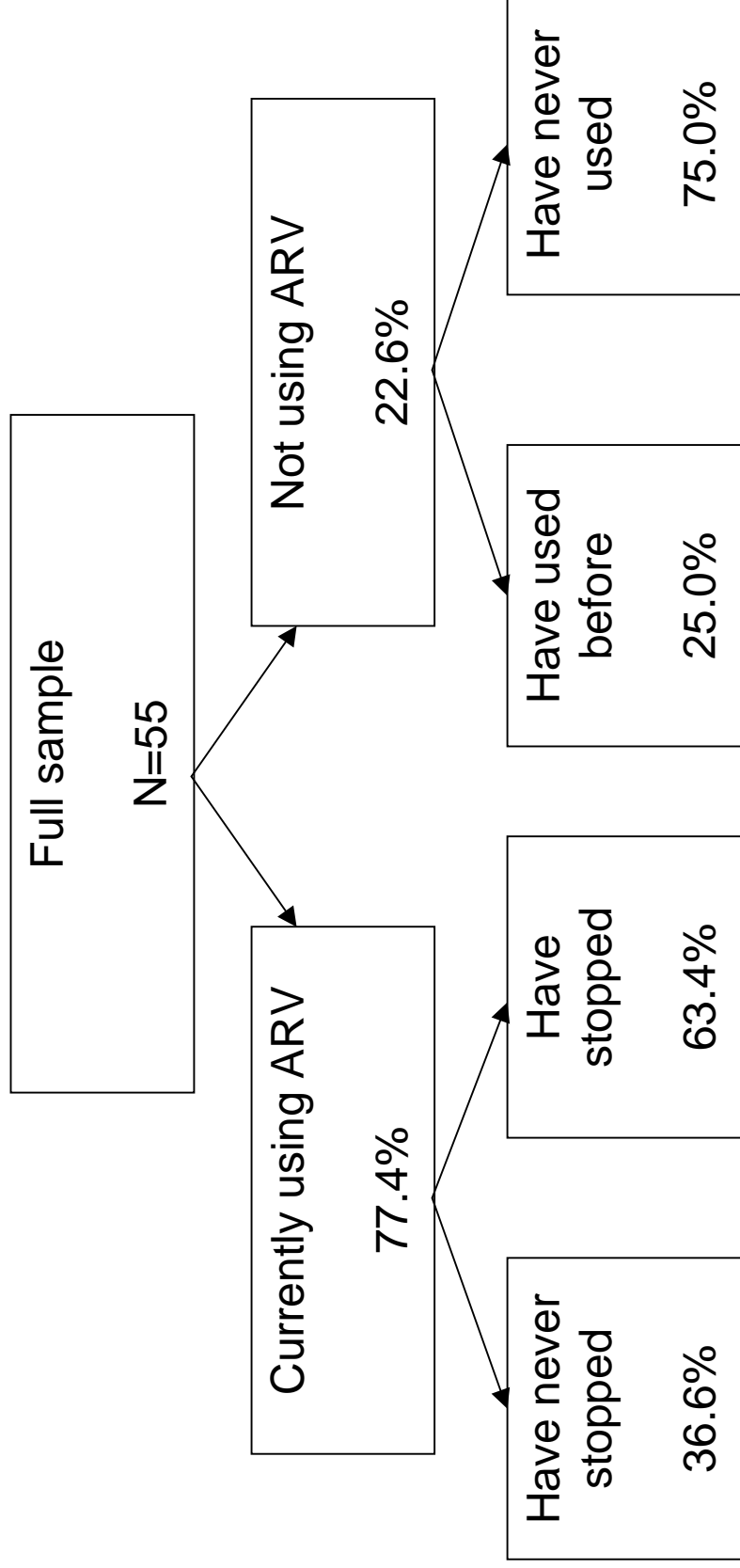
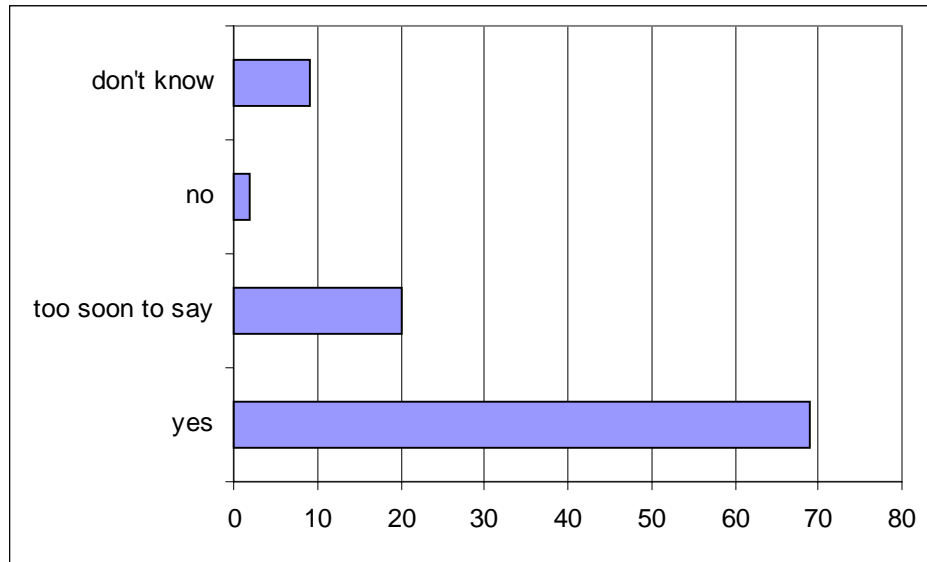


Figure 2 (below) shows that most (69%) of Western Australian PLWHA agree that antiretroviral drugs have improved the prospects of most PLWHA, while 20% believe it is too soon to tell, and 9% do not know if antiretroviral drugs have improved the prospects of most PLWHA. Only one Western Australia PLWHA (2%) believed that antiretroviral drugs have not improved the prospects of PLWHA.



**Figure 2: Opinions of Western Australian respondents on whether antiretrovirals have improved the prospects of PLWHA.**

Those Western Australian PLWHA who are currently using combination therapy have been doing so for an average of 2 years and 6 months. The mean number of combinations they have tried in this time is 2.4, with a mean of 1.6 of these having been used in the past 12 months. They started on these therapies when their viral load was high (mean = 320518.4 copies/ml) and their CD4 count was low (mean = 280.7). The most common circumstances surrounding the commencement of combination therapy for these respondents were doctors advice (84%), a drop in CD4 count (41%), becoming ill (36%), and a big rise in viral load (36%).

Fifty percent of PLWHA currently using combination therapy have changed their combination at least once, a significantly lower proportion than that in the rest of the sample. For the whole sample, among those who have used more than one combination the most common reasons for changing the last time they did so were: side effects (50%), their current combination was not working (18%), and resistance to their combination had developed (16%). Most Western Australian PLWHA felt they still had options left – 32% reporting they have many options, 57% a few, 5% one and 5% none.

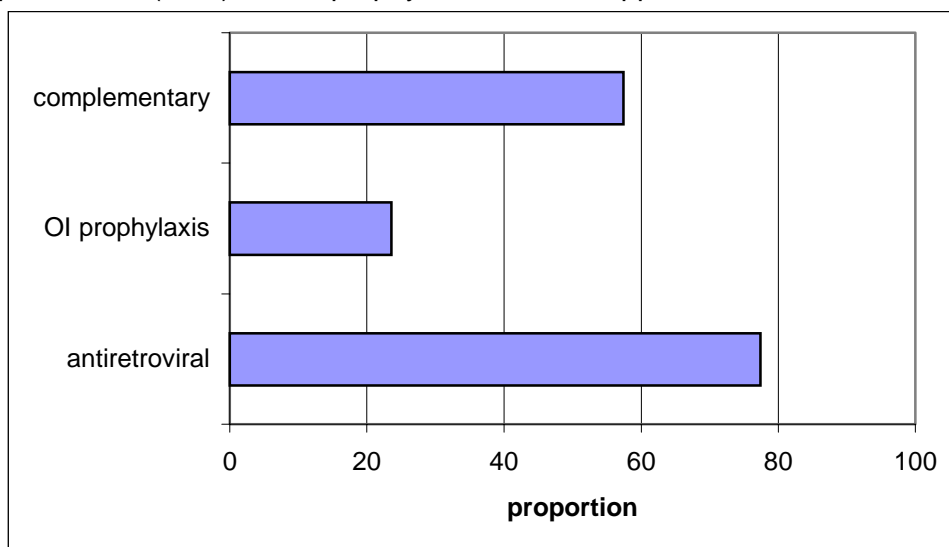
Those Western Australian PLWHA who have stopped using antiretrovirals had been using them for an average of 1 year and 8 months and had stopped an average of 1 year and 11 months ago. They have used on average 3.0 combinations. Of the PLWHA in the whole sample who had taken antiretrovirals and stopped only 12% reported that their health improved on the medication, 17% reported that it stayed the same, 40% that it fluctuated and 31% that it deteriorated. The most common reasons for stopping use of antiretrovirals for all respondents were side effects (72%), that they weren't working (30%), taking a break to clean out the respondent's system

(30%), they didn't fit in with the respondent's life style (23%), having a drug holiday (18%) and drug resistance having developed (13%).

Of all Western Australian PLWHA not currently taking antiretroviral medications, 67% reported that they would consider taking them in the future. Among the entire sample, the most common circumstances which PLWHA report might make them start antiretrovirals are becoming very ill (72%), a big drop in CD4/T-cell count (66%), hospitalisation due to HIV-related infections (62%), a significant rise in viral load (61%) and on a doctor's advice (48%).

### ***Prophylaxis and Complementary Therapies***

Figure 2 (below) shows that while the majority of Western Australian PLWHA use antiretroviral drugs, some use prophylaxis for opportunistic infections and most use complementary therapies. Only 23% of the respondents from Western Australia use prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP) and/or prophylaxis for other opportunistic infections.



**Figure 3: Use of therapies for HIV/AIDS**

Over half (61%) of the respondents from Western Australia use complementary therapies for HIV/AIDS. The most commonly used complementary therapies are vitamin/mineral supplements (80% of Western Australian PLWHA who use complementary therapies), massage (57%), herbal remedies (39%) and meditation/visualisation (35%).

Attitudes toward complementary therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, Western Australian PLWHA had favourable attitudes toward complementary therapies (mean = 3.54). PLWHA from Western Australia had similar attitudes toward complementary therapies as PLWHA from other States (mean = 3.51).

### ***Health Services***

In the last 6 months the health services that Western Australian PLWHA had most commonly used were a hospital outpatient clinic (59%), a GP who specialises in HIV (46%), an HIV specialist/physician (41%), an HIV organisation clinic (30%), a hospital social worker/counsellor (28%), an AIDS organisation social worker (15%), a hospital inpatient clinic (11%), a sexual health centre (7%) and an employment agency (4%). Western Australian PLWHA were significantly more likely to have used a hospital outpatient clinic than PLWHA in the other states combined. Seventeen percent of

Western Australian PLWHA have to go to more than one place to get all their prescriptions filled, a significantly smaller proportion to that for PLWHA in other states.

When asked who they usually see for HIV related treatment, PLWHA from Western Australia were most likely to nominate a HIV GP (33%), but were almost as likely to nominate a doctor at a hospital outpatient clinic (31%) or a HIV specialist (29%). When asked who they see for general (non-HIV) medical care, they were most likely to nominate a HIV GP (42%), followed by a generalist GP (26%). These usage patterns are significantly different to those PLWHA from the other states.

### **Information and support services**

Most respondents (59%) have direct contact with an HIV/AIDS-related organisation. However, this is a significantly smaller proportion to that found among PLWHA in the rest of the country. From the entire sample of those PLWHA in contact with HIV/AIDS organisations, 75% receive a newsletter, 69% are clients, 47% are members, 12% are volunteers and 7% are staff. Of those PLWHA in the entire sample who do not have contact with and HIV/AIDS organisation the most common reasons given are not wanting to be involved (67%), not having time (29%) and feeling excluded (16%). Sixty-six percent of Western Australian PLWHA who have contact with an HIV/AIDS-related organisation have contact with the Western Australian AIDS Council, and 67% have contact with PLWHA (WA).

**Table 2: Use of services provided by HIV/AIDS-related organisations**

<b>Service</b>	<b>HIV/AIDS Organisation</b>	<b>Other service organisation</b>
Treatments advice	26%	17%
Peer support group	26%	6%
Alternative therapies	24%	13%
Counselling	22%	17%
Social contact with other PLWHA	20%	6%
Informal peer support	20%	9%
Housing assistance	15%	7%
Financial assistance	13%	13%
Pharmacy services	9%	33%
Library	7%	20%
Legal advice	6%	6%
Financial advice	6%	11%
Respite care	6%	2%
Return to work skills	4%	4%
Employment services	4%	8%
Internet access	2%	15%
Mental health services	2%	13%
Drug/alcohol treatment	2%	7%

Table 2 (above) displays the proportion of Western Australia PLWHA who use each of the services provided by HIV/AIDS-related organisations. The data show that PLWHA use HIV/AIDS-related organisations for a wide range of services. Western Australian PLWHA used HIV/AIDS organisations for treatments advice, legal advice and social contact with other PLWHA significantly less commonly than PLWHA in the rest of the sample.

Respondents were asked to indicate which people and/or organisations they rely on for information about treatments for HIV/AIDS. Their responses are shown in Table

3. The most commonly cited source of information about treatments for HIV/AIDS was a doctor specialising in HIV. However, just under half of the respondents rely on HIV/AIDS-related newspapers and magazines and the gay press, which suggests that PLWHA seek information from a range of different sources.

Respondents were also asked which was the *most* important source of information. Doctors specialising in HIV were most commonly cited (87%) as such.

Table 3 also displays the responses of PLWHA to questions they were asked about whom they rely on for information about living with HIV/AIDS (but not about treatments). The sources of information about living with HIV/AIDS most frequently cited as being important were a HIV positive friends, a doctor specialising in HIV, HIV magazines and newspapers and. Western Australian PLWHA were also more likely than the rest of the sample to use a positive women's organisation for information on living with HIV/AIDS, and less likely to use an HIV magazine or newspaper.

Respondents were also asked which was the *most* important source of information on living with HIV/AIDS. Doctors specialising in HIV were most commonly cited (26%) as such.

**Table 3: Important sources of information for PLWHA**

Information source	Source of information about:	
	Treatments	Living with HIV/AIDS
Doctor specialising in HIV	93%	46%
Other doctor	27%	16%
Nurse	14%	5%
Pharmacist	9%	2%
Alternative therapist	20%	16%
Treatments officer	24%	15%
Other HIV/AIDS organisation staff	23%	33%
Positive women's organisation	11%	19%
Injecting drug user's organisation	4%	4%
Haemophilia Foundation	2%	2%
HIV positive friends	39%	51%
Other friends	6%	20%
Partner/lover	13%	21%
Family	7%	17%
Gay press	42%	35%
HIV magazine/newspaper	49%	44%
Internet	26%	22%

The HIV-related publications most read by Western Australian PLWHA are *Positive Living* (44%), *Positive Life* (52%) and gay newspapers (42%). PLWHA from Western Australia were significantly less likely to read the *HIV Herald*, *With Complements* and gay newspapers than PLWHA in other states.

We asked respondents whether they thought lack of information made it difficult to make decisions about various issues surrounding living with HIV. Western Australian respondents most felt a lack of information when making decisions on taking a break from antiretrovirals (28%), managing side effects (26%), interactions between antiretrovirals and other medications (24%) and recreational drug use (22%). These figures were similar to those for PLWHA from other states.

Almost two-fifths (39%) of Western Australian PLWHA had experienced less favourable treatment than other people when attending a medical service. This was a similar proportion to PLWHA in other states (31%).

Ninety-three percent of Western Australian PLWHA know other PLWHA - a similar proportion to that found among respondents from other states. Respondents were asked to indicate how much of their free time they spend with other HIV seropositive people. The results in Table 4 (below) show that many Western Australian PLWHA spend no free time with other positive people and less than a third *some* or *a lot* of time with other positive people. Western Australian PLWHA reported spending less free time with other HIV seropositive people than PLWHA from other States. One in four (23%) Western Australian PLWHA has been involved in the care or nursing of another PLWHA within the last two years - a similar proportion to that found among respondents from other states.

**Table 4: Amount of free time spent with other HIV positive people**

Amount of free time	Proportion
None	29%
A little	44%
Some	22%
A lot	6%

Only 3 respondents (6%) from Western Australia have not disclosed their HIV status to anyone. Most (60%) have had their HIV status disclosed when they didn't want it to be. Respondents were asked to rate the amount of social support they received from different sources on a scale of 1 (*a lot*) to 4 (*none*). Western Australian PLWHA received the most support from their partners (mean =1.30), their pets (mean =1.55), their close friends (mean =1.84) and their parents (mean =1.89). Western Australian PLWHA reported getting significantly less support from PLWHA groups than PLWHA in the other states.

HIV status was rated as being significantly less important to self-definition by Western Australian PLWHA than the rest of the sample. Almost one-fifth (19%) of Western Australian PLWHA rated HIV status as *irrelevant* compared to 6% of the rest of the sample.

Items were included in the questionnaire to assess respondents' levels of depression (from the Beck Depression Inventory), body image and the meaning of HIV in their lives. The results from Western Australian respondents can be seen in Table 5 (below). No significant differences were found between Western Australian PLWHA and those from other states on these items. Agreement with the first four items in Table 5 is a measure of the extent of depressive symptoms. Among Western Australian PLWHA 43% agreed or strongly agreed with none of these items, 24% with one item, 11% with two, 14% with three and 7% with all four. Agreement with all four items is suggestive of clinical depression. Western Australian respondents were ambivalent about their body image. About half (51%) of respondents agreed or strongly agreed that they were happy with the way their body looks, and 50% agreed or strongly agreed that changes in their bodies due to HIV/AIDS had made them sexually unattractive. Respondents are also ambivalent in their attitude to their HIV. Most (62%) report that they prefer not to think about HIV even when they are well, however most (55%) also felt that their life had become more meaningful since they were diagnosed with HIV.

**Table 5: Responses to mental health and wellbeing attitudinal items from the Western Australian sample**

	<b>strongly agree</b>	<b>agree</b>	<b>disagree</b>	<b>strongly disagree</b>
I cry or feel like crying all the time	4%	16%	50%	29%
I don't enjoy things the way I used to	6%	41%	32%	20%
I have lost interest in other people	9%	26%	38%	26%
I don't feel it's worth going on	4%	10%	35%	51%
As long as I'm well I prefer not think about HIV/AIDS	17%	45%	32%	7%
Changes in my body due to HIV/AIDS have made me feel sexually unattractive	15%	35%	31%	19%
I am happy with the way my body looks	12%	39%	36%	13%
Life has become more meaningful since I became HIV positive	17%	38%	33%	13%

***Planning for the future***

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 6 (below) shows the responses given by PLWHA from Western Australia. Almost half (43%) of Western Australian PLWHA have changed how far they plan into the future in the last two years, of whom 65% had started planning for a longer time frame. Among all respondents who now use a longer time frame when planning for the future; the most commonly cited reason for the change was improved health due to new treatments (38%). Among respondents who now use a shorter time frame when planning for the future, the most commonly cited reason for the change was declining health (58%).

**Table 6: Time frame use by PLWHA when planning for the future**

<b>Time frame used</b>	<b>Proportion</b>
One day at a time	19%
A few months ahead	25%
1 year ahead	19%
5 years ahead	17%
10 or more years ahead	19%

***Accommodation***

The majority (98%) of Western Australian respondents live in Perth, while 2% live in a rural area. PLWHA from Western Australia were significantly less likely to come from a rural area than the rest of the sample.

Table 7 (below) shows that while many Western Australian PLWHA own their home or are buying their own home, half are living in rental accommodation, while a small number live rent-free or in community housing. The vast majority (83%) of Western Australian respondents believe that their current housing is suitable for their needs. Thirty-five percent of Western Australian PLWHA have changed their accommodation as a result of having HIV/AIDS. Among the full sample the most common reasons for change were moving closer to health services (35%), moving to a quieter location (32%) and having stopped working (28%).

**Table 7: Accommodation in which PLWHA live**

<b>Accommodation Type</b>	<b>Proportion</b>
Own or purchasing own house or flat	49%
Private rental accommodation	26%
Public rental accommodation	15%
Live rent-free	8%
Community housing	2%

When asked with whom they live, 28% of Western Australia PLWHA reported that they live alone, 44% live with a sexual partner, 19% live with dependent children, 18% live with friends or housemates, and 11% live with other family members. Western Australian PLWHA are significantly more likely to live with dependant children than PLWHA from other states.

### ***Sex and Relationships***

Respondents were asked to describe their sexual orientation or sexual identity. The majority of respondents were homosexual men (62%), however the sample also contained bisexual men (9%) and women (2%), heterosexual men (5%) and women (20%). This represents a significantly greater proportion of heterosexual women and significantly smaller proportion of gay men than the rest of the sample.

When asked to describe their current sexual relationships, 18% reported that they are not currently sexually active, while 26% reported that they only have casual sex, 38% have sex in a monogamous regular relationship, and 15% have sex in a non-monogamous regular relationship.

Thirty-four percent of respondents who have a regular relationship are in a seroconcordant relationship - the remainder (64%) are in a relationship with an HIV seronegative partner or a partner whose HIV serostatus is unknown. All but one (97%) of the respondents from Western Australia who are in a regular relationship have told their partner that they are HIV seropositive. Respondents were asked to indicate at what point in the relationship they told their partner that they are HIV seropositive. Among the whole sample, respondents most commonly told their partner when they found out (36%) or that their partner already knew they were HIV positive when they started the relationship (17%). Of the remainder, over half (62%) told their partner at the start of the relationship, while 12% waited a few days, 12% a few weeks, 11% a few months and 2% a year or more. Respondents were also asked how their partner reacted when they told them that they are HIV seropositive. Of the Western Australian sample, 47% of respondents said that it did not make any difference, 62% that their partner was very supportive, and 45% said that they became closer, while 34% said that their partner was worried or scared and 16% said that their partner was angry.

When asked about their patterns of condom use during sex with regular partners in the 6 months prior to completing the survey, 59% reported that they always used a condom, 11% reported that they sometimes used a condom, and 33% reported that they never used a condom. Small numbers meant that it was not possible to analyse the relationship between regular partner serostatus and consistency of condom use for the Western Australian respondents. However, when the whole sample of all the PLWHA who completed the survey was used, it was found that respondents were more likely to use condoms with an HIV negative partner than with an HIV positive partner.

When asked about their patterns of condom use during sex with casual partners in the 6 months prior to completing the survey, 53% reported that they always used a

condom, 31% reported that they sometimes used a condom, and 16% never used a condom. Again, small numbers meant that it was not possible to analyse the relationship between casual partner serostatus and consistency of condom use for the Western Australian respondents. However, when the whole sample was analysed, it was found that respondents were more likely to use condoms with HIV negative partners (or partners of unknown serostatus) than with an HIV positive partner.

Respondents were also asked about their most recent sexual contact with a casual partner. For Western Australian PLWHA, all of these sexual contacts were with male partners, and 83% involved vaginal or anal intercourse. The respondents most often didn't know the HIV status of their partners (71%). Most (74%) of Western Australian PLWHA used a condom for their last encounter. Small numbers meant that it was not possible to analyse the relationship between partner serostatus and frequency of condom use for the last sexual encounter of Western Australian respondents. However, when the whole sample of all the PLWHA who completed the survey was used, it was found that respondents were more likely to use condoms with an HIV negative partner or a partner whose serostatus was unknown than with an HIV positive partner.

### **Recreational drug use**

Table 8 compares the rate of use of non-prescription drugs of Western Australian PLWHA with the general population using data from the 1998 National Drug Strategy Household Survey (AIHW, 1999). While alcohol, the most commonly used drug, was used by a comparable proportion of Western Australian PLWHA to the general population, other recreational drugs (with the exception of LSD and injected cocaine) are used by considerably greater proportions. However, amyl had been used by significantly fewer Western Australian PLWHA in the last 12 months than it had by PLWHA in the rest of the country. Most PLWHA from Western Australia were happy with the amount of drugs they took. Most (80%) percent either disagreed or strongly disagreed with the statement that they use illegal drugs more than they would like, and 83% disagreed or strongly disagreed that they drink more alcohol than they would like. Only 15% reported ever missing a dose of antiretrovirals due to the use of illegal drugs.

**Table 8: Use of non-prescription drugs, PLWHA and general population rates**

	Percentage of sample using in last 12 months	General population rates
Alcohol	81.1%	80.7%
Cigarettes	44.4%	26.4%
Marijuana	39.6%	17.9%
Amyl	18.9%	0.8%
Ecstasy	11.1%	2.4%
Heroin (injected)	7.5%	0.7%*
Speed (injected)	7.4%	3.6%*
Speed (not injected)	5.7%	3.6%*
Methadone (prescribed)	3.7%	0.2%
LSD/trips	3.7%	3.0%
Steroids (injected)	1.9%	0.2%*
Cocaine (not injected)	1.9%	1.4%*
Methadone (non-prescribed)	1.9%	0.2%*
Heroin (not injected)	1.9%	0.7%*
Cocaine (injected)	0.0%	1.4%*

\*Rates in the AIHW report do not differentiate between injected and administered through other means. General population rates given for any use of substance.

### **Employment**

Over half (57%) of Western Australian PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who are working, 61% work full-time and 39% work part-time. Most Western Australian PLWHA (70%) reported that being HIV positive has affected their career plans: 31% report that they stopped work, 20% report that it is more difficult to plan, 17% report that having a career is no longer as important, 9% have changed careers since diagnosis and 7% report they are now less likely to change their career. When asked the effect of antiretrovirals on their work plans 42% said they haven't changed and 11% that they had stopped work. One in four (25%) of Western Australian PLWHA report having been discriminated against at work as a result of having HIV/AIDS.

Forty-seven percent of Western Australian PLWHA who have ever worked have stopped doing so at some stage due to their HIV diagnosis. These PLWHA stopped work for an average of two years and eleven months. The last time they stopped working the most common reasons were low energy (61%), stress or depression (50%) and poor health (52%). When asked their HIV status at the time they stopped work 36% reported they were HIV positive but had not been ill, 54% had HIV and had been ill, and 11% had an AIDS defining condition. When they were not working 79% of Western Australian PLWHA who had stopped working received government benefits. Half (50%) of these PLWHA have returned to work. The most common reasons for returning to work amongst the entire sample were financial (71%), better psychological health (51%), and better physical health (48%).

The 43% of Western Australian PLWHA who are currently employed work an average of 37.4 hours per week. Most (72%) report that their job involves a moderate to very high stress level. Twenty-eight percent of Western Australian PLWHA who are working reported that their capacity to perform their work duties is affected by having HIV/AIDS: these respondents reported that they tire quickly, work fewer hours, or have difficulty concentrating.

Thirty-five percent of Western Australian PLWHA indicated that they are considering changing their work arrangements. Among the whole sample of PLWHA that want to change their work plans 51% want to start or return to work, 47% want to change the type of work they do, 20% want to reduce their hours, 15% want to increase their hours and 4% want to stop work. Most (83%) of Western Australian PLWHA who want to change their work arrangements perceived that this would be either *very difficult* or *somewhat difficult*.

### **Finances**

Given the large number of PLWHA in Western Australia who are not in paid employment, it is not surprising that 49% of respondents reported that their main source of income is a government benefit, pension, or social security payment. Forty-one percent of respondents reported that a salary is their main source of income, while 4% reported superannuation or an annuity as their main source of income and 2% reported that their partner or family supports them. Over half of the Western Australian respondents reported annual incomes below \$15,000. Respondents' incomes are displayed in Table 9 (below).

The poverty lines published by the Institute for Applied Economics and Social Research [IAESR] take into account an individual's income as well as whether or not they are in a relationship and the number of dependent children they have. The data for the September quarter of 1999 (IAESR, 1999) were used to calculate the

proportion of PLWHA with incomes below the poverty threshold. Among Western Australia PLWHA, 38% reported incomes below the poverty line. This figure is similar to the 30% found for the rest of the sample.

**Table 9: Income reported by PLWHA**

Weekly income	Yearly income	Proportion
\$0 - \$150	\$0 - \$7800	19.6%
\$151 - \$270	\$7801 - \$14040	35.3%
\$271 - \$390	\$14041 - \$20280	13.7%
\$391 - \$510	\$20281 - \$26520	17.6%
\$511 - \$630	\$26521 - \$32760	3.9%
\$631 - \$750	\$32761 - \$39000	3.9%
\$751 -	\$39001 -	5.9%

Respondents were asked a series of questions which assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 10 (below) demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and going out, a large proportion reported that it is very difficult for them to meet the costs of some of the “basics” of life such as housing, utilities, food, and clothing.

Particularly noteworthy is the finding that one in eight Western Australian PLWHA find it *very difficult* to meet the cost of food, and that nearly a quarter find it *very difficult* to meet the cost of utilities (telephone, gas, electricity). It is also interesting to note one-quarter of the respondents who use complementary therapies find it very difficult to meet the cost of this treatment. PLWHA from Western Australia reported significantly less difficulty in paying for their AIDS medications than PLWHA in the rest of the sample.

**Table 10: Difficulties meeting the cost of living reported by PLWHA**

(proportion of respondents who use each item)

Item	Not difficult	A little difficult	Very difficult
Co-payment for medication for AIDS	62%	31%	6%
Other prescribed medication	56%	35%	9%
Medical services	56%	27%	17%
Complementary therapies	43%	35%	23%
Support services	70%	20%	11%
Entertainment	31%	34%	35%
Going out	28%	33%	39%
Sport	41%	31%	28%
Recreational drugs	30%	30%	39%
Travel / holidays	20%	26%	54%
Rent / mortgage / housing	43%	41%	16%
Utilities (phone, gas, etc.)	34%	43%	23%
Food	46%	41%	13%
Clothing	31%	36%	33%
Transport	49%	38%	13%
Child care	43%	32%	26%

Detailed analyses of sexual behaviour and condom use are reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson et al., 2000).