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HIV FUTURES 4

Regional Reports 2005: Queensland



THE LIVING WITH HIV PROGRAM

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HIV Futures 4 Regional Reports: Queensland

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The Living with HIV Program is a part of the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University. The program conducts social research into the lived experience of HIV. This research is guided by the Australian National Strategies on HIV, the Living with HIV Reference Group and the ARCSHS Scientific Advisory Committee. All research conducted is approved by the La Trobe University Human Ethics Committee and additional institutional and community ethics committees where appropriate. Full details of the Living with HIV research program can be found on the HIV Futures website: www.latrobe.edu.au/hiv-futures and details of ARCSHS can be found at www.latrobe.edu.au/arcshs

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DEMOGRAPHICS

The HIV Futures 4 survey was completed by 1064 HIV positive Australians from all states and territories. This represents approximately 8.1% of the HIV positive population. The results for the total sample are reported in the document HIV Futures 4:State of the [positive] nation (Grierson, Thorpe, Saunders and Pitts, 2004).

The results in this report are for respondents from Queensland. 157 PLWHA from QLD completed the HIV Futures 4 survey. 87.3% were male (137) and 10.8% were female (17). Of these 73.0% were gay men, 9.2% heterosexual women, 7.2% heterosexual men, 5.3% bisexual men and 0.7% lesbian. The remaining 4.6% fell into other categories.

The respondents ranged in age from 24 to 74 years (mean 44.8 years, median 42.0 years).

Around four-fifths of QLD participants were Australian born (83.3%), 98.7% spoke English at home and 98.7% indicated that Australia was their official country of residence. Seven respondents from QLD (4.5%) indicated they were of Aboriginal/Torres Strait Islander origin.

Table 1 below shows the years in which respondents tested HIV positive and in which they believe they were infected with HIV.

TABLE 1 Years of QLD respondent's testing positive and presumed infection (%)

Year	Tested HIV Positive	Presumed Infected
Pre 1985	5.2	13.8
1985-1989	27.7	30.4
1990-1994	28.4	27.5
1995-1999	24.5	20.3
2000+	14.2	8.0

HEALTH

HIV Antibody Testing

Table 2 shows the reasons QLD respondents had taken an HIV test at the time of first testing positive.

TABLE 2 Reasons for testing

Reason	Frequency	Percent
Routine health screening	24	18.5
Became ill	23	17.7
Other	21	16.2
Particular risk episode	19	14.6
Doctor's suggestion	18	13.8
Starting new relationship	10	7.7
Member of risk group	8	6.2
Partner tested positive or died	4	3.1
Tested without knowledge	1	0.8
Contact tracer/other health worker's suggestion	1	0.8
Insurance	1	0.8

Pre- and Post-Test counselling/discussion

28.8% (45) of QLD respondents had received pre-test counselling or engaged in an HIV pre-test discussion. Of the 6 people who had tested positive in the last two years, half (n=3) had done so.

Pre-test counselling was most commonly provided by:

- Doctor (n=22, or 52.4% of those receiving pre-test counselling)
- Nurse (n=8)
- 89.4% of those who received counselling were satisfied with the information they received from this person
- 82.6% were satisfied with the level of support they received.

56.2% of respondents had received post-test counselling. Of the 5 who tested positive in the last two years and answered this question, 2 had received post-test counselling.

Post-test counselling was most commonly provided by:

- Doctor (n=43, 55.8% of those receiving post-test counselling)
- Doctor and nurse (n=11)
- Counsellor/psychologist (n=6)
- Sexual health clinic (n=6)
- 83.9% were satisfied with the information they received
- 83.5% were satisfied with the support they received.

CURRENT HEALTH STATUS

Experience of Health and General Well Being

We asked respondents to indicate on a four point scale their current state of physical health, and their overall sense of well-being. The results are shown in Tables 3 and 4 below.

TABLE 3 QLD Respondents' self ratings of general health status

	Frequency	Percent
Poor	4	2.5
Fair	43	27.4
Good	81	51.6
Excellent	29	18.5

TABLE 4 QLD Respondents' self ratings of general well-being

	Frequency	Percent
Poor	7	4.5
Fair	41	26.1
Good	76	48.4
Excellent	33	21.0

CD4 and Viral Load

The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 5 (below).

TABLE 5 Results of most recent serological tests (% of QLD sample)

		HIV Viral load				
		Below detectable levels	500-9999	10000-49999	50000+	Total
Cd4/T-cell count	500+	27.5	4.2	4.2	4.2	40.0
	250-499	25.8	3.3	5.8	6.7	41.7
	0-249	10.8	1.7	2.5	3.3	18.3
	Total	64.2	9.2	12.5	14.2	100.0

Health Conditions in addition to HIV

- 23.9% of respondents had been diagnosed with an AIDS defining illness
- 34.7% had experienced HIV/AIDS related illnesses other than those classified as AIDS defining illnesses.
- 38.0% of QLD respondents had been diagnosed with a major health condition other than HIV/AIDS

We also asked if participants had experienced any of five specific conditions.

- 35.1% had experienced lipodystrophy
- 27.5% weight loss
- 74.8% low energy or fatigue
- 48.0% a sleep disorder
- 28.2% confusion or memory loss.

Hepatitides

24.8% of QLD respondents had at some time been diagnosed with hepatitis A, and 55.9% had been vaccinated against this virus.

32.5% had at some time been diagnosed with hepatitis B. Of these, 70.5% had cleared the infection and 25.0% had an ongoing infection. 59.7% of QLD respondents had been vaccinated against hepatitis B.

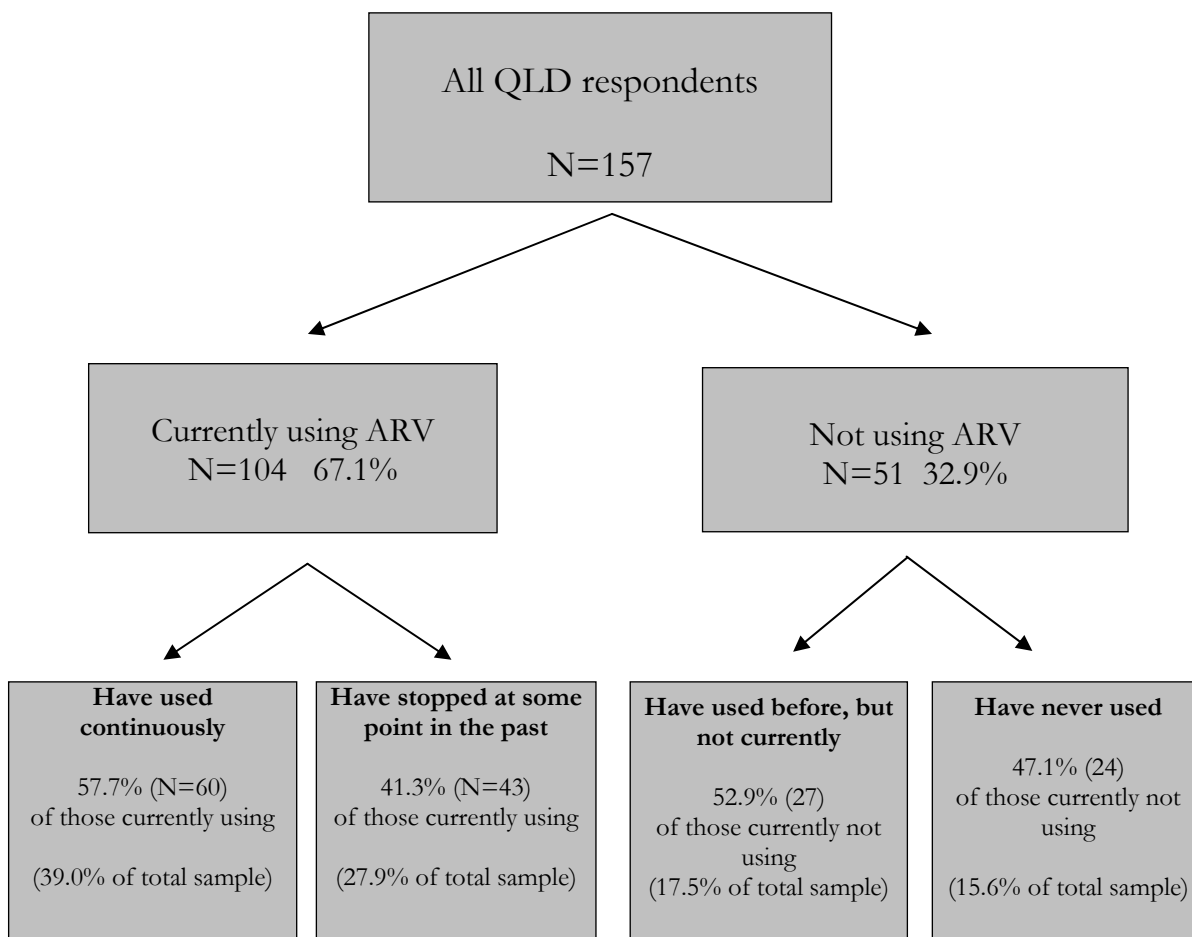
18.5% of the QLD respondents had hepatitis C.

TREATMENTS

Antiretroviral Therapy

A summary diagram of the uptake of antiretrovirals for QLD respondents can be found below.

FIGURE 1 Use of antiretroviral therapy



(Note: Ns may be reduced due to missing data)

Those Currently Using ARV (mono-therapy and combination therapy)

31.8% of participants were taking more than three antiretroviral drugs, while the majority (63.4%) were on a combination of 3 antiretroviral drugs¹, two people were on two, and 3 were on monotherapy.

The most common combination was one NNRTI and two NRTIs used by 14.6% of the sample (23.5% of those currently on combination therapy).

Different Combinations

Among those currently using combination therapy, respondents had used between one and 7 combinations in the last 12 months, with the median being 1.

¹ Combivir counts as 2 drugs, Trizivir as 3 drugs

When asked how many other combinations of ARV drugs were available for their treatment, 5 people (5.1% of those currently on combination therapy) indicated that they thought there was only one other combination remaining. 25.3% believed there were ‘a few’ other combinations available and 31.3% said there were ‘many’. 36.4% said they didn’t know how many combinations were available for their future treatment. 2 people (2.0%) of those currently on combination therapy believed there were no other combinations of ARV treatments other than those they were currently taking, available for their future treatment.

Treatment Breaks

In all, 41.7% of QLD respondents who were currently using antiretroviral medication had taken a break from these at some point.

Most Recent Treatment Break

The date of starting the most recent treatment break ranged from 2 months prior to completing the survey, to over 6 years ago. The mean length of break was 285 days with a median of 91.5 days. 14.3% (5 people) described the break as a structured treatment interruption, while 62.9% described it as a treatment break. 22.9% (8 people) selected the ‘other’ option for this question.

- 68.3% of respondents talked to their doctor about the break prior to taking it
- 78.0% talked to their doctor during the break
- 94.9% talked to their doctor after the break
- 56.4% talked to their doctor at all three stages of the treatment break.
- 17.9% spoke to the doctor during and after the break, but not before
- 12.8% spoke to their doctor before and after, but not during the break

Antiretroviral Resistance

34.4% of QLD respondents who had ever used antiretroviral treatments indicated that they had taken a viral resistance test. This included 36.7% of those who were currently on antiretroviral treatment and 26.9% of those who were not. 73.3% of those who had resistance testing said that the test found resistance to one or more antiretroviral drugs (70.3% of those currently on ARV, 100% (n=7) of those not). This resulted in a change of drugs for 87.9% (N=29) of those where resistance was shown.

Dosing and Adherence

On average, QLD PLWHA were taking medication 2.4 times per day (range 0 to 8, median=2.0). The number of times they were taking specific types of medication is shown in Table 18 below. 77.1% of the sample were taking ARV twice daily, 12.4% once a day and 5.7% three times a day.

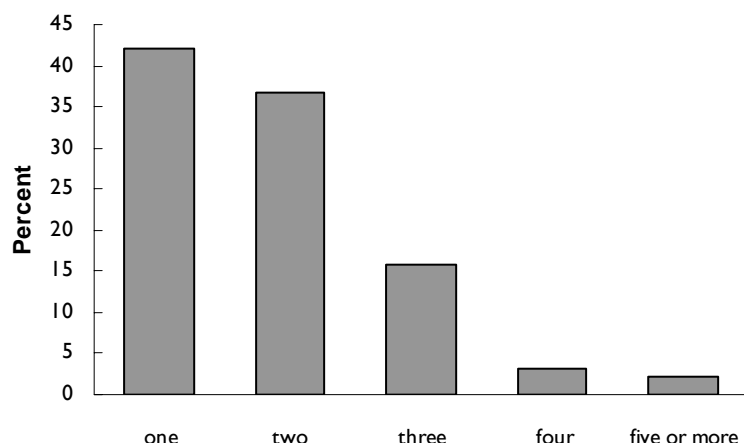
TABLE 6 Number of times participants take medications

	Mean	Median	Range
Antiretroviral drugs	1.97	2.0	0-5
Complementary therapies	1.59	2.0	0-4
Medication for other health conditions	1.58	1.5	0-4

Prescriptions

44.3% (47) of PLWHA got their prescriptions for antiretroviral drugs from a doctor at a sexual health centre, 34.9% (37) from an HIV specialist at an outpatient clinic and 20.8% (22) from an HIV GP/S100 prescriber. The remaining 7.5% got them from either another GP, an HIV specialist while an inpatient, another doctor or another source.

FIGURE 2 Number of prescription pick-up points



Clinical Trials

A total of 31.8% (n=48) of QLD respondents had participated in a clinical trial for HIV related treatment and 12 participants had participated in a clinical trial in the last two years. The main treatments that participants had trialled were Il-2 (n=7), Atazanavir (n=6), AZT (n=4). They had on average been on these trials for 12.5 months. The circumstances surrounding participation in the trial are given in Table 7 below.

**TABLE 7 Reasons for participating in clinical trials
(% of those who have participated in a trial)**

My doctor and I decided together	62.5
I felt my experience could benefit others	45.8
I felt I had enough information about the trial	31.3
I had no other treatment options	20.8
It was the only way I could get the treatment	18.8
My other treatments were not working	12.5
I felt pressured to go on the trial	2.1
Other	6.3

(Multiple responses possible)

Complementary Therapies

72.0% of QLD respondents reported using at least one kind of complementary therapy, including body-mind therapies such as meditation and visualisation. Table 8 below shows the proportions of the sample that reported using each type of therapy and Table 9 shows the source of these therapies. 26.8% of the QLD participants reported using marijuana for therapeutic purposes.

TABLE 8 Current use any of complementary therapy

Vitamin/mineral supplements	46.5
Massage	34.4
Meditation/visualisation	19.7
Herbal therapies/supplements	14.6
Other therapy	10.9
Acupuncture	9.6
Traditional Chinese Medicine	8.9
Other traditional Medicine	4.5

(Multiple responses possible)

**TABLE 9 Source of complementary therapy
(% of those currently using complementary therapies)**

Private practice	29.9
AIDS community organisation	17.2
Health Service	8.0
PLWHA organisation	8.0
Other	42.5

Other Medication

49.7 % of QLD respondents were using prescribed medication other than antiretroviral therapies.

SERVICES

Health Services

Treatment

We asked respondents to identify the physician they see for the clinical management of their HIV and for general health issues (Table 10).

TABLE 10 Physician used for general and HIV related treatment (% of total sample)

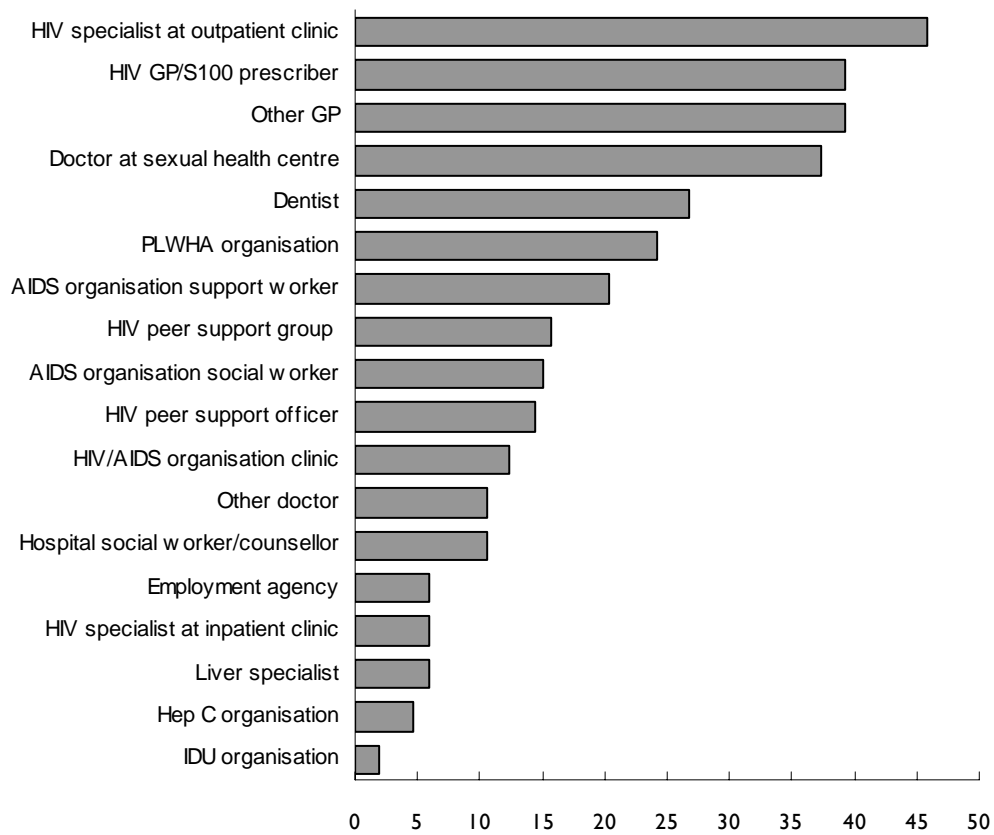
	For general treatment	For HIV specific treatment
Other GP	28.9	3.4
Doctor at sexual health centre	26.1	0.0
HIV GP/S 100 Prescriber	24.6	23.6
HIV specialist at outpatient clinic	15.5	44.9
HIV specialist at inpatient clinic	1.4	1.1
Other doctor	2.8	27.0
Other	0.7	0.0

41.6% of respondents said that the doctor they saw for general medical services was the same doctor they saw for HIV-related treatment. Of those who saw a different doctor, 95.3% said that that doctor knew their HIV status.

Services Used in the Last 6 Months

We presented respondents with a list of services, both clinical and ancillary and asked which they had used in the last 6 months. Clinical services were the most utilised in the list with 45.8% having used an HIV outpatient specialist, 39.2% an HIV GP/S100 prescriber, 39.2% another GP, 37.3% a doctor at a sexual health service and 26.8% a dentist. Support services were also commonly used, with 24.2% reporting having used a PLWHA organisation, 20.3% an AIDS organisation support worker, 15.7% an HIV/AIDS peer support group, 15.0% an AIDS organisation social worker, 14.4 an HIV/AIDS peer support officer (see Figure 3).

Figure 3 Services used in the last six months (% of QLD respondents)



(multiple responses possible)

Other Services

Participants were asked whether they were currently using a range of services and, if so whether they used them through an HIV/AIDS organisation or through another organisation.

TABLE 11 Percent of QLD respondents who use services through HIV/AIDS organisations and other organisations (% of total sample)

	Use service at HIV/AIDS organisation	Use service at other organisation
Treatments advice	54.1	18.9
Social contact with other PLWHA	51.2	11.6
Peer support group	42.1	9.1
Treatments information	40.2	12.4
Counselling	38.8	24.6
Informal peer support	32.2	11.6
Financial assistance	27.9	12.4
Pharmacy services	25.0	41.0
Complementary therapies	18.7	24.8
Community education campaigns	17.4	6.6
Financial advice	12.4	18.2
Legal advice	9.9	19.0
Volunteer carer	9.9	5.0
Housing assistance	9.0	17.2
Internet based information	8.3	15.7
Transport	7.4	22.3
Internet access	6.6	28.9
Mental health services	5.0	22.3
Employment services	3.3	22.1
Return to work skills	3.3	14.0
Library	3.3	28.9
Paid carer	2.5	6.6
Respite care	2.4	8.3
Drug/alcohol treatment	1.7	13.2

(Multiple responses possible)

24 (16.7%) of QLD respondents indicated that there were services they felt they needed but did not have access to. The services most commonly nominated were peer support groups (n=8).

INFORMATION

Sources

Respondents were asked to nominate from a list of potential sources, those that were important sources of information on treatments, HIV management and living with HIV (see Table 12).

TABLE 12 Most popular sources of information about treatments, HIV management and living with HIV (% of QLD sample)

	Information about Treatments	Information about HIV Management	Information about Living with HIV
HIV specialist at outpatient clinic	52.7	47.3	31.8
HIV GP/S100 prescriber	47.3	43.9	32.4
Publications from HIV/AIDS groups	43.9	42.6	49.3
HIV magazine/newspaper	39.9	39.2	43.2
Articles in gay press	35.1	28.4	33.1
HIV positive friends	29.1	29.1	47.3
Sexual Health Service	29.1	31.1	24.3
Internet	17.6	14.9	14.9
Other GP	12.8	12.2	11.5
Peer support officer	12.8	15.5	18.2

(Multiple responses possible)

Information about Treatments

Most important source of information about HIV treatments:

- 31.6% said their HIV GP
- 30.1% said HIV specialist at an outpatient clinic
- 8.1% said a Sexual health service
- 7.4% said HIV/AIDS organisation or staff at an HIV/AIDS organisation

Information about HIV Management

Most important source of information on HIV management:

- 28.2% said their HIV GP
- 24.4% said HIV specialist at an outpatient clinic
- 12.2% said HIV/AIDS organisation or HIV/AIDS organisation staff
- 8.4% said a Sexual health service

Information about Living with HIV

Most important source of information on living with HIV:

- 19.7% said HIV/AIDS organisation or HIV/AIDS organisation staff
- 13.4% said HIV specialist at an outpatient clinic
- 12.6% said their HIV GP
- 12.6% said HIV positive friends
- 7.1% said a Sexual health service

Publications

Survey participants were asked which publications containing HIV information they read. The results are shown in Table 13, including breakdowns for specific populations where access or focus is an issue.

TABLE 13 Publications read by QLD PLWHA

Publication	Percent of sample
National, QLD-based or non-specific	
QPP Alive (QLD)	64.5
Gay newspapers	61.6
Positive Living	48.6
HIV Australia	30.4
Gay magazines	30.4
Newsletters from community organisations	22.5
Overseas magazines (eg POZ)	2.9
National Haemophilia	2.2
Publications from other states	
Talkabout (NSW)	21.0
With Complements (NSW)	8.0
NUAA News (NSW)	5.8
Positive life (WA)	4.3

(Multiple responses possible)

Involvement with AIDS Organisations

65.2% of QLD respondents had some contact with HIV/AIDS organisations. Of these:

- 68.7% received newsletters and mail outs
- 65.7% were clients
- 61.6% were members
- 26.3% were volunteers
- 16.2% were employees.

When asked which organisations they had contact with:

- 80.4% said Queensland AIDS Council (52.4% of all QLD respondents)
- 61.7% said Queensland Positive People (40.2% of all QLD respondents)

Respondents had contact with 22 other organisations, however no other individual organisation accounted for more than 1% of responses.

Of those that had no contact with AIDS organisations:

- 70.6% gave the reason I do not want to be involved
- 35.3% gave the reason I do not have enough time
- 17.6% of those who were not involved in AIDS organisations said they felt excluded from them.
- 15.7% said 'other'

26.7% of respondents had at some point held a decision making position in an AIDS organisation (15.8% in the last two years).

THE SOCIAL WORLD OF PLWHA

Contact with Other PLWHA

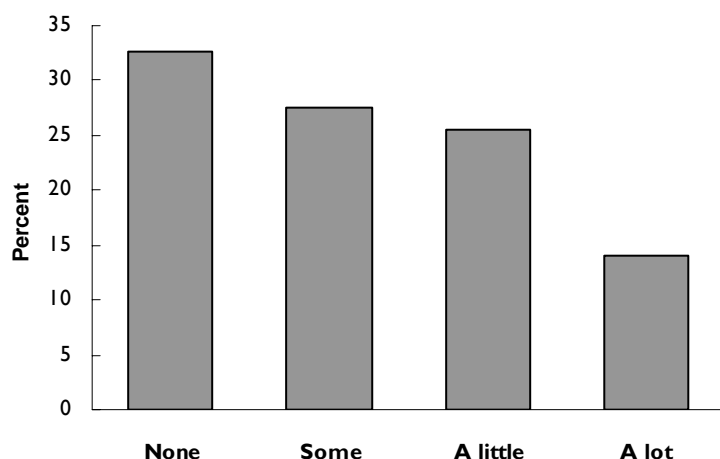
Participants were asked about contact with other HIV positive people and how much of their free time was spent with other HIV positive people (Table 14 and Figure 4). Only 7.1% (n=11) of QLD respondents said they did not personally know anyone else with HIV. Just over two-thirds (67.3%) of people spent at least some time with other positive people (compared with 78% nationally), while 14.1% indicated that they spend ‘a lot’ of time with other positive people.

TABLE 14 Other HIV positive persons known by respondent

Positive Persons	Percent of QLD respondents
Friend	72.3
Acquaintance/Member of support group	67.1
Former partner/spouse	27.1
Partner/spouse	16.1
No-one	7.1
Other relative	3.9
Other	3.2

(Multiple responses possible)

FIGURE 4 Time spent with other positive people (% of QLD participants)



Disclosure

Participants were asked to nominate who they had told about their HIV status (see Table 15).

TABLE 15 People the respondent has disclosed their HIV status to

	Percent of QLD respondents
Close friends	84.0
Siblings	67.3
Positive friends	64.1
Parents	55.8
Partner/spouse	60.9
Other friends	34.6
Work colleagues	30.1
Neighbours	14.7
Son/daughter	14.7
People from own ethnic community	4.5 (n=7)
No-one	3.8 (n=6)

Unwanted Disclosure

58.7% of QLD respondents said that their HIV status had been disclosed when they did not want it to be, 37.8% in the last two years. Sources of unwanted disclosure are shown in Table 16 below.

TABLE 16 Sources of unwanted disclosure (% of those experiencing unwanted disclosure)

	Percent
Close friends	31.6
Other friends	24.5
Workers in a health care setting	21.4
Brother/Sister	16.3
Work colleagues	15.3
HIV positive friends	11.2
Partner/Spouse	10.2
Other	10.2
Staff/volunteers at community organisation	8.2 (n=8)
Neighbour	7.1 (n=7)
Parents	7.1 (n=7)

(Multiple responses possible)

Mental Health

Psychiatric Medications

In the six months prior to completing the survey, 29.5% of QLD PLWHA had been taking medication prescribed for depression. A similar proportion (27.6%) had taken medication for anxiety.

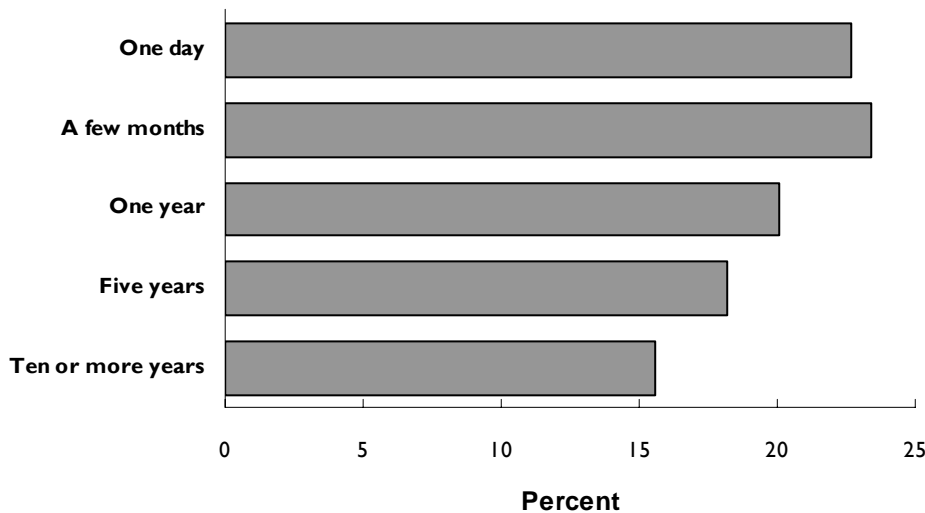
Diagnosis of a Mental Health Condition

27.3% of QLD respondents reported that they had had been diagnosed with a mental health condition, 10.1% in the last 2 years.

Planning for the Future

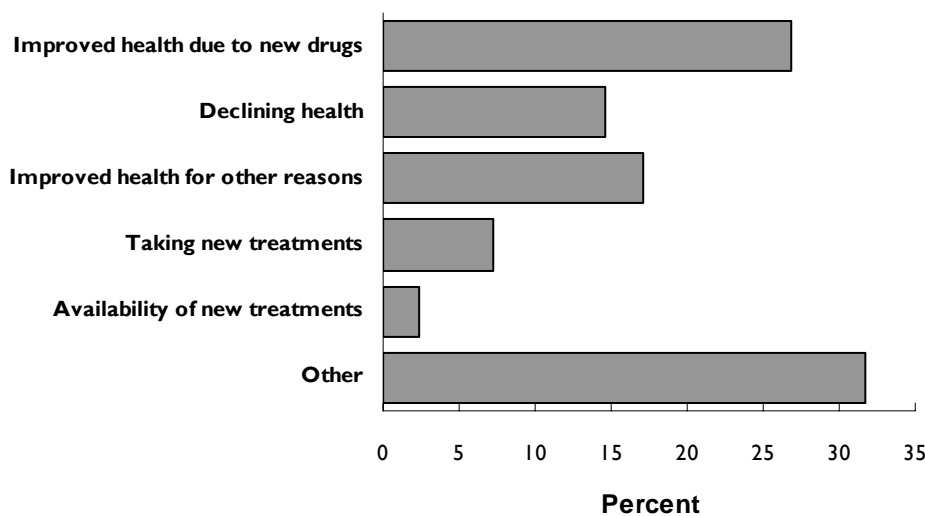
A core concern of the HIV Futures surveys is how people with HIV view their future, particularly how far into their future they plan. More than one fifth (22.7%) planned their life one day at a time and 23.4% planned only a few months ahead. Approximately half of the respondents planned for at least a year, with 20.1% planning one year ahead, 18.2% planning five years ahead and 15.6% planning ten years or more ahead. This profile of the population has changed very little since the first HIV Futures survey.

FIGURE 5 Time-frame for future planning



29.5% of respondents reported a change in their time frame for future planning in the last two years, with 35% of those who reported a change now using a shorter time frame and 58.2% using a longer time frame. The reasons people gave for changing their planning time-frame are in figure 6 below.

FIGURE 6 Reasons given for change in time-frame



RELATIONSHIPS AND SEX

Relationships

51.3% of QLD respondents reported being in a regular relationship or married. Of those in a relationship with a regular partner, 34.2% reported that their partner was also HIV positive (generally described as a sero-concordant relationship). The remainder were in serononconcordant relationships. This group is made up of 60.3% of the sample that report that their partner is HIV negative (a sero-discordant relationship) and 2.7% who report that they don't know their partner's HIV status.

The average length of time of this regular relationship was 8.7 years (median 7.7 years, range 2 months to 38.7 years).

Children

- 22.3% of QLD respondents have children.
- 16 people have dependent children
- 14 have dependent children living with them.

Most QLD PLWHA (87.9%) were not considering having children. Of the remainder, 4 PLWHA have decided to have children in the future, 4 have considered having a child, but have not decided, and 2 people have considered having a child, but have decided it is too risky. Importantly, 2 respondents said they did not have enough information to make a decision. While a greater proportion of women (heterosexual, bisexual and lesbian) were considering, or had considered having children, some of those doing so are gay, bisexual or heterosexual men.

RECREATIONAL DRUG USE

Practices

Respondents were asked which of a range of non-prescription drugs they had used in the 12 months prior to being surveyed. These results are shown in Table 17 on the next page. As can be seen from these data, alcohol was the most commonly used drug followed by marijuana and tobacco. Other drugs that are popular in the gay and dance party scenes (amyl, ecstasy, non-injected speed and LSD) were also used by PLWHA.

TABLE 17 Recreational use of drugs (% of sample)

Alcohol	77.7
Cigarettes	47.8
Marijuana	45.9
Amyl	21.7
Speed (injected)	15.9
Ecstasy	15.3
Viagra or similar	14.0
Speed (not injected)	12.7
Crystal Meth	7.6
LSD / trips	7.0
Cocaine (not injected)	5.1

(Multiple responses possible). Percentages less than 5% have not been reported.

- 7.4% of QLD respondents reported having had a bad experience from using both antiretroviral drugs and illegal drugs.
- 19.6% reported having missed a dose of antiretroviral medication at some point as a result of using illegal drugs.
- 66.0% of respondents reported that they had never injected illegal drugs. Of those respondents who had injected illegal drugs over one half (53.1%) had done so in the last 12 months.

HOME, WORK & MONEY

Current Accommodation of QLD respondents

- 35.7% owned or were purchasing house or flat
- 36.3% were in private rental accommodation
- 9.6% lived rent-free (e.g. provided by friends, family, etc.)
- 7.6% were in public (government owned) rental accommodation
- 4.5% were in community housing/housing co-operative
- 6.4% lived in another type of accommodation

78.7% of QLD respondents stated that their accommodation was suitable for their current needs. 21.3% (n=115) said their accommodation was unsuitable, and 51.7% of this group said that they do not have any other accommodation options for the future. Reasons why accommodation was considered unsuitable are shown below (Table 18).

TABLE 18 Reasons current accommodation is unsuitable (% of those with unsuitable accommodation)

Lack of privacy	48.6
Too expensive	34.3
Too small	33.3
Too far from health services	22.9
Inadequate for my current state of health	20.0
Confidentiality problems	20.0
Poor condition of housing	17.1

(Multiple responses possible)

27.1% of QLD PLWHA lived by themselves while the remainder lived with between 1 and 5 other adults (for those living with other adults: mean=1.3, median=1) and with between 1 and 5 children (for those living with children: mean=2.1, median=2). Over one third (36.8%) lived with a partner or spouse, and 9.0% lived with dependent children. 52.9% of QLD PLWHA owned pets.

Current Living Situation:

- 11.7% lived in a residence with 1 bedroom
- 37.0% had 2 bedrooms
- 39.0% had 3 bedrooms
- 11.6% had 4 or more bedrooms

75.8% of QLD respondents had access to a car. When asked how easy it was to access public transportation, 14.6% said it was very difficult, 19.7%, difficult, 45.9% easy and 19.7% very easy.

Changes in Accommodation

39.5% of PLWHA in QLD had at some time changed their accommodation as a result of having HIV/AIDS (mean: 2.3 times ever and 1.6 times in the last 2 years). The most common reasons given for the last change in accommodation are shown below in Table 19.

TABLE 19. Most common reasons for changing accommodation (% of those who have ever changed accommodation as a result of having HIV/AIDS)

Moved to a quieter location	39.3
Needed cheaper housing	31.1
Moved closer to health services	27.9
Stopped working	25.8
Illness	25.8
Better health	24.6
Moved in with family	23.0
Ending relationship	21.3
To avoid harassment	20.2

(Multiple responses possible)

EMPLOYMENT

Employment Status

The employment situation of QLD respondents is shown in Table 20 below.

TABLE 20 Employment Status (% of QLD respondents)

Work full-time	27.1
Not working / Retired	24.3
Unemployed	15.7
Work part-time	17.9
Other	9.3
Student	4.3
Home duties	1.4

Of those who were working, the mean number of hours worked was 33.3 (median=35.0). Those working full time worked an average of 39.3 hours per week (median=38.0) and those in part time employment worked an average of 24.1 hours/week (median=25.0). Those who were not working stopped work between 20 months and 16 years ago (mean=98.3 months, median=101.0 months).

33.7% of QLD respondents reported doing some volunteer work, 23.4% of these for a HIV/AIDS organisation and 10.3% for another organisation.

Interruptions to Employment

- 58.6% of those QLD respondents who have ever been in paid employment had at some point stopped work for reasons related to HIV.
- 46.5% of those that had stopped work at some point had returned to work.

Number of times QLD PLWHA have stopped work due to HIV/AIDS:

- 58.4% had stopped work once
- 24.7% had stopped twice
- 6.5% had stopped three times

These work interruptions averaged 31.5 months (median= 14.0 months). The circumstances relating to the most recent interruption to employment are given in Table 21 below. The HIV/AIDS status of respondents the last time they ceased work is given in Table 22 below.

TABLE 21 Circumstance surrounding last interruption to employment

Low energy levels	62.7
Poor health	56.6
Stress, depression, anxiety	53.0
To have more time to myself	24.1
To move to a different location	21.7
Expecting illness in the future	12.0
Redundant / sacked	6.0
To care for another HIV positive person	6.0
Other	15.7

(Multiple responses possible)

TABLE 22 HIV/AIDS status at time of last interruption to employment (%)

I had HIV and had been ill	46.4
I had HIV but had not been ill	39.3
I had been diagnosed with an AIDS-defining illness	14.3

Those Currently in Paid Employment

14.1% of those who were in paid employment, work in an HIV/AIDS related area.

Respondents were asked about difficulties they experience around confidentiality at work (Table 23).

TABLE 23 Difficulties with HIV status confidentiality in the workplace (% of those in paid employment)

	Total working sample
I do not try to keep my HIV status confidential	23.9
No problems	64.2
Difficulty keeping and taking medication	6.0
Explaining absences from work	14.9
Visible signs of illness	11.9
Gossip	14.9

(Multiple responses possible)

When asked how many people in their workplace knew that they were HIV positive:

- 10.3% said that everyone knew
- 10.3% said that most people know
- 26.5% said that a few people know
- 14.7% said that one person knew
- 38.2% said that no-one knew (4.8% of those who worked in an HIV related job)

Over half of QLD participants who were in paid work said that their workplace always gave them time off for medical appointments and for sickness. There was less capacity to take time off for counselling and less than half of the sample could ever take time off to do volunteer work (Table 24).

TABLE 24 Capacity within workplace for HIV related interruptions

	never	seldom	sometimes	often	always
For medical appointments	8.1	9.7	17.7	11.3	53.2
For counselling	36.0	12.0	6.0	4.0	42.0
When you are sick	4.8	9.7	14.5	11.3	59.7
To do volunteer work	56.3	4.2	10.4	6.3	22.9

FINANCES

The main income source of QLD respondents is shown in Table 25 below.

TABLE 25 Primary source of income (% of total sample)

Benefits/pension/social security	55.2
Salary	36.6
Superannuation/ annuity/ savings	5.5
Partner supports me	2.4
Family/friends support me	0.7
Other	2.1

The median weekly income for respondents was \$370.00. 30.2% of respondents had a partner with whom they share financial resources. The partners' median weekly income was \$490.00.

Expenditure and Debts

Participants were asked about their weekly expenditure on a range of items, their current debt burden and whether they owned or were currently paying off their own home. The results are shown below (Table 26).

TABLE 26 QLD respondents; weekly expenditure on medications and essentials (\$AU)

	Mean	Median
Rent or mortgage repayments	\$171.3	\$122.50
Food	\$85.40	\$80.00
Utilities	\$47.60	\$40.00
Complementary therapies	\$25.00	\$20.00
Other medication	\$15.40	\$10.00
Antiretroviral drugs	\$12.50	\$5.00

- 19.5% of respondents owned their own home
- 21.4% were paying off their home
- 21.9% had owned their own home in the past, but do not currently
- 32.7% received a rental subsidy averaging at \$51.00 per week

Respondents were also asked their current debt burden as one measure of the financial impact of HIV. This averaged at \$35,430 with a median of \$3500. Those who owned their home had a mean debt of \$20,014 those who were currently paying off their home had a mean debt of \$110,091, those in private rental accommodation had a mean debt of \$12,549 and those in public rental accommodation had a mean debt of \$2445. 15.4% of participants had used the services of a financial counsellor in the last two years.

Assessments of Benefits

A total of 26.1% of those receiving a benefit in the last two years had an assessment from a Commonwealth Medical Officer. The consequences of this assessment are shown in Table 27 below.

TABLE 27 Consequences of receiving an assessment of benefit from a Commonwealth Medical Officer (percent of those assessed in last 2 years)

Require documentation from your doctor	70.3
Cause you distress	67.6
Result in changes to the conditions of your benefits	40.5
Clarify concerns that you had	5.4
Result in an independent assessment	32.4
Result in termination of your benefits	2.7
Result in a shift from Pension to Newstart allowance	5.4

(Multiple responses possible)

POVERTY

The quarterly Henderson Poverty Lines published by the Institute of Applied Economics and Social Research (IAESR) was used to assess the extent of poverty among PLWHA (2003). According to this measure, one quarter (24.8%) of QLD PLWHA were living below the poverty line.

Costs

As with previous surveys, we asked respondents about the difficulty they had paying for a range of activities, goods and services. The results are shown in Table 28 below.

TABLE 28 Difficulty paying costs of items and services

	Not at all difficult	A little difficult	Very difficult
Co-payments for medication for HIV/AIDS (n=63) ²	59.4	35.8	4.7
Other prescribed medication (n=469)	53.7	33.9	12.4
Medical services (doctor, dentist, etc.) (n=459)	49.2	26.9	23.8
Complementary Therapies (n=299)	39.5	40.7	19.8
Support services (counselling, etc.) (n=207)	57.9	22.8	19.3
Entertainment (theatre, movies, concerts, etc.) (n=471)	31.5	36.9	31.5
Going out (eating / drinking) (n=500)	28.6	32.3	39.1
Sport (exercise, gym, etc.) (n=371)	40.8	28.6	30.6
Recreational drugs (n=244)	26.2	26.2	47.5
Travel / holidays (n=440)	22.5	28.7	48.8
Rent / Mortgage / Housing costs (n=479)	37.8	39.4	22.8
Utilities (telephone / electricity / gas / water) (n=521)	35.6	45.2	19.2
Food (n=524)	47.3	38.4	14.4
Clothing (n=492)	34.5	31.7	33.8
Transport (n=490)	44.6	34.5	20.9
Child care (n=36)	46.2	38.5	15.4

² Ns refer to the number of participants that identified this as an applicable cost. That is, those selecting “not applicable” or giving no response are excluded from the percentages reported in that row.

DISCRIMINATION

Accommodation

12.4% (n=19) of QLD respondents reported experiencing less favourable treatment in relation to accommodation ; 6 in the last two years.

Health Services - HIV

30.8% of respondents had experienced less-favourable treatment at a medical service as a result of having HIV. This comprised 13.0% of all respondents that had experienced such discrimination in the last two years and 17.8% that experienced this more than 2 years ago.

TABLE 29 Form of discrimination experienced at medical service (number of those experiencing discrimination)

	Ever (n=45)
Confidentiality problems	18
Avoidance	16
Increased infection control	15
Treated last	13
Refusal of treatment	11
Rushed through	9
Harassment	5
Abuse	4

(Multiple responses possible)

Insurance

- 24.7% of QLD respondents had private health insurance.
- 13.9% had some other form of income or mortgage insurance.
- 25.9% indicated that they had experienced less favourable treatment in relation to insurance.