

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

HIV FUTURES 4

Regional Reports 2005: South Australia



THE LIVING WITH HIV PROGRAM

Jeffrey Grierson & Rachel Thorpe



AUSTRALIAN RESEARCH
CENTRE IN SEX,
HEALTH AND SOCIETY



LA TROBE
UNIVERSITY

HIV Futures 4 Regional Reports: South Australia

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The Living with HIV Program
at The Australian Research Centre in Sex, Health and Society
La Trobe University

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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 South Australia. 58 PLWHA from South Australia completed the HIV Futures 4 survey. 86.2% were male (50) and 13.8% were female (8). Of these 75.4% were gay men and 14.0% were heterosexual women. The remaining participants were either bisexual men or heterosexual men.

The respondents ranged in age from 30 to 60 years (mean 43.5 years, median 42.0 years).

Almost all South Australian participants were Australian born (91.4%). All participants spoke English at home and all participants indicated that Australia was their official country of residence. Three respondents from South Australia (5.2%) indicated they were of Aboriginal/Torres Strait Island origin.

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

TABLE 1 Years of South Australian respondent’s testing positive and presumed infection (%)

Year	Tested HIV Positive	Presumed Infected
Pre 1985	12.1	18.8
1985-1989	25.9	35.4
1990-1994	29.3	20.8
1995-1999	22.4	16.7
2000+	10.3	8.3

HEALTH

HIV Antibody Testing

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

TABLE 2 Reasons for testing

Reason	Frequency	Percent
Became ill	12	24.0
Routine health screening	7	14.0
Doctor’s suggestion	7	14.0
Particular risk episode	2	4.0
Other	4	7.7
Member of risk group	6	12.0
Tested without knowledge	2	3.8
Starting new relationship	1	1.9
Contact tracer/other health worker’s suggestion	1	1.9

Pre- and Post-Test counselling/discussion

22.4% of South Australian respondents (n=13) had received pre-test counselling or engaged in a HIV test discussion.

Pre-test counselling was most commonly provided by:

- Doctor (n=6)
- Nurse (n=2)
- Other (n=2)

- 72.7% of those who received counselling were satisfied with the information they received from this person.
- 72.7% were satisfied with the level of support they received.

47.3% of respondents (n=26) had received post-test counselling. Of those who tested positive in the last two years (n=3), all had received post-test counselling.

Post-test counselling was most commonly provided by:

- Doctor (36.4% of those receiving post-test counselling, n=8)
- Doctor and counsellor (n=3)
- Social worker (n=3)
- Counsellor/psychologist (n=2)
- Nurse (n=2)
- Sexual Health Clinic (n=2)

- 65.4% were satisfied with the information they received
- 69.2% 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 South Australian Respondents' self ratings of general health status

	Frequency	Percent
Poor	6	10.5
Fair	15	26.3
Good	29	50.9
Excellent	7	12.3

TABLE 4 South Australian Respondents' self ratings of general well-being

	Frequency	Percent
Poor	4	7.0
Fair	14	24.6
Good	32	56.1
Excellent	7	12.3

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 SA sample)

		HIV Viral load				Total
		Below detectable levels	500-9999	10000-49999	50000+	
Cd4/T-cell count	500+	23.4	2.1 (n=1)	2.1	2.1	29.8
	250-499	25.5	4.3 (n=2)	17.0	4.3	51.1
	0-249	8.5	0	4.3	6.4	19.1
	Total	57.4	6.4	23.4	12.8	100.0

Health Conditions in addition to HIV

- 24.6% of respondents had been diagnosed with an AIDS defining illness
- 46.4% had experienced HIV/AIDS related illnesses other than those classified as AIDS defining illnesses
- 53.4% of South Australian 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.

- 41.5% had experienced lipodystrophy
- 37.7% weight loss
- 84.9% low energy or fatigue
- 60.4% a sleep disorder
- 35.8% confusion or memory loss

Hepatitides

21.4% of SA respondents had at some time been diagnosed with hepatitis A, and 34.5% had been vaccinated against this virus.

30.4% had at some time been diagnosed with hepatitis B. Of these, 75.0% had cleared the infection. 41.8% of SA respondents had been vaccinated against hepatitis B.

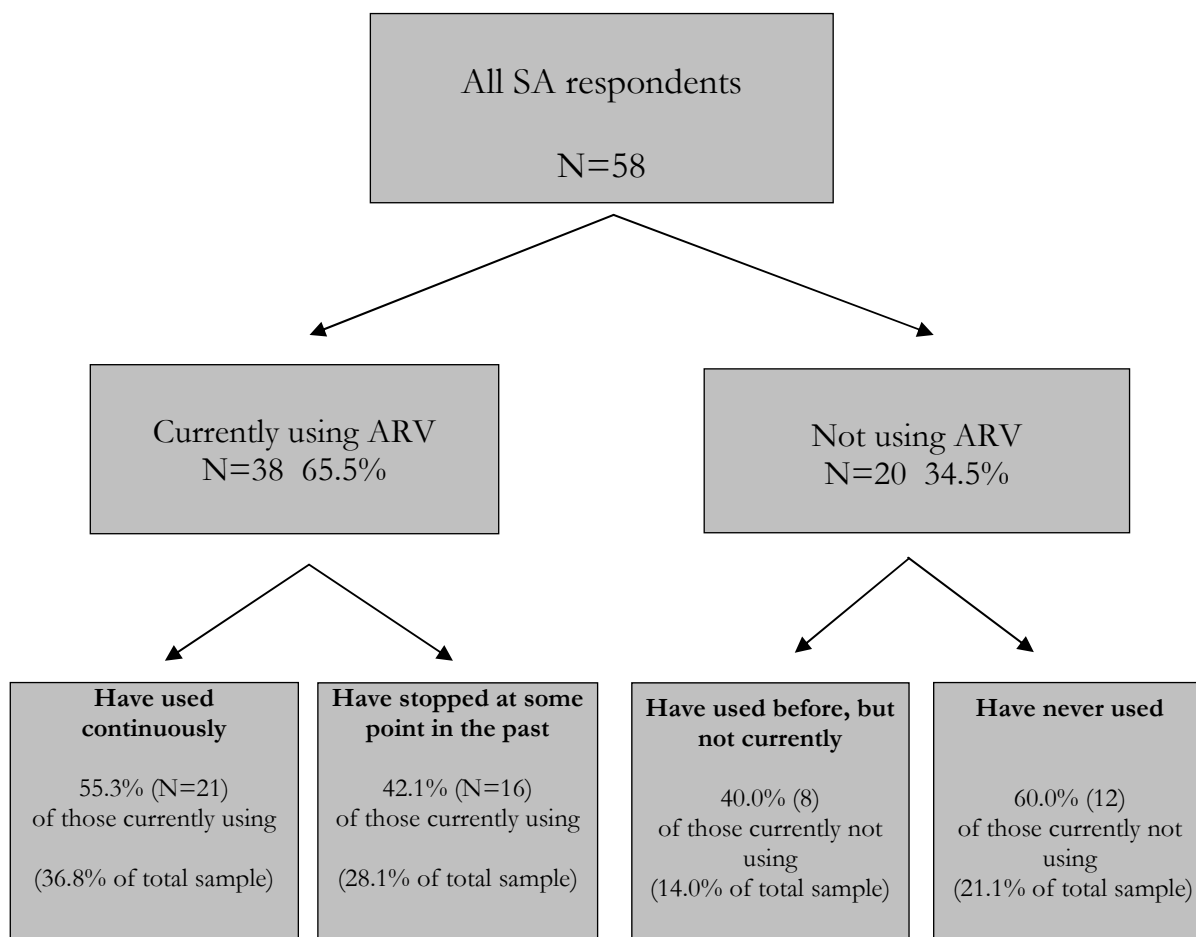
13.8% (n=8) of the South Australian respondents had hepatitis C. None of those had ever undertaken medical treatment or used complementary therapy specifically for hepatitis C.

TREATMENTS

Antiretroviral Therapy

A summary diagram of the uptake of antiretrovirals for South Australian 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)

28.9% of those who were currently using ARV were taking more than three antiretroviral drugs, while the majority (55.3%) were on a combination of 3 antiretroviral drugs¹ and 10.5% (n=4) were on two antiretroviral drugs. Two respondents were using mono-therapy.

Respondents from South Australia were using a wide variety of combinations of ARV. The most common combination was one NNRTI and two NRTI, used by 7 respondents (18.9% of those currently using combination therapy), followed by three NRTIs, used by 4 respondents (10.8%), and one NRTI, one PI and one NARTI, used by 4 respondents (10.8% of those currently on combination therapy).

¹ Combivir counts as 2 drugs, Trizivir as 3 drugs

Different Combinations

Among those currently using combination therapy, respondents had used between 1 and 3 combinations in the last 12 months, with the median being 1.

When asked how many combinations remained available for their future treatment, 37.8% of participants on combination treatment indicated they didn't know, while 27.0% said there were 'many' and 18.9% 'a few'. 16.2% (n=6) indicated that there was only one combination remaining for their future treatment.

Treatment Breaks

In all, 43.2% (n=16) of those South Australian respondents who were currently using antiretroviral medication had taken a break from these at some point.

Most Recent Treatment Break

The date of the most recent break ranged from taking one 1 year ago to having taken one over 3 years ago. The mean length of break was 193 days with a median of 91.5 days.

- 76.5% (n=13) of respondents talked to their doctor about the break prior to taking it
- 88.2% (n=15) talked to their doctor during the break
- 87.5% (n=14) talked to their doctor after the break.

Antiretroviral Resistance

28.3% (n=15) of South Australian respondents who had ever used antiretroviral treatments indicated that they had undergone some sort of ARV resistance test. All of these respondents except one were currently taking antiretroviral treatment, comprising 38.2% of those currently taking treatments. Of those who had resistance testing, 10 (76.9%) found resistance to one or more antiretroviral drugs. This resulted in a change of treatments for all 10 respondents.

Dosing and Adherence

On average, South Australian PLWHA were taking medication 2.6 times per day (range 0 to 9, median=2.0). The number of times they were taking specific types of medication is shown in Table 6 below. 89.2% of the sample were taking ARV twice daily.

TABLE 6 Number of times participants take medications

	Mean	Median	Range
Antiretroviral drugs	1.97	2.0	0-4
Complementary therapies	1.50	1.0	0-3
Medication for other health conditions	2.0	2.0	1-5

Prescriptions

Almost half of South Australian PLWHA 18 (47.4%) got their prescriptions for antiretroviral drugs from a specialist at an outpatient clinic. A slightly smaller number (n=17, 44.7%) obtained their prescriptions from an HIV GP/S100 prescriber, while 3 respondents obtained them from another GP.

Clinical Trials

A total of 29.8% (n=17) of South Australian respondents had participated in a clinical trial for HIV related treatment and 7 participants had participated in a clinical trial in the last two years. The main treatments that participants had trialled were AZT (n=5) and Il-2 (n=4). They had on average been on these trials for 16.14 months. The circumstances surrounding participation in the trial are given in Table 7 below.

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

I felt my experience could benefit others	10
My doctor and I decided together	9
I felt I had enough information about the trial	6
I had no other treatment options	3
My other treatments were not working	2

(Multiple responses possible)

Complementary Therapies

77.6% of South Australian respondents reported using at least one kind of complementary therapy, including body-mind therapies such as meditation and massage, but excluding therapeutic use of marijuana. 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. 43.1% of the South Australian participants reported using marijuana for therapeutic purposes.

TABLE 8 Current use any of complementary therapy

Vitamin / mineral supplements	50.0
Massage	46.6
Meditation / visualisation	34.5
Herbal therapies / supplements	15.5
Acupuncture	12.1
Other therapy	6.8
Traditional Chinese Medicine	8.6
Other traditional Medicine	12.1

(Multiple responses possible)

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

Private practice	23.5
PLWHA organisation	20.6
AIDS community organisation	17.6
Health Service	14.7
Other	50.0

Other Medication

70.6 % of South Australian 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)

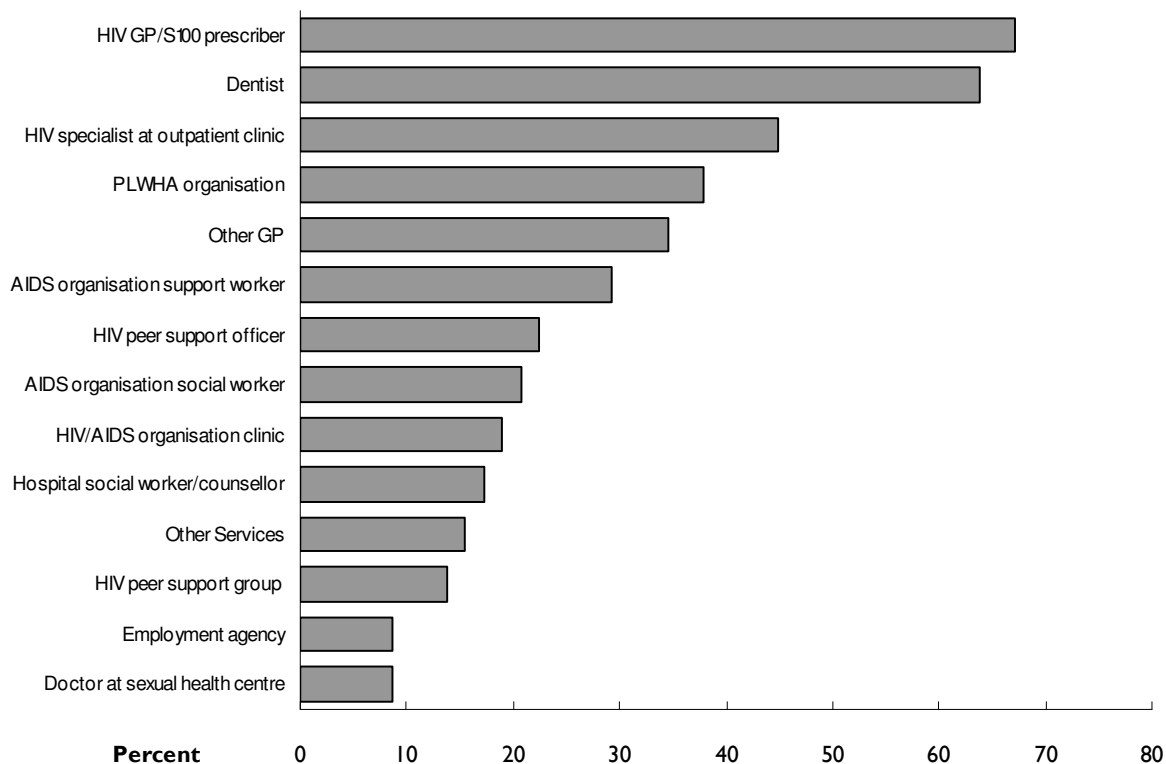
	For general treatment	For HIV specific treatment
HIV GP/S 100 Prescriber	48.1	55.4
Other GP	24.1	1.8 (n=1)
HIV specialist at outpatient clinic	20.4	33.9
Other doctor	3.7	3.6

54.4% of respondents said that the doctor they saw for general medical treatment was the same doctor they saw for HIV-related treatment. All of those who saw a different doctor (n=25) 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 67.2% having used an HIV GP/S100 prescriber, 63.8% a dentist, 44.8% an HIV outpatient specialist and 34.5% another GP. Support services were also commonly used, with 37.9% having used a PLWHA organisation, 29.3% an AIDS organisation support worker and 20.7% an AIDS organisation social worker (see Figure 2).

Figure 2 Services used in the last six months (% of SA 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 SA 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
Financial assistance	58.8	5.9
Treatments information	46.2	11.8
Social contact with other PLWHA	45.1	7.8
Counselling	41.2	9.8
Treatments advice	40.4	27.5
Transport	34.6	9.8
Peer support group	27.5	3.9
Complementary therapies	27.5	11.8
Internet based information	23.5	2.0 (n=1)
Informal peer support	23.5	11.8
Respite care	23.5	0
Library	21.6	11.8
Internet access	17.6	21.6
Community education campaigns	15.7	2.0 (n=1)
Pharmacy services	15.4	51.0
Housing assistance	13.7	23.5
Volunteer carer	11.8	0
Mental health services	9.8	11.8
Legal advice	7.8	17.6
Employment services	7.8	15.7
Financial advice	5.6	16.7
Drug/alcohol treatment	0	13.7
Return to work skills	0	11.1

(Multiple responses possible)

15 (25.9%) South Australian respondents indicated that there were services they felt they needed but did not have access to. The services most commonly nominated were access to affordable complementary or alternative therapies (n=3), services for children (n=3) and peer support services (n=2).

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 SA sample)

	Information about Treatments	Information about HIV Management	Information about Living with HIV
HIV GP/SI100 prescriber	66.7	61.4	29.8
Publications from HIV/AIDS groups	49.1	49.1	49.1
HIV specialist at outpatient clinic	45.6	43.9	19.3
HIV magazine/newspaper	34.5	54.2	53.2
Articles in gay press	29.8	28.1	35.1
Dentist	29.8	38.6	24.6
HIV positive friends	22.8	26.3	38.6
Internet	14.0	10.5	14.0
Peer Support Officer	14.0	21.1	26.3
Partner/Lover	7.0	14.0	28.1

(Multiple responses possible)

Information about Treatments

Most important source of information about HIV treatments:

- 28.8% said their HIV GP
- 38.5% said HIV specialist at an outpatient clinic
- 17.3% said another GP

Information about HIV Management

Most important source of information on HIV management:

- 28.0% said HIV specialist at an outpatient clinic
- 24.0% said their HIV GP
- 20.0% said another GP

Information about Living with HIV

Most important source of information on living with HIV:

- 14.3 said an HIV GP
- 12.2% said another GP
- 10.2% said HIV/AIDS organisation or HIV/AIDS organisation staff
- 10.2% said HIV specialist at an outpatient clinic
- 10.2% said a Positive Women's organisation

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 South Australian PLWHA

Publication	Percent of sample
Gay newspapers	69.2
Positive Living	63.5
Newsletters from community organisations	38.5
HIV Australia	36.5
Gay magazines	32.7
Talkabout	26.9
With Complements	19.2
Positive life (WA)	11.5
Overseas magazines (eg POZ)	7.7

(Multiple responses possible)

Involvement with AIDS Organisations

72.4% of South Australian respondents had some contact with HIV/AIDS organisations. Of these:

- 83.3% were clients or used services
- 71.4% received newsletters and mail outs
- 52.4% were members
- 28.6% were volunteers

Of those that had no contact with AIDS organisations (n=16):

- 9 gave the reason I do not want to be involved
- 4 gave the reason I do not have enough time
- 4 said they had no transport/organisations were too far away
- 3 said that they felt excluded from them

34% of respondents had at some point held a decision making position in an AIDS organisation (17.9%, n=10, in the last two years).

THE SOCIAL WORLD OF PLWHA

Contact with Other PLWHA

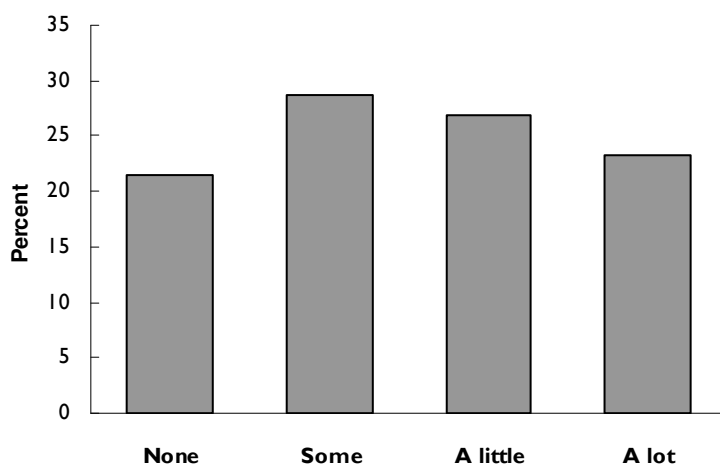
Participants were asked to select from a list which other HIV positive people they knew and how much of their free time was spent with other HIV positive people (Table 14 and Figure 3). Over three-quarters of people spent at least some time with other positive people (78.6%), while 23.2% indicated that they spend a lot of time with other positive people.

TABLE 14 Other HIV positive persons known by respondent

Positive Persons	Percent of SA respondents
Friend	71.9
Acquaintance/Member of support group	63.2
Former partner/spouse	22.8
Partner/spouse	21.1
No-one	10.5 (n=6)
Other	7.0 (n=4)

(Multiple responses possible)

FIGURE 3 Time spent with other positive people (% of SA 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 SA respondents
Close friends	87.5
Parents	60.7
Siblings	71.4
Positive friends	67.9
Partner/spouse	55.4
Work colleagues	32.1
Other friends	37.5
Neighbours	21.4
Son/daughter	19.6

Unwanted Disclosure

60.0% of South Australian respondents said that their HIV status had been disclosed when they did not want it to be, 30.0% (n=15) 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
Other friends	39.5
Close friends	31.6
Other person	21.1
Worker in a health care setting	15.8
Community organisation staff	13.2
Brother/Sister	10.5
Partner/Spouse	7.9
Work colleagues	5.3 (n=2)
HIV positive friends	5.3
Other family member	5.3

(Multiple responses possible)

Mental Health

Psychiatric Medications

In the six months prior to completing the survey, 37.9% of South Australian PLWHA had been taking medication prescribed for depression. A similar proportion (29.8%) had taken medication for anxiety. In addition 12.5% of the sample indicated that they had taken anti-psychotic medication.

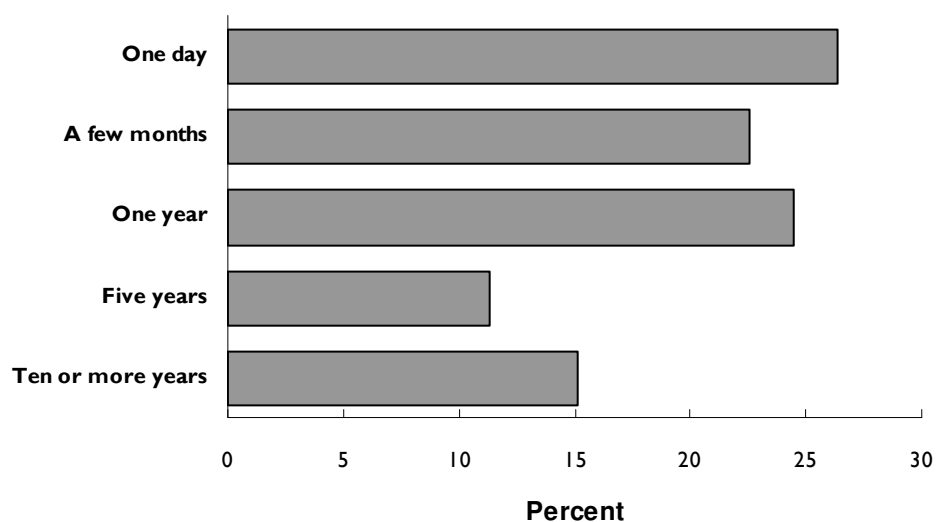
Diagnosis of a Mental Health Condition

43.6% of South Australian respondents reported that they had been diagnosed with a mental health condition.

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. Over one-quarter (26.4%) of respondents said that they planned their life one day at a time and 22.6% planned only a few months ahead. Half of the respondents (50.9%) planned for at least a year with 24.5% planning one year ahead, 11.3% planning five years ahead and 15.1% planning ten years or more ahead. This profile of the population has changed very little since the first HIV Futures survey.

FIGURE 4 Time-frame for future planning



RELATIONSHIPS AND SEX

Relationships

42.1% of South Australian respondents reported being in a regular relationship or married. Of those in a relationship with a regular partner, 34.8% reported that their partner was also HIV positive (generally described as a sero-concordant relationship). The remainder were in serononconcordant relationships. This remaining group is made up of 56.5% of the sample that report that their partner is HIV negative (a sero-discordant relationship) and 8.7%(n=2) 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 7.1 years, range 18 months to 24.6 years).

Children

- 24.1% of South Australian respondents have children.
- 13.8% have children living with them
- 12.3% have dependent children living with them.
- Most South Australian PLWHA (94.5%) were not considering having children.

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. As can be seen from these data, alcohol was the most commonly used drug followed by tobacco and marijuana. Other drugs that are popular in the gay and dance party scenes (amyl and ecstasy) were also used by PLWHA.

TABLE 17 Recreational use of drugs (% of sample)

Alcohol	79.6
Cigarettes	72.1
Marijuana	70.5
Amyl	30.2
Viagra or similar	19.0
Ecstasy	14.6
Speed (not injected)	9.8 (n=4)
Crystal Meth	7.1
Speed (injected)	n=2
Methadone (prescribed)	n=2
Heroin (injected)	n=3

(Multiple responses possible)

- Three South Australian respondents reported having had a bad experience from using both antiretroviral drugs and illegal drugs
- 14 respondents (29.2%) reported having missed a dose of antiretroviral medication at some point as a result of using illegal drugs.
- 75.0% of respondents reported that they had never injected illegal drugs.

HOME, WORK & MONEY

Current Accommodation of South Australian respondents

- 48.3% were in public (government owned) rental accommodation
- 31.0% owned or were purchasing house or flat
- 12.1% were in private rental accommodation

63.8% of South Australian respondents stated that their accommodation was suitable for their current needs. 36.2% (n=21) said their accommodation was unsuitable, and 56.3% (n=9) 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	42.9
Poor condition of housing	42.9
Too expensive	40.9
Inadequate for my current state of health	38.1
Too small	33.3
Fear of violence	28.6
Too far from health services	23.8
Too far from other services	23.8
Harassment	21.2

(Multiple responses possible)

49.1% of South Australian PLWHA lived by themselves while the remainder lived with between 1 and 3 other adults (for those living with other adults: mean=1.2, median=1) and with between 1 and 3 children (for those living with children: mean=1.63, median=1.5). Around one third (29.8%) lived with a partner or spouse, and 12.3% lived with dependent children. 66.7% of South Australian PLWHA owned pets.

Current Living Situation:

- 12.5% lived in a residence with 1 bedroom
- 53.6% had 2 bedrooms
- 25.0% had 3 bedrooms
- 7.1% had 4 bedrooms

69.0% of South Australian respondents had access to a car. When asked how easy it was to access public transportation, 3 respondents (5.2%) said it was very difficult, 19.0% that it was difficult, 46.6% easy and 29.3% very easy.

Changes in Accommodation

50.9% of PLWHA living in South Australia had at some time changed their accommodation as a result of having HIV/AIDS (mean: 1.5 times ever and 1.1 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 (Percent of those who have ever changed accommodation as a result of having HIV/AIDS)

Moved to a quieter location	50.0
Needed cheaper housing	35.7
Better health	34.5
Stopped working	25.0
Planning for illness	25.0
Avoid harassment	21.4
Moved closer to health services	21.4
Moved closer to other services	17.9
Illness	17.9

(Multiple responses possible)

EMPLOYMENT

Employment Status

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

TABLE 20 Employment Status (% of SA respondents)

Work full-time	14.0
Not working/Retired	30.0
Unemployed	24.0
Work part-time	16.0
Other	8.0

Of those who were working, the mean number of hours worked was 27.8 (median=35.0). Those working full time worked an average of 39.7 hours per week (median=40.0) and those in part time employment worked an average of 17.4 hours/week (median=17.5). Those who were not working stopped work between 2 months and 28 years ago (mean=109 months, median=96.0 months).

57.7% of South Australian respondents reported doing some volunteer work, 34.6% for an HIV/AIDS organisation and 23.1% for another organisation.

Interruptions to Employment

- 56.0% of those South Australian respondents who have ever been in paid employment had at some point stopped work for reasons related to HIV.
- 24.1% of those that had stopped work at some point had returned to work.

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

- 53.8% (n=14) had stopped work once
- 26.9% had stopped twice
- 5 respondents had stopped three or more times

These work interruptions averaged 58.8 months (median= 36.0 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

Poor health	72.4
Low energy levels	62.1
Stress, depression, anxiety	58.6
Expecting illness in the future	31.0
To have more time to myself	24.1
To move to a different location	15.4
Redundant / sacked	13.8 (n=4)

(Multiple responses possible)

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

I had HIV and had been ill	51.7
I had HIV but had not been ill	37.9
I had been diagnosed with an AIDS-defining illness	10.3

Those Currently in Paid Employment

Respondents were asked about difficulties they experience around confidentiality at work (Table 23). The results are displayed as percent of all those currently in paid work, percent of those working in an HIV/AIDS related job and percent of those working in other areas.

TABLE 23 Difficulties with HIV status confidentiality in the workplace (number of all respondents in paid work)

I do not try to keep my HIV status confidential	4
No problems	7
Difficulty keeping and taking medication	2
Gossip	4
Explaining absences from work	4

(Multiple responses possible)

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

- 1 said that most people know
- 5 said that a few people know
- 10 said that one person knew
- 9 said that no-one knew

Only one third (33%, n=4) of South Australian participants who were in paid work said that their workplace always gave them time off for medical appointments, and 41.7% (n=5) for sickness. 22.2% (n=2) were always able to take time off for counselling and only 44.4% could ever take time off to do volunteer work.

FINANCES

Income

The main income source of South Australian respondents is shown in Table 24 below.

TABLE 24 Primary source of income (% of total sample)

Benefits/ pension/ social security	75.0
Salary	17.9
Superannuation/annuity/savings	5.4 (n=3)
Other	1.8 (n=1)

The median weekly income for respondents was \$265.00. 17.2% of respondents had a partner with whom they share financial resources. The partners' median weekly income was \$300.00.

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 25).

TABLE 25 South Australian respondents weekly expenditure on medications and essentials (\$AU)

	Mean	Median
Rent or mortgage repayments	\$105.42	\$72.50
Food	\$77.95	\$60.00
Utilities	\$49.72	\$50.00
Complementary therapies	\$20.25	\$15.00
Other medication	\$13.70	\$10.00
Antiretroviral drugs	\$10.48	\$5.25

- 12.1% of respondents owned their own home
- 17.2% were paying off their home
- 31.0% had owned their own home in the past, but do not currently
- 40.4% received a rental subsidy averaging at \$64.00 per week

Respondents were also asked their current debt burden as one measure of the financial impact of HIV. This averaged at \$28,073 with a median of \$4500.

Assessments of Benefits

A total of 30.6% (n=15) of those receiving a benefit in the last two years had received such an assessment. The consequences of this assessment are shown in Table 26 below.

TABLE 26 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	58.3 (n=7)
Cause you distress	41.7 (n=5)
Result in changes to the conditions of your benefits	33.3 (n=4)
Result in an independent assessment	n=1
Result in a shift from Pension to Newstart allowance	n=1

(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, over one third (34.8%) of South Australian 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 27 below.

TABLE 27 Difficulty paying costs of items and services

	Not at all difficult	A little difficult	Very difficult
Co-payments for medication for HIV/AIDS (n=43) ²	53.5	32.6	14.0
Other prescribed medication (n=48)	43.8	37.5	18.8
Medical services (doctor, dentist, etc.) (n=50)	50.0	32.0	18.0
Complementary Therapies (n=28)	28.6	39.3	32.1
Support services (counselling, etc.) (n=24)	62.5	20.8 (n=5)	16.7 (n=4)
Entertainment (theatre, movies, concerts, etc.) (n=52)	21.2	17.3	61.5
Going out (eating / drinking) (n=54)	20.4	20.4	59.3
Sport (exercise, gym, etc.) (n=37)	18.9	32.4	48.6
Travel / holidays (n=30)	23.3	16.7 (n=5)	60.0
Rent / Mortgage / Housing costs (n=43)	20.0	12.0	60.0
Utilities (telephone / electricity / gas / water) (n=50)	26.0	50.0	24.0
Food (n=54)	20.4	27.8	51.9
Clothing (n=56)	35.7	41.1	23.2
Transport (n=55)	40.0	30.9	29.1

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

- Ten South Australian respondents reported having ever experienced less favourable treatment in relation to accommodation, 4 in the last two years.

Health Services

37.5% of respondents had experienced less-favourable treatment at a medical service as a result of having HIV. This comprised 17.9% (n=10) of all respondents that had experienced such discrimination in the last two years and 19.6% (n=11) that experienced this more than 2 years ago.

TABLE 28 Form of discrimination experienced at medical service (Number of those experiencing discrimination)

Treated last	8
Avoidance	8
Increased infection control	7
Refusal of treatment	5
Confidentiality problems	4
Rushed through	4

(Multiple responses possible)

Insurance

- 22.4% of South Australian respondents had private health insurance
- 5 respondents had some other form of income or mortgage insurance.
- 31.4% indicated that they had experienced less favourable treatment in relation to insurance.