

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

HIV FUTURES 4

Regional Reports 2005: Western 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: Western 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 Western Australia.

59 PLWHA from Western Australia completed the HIV Futures 4 survey. 89.8% were male (53) and 10.2% were female (6). Of these 72.4% were gay men and 12.1% were bisexual men. The remaining participants were either heterosexual women, heterosexual men, or fell into other categories.

The respondents ranged in age from 19 to 68 years (mean 44.6 years, median 41.5 years).

Almost three-quarters of West Australian participants were Australian born (72.9%). All participants spoke English at home and all participants indicated that Australia was their official country of residence. Four respondents from Western Australia (6.8%) 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 Western Australian respondent's testing positive and presumed infection (%)

Year	Tested HIV Positive	Presumed Infected
Pre 1985	8.8	14.3
1985-1989	22.8	30.6
1990-1994	24.6	18.4
1995-1999	21.1	16.3
2000+	22.8	20.4

HEALTH

HIV Antibody Testing

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

TABLE 2 Reasons for testing

Reason	Frequency	Percent
Became ill	13	25.0
Routine health screening	11	21.2
Doctor's suggestion	7	13.5
Particular risk episode	6	11.5
Other	4	7.7
Member of risk group	5	9.6
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

19.3% of West Australian respondents (n=11) had received pre-test counselling or engaged in a HIV test discussion. Of those who tested positive in the last two years, 23.1% (n=3) had done so.

Pre-test counselling was most commonly provided by:

- Doctor (n=4)
- Nurse (n=2)
- Counsellor/psychologist (n=2)
- 76.9% of those who received counselling were satisfied with the information they received from this person.
- 83.3% were satisfied with the level of support they received.

54.5% of respondents (n=30) had received post-test counselling. Of those who tested positive in the last two years 76.9% had received post-test counselling.

Post-test counselling was most commonly provided by:

- Doctor (40% of those receiving post-test counselling, n=12)
- Doctor and social worker (n=3)
- Social worker (n=3)
- Counsellor/psychologist (n=2)
- Nurse (n=2)
- 90.0% were satisfied with the information they received
- 90.6% 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 Western Australian Respondents' self ratings of general health status

	Frequency	Percent
Poor	3	5.3
Fair	17	28.9
Good	21	36.8
Excellent	16	28.1

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

	Frequency	Percent
Poor	5	8.6
Fair	16	27.6
Good	22	37.9
Excellent	15	25.9

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 WA sample)

		HIV Viral load				Total
		Below detectable levels	500-9999	10000-49999	50000+	
Cd4/T-cell count	500+	47.7	4.5 (n=2)	9.1	0	61.4
	250-499	15.9	2.3 (n=1)	6.8	6.8 (n=3)	31.8
	0-249	0	4.5	0	2.3	6.8
	Total	63.6	11.4	15.9	9.1	100.0

Health Conditions in addition to HIV

- 17.2% of respondents had been diagnosed with an AIDS defining illness
- 31.6% had experienced HIV/AIDS related illnesses other than those classified as AIDS defining illnesses
- 39.3% of Western 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.

- 38.0% had experienced lipodystrophy
- 34.0% weight loss
- 86.0% low energy or fatigue
- 64.0% a sleep disorder
- 48.0% confusion or memory loss

Hepatitides

14.5% of WA respondents had at some time been diagnosed with hepatitis A, and 41.1% had been vaccinated against this virus.

20.0% had at some time been diagnosed with hepatitis B. Of these, 80.0% had cleared the infection. 50.9% of WA respondents had been vaccinated against hepatitis B.

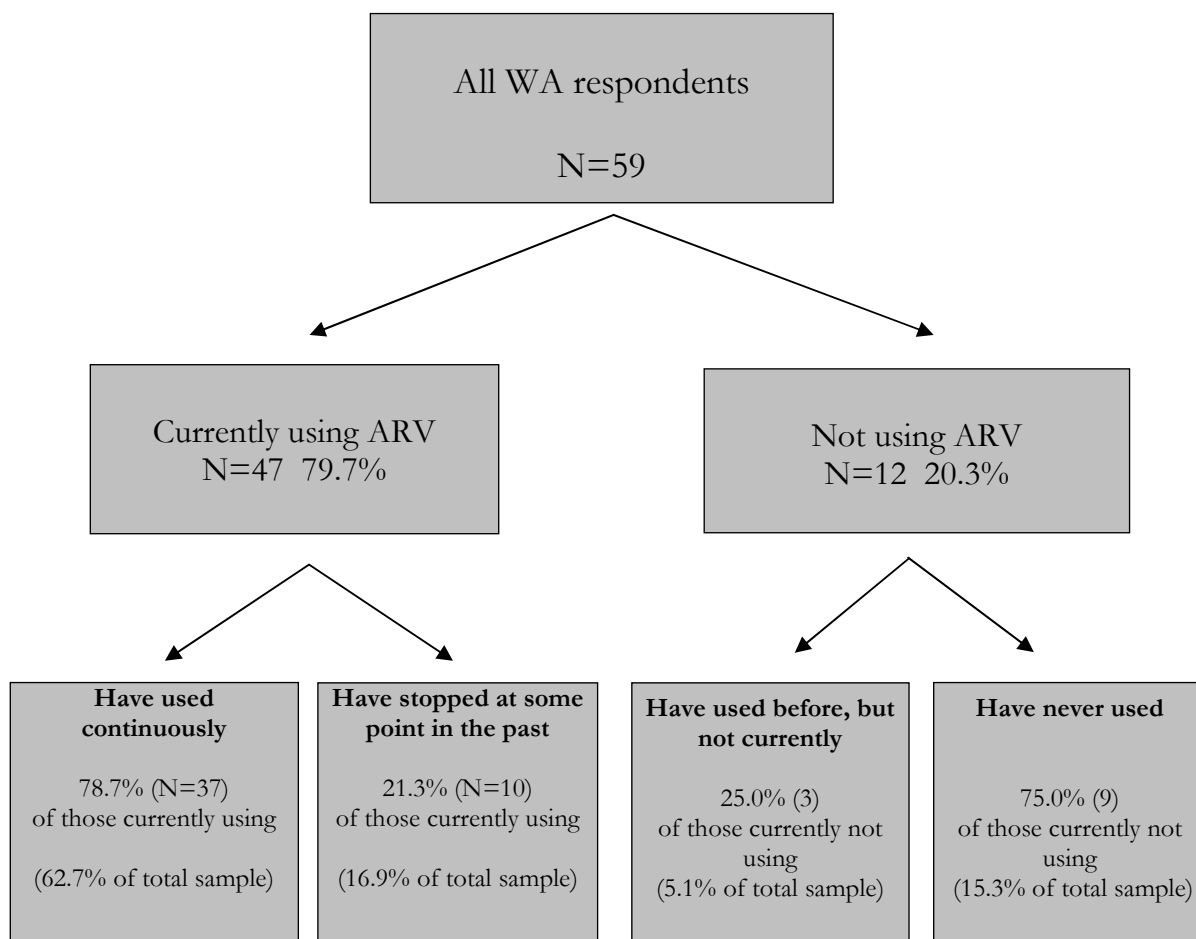
10.2% (n=6) of the Western Australian respondents had hepatitis C. None of those had ever undertaken medical treatment specifically for hepatitis C, while one person had taken some form of complementary therapy for hepatitis C.

TREATMENTS

Antiretroviral Therapy

A summary diagram of the uptake of antiretrovirals for Western 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)

17.4% of participants were taking more than three antiretroviral drugs, while the majority (71.7%) were on a combination of 3 antiretroviral drugs¹ and 10.9% were on two antiretroviral drugs.

The most common combination was three NRTIs, used by 11 respondents (23.9% of those currently using combination therapy), followed by one NNRTI and two NRTIs used by 10 respondents (21.7% 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 one and 4 combinations in the last 12 months, with the median being 1.

When asked how many combinations remained available for their future treatment, 54.5% of participants on combination treatment indicated they didn't know, while 18.2% said there were 'a few' and 18.2% 'many'. 9.1% (n=4) indicated that there were no other combinations available for their future treatment.

Treatment Breaks

In all, 21.3% (n=10) of those Western 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 3 months ago to having taken one over 3 years ago. The mean length of break was 274 days with a median of 137 days.

- 60.0% (n=6) of respondents talked to their doctor about the break prior to taking it
- 50.0% (n=5) talked to their doctor during the break
- 70.0% (n=7) talked to their doctor after the break.

Antiretroviral Resistance

26.0% (n=13) of Western Australian respondents who had ever used antiretroviral treatments indicated that they had some sort of ARV resistance test. All of these respondents were currently taking antiretroviral treatment, comprising 30% of those currently taking treatments. Of those who had resistance testing, 6 (60.0%) found resistance to one or more antiretroviral drugs. This resulted in a change of treatments for all 6 respondents.

Dosing and Adherence

On average, Western Australian PLWHA were taking medication 2.3 times per day (range 1 to 7, median=2.0). The number of times they were taking specific types of medication is shown in Table 6 below. 64.3% of the sample were taking ARV twice daily, 14.3% three times a day and 11.9% once a day.

TABLE 6 Number of times participants take medications

	Mean	Median	Range
Antiretroviral drugs	2.09	2.0	0-4
Complementary therapies	1.39	1.0	0-4
Medication for other health conditions	1.60	1.0	0-4

Prescriptions

The majority of Western Australian PLWHA 33 (70.2%) got their prescriptions for antiretroviral drugs from a specialist at an outpatient clinic. Around a third (n=14, 29.8%) obtained their prescriptions from an HIV GP/S100 prescriber, while 3 respondents obtained them from another GP.

Clinical Trials

A total of 33.3% (n=18) of Western Australian respondents had participated in a clinical trial for HIV related treatment and 5 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 15.4 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	13
My doctor and I decided together	11
I felt I had enough information about the trial	4
I had no other treatment options	2
It was the only way I could get the treatment	1

(Multiple responses possible)

Complementary Therapies

62.7% of Western 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. 20.3% of the Western Australian participants reported using marijuana for therapeutic purposes.

TABLE 8 Current use any of complementary therapy

Vitamin / mineral supplements	35.6
Massage	37.3
Meditation / visualisation	22.0
Herbal therapies / supplements	11.9
Acupuncture	6.8
Other therapy	6.8
Traditional Chinese Medicine	3.4
Other traditional Medicine	1.7

(Multiple responses possible)

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

Private practice	25.9
AIDS community organisation	18.5
PLWHA organisation	9.4
Health Service	7.4
Other	51.9

Other Medication

52.7 % of Western 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)

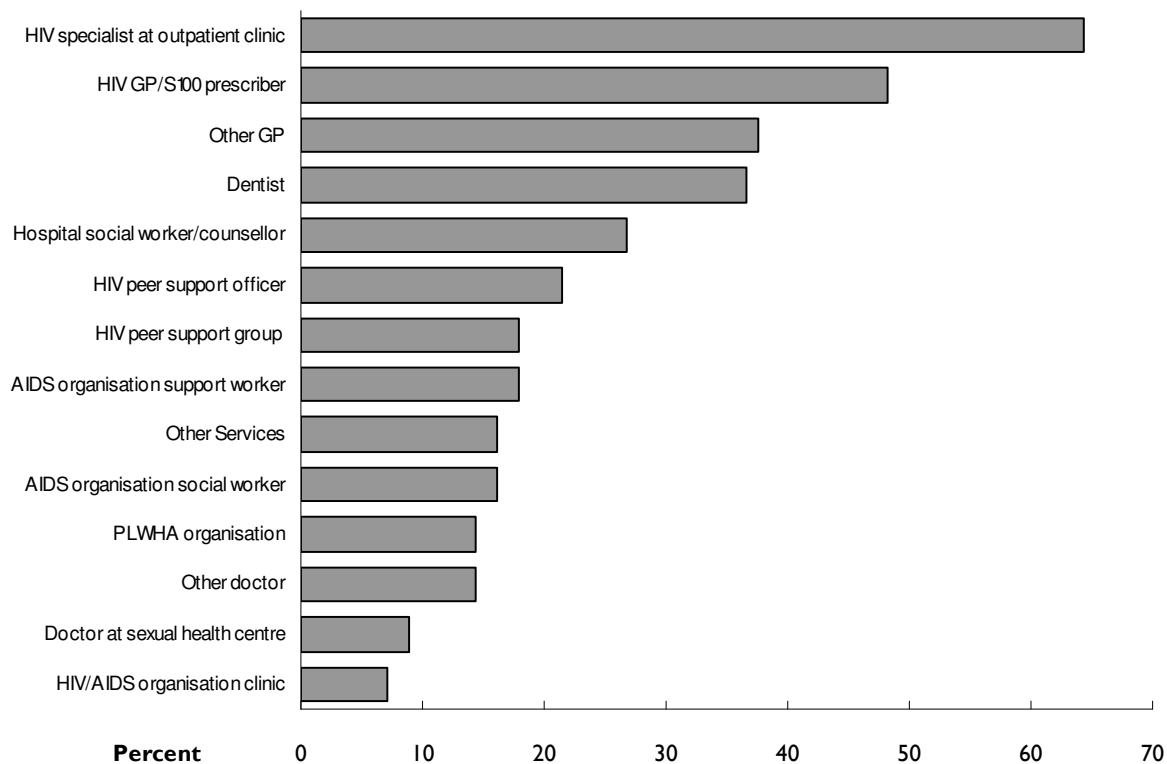
	For general treatment	For HIV specific treatment
HIV GP/S 100 Prescriber	39.3	35.1
Other GP	35.7	5.3
HIV specialist at outpatient clinic	21.4	59.6
Other doctor	3.6	10.8

42.4% 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=34) 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 64.3% having used an HIV outpatient specialist, 48.2% an HIV GP/S100 prescriber, 37.5% another GP and 25% a dentist. Support services were also commonly used, with 26.8% reporting having used a hospital social worker or counsellor, 21.4% an HIV peer support officer, 17.9% an AIDS organisation support worker, 17.9% an HIV peer support group and 16.1% an AIDS organisation support worker (see Figure 2).

Figure 2 Services used in the last six months (% of WA 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 WA 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
Peer support group	50.0	2.8
Treatments advice	41.7	36.1
Informal peer support	40.5	2.8
Complementary therapies	36.1	13.2
Social contact with other PLWHA	38.9	5.6
Counselling	27.0	30.5
Treatments information	25.0	19.4
Community education campaigns	22.2	2.8
Financial assistance	16.7	8.3
Pharmacy services	11.1	44.4
Volunteer carer	8.1	2.8
Legal advice	5.6	13.9
Housing assistance	5.6	13.9
Financial advice	5.6	16.7
Respite care	2.8 (n=1)	11.1
Mental health services	2.8	19.4
Drug/alcohol treatment	2.8	8.3
Employment services	0	11.1
Internet access	0	38.9
Internet based information	0	22.2
Return to work skills	0	11.1
Transport	0	16.7
Library	0	19.4
Paid carer	0	5.6

(Multiple responses possible)

14 (23.2%) Western 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=5), transport (n=2) and services for women (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 WA sample)

	Information about Treatments	Information about HIV Management	Information about Living with HIV
HIV specialist at outpatient clinic	63.6	54.5	34.5
HIV GP/SI00 prescriber	60.0	61.8	49.1
Publications from HIV/AIDS groups	38.2	38.2	43.6
HIV magazine/newspaper	34.5	54.2	53.2
Articles in gay press	29.1	27.3	29.1
Other GP	27.3	29.1	25.5
HIV positive friends	23.6	21.8	43.6
Partner/Lover	20.0	23.6	27.3
Internet	18.2	14.5	14.5
Peer Support Officer	16.4	16.4	23.6

(Multiple responses possible)

Information about Treatments

Most important source of information about HIV treatments:

- 40.4% said their HIV GP
- 28.8% said HIV specialist at an outpatient clinic
- 11.5% said HIV/AIDS organisation or staff at an HIV/AIDS organisation
- 9.6% said another GP

Information about HIV Management

Most important source of information on HIV management:

- 40.0% said their HIV GP
- 26.0% said HIV specialist at an outpatient clinic
- 12.0% said another GP
- 10.0% said HIV/AIDS organisation or HIV/AIDS organisation staff

Information about Living with HIV

Most important source of information on living with HIV:

- 20.8 said an HIV GP
- 18.8% said HIV/AIDS organisation or HIV/AIDS organisation staff
- 16.7% said another GP
- 10.4% said HIV specialist at an outpatient clinic

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 Western Australian PLWHA

Publication	Percent of sample
National, WA-based or non-specific	
Positive Living	60.5
Gay newspapers	53.5
Positive life (WA)	46.5
HIV Australia	30.2
Gay magazines	25.6
Newsletters from community organisations	18.6
Overseas magazines (eg POZ)	7.0

(Multiple responses possible)

Involvement with AIDS Organisations

59.3% of Western Australian respondents had some contact with HIV/AIDS organisations. Of these:

- 57.1% received newsletters and mail outs
- 37.1% were members
- 65.7% were clients
- 34.3% were volunteers
- 14.3% were employees.

Of those that had no contact with AIDS organisations (n=20):

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

14 respondents had at some point held a decision making position in an AIDS organisation (10 in the last two years).

THE SOCIAL WORLD OF PLWHA

Contact with Other PLWHA

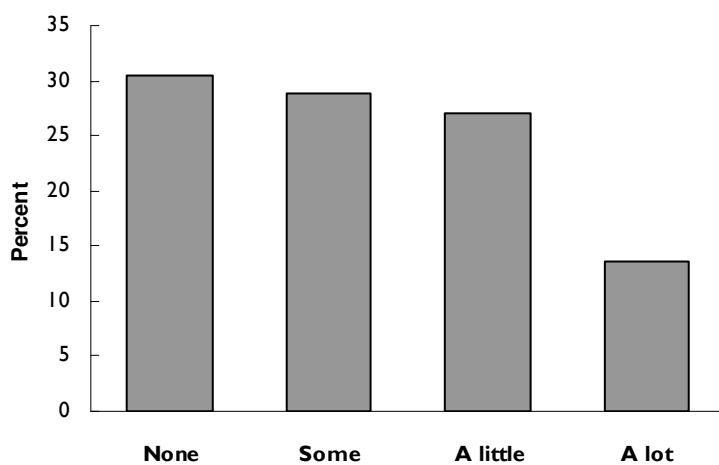
Participants were asked to select from a list which other HIV positive people they knew and how much of their free time was spent with other HIV positive people (Table 14 and Figure 3). Around two-thirds of people spent at least some time with other positive people (69.5%), while 13.6% indicated that they spend a lot of time with other positive people.

TABLE 14 Other HIV positive persons known by respondent

Positive Persons	Percent of WA respondents
Acquaintance/Member of support group	63.2
Friend	56.1
Former partner/spouse	22.8
Partner/spouse	21.1
No-one	3.5 (n=2)
Other	8.8

(Multiple responses possible)

FIGURE 3 Time spent with other positive people (% of WA 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 WA respondents
Close friends	84.5
Parents	63.8
Siblings	60.3
Positive friends	48.3
Partner/spouse	44.8
Work colleagues	36.2
Other friends	32.8
Neighbours	13.8
Son/daughter	9.0
People from own ethnic community	3.4 (n=2)
No-one	1.7 (n=1)

Unwanted Disclosure

56.9% of Western Australian respondents said that their HIV status had been disclosed when they did not want it to be, 37.3% 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	24.3
Close friends	18.9
Partner/Spouse	18.9
Brother/Sister	18.9
Workers in a health care setting	13.5
Work colleagues	10.8
HIV positive friends	10.8
Other family member	10.8
Other person	10.8
Parents	5.4 (n=2)
People from ethnic community	5.4 (n=2)

(Multiple responses possible)

Mental Health

Psychiatric Medications

In the six months prior to completing the survey, 39.0% of Western Australian PLWHA had been taking medication prescribed for depression. A similar proportion (30.5%) had taken medication for anxiety. In addition 5.1% of the sample indicated that they had taken anti-psychotic medication.

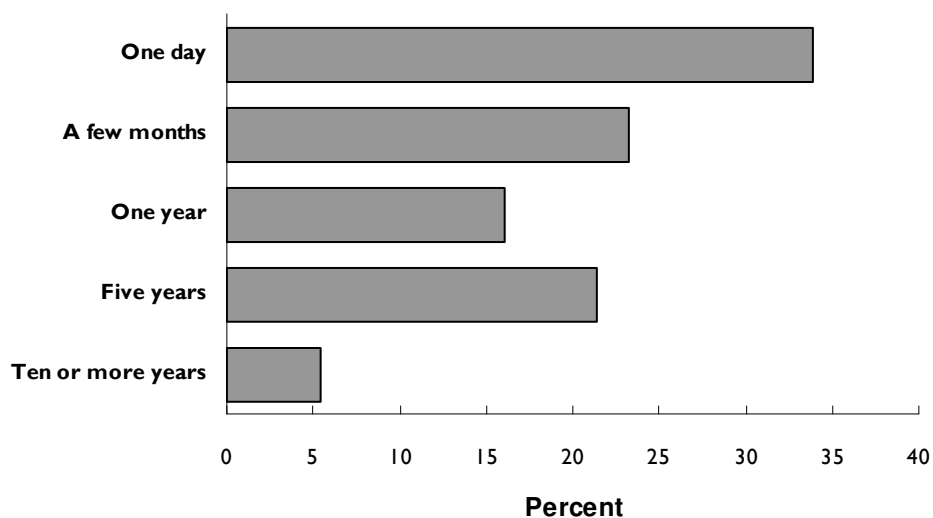
Diagnosis of a Mental Health Condition

28.1% of Western 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. One third (33.9%) of respondents said that they planned their life one day at a time and 23.2% a few months ahead. Less than half of the respondents planned for at least a year with 16.1% planning one year ahead, 21.4% planning five years ahead and 5.4% (n=3) 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

46.6% of Western Australian respondents reported being in a regular relationship or married. Of those in a relationship with a regular partner, 38.5% 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 53.8% of the sample who report that their partner is HIV negative (a sero-discordant relationship) and 7.7%(n=2) who report that they don't know their partner's HIV status.

The average length of time of this regular relationship was 10.4 years (median 9.3 years, range 22 months to 21.3 years).

Children

- 22.0% of Western Australian respondents have children.
- 15.3% have children living with them
- 10.2% have dependent children living with them.

Most Western Australian PLWHA (87.3%) were not considering having children. Of the remainder, 3 respondents said they did not have enough information to make a decision, 2 PLWHA have considered having a child, but have not decided, and one said they had thought about having a child but decided that it was too risky.

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 marijuana and tobacco. Other drugs that are popular in the gay and dance party scenes (amyl, ecstasy and non-injected speed) were also used by PLWHA.

TABLE 17 Recreational use of drugs (% of sample)

Alcohol	94.3
Cigarettes	53.3
Marijuana	50.0
Amyl	28.6
Speed (not injected)	23.8
Viagra or similar	21.4
Ecstasy	19.0
Crystal Meth	7.1
Speed (injected)	9.5

(Multiple responses possible)

- Two Western Australian respondents reported having had a bad experience from using both antiretroviral drugs and illegal drugs.
- Nine respondents (17.0%) reported having missed a dose of antiretroviral medication at some point as a result of using illegal drugs.
- 96.4% of respondents reported that they had never injected illegal drugs.

HOME, WORK & MONEY

Current Accommodation of Western Australian respondents

- 42.4% owned or were purchasing house or flat
- 35.6% were in private rental accommodation
- 16.9% were in public (government owned) rental accommodation
- 3.4% (n=2) lived rent-free (e.g. provided by friends, family, etc.)

88.8% of Western Australian respondents stated that their accommodation was suitable for their current needs. 7 respondents said their accommodation was unsuitable, and four of this group said that they do not have any other accommodation options for the future.

39.0% of Western Australian PLWHA lived by themselves while the remainder lived with between 1 and 3 other adults (for those living with other adults: mean=1.4, median=1) and with up to 1 child. Over one third (35.6%) lived with a partner or spouse, and 10.2% lived with dependent children. 51.7% of Western Australian PLWHA owned pets.

Current Living Situation:

- 13.0% lived in a residence with 1 bedroom
- 35.2% had 2 bedrooms
- 35.2% had 3 bedrooms
- 16.7% had 4 or more bedrooms

75.9% of Western Australian respondents had access to a car. When asked how easy it was to access public transportation, 2 respondents said it was very difficult, 4 that it was difficult, 48.3% easy and 41.4% very easy.

Changes in Accommodation

32.2% of PLWHA living in Western Australia had at some time changed their accommodation as a result of having HIV/AIDS (mean: 2.6 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 18.

TABLE 18. Most common reasons for changing accommodation (Number of those who have ever changed accommodation as a result of having HIV/AIDS)

Stopped working	6
Needed cheaper housing	5
Moved to a quieter location	5
Ending relationship	5
Moved closer to health services	4
Better health	4
Lack of privacy	3

(Multiple responses possible)

EMPLOYMENT

Employment Status

The employment situation of Western Australian respondents is shown in Table 19 below.

TABLE 19 Employment Status (% of WA respondents)

Work full-time	29.6
Not working/Retired	24.1
Unemployed	18.5
Work part-time	11.1
Student	9.3
Other	7.4

Of those who were working, the mean number of hours worked was 33.2 (median=38.0). Those working full time worked an average of 37.43 hours per week (median=38.0) and those in part time employment worked an average of 20.83 hours/week (median=20.0). Those who were not working stopped work between 0 and 14 years ago (mean=58.1 months, median=42.0 months).

28.9% of Western Australian respondents reported doing some volunteer work, 21.4% for an HIV/AIDS organisation and 16.1% for another organisation.

Interruptions to Employment

- 45.5% of those Western Australian respondents who have ever been in paid employment had at some point stopped work for reasons related to HIV.
- 38.5% of those that had stopped work at some point had returned to work.

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

- 72.7% had stopped work once
- 3 respondents had stopped twice
- 3 had stopped three or more times

These work interruptions averaged 33.0 months (median= 15.0 months). The circumstances relating to the most recent interruption to employment are given in Table 20 below. The HIV/AIDS status of respondents the last time they ceased work is given in Table 21 below.

TABLE 20 Circumstance surrounding last interruption to employment

Low energy levels	65.4
Stress, depression, anxiety	53.8
Poor health	50.0
To have more time to myself	15.4
To move to a different location	15.4
Redundant / sacked	15.4

(Multiple responses possible)

TABLE 21 HIV/AIDS status at time of last interruption to employment (%)

I had HIV and had been ill	65.2
I had HIV but had not been ill	21.7
I had been diagnosed with an AIDS-defining illness	13.0

Those Currently in Paid Employment

Respondents were asked about difficulties they experience around confidentiality at work (Table 22). 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 22 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	13
Visible signs of illness	2
Gossip	2

(Multiple responses possible)

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

- 2 respondents said that everyone knew
- 1 said that most people know
- 7 said that a few people know
- 2 said that one person knew
- 9 said that no-one knew

Seventy percent of Western Australian participants who were in paid work said that their workplace always gave them time off for medical appointments, and 77.8% for sickness. 57.1% were always able to take time off for counselling and only 40.0% could ever take time off to do volunteer work.

FINANCES

Income

The main income source of Western Australian respondents is shown in Table 23 below.

TABLE 23 Primary source of income (% of total sample)

Benefits / pension / social security	57.1
Salary	37.5
Partner supports me	3.6
Other	1.8

The median weekly income for respondents was \$258.50. 32.2% 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 24).

TABLE 24 Western Australian respondents weekly expenditure on medications and essentials (\$AU)

	Mean	Median
Rent or mortgage repayments	\$144.42	\$105.00
Food	\$85.28	\$77.50
Utilities	\$55.84	\$50.00
Complementary therapies	\$23.06	\$20.00
Other medication	\$17.70	\$13.50
Antiretroviral drugs	\$11.67	\$10.00

- 28.8% of respondents owned their own home
- 22.0% were paying off their home
- 45.6% had owned their own home in the past, but do not currently
- 23.7% received a rental subsidy averaging at \$44.33 per week

Respondents were also asked their current debt burden as one measure of the financial impact of HIV. This averaged at \$17,832 with a median of \$5500.

Assessments of Benefits

A total of 35.8% of those receiving a benefit in the last two years had received such an assessment. The consequences of this assessment are shown in Table 25 below.

TABLE 25 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	72.2
Cause you distress	50.0
Result in changes to the conditions of your benefits	38.9
Result in an independent assessment	22.2 (n=4)
Clarify concerns that you had	27.8 (n=5)

(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, nearly one third (28.0%) of Western 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 26 below.

TABLE 26 Difficulty paying costs of items and services

	Not at all difficult	A little difficult	Very difficult
Co-payments for medication for HIV/AIDS (n=23) ²	69.6	30.4	0.0
Other prescribed medication (n=43)	55.8	39.5	4.7 (n=2)
Medical services (doctor, dentist, etc.) (n=50)	38.0	36.0	26.0
Complementary Therapies (n=25)	52.0	24.0 (n=6)	24.0 (n=6)
Support services (counselling, etc.) (n=24)	58.3	20.8 (n=5)	20.8 (n=5)
Entertainment (theatre, movies, concerts, etc.) (n=52)	36.5	30.8	32.7
Going out (eating / drinking) (n=55)	32.7	32.7	34.5
Sport (exercise, gym, etc.) (n=38)	23.7	36.8	39.5
Travel / holidays (n=48)	27.1	20.8	52.1
Rent / Mortgage / Housing costs (n=43)	37.2	46.5	16.3
Utilities (telephone / electricity / gas / water) (n=57)	31.6	50.9	17.5
Food (n=56)	46.4	46.4	7.1
Clothing (n=57)	36.8	31.6	31.6
Transport (n=50)	54.0	30.0	16.0

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

- Two Western Australian respondents reported having ever experienced less favourable treatment in relation to accommodation.

Health Services

29.8% of respondents had experienced less-favourable treatment at a medical service as a result of having HIV. This comprised 14.0% (n=8) of all respondents that had experienced such discrimination in the last two years and 15.8% (n=9) that experienced this more than 2 years ago.

TABLE 27 Form of discrimination experienced at medical service (Number of those experiencing discrimination)

Confidentiality problems	6
Avoidance	5
Increased infection control	4
Treated last	3
Refusal of treatment	4
Rushed through	3
Abuse	4

(Multiple responses possible)

Insurance

- 35.6% of Western Australian respondents had private health insurance
- 5 respondents had some other form of income or mortgage insurance.
- 25.0% indicated that they had experienced less favourable treatment in relation to insurance.