

# **HIV Futures: State Reports**

# **New South Wales**

**Living with HIV Program\***  
**Australian Research Centre in Sex, Health and Society**

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The HIV Futures Survey was developed from a pilot study of issues of accommodation, employment and treatments for people living with HIV/AIDS [PLWHA] conducted in 1996 (Ezzy, Grubb, de Visser, & McConachy, 1997), and through a range of community consultations with interest groups. The questionnaire took about 40 minutes to complete. It included questions on demographics, current health, treatments usage, housing, employment history, community participation, sexual practice and finances. The study was approved by the La Trobe University Human Ethics Committee.

Recruitment of study participants throughout Australia involved distribution of self-administered mail-back questionnaires through HIV/AIDS organisations, and a targeted advertising campaign. Questionnaires were also distributed via a number of mailing lists, including the mailing lists of two magazines that provide information about living with HIV/AIDS. It is not possible to know what proportion of the recipients of these magazines are HIV positive, and as a consequence response rates cannot be calculated. Additional targeted distribution occurred in order to ensure the sample included sufficient numbers to enable statistical comparisons from groups that have distinctive issues and experiences who may not have been contacted through the main distribution channels, including women, people living with Haemophilia, and people living outside of New South Wales and Victoria. The recruitment period was from 1st July 1997 to 5th September 1997.

To assess the degree to which the sample recruited for this study is representative of all PLWHA in Australia, comparisons were made with the Australian HIV Surveillance Report (National Centre in HIV Epidemiology and Clinical Research [NCHECR], 1997). The data are weighted to account for an under-representation of PLWHA from NSW, and an over-representation of women, people with medically acquired HIV and people with AIDS.

The survey was completed by 925 respondents. This sample represents 8.3% of all PLWHA in Australia. Respondents reported ages between 18 and 77 years (median = 38.0 years, mean = 39.3 years). On average, respondents had been HIV seropositive for 7.5 years (median = 8.0 years). The results relating to the total sample are reported in the document “HIV Futures Community Report: Health, Relationships, Community, and Employment”.

Four hundred and four PLWHA from NSW completed the HIV Futures Survey. Among NSW respondents, 72 were male (92%) and 6 were female (8%) - similar proportions to those found in other states.

The number of NSW respondents is significantly fewer than the number we would have expected in a representative sample of PLWHA in Australia. However, the sampling procedure was designed to include larger numbers of PLWHA from States other than New South Wales and Victoria. We are grateful for the assistance provided by the AIDS Council of NSW [ACON], ACON Hunter, Albion Street Centre, Bobby Goldsmith Foundation, Coastal Lynx, Mid North Coast Health Service, the NSW Department of Health, Foley House, the Gender Centre, John Hunter Hospital, Kempsey Community Health Centre, Karumah Day Centre, Luncheon Club, Dr Marilyn McMurchie, North AIDS, NSW Blood Bank, New South Wales Users and AIDS Association [NUAA], People Living With HIV/AIDS NSW [PLWHA (NSW)], PLWHA Day Centre, Population Health Unit (Department of Health), Positive Heterosexuals, Royal Prince Alfred Hospital, and the Sydney Men and Sexual Health [SMASH] Project.

The ages of the New South Wales respondents ranged from 19 years to 71 years. The average age was 40.0 years, which is similar to that of the rest of the sample. The average number of years since PLWHA from NSW first tested HIV seropositive was 7.9 years. This is a significantly longer time than the average of 7.2 years reported by the rest of the sample.

The vast majority of respondents had been infected through sexual contact: 83% cited homosexual or bisexual contact as the most likely transmission route, 6% cited heterosexual contact, 5% reported injecting drug use, 4% were infected by blood products or in a health care setting, 2% cited both sexual contact and injection drug use, and 1% were haemophiliacs infected through contaminated blood products.

This report describes a range of social impacts for people living with HIV in NSW. Where appropriate, comparisons are made between PLWHA living in Sydney NSW, PLWHA living in a regional centre or rural area of NSW, and PLWHA living in other States. If there is a difference between PLWHA living in urban areas and PLWHA living in regional/rural areas, this is noted. Otherwise, combined data for all NSW respondents are presented.

### Current health

Most respondents reported that they currently feel healthy: 25% said that their health is “excellent”, 48% said that their health is “good”, 25% said that their health is “fair”, and 3% said that their health is “poor”.

Twenty-three percent of the NSW respondents have been diagnosed with an AIDS-defining illness. Respondents from Sydney (24%) were more likely than PLWHA from regional/rural areas of NSW (17%) and PLWHA from other States (16%) to have received an AIDS diagnosis.

Slightly less than one-third (29%) of respondents from NSW have a major health condition other than HIV/AIDS - the same proportion as reported by PLWHA from other states. The most frequently cited “other” major health conditions included back injury, cancer (other than Kaposi sarcoma), diabetes, hypertension, and psychological/psychiatric conditions.

One in three (34%) PLWHA from New South Wales have had Hepatitis A. Compared to PLWHA from other States (22%), more PLWHA from Sydney (35%) and PLWHA from rural NSW (28%) have had Hepatitis A. Forty percent of NSW respondents have had Hepatitis B. Again PLWHA from Sydney (40%) and PLWHA from elsewhere in NSW (40%) were more likely than PLWHA from other states (31%) to have had Hepatitis B. Of the 56% of PLWHA from NSW who have been tested for Hepatitis C, 26% have tested positive, 67% have tested negative, and 7% do not know the result of their test.

Nearly all of the respondents from NSW have taken a CD4/T-cell test (99%), and a viral load test (96%). Table 1 displays the results of respondents’ most recent CD4/T-cell tests and viral load tests. Not shown in Table 1 is the finding that 6% of PLWHA from NSW have a CD4/T-cell count below 250 and a viral load above 50,000.

Table 1 Results of serological testing

<b>Description</b>	<b>Copies/mL blood</b>	<b>Proportion</b>
<b>CD4/T-cell count</b>		
little or no immune damage	over 500	31%
moderate immune damage	250 - 500	42%
severe immune damage	below 250	27%
<b>Viral load</b>		
below detectable level	below 200 / 500	45%
low	500 - 10,000	27%
moderate	10,000 - 50,000	14%

high

over 50,000

14%

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### Antiretroviral treatments for HIV/AIDS

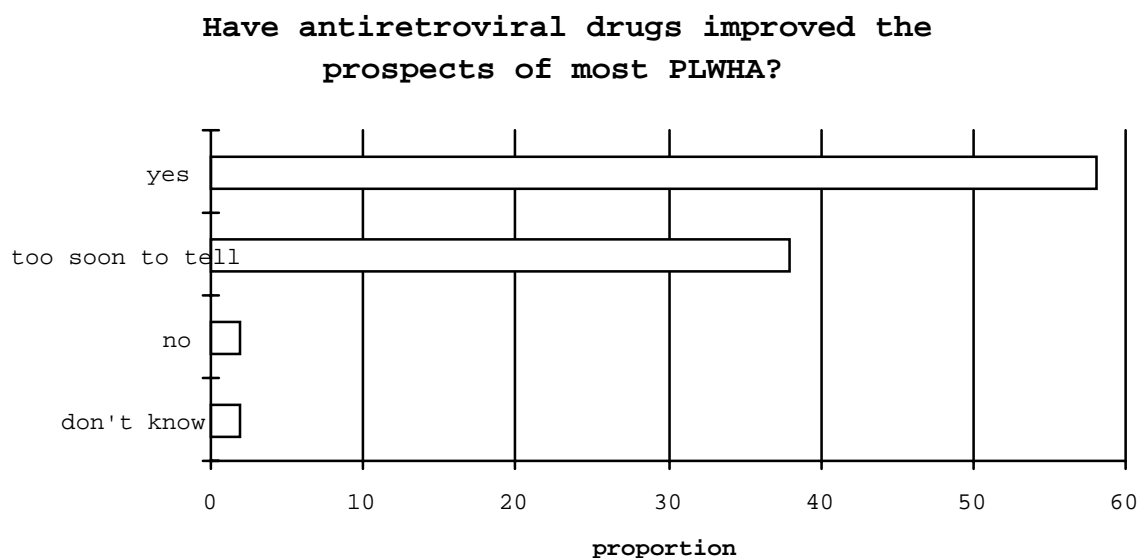
Three-quarters (77%) of the respondents from NSW are using antiretroviral drugs for HIV/AIDS. This figure is comparable to the 78% found among PLWHA from the rest of Australia. Among the PLWHA who use antiretroviral drugs, 1% use one drug, 12% use two drugs in combination, and 87% use three or more drugs in combination. Overall, 67% of PLWHA from NSW are using triple combination therapy. PLWHA from NSW are as likely as PLWHA from other states to use triple combination therapy.

Three-quarters (73%) of the PLWHA from NSW who use antiretroviral drugs reported that they experience side-effects from these drugs. As was found with the full sample of all PLWHA who completed the survey, the most commonly reported side-effects from antiretroviral drugs are: diarrhoea (experienced by 32% of PLWHA using antiretroviral drugs), nausea (31%), headaches (19%), fatigue/lethargy (12%), peripheral neuropathy (11%), skin rashes/dryness (10%), and gastric reflux/indigestion (10%).

Three-quarters (79%) of PLWHA from NSW who use antiretroviral drugs have difficulties taking this medication. As was found with the full sample of all PLWHA who completed the survey, the most commonly reported difficulties are: remembering to take drugs on time (54% of PLWHA using antiretroviral drugs), organising meals around medication schedules (48%), and the large number of tablets (33%).

While large numbers of PLWHA from NSW have difficulties taking medication and/or experienced side-effects, a smaller proportion (32%) reported that it is difficult for them to take their medication in public, and 5% reported that their medication for HIV/AIDS conflicts with medication for other health conditions.

More than half (58%) of the PLWHA from NSW agree that antiretroviral drugs have improved the prospects of most PLWHA, while 38% believe it is too soon to tell, 2% do not know, and 2% do not think that antiretroviral drugs have improved the prospects of most PLWHA. Similarly, most (71%) of the PLWHA from NSW think that their friends believe that antiretroviral drugs have improved the prospects of most PLWHA, while 15% believe their friends think that it was too soon to tell, 12% do not know, and 2% do not think that their friends believe that antiretroviral drugs have not improved the prospects of PLWHA. NSW PLWHA's responses to these questions were similar to those of PLWHA from other states.



Respondents were asked a number of questions about their attitudes toward antiretroviral drugs and their general attitudes toward treatments for HIV/AIDS. Using these questions it was possible to create a scale of confidence in antiretroviral drugs ranging from 1 to 5, where higher scores indicated greater confidence. The average scale score for PLWHA from New South Wales was 3.81, which indicates that they generally have confidence in antiretroviral drugs. A similar degree of

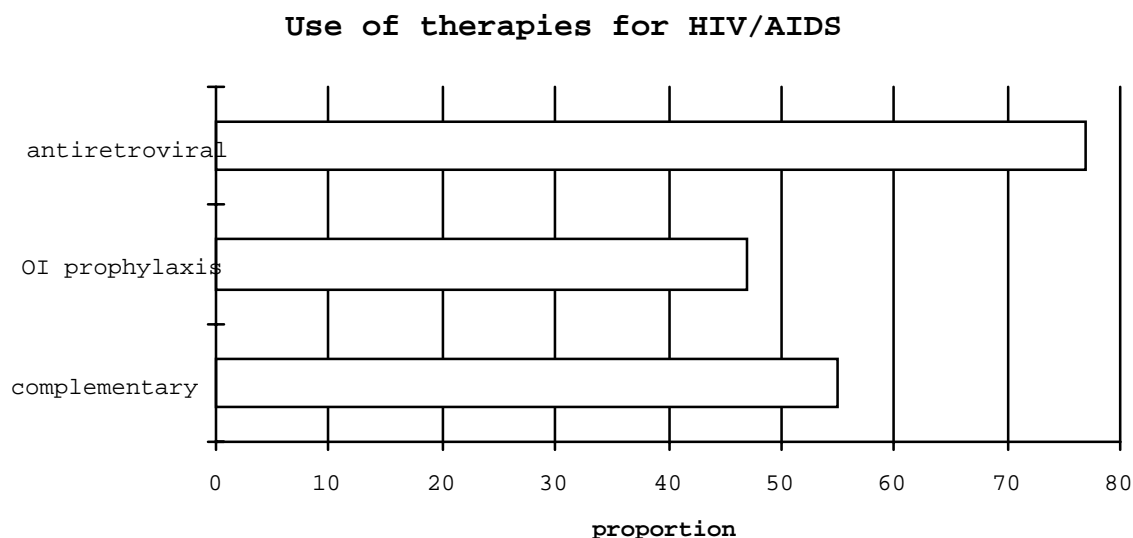
confidence in antiretroviral drugs was expressed by PLWHA from Sydney, PLWHA from regional/rural NSW, and PLWHA from other states.

### Other treatments for HIV/AIDS

Nearly half (47%) of the respondents from NSW use prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP) and/or prophylaxis for other opportunistic infections.

Over half (55%) of the respondents from NSW use complementary therapies for HIV/AIDS. The most commonly used complementary therapies are vitamin/mineral supplements (used by 48% of all PLWHA), massage (23%), herbal remedies (21%), meditation/visualisation (20%), acupuncture (9%), and traditional Chinese medicine (7%).

PLWHA from New South Wales are no more or less likely than PLWHA from other areas of Australia to be using prophylaxis for opportunistic infections, or complementary therapies.



Generally, PLWHA from New South Wales had favourable attitudes toward complementary or alternative therapies. On a scale of 1 to 5, where higher scores indicate more favourable attitudes, the average score was 3.49. Similar attitudes were expressed by PLWHA from Sydney, PLWHA from regional/rural NSW, and PLWHA from other states

Attitudes toward personal involvement in health management were measured on a 5-point scale, where higher scores indicate a greater desire to be actively involved health management. The average score for PLWHA from New South Wales was 4.25, which indicates that they are keen to take an active part in decision-making about their health management. Similar attitudes were expressed by PLWHA from Sydney, PLWHA from regional/rural NSW, and PLWHA from other states

#### Information and support services

The vast majority (83%) of NSW respondents have some direct contact with an HIV/AIDS-related organisation. This is a similar proportion to that found amongst PLWHA in the rest of the country. Sixty percent of NSW respondents have contact with ACON, and 41% have contact with PLWHA(NSW). Compared to PLWHA from regional/rural NSW and PLWHA from other States, PLWHA from Sydney are more likely to report that they have contact with their state AIDS Council. PLWHA from regional/rural NSW are less likely than PLWHA from Sydney and PLWHA from other States to report that they have contact with their State's PLWHA organisation. There was no relationship between whether or not PLWHA had contact with ACON and/or PLWHA(NSW) and whether or not they have had an AIDS-defining illness.

Table 2 displays the proportion of PLWHA from New South Wales who use each of the services provided by HIV/AIDS-related organisations. The data show that PLWHA use HIV/AIDS-related organisations for a wide range of services. While PLWHA most commonly use these organisations for information (newsletters/mail-outs, treatments advice), they also rely on such organisations for social contact and social support, and for financial advice or assistance.

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

<b>Service</b>	<b>Proportion</b>
Newsletters / mail-outs	73%
Treatments advice	55%
Social contact	37%
Counselling	35%
Financial assistance	28%
Peer support group	28%
Informal peer support	24%
Alternative therapies, massage, etc.	18%
Financial advice	14%
Library	13%
Transport services	8%
Domestic help	7%

Most of the respondents from NSW read HIV/AIDS-related magazines and newspapers such as Positive Living, Talkabout, National AIDS Bulletin, and Accent: 66% read HIV/AIDS-related press regularly, 30% read it occasionally, and 4% never read HIV/AIDS-related press.

Respondents were asked to indicate which people and/or organisations they rely upon for information about treatments for HIV/AIDS. Their responses are shown in the Table 3. The most commonly cited source of information about treatments for HIV/AIDS was the PLWHA's doctor. More than half of the respondents rely on

HIV/AIDS-related newspapers and magazines, HIV positive friends, and the gay press, which suggest that PLWHA seek information from a range of different sources.

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

<b>Information source</b>	<b>Source of information about:</b>	
	<b>Treatments for HIV/AIDS</b>	<b>Living with HIV/AIDS</b>
Doctor	91%	61%
HIV/AIDS press	78%	63%
Gay press	68%	53%
HIV/AIDS Organisation staff	64%	60%
HIV positive friends	56%	58%
Nurse	17%	13%
Alternative therapist	16%	15%
Friends (not HIV positive)	16%	30%
Partner/lover	11%	21%
Positive women's organisation	4%	3%
Family	4%	10%

Table 3 also displays the responses of PLWHA to questions they were asked about who they rely upon for information about living with HIV/AIDS (but not about treatments). HIV/AIDS press was the most commonly cited source of information, and more than half of the respondents reported that their doctor is an important source of information. However, more than half of the respondents cited HIV positive friends as an important source of information about living with HIV/AIDS. This finding highlights the importance of the PLWHA's social network.

Ninety-seven of respondents from NSW reported that they know at least one other PLWHA. Respondents were asked to indicate how much of their free time they spend with other HIV seropositive people. The results in Table 4 show that while

some PLWHA from New South Wales spend no free time with other positive people, nearly a quarter spend a lot of time with other positive people. PLWHA from regional/rural NSW reported that they spend less of their free time with other PLWHA than did PLWHA from Sydney and PLWHA from other States.

Table 4 Free time spent with other HIV positive people

<b>Amount of free time</b>	<b>Proportion</b>
None	13%
A little	30%
Some	34%
A lot	24%

### Employment

More than half (54%) of the PLWHA from NSW were not in paid employment at the time of completing the survey. Of the PLWHA who were working, 67% work full-time and 33% work part-time. The 46% of respondents who are working have been in their current job for an average of 5 years and 5 months years, and work between 6 and 85 hours per week (average = 36.2 hours). The respondents who are not working have been out of work for an average of 3 years and 10 months, and they worked an average of 39.6 hours in their last job.

The majority (60%) of unemployed PLWHA from NSW would like to begin work or return to work. However most believed that this would be ‘somewhat difficult’ (49%), or ‘very difficult’ (31%).

Given the large number of PLWHA in NSW who are not in paid employment, it is not surprising that 52% of respondents reported that their main source of income is a government benefit, pension, or social security payment. Forty-three percent of

respondents reported that a salary is their main source of income, while 6% reported superannuation or an annuity as their main source of income, and one respondent (< 1%) reported that their partner supports them. Respondents' incomes are displayed in Table 5. Half of the NSW respondents reported annual incomes below \$15,000. Respondents' incomes are displayed in Table 5 (below).

Table 5      Income reported by PLWHA

<b>Weekly income</b>	<b>Yearly income</b>	<b>Proportion</b>
\$0 - \$150	\$0 - \$7800	6%
\$151 - \$270	\$7801 - \$14040	42%
\$271 - \$390	\$14041 - \$20280	13%
\$391 - \$510	\$20281 - \$26520	12%
\$511 - \$630	\$26521 - \$32760	11%
\$631 - \$750	\$32761 - \$39000	4%
\$751 -	\$39001 -	12%

The poverty lines published by the Institute for Applied Economics and Social Research [IAESR] take into account an individual's income as well as whether or not they are in a relationship and the number of dependent children they have. The data for the June quarter of 1997 (IAESR, 1997) were used to calculate the proportion of PLWHA who reported incomes below the poverty threshold. Amongst NSW PLWHA, 29% reported incomes below the poverty line. This figure is similar to the 35% for the rest of the sample. It should be noted, however, that compare to PLWHA from other states, PLWHA from Sydney were less likely to have an income below the poverty line (23%), and PLWHA from regional/rural NSW were more likely to have an income below the poverty line (55%).

Respondents were asked a series of questions that assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 6 demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and eating and drinking out, a large proportion reported that it is very difficult for them to meet the costs of some of the “basics” of life such as clothing, utilities, and housing.

**Table 6** Difficulties meeting the cost of living reported by PLWHA  
(proportion of respondents who use each item)

<b>Item</b>	<b>Not at all difficult</b>	<b>A little difficult</b>	<b>Very difficult</b>
Prescribed medication	54%	41%	5%
Medical services	67%	25%	8%
Complementary therapies	38%	36%	25%
Support services	80%	14%	5%
Entertainment	32%	40%	28%
Eating / drinking out	32%	35%	33%
Sport / exercise	45%	27%	28%
Recreational drugs	26%	33%	41%
Travel / holidays	17%	31%	52%
Rent / mortgage / housing	36%	47%	17%
Utilities (phone, gas, etc.)	33%	45%	22%
Food	53%	36%	11%
Clothing	33%	35%	32%
Transport	54%	33%	13%

Particularly noteworthy is the finding that one third of the PLWHA from NSW find it “very difficult” to meet the cost of clothing, and that one fifth find it “very difficult” to meet the cost of utilities (telephone, gas, electricity). It is also interesting to note that one quarter of PLWHA from NSW who are using complementary therapies find it very difficult to meet the cost of this treatment.

### Planning for the future

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 7 shows that half of the PLWHA from NSW reported that they plan “one day at a time” or “a few months ahead”. Half (52%) of the respondents reported that in the past two years they have changed the time frame they use when making major decisions about their future: 19% now use a shorter time frame when planning for the future, while 33% now use a longer time frame. Among respondents who now use a longer time frame when planning for the future, the most commonly cited reason for the change was improved health due to new treatments, while amongst respondents who now use a shorter time frame when planning for the future, the most commonly cited reason for the change was declining health.

Table 7 Time frame used when planning for the future

<b>Time frame used</b>	<b>Proportion</b>
One day at a time	14%
A few months ahead	30%
1 year ahead	28%
5 years ahead	18%
10 or more years ahead	10%

### Housing

The vast majority (80%) of NSW respondents live in Sydney: 68% live in an inner suburb and 12% live in an outer suburb, while 12% live in a regional centre or town, and 8% live in a rural area. Table 8 shows that while many PLWHA from NSW own or are buying their own house, an equivalent number live in public rental accommodation, while a small number live rent-free or live in community housing. Forty-six percent of respondents from NSW live alone - a significantly higher than that found among PLWHA from other States



**Table 8** Accommodation in which PLWHA live

<b>Accommodation Type</b>	<b>Proportion</b>
Own or purchasing own home	33%
Public rental accommodation	47%
Private rental accommodation	15%
Live rent-free	5%
Community housing / co-op	1%

The vast majority (87%) of NSW respondents believe that their current housing is suitable for their needs - as was the case for PLWHA from other states. PLWHA from New South Wales were more likely than PLWHA from other States to report that they have ever experienced HIV/AIDS-related discrimination in the area in which they live. More specifically, PLWHA from regional/rural NSW (17%) were more likely to have experienced discrimination than PLWHA from Sydney (9%) and PLWHA from other States (9%).

### Sexual Relationships

Respondents were asked to describe their sexual orientation or sexual identity. Their responses (similar to those of respondents from other states) are displayed in Table 9. The majority of respondents were homosexual men, with smaller numbers of bisexual men, heterosexual men, and heterosexual women.

**Table 9** Sexual orientation of PLWHA

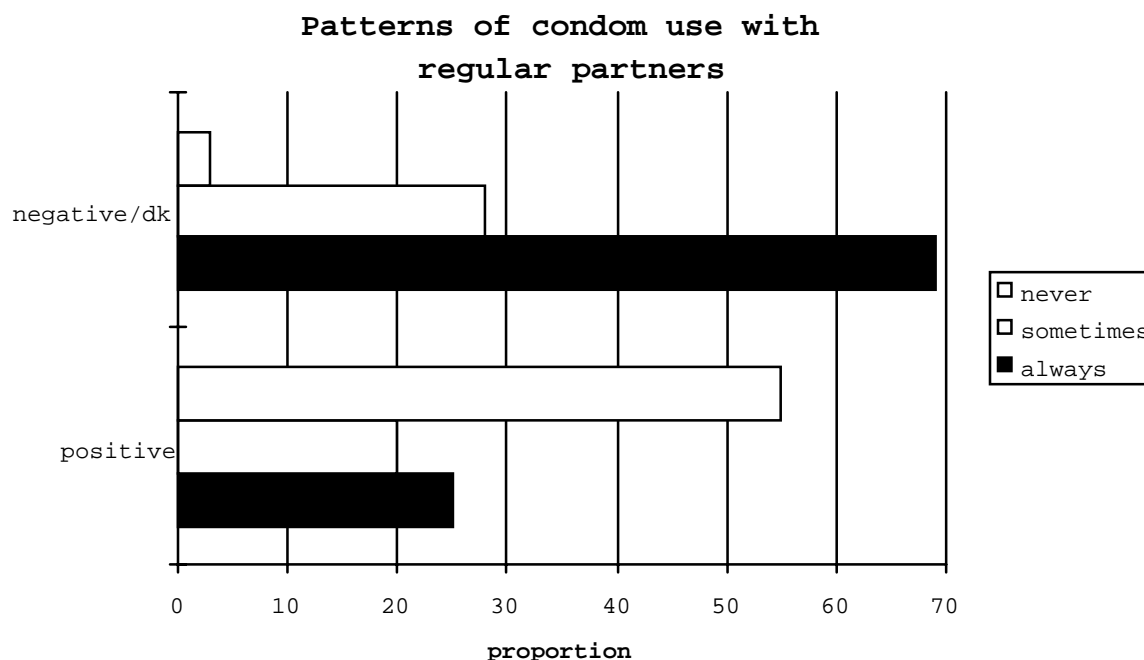
<b>Sexual orientation / identity</b>	<b>Proportion</b>
Homosexual male	83%
Bisexual male	6%
Heterosexual male	6%
Heterosexual female	4%
Homosexual female	1%
Bisexual female	< 1%

Half (48%) of the respondents from NSW reported that they are in a regular sexual relationship. Many (38%) of these respondents are in a seroconcordant relationship - their partner is also HIV seropositive. The remainder (62%) are in a relationship with an HIV seronegative partner, or a partner whose serostatus was unknown. Almost all (96%) of the respondents who are in a regular relationship have told their partner that they are HIV seropositive. Respondents were asked to indicate when they told their partner that they were HIV seropositive. One quarter (25%) of respondents said that their partner already knew they were HIV positive, and one fifth (18%) said that they told their partner when they found out (ie, they seroconverted after the formation of the relationship). Of the remainder, most (35%) told their partner at the beginning of the relationship. Respondents also reported how their partner reacted when they were told that the respondent is HIV seropositive. Most respondents (67%) reported that their partner was very supportive, while 47% said that it did not make any difference, and 34% said that they became closer.

When PLWHA from NSW were asked about their patterns of condom use during sex with regular partners in the 6 months prior to completing the survey, 49% reported that they always used a condom, 25% reported that they sometimes used a condom, and 26% reported that they never used a condom. Similar patterns of condom use were found among PLWHA from Sydney, PLWHA from regional/rural NSW, and PLWHA from other States.

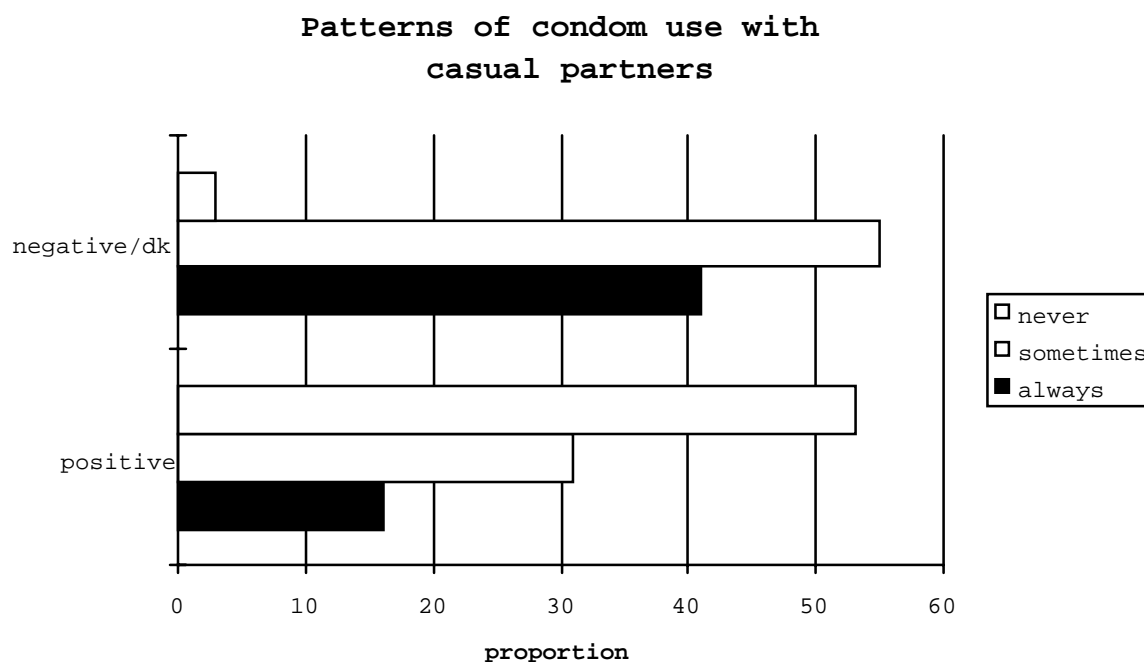
A significant association was found between partner HIV serostatus and consistency of condom use. Compared to respondents whose partner is HIV seronegative or whose HIV serostatus is unknown, respondents whose partner is also HIV seropositive were less likely to always use condoms, and more likely to never use condoms. Small numbers of respondents meant that it was not possible to conduct separate analyses for PLWHA from Sydney and PLWHA from regional/rural NSW. When the whole sample of all the PLWHA who completed the survey was used, it

was found that respondents were significantly more likely to use condoms with an HIV negative partner than with an HIV positive partner.



When PLWHA from NSW were asked about their patterns of condom use during sex with casual partners in the 6 months prior to completing the survey, 40% reported that they always used a condom, 54% reported that they sometimes used a condom, and 6% reported that they never used a condom when having sex with a casual partner. Significant differences in condom use were found between the three comparison groups: PLWHA from Sydney were more likely to report that they sometimes used condoms during intercourse with casual partners; PLWHA from regional/rural areas of NSW were more likely to report that they never used condoms during intercourse with casual partners; and PLWHA from other states were more likely to report that they always used condoms during intercourse with casual partners.

A significant association was found between casual partner serostatus and consistency of condom use. Respondents who only had intercourse with HIV seropositive casual partners were less likely to always use condoms and more likely to never use condoms. However, small numbers of respondents who had intercourse with HIV seropositive casual partners mean that these results may not be reliable. Small numbers of respondents also meant that it was not possible to analyse this relationship separately for PLWHA from Sydney and PLWHA from regional/rural NSW. However, when the whole sample was used, it was found that respondents were significantly more likely to use condoms with HIV negative partners (or partners of unknown serostatus) than with an HIV positive partner.



Detailed analyses of sexual behaviour and condom use are reported in the document “HIV Futures Community Report: Health, Relationships, Community, and Employment”.

## **Summary and conclusion**

One of the most striking findings in this study of PLWHA from NSW is the similarity of their responses and the responses of PLWHA from other states of Australia. These data suggest that the experience of living with HIV/AIDS is similar for PLWHA in NSW and PLWHA in other states.

The survey revealed that three-quarters of PLWHA from NSW use antiretroviral drugs for HIV/AIDS - most commonly combinations of three or more drugs. In spite of the fact that many PLWHA experience difficulties taking these drugs and unpleasant side-effects, most respondents believe that antiretroviral drugs have improved the prospects of people living with HIV/AIDS. Furthermore, PLWHA from NSW generally express confidence in antiretroviral drugs. Many PLWHA from NSW use some form of prophylaxis for opportunistic infections, and most use complementary or alternative therapies.

The results of this study also reveal that the vast majority of PLWHA in NSW have direct contact with an HIV/AIDS-related organisation such as ACON or PLWHA(NSW), and that PLWHA use these organisations for a range of services.

Less than half of the PLWHA from NSW who completed the survey are in paid employment and most respondents reported that their main source of income is a government benefit. Of concern is the finding that 23% of PLWHA living in Sydney and 55% of PLWHA living in other areas of NSW reported an income below the poverty line. As a consequence, many respondents reported difficulties in meeting the cost of a range of expenses, including some of the “basics of life”. These findings suggest that many PLWHA may be in need of financial assistance and/or advice on financial planning to help them meet the costs of living with HIV/AIDS.

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Assistance in New South Wales was provided by the AIDS Council of New South Wales [ACON], ACON Hunter, Albion Street Centre, Bobby Goldsmith Foundation, Coastal Lynx, Mid North Coast Health Service, the New South Wales Department of Health, Foley House, the Gender Centre, John Hunter Hospital, Kempsey Community Health Centre, Karumah Day Centre, Luncheon Club, Dr Marilyn McMurchie, North AIDS, NSW Blood Bank, New South Wales Users and AIDS Association [NUAA], People Living With HIV/AIDS in New South Wales [PLWHA NSW], People Living With HIV/AIDS Day Centre, Population Health Unit (Department of Health), Positive Heterosexuals, Royal Prince Alfred Hospital, and the Sydney Men and Sexual Health [SMASH] Project.

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## **Acronyms Used in the Report**

ACON	AIDS Council of New South Wales
AFAO	Australian Federation of AIDS Organisations
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IAESR	Institute of Applied Economics and Social Research
NAPWA	National Association of People Living With HIV/AIDS
NCHSR	National Centre in HIV Social Research
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NSW	New South Wales
PLWHA	People Living with HIV/AIDS