

A Different Epidemic: HIV Positive Heterosexual Men in the HIV Futures Survey.

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Foreword

This report documents the experiences of heterosexual men with HIV in Australia. This is a group that is one of the last to come into public view in this country: so much of AIDS has been about 'the other' – groups marginalised in one way or another. Paradoxically, that has left heterosexual men with HIV almost invisible. For the first time, therefore, this report seeks to generate an understanding of the social, cultural, economic, sexual and health related experiences of HIV positive heterosexual men in Australia.

In Australia much of our response to HIV/AIDS has tried to ensure that the experiences, needs and culture of those affected by the epidemic are central to the development of programs, projects and services. Early in the epidemic this often meant ensuring that services recognised what was different about the social and sexual lives of gay men or people who inject drugs. This was never easy; presumptions about the client populations at existing services, and presumptions about the 'lifestyles' of gay men and injecting drug users needed to be challenged. The need for a practical, urgent response often meant that new services, new organisations and new structures had to be created.

As these organisations grew, and as those involved became more acutely aware of the diversity and complexity of the PLWHA population, particular sub-populations of affected people began to be identified as having special needs. For these people the existing services may have been ineffective or inappropriate, they may not have met the specific needs of these populations or may not have had access to the appropriate communities. The response to this tended to be either the diversification of existing services, programs or organisations or the establishment of population specific services (for example for women, for people from NESB, for people with haemophilia, for people in rural areas, or for heterosexuals).

There has always been a tension, or at least a dynamism in the HIV/AIDS sector between the desire for solidarity between all affected people and the recognition of the diversity of that population. At its best this has led to the establishment of alliances between very different groups with common aims, at its worst to the competition for scarce resources on the basis of greater adversity.

The HIV Futures project aims to explore the relationship between the health and treatment experiences of Australian PLWHA and their social context. As a central part of this project, the *HIV Futures Survey* brings together data from a broad range of PLWHA across all population groups in all states and territories in Australia.

In this report the data from HIV positive heterosexual men has been extracted and compared to other groups of PLWHA. This has been done at the request of services and organisations, and also in recognition that the needs and experience of heterosexual men may well be different to other PLWHA. Here the issue is not mode of infection, but rather the experience of being HIV positive and a heterosexually identified man in a country where the majority of people with HIV are gay men, and the majority of programs and services are designed around that fact.

As can be seen in this report, there are some critical aspects of the experience of being HIV positive that are different for heterosexual men, not just in the community aspects of being HIV positive, like contact with organisations and other PLWHA, but in broader socioeconomic characteristics, like the financial impact of HIV, and in health and treatment issues, like the uptake of anti-retroviral treatments, and the way in which health decisions are made. These are important issues, not just for the positive heterosexual men, but for the AIDS sector as a whole.

Introduction

The HIV Futures Survey was the first large-scale nation-wide study of the social aspects of living with HIV/AIDS. This study was developed out of a pilot study of the 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 consultations with community interest groups. Study participants completed a self-administered questionnaire that took about 40 minutes to complete. It included questions on demographics, current health, treatment usage, housing, employment history, finances, community participation, and sexual practice. 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, heterosexual men, 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, 1997). The results discussed in this report 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 people who completed the survey

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).

A full report of the results of the HIV Futures study is provided in the document HIV Futures Community Report. Health, relationships, community, and employment (Ezzy, de Visser, Bartos, McDonald, O'Donnell, & Rosenthal, 1998). In addition, a report on the experiences of women living with HIV/AIDS is provided in the community report Standing on shifting sand: women living with HIV in Australia. (McDonald, Bartos, de Visser, Ezzy, & Rosenthal, 1998).

The HIV Futures survey was completed by 143 respondents who described themselves as heterosexual. This figure represents 16% of the 925 PLWHA who completed the survey. Of the heterosexual respondents, 52% were men and 48% were women. Their ages ranged from 18 years to 77 years, with an average of 37.3 years. Heterosexual male respondents had been HIV-seropositive for an

average of 7.3 years - a similar duration to that reported by heterosexual women, and homosexual/bisexual men.

Of the 74 heterosexual men who completed the survey, the majority live in NSW (38%), Victoria (32%), and Queensland (17%). Fewer heterosexual men live in the other States of Australia. Heterosexual men received their copy of the survey via a number of means. The most common were: AIDS Councils and PLWHA organisations (36%); the Haemophilia Foundation of Australia (20%); and medical centres (14%). A smaller number of men received their copy of the survey from more specialised organisations such as Straight Arrows (7%) or Positive Heterosexuals (3%).

Heterosexual male PLWHA reported lower levels of education than heterosexual women and homosexual/bisexual men: 29% of heterosexual have not completed secondary school, 37% have completed secondary school, 23% have completed a diploma or TAFE qualification, and 11% have completed a university degree.

Results

The results presented in this report compare heterosexual men, heterosexual women, and homosexual/bisexual men. Small number of bisexual men meant that it was not possible to conduct analyses involving these respondents as a separate group. Small number of homosexual women and bisexual women meant that it was not possible to make comparisons involving these two groups or a combined group of homosexual/bisexual women

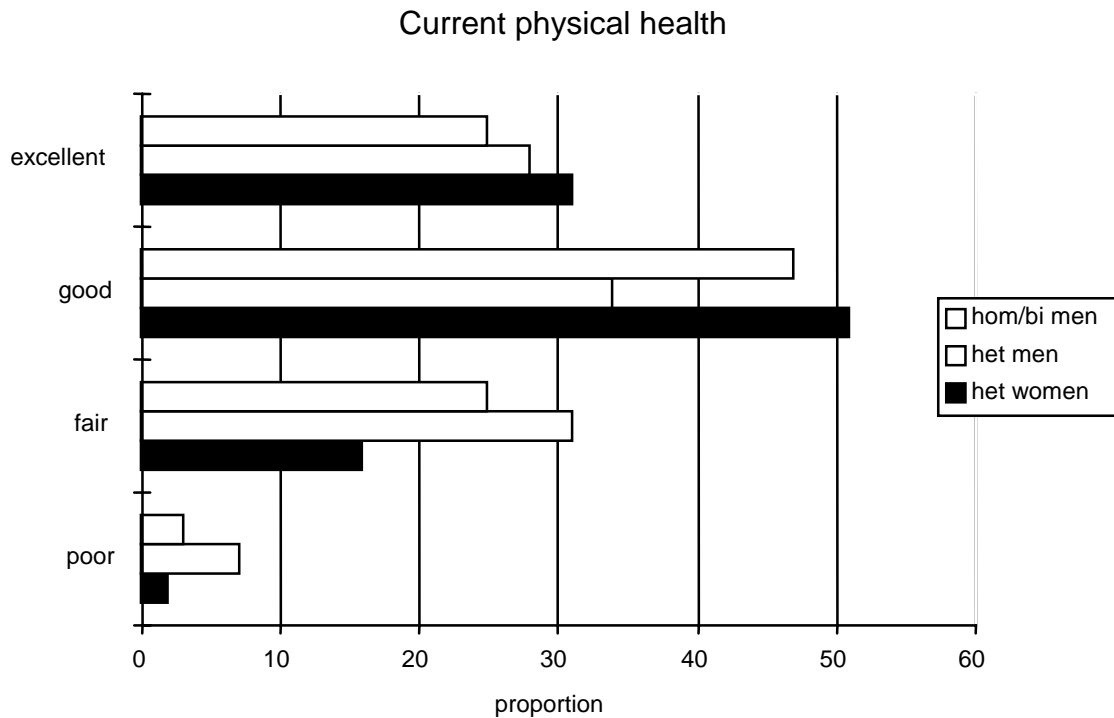
Mode of infection with HIV	Heterosexual men	Heterosexual women	Bisexual + Homosexual
Heterosexual contact	34%	82%	1%
Injecting drug use (IDU)	21%	12%	4%
Male homosexual/bisexual contact	0%	0%	94%
Haemophilia	19%	0%	< 1%
Blood products / health care setting	4%	6%	< 1%
Male homosexual/bisexual contact + IDU	21%	0%	2%

One-third of heterosexual PLWHA were infected with HIV via heterosexual sexual contact. Many heterosexual male PLWHA reported that their presumed mode of infection was injection drug use - either alone, or in conjunction with sexual activity. There was a significant difference between the three groups of respondents in terms of their mode of infection with HIV.

The table above shows that heterosexual PLWHA were significantly more likely than homosexual/bisexual men to have been infected through heterosexual contact, haemophilia, blood products/health care settings, and injecting drug use. The only significant difference in mode of transmission between heterosexual men and heterosexual women was due to the fact that no women have haemophilia.

Current health

Similar proportions of heterosexual and homosexual/bisexual men have been diagnosed with an AIDS-defining illness: 19% of heterosexual men have received an AIDS diagnosis.



Heterosexual men, heterosexual women, and homosexual/bisexual men gave similar patterns of responses when asked to describe their current state of health. This pattern of results is displayed in the graph above. Among heterosexual men, 2% described their physical health as 'poor', 31% described their health as 'fair', 34% described their health as 'good', and 28% described their health as 'excellent'.

Heterosexual men (15%) and women (2%) are less likely than homosexual/ bisexual PLWHA (31%) to have had hepatitis A. In addition, heterosexual men (28%) and women (10%) are less likely than homosexual/bisexual men (38%) to have had hepatitis B.

In contrast, heterosexual men (69%) and women (68%) are more likely than homosexual/bisexual men (53%) to have been tested for hepatitis C virus, and among those who have been tested, heterosexual men (53%) are significantly more likely than heterosexual women (27%) and homosexual/ bisexual PLWHA (24%) to have tested positive for hepatitis C virus.

Serological testing

Ninety-nine percent of respondents have taken a CD4/T-cell test. The results of such tests were similar for heterosexual men, heterosexual women, and homosexual/bisexual men: overall, 31% of heterosexual men reported a CD4/T-cell count indicative of little or no immune system damage (more than 500 cells/ L), 40% reported a CD4/T-cell count indicative of moderate immune system damage (250 - 500 cells/ L), and 29% reported a CD4/T-cell count indicative of severe immune system damage (fewer than 250 cells/ L).

Ninety-six percent of PLWHA have taken a viral load test. Heterosexual men (86%) were significantly less likely than heterosexual women (94%) and homosexual/bisexual men (97%) to have taken a viral load test.

Of the 8 respondents who gave a reason for not having taken a viral load test, 5 said 'I don't believe that I need one', and 3 said 'I don't know enough about viral load tests'.

Among PLWHA who have taken a viral load test, the results were similar for heterosexual men, heterosexual women, and homosexual/bisexual men: overall, 46% reported an undetectable viral load (fewer than 500 copies/mL), 27% reported a low viral load (500 - 10,000 copies/mL), 14% reported a moderate viral load (10,000 - 50,000 copies/mL), and 14% reported a high viral load (more than 50,000 copies/mL).

Mode of infection with HIV	Heterosexual men	Heterosexual women	Bisexual + Homosexual
CD4/T-cell test			
little damage	29%	32%	31%
moderate damage	31%	50%	40%
severe damage	40%	18%	29%
Viral load test			
below detectable level	53%	37%	46%
low	18%	35%	27%
moderate	22%	14%	13%
high	7%	14%	15%

Antiretroviral drugs

Heterosexual men (67%) and women (62%) are significantly less likely than homosexual/bisexual men (80%) to use antiretroviral drugs. However, among PLWHA who use antiretroviral drugs, there is no difference between heterosexual and homosexual/bisexual men in terms of the number of antiretroviral drugs used: 85% of PLWHA who use antiretroviral drugs use triple combination therapy. Overall, 58% of heterosexual male PLWHA use triple combination antiretroviral therapy.

The vast majority (79%) of respondents who use antiretroviral drugs reported that they experience difficulties taking such medication. The proportion of heterosexual men who have difficulties taking their medication (86%) was similar to that reported by heterosexual women (93%) and homosexual/bisexual men (78%). When asked to indicate the difficulties they experience: 68% reported that they have difficulties remembering to take drugs; 58% reported difficulties organising meals around their medication regimen; and 45% reported difficulties taking a large number of tablets.

In addition, 36% of heterosexual male PLWHA reported difficulties taking antiretroviral medication in public - a similar proportion to that reported by other PLWHA. Ten percent of heterosexual male PLWHA reported that their antiretroviral medication conflicts with medication taken for other health conditions - again, this proportion is similar to that reported by other PLWHA.

Heterosexual men were significantly less likely than other PLWHA to report that they experience side-effects from antiretroviral drugs: 48% of heterosexual men experience side-effects, compared to 55% of heterosexual women, and 70% of homosexual/bisexual men. The side-effects most commonly reported by heterosexual men were nausea (20% of all heterosexual male PLWHA using antiretroviral drugs); diarrhoea (14%); fatigue/lethargy (11%); skin rashes/ irritation (9%); and neuropathy (7%).

Of the 22 heterosexual men not using antiretroviral drugs, 7 have used these drugs in the past. The most commonly cited reasons for stopping use of such treatment were: onset of peripheral neuropathy (6 men); and intolerable side-effects (5 men). Fourteen men not currently using antiretroviral drugs reported that they would consider using these drugs in the future. These men said that they would consider using antiretroviral drugs if: the drugs

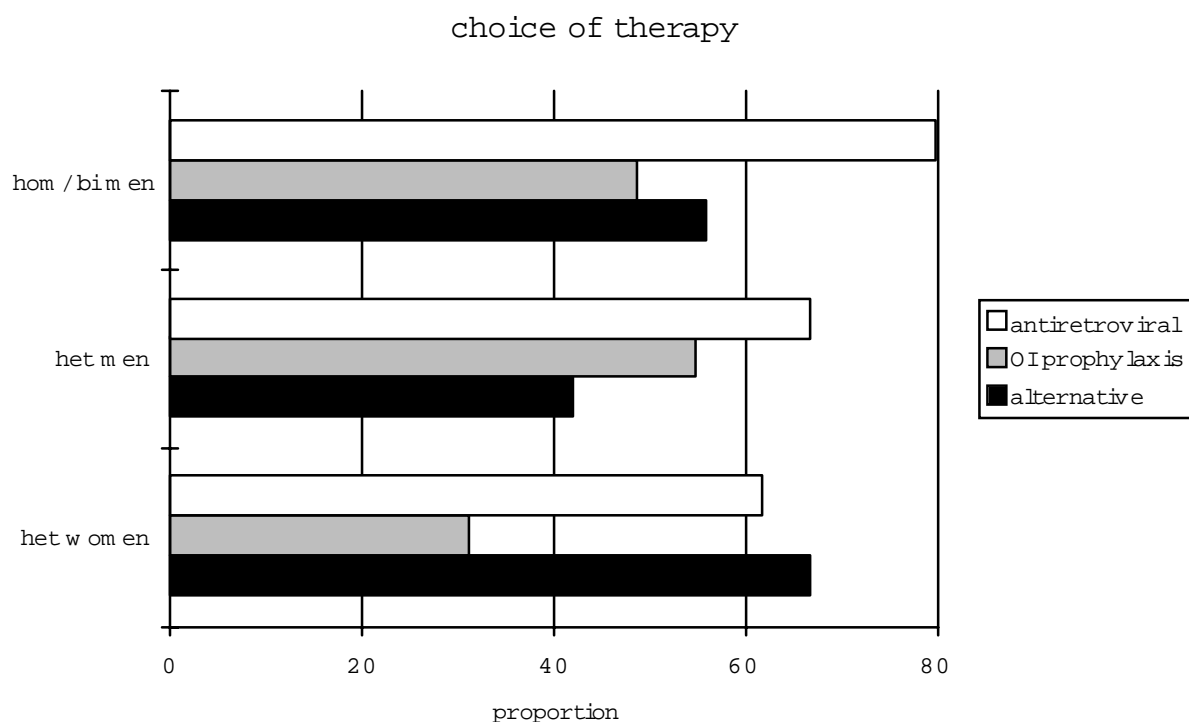
were shown to be effective (10 men); if their health deteriorated (10 men), if they acquired an opportunistic infection (8 men), if they had a large fall in CD4/T-cells (7 men), and if they had a large rise in viral load (7 men).

Other treatments

Heterosexual women (31%) are significantly less likely than heterosexual men (55%) and homosexual/bisexual men (49%) to use prophylaxis for opportunistic infections.

Heterosexual men (42%) are significantly less likely than heterosexual women (67%) and homosexual/bisexual men (56%) to use alternative therapies. The alternative therapies most commonly used by heterosexual male PLWHA were:

dietary supplements (including vitamins and minerals), traditional Chinese medicine, herbal remedies, massage, acupuncture, and meditation/visualisation.



The overall conclusion to be drawn from of results from these comparisons of use of the three forms of treatment is that heterosexual men, heterosexual women, and homosexual/bisexual men report quite different patterns of choice of treatment. These differences were reflected in attitudes toward treatments for HIV/AIDS.

Attitudes toward treatment

Three sets of questions were used to assess respondents' attitudes toward antiretroviral drugs, alternative therapies, and personal involvement in decision making about treatment. For each of these three scales, scores could range between 1 and 5, with higher scores denoting more favourable attitudes.

The first series of questions was used to assess respondents' beliefs in the safety and efficacy of antiretroviral drugs. Heterosexual men (mean = 3.58) and homosexual/bisexual men (mean = 3.86) generally believe in the safety and efficacy of antiretroviral drugs. However, heterosexual women (mean = 3.29) expressed less favourable attitudes toward antiretroviral drugs - attitudes which were reflected in lower levels of antiretroviral drug use among women.

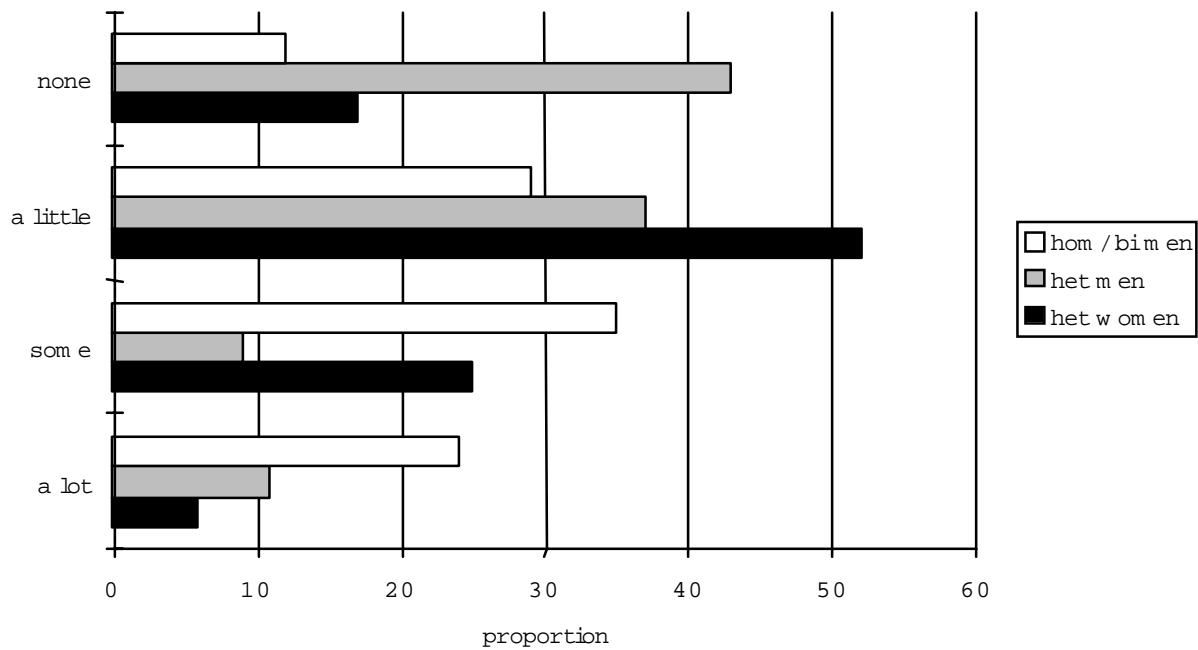
The second series of questions assessed respondents' attitudes toward alternative therapies. No differences were found between heterosexual men (mean = 3.41), heterosexual women (mean = 3.67) and homosexual/bisexual men (mean = 3.50) in terms of their attitudes toward alternative therapies - in spite of the fact that heterosexual men were significantly less likely than other PLWHA to use such therapies.

The third series of questions assessed respondents' attitudes toward being personally involved in decisions about their health management. Compared to heterosexual women (mean = 4.37) and homosexual/bisexual men (mean = 4.27), heterosexual men (mean = 4.01) were less likely to express a desire to be involved in decision making related to their health management.

HIV community

Heterosexual men (84%) are less likely than heterosexual women (95%) and homosexual/bisexual men (97%) to report that they know other PLWHA.

Amount of free time spent with other PLWHA



The graph above shows that heterosexual PLWHA also spend less of their free time with other PLWHA. Heterosexual men are significantly more likely than heterosexual women and homosexual/bisexual men to say that they spend none of their free time with other PLWHA: 43% of heterosexual men spend no free time with other PLWHA, 37% spend ‘a little’ of their free time with other PLWHA, 9% spend ‘some’ of their free time with other PLWHA, and 11% spend ‘a lot’ of their free time with other PLWHA.

Heterosexual men (67%) are significantly less likely than heterosexual women (86%) and homosexual/bisexual men (81%) to have direct contact with an HIV/AIDS organisation. Among the 18 heterosexual male PLWHA who do not have any contact with HIV/AIDS organisations, 8 reported that they are not interested in being involved with such organisations, while 3 reported that they feel excluded from such organisations, and one reported that he does not know how to join such organisations.

Services provided by HIV/AIDS organisations	Heterosexual men	Heterosexual women	Bisexual + Homosexual
Newsletter*	58%	93%	72%
Counselling	43%	43%	33%
Treatment advice	43%	68%	52%
Social contact	34%	44%	41%
Financial assistance	33%	31%	24%
Peer support group	30%	44%	30%
Financial advice	21%	21%	12%
Informal peer support	16%	26%	26%
Alternative therapies/massage	12%	25%	25%
Domestic help*	11%	15%	6%
Library	10%	20%	14%
Transport*	7%	25%	12%

* - significant difference between groups

The table above displays the proportions of heterosexual men, heterosexual women, and homosexual/bisexual men who use each of a range of services provided by HIV/AIDS organisations. Among PLWHA who have contact with HIV/AIDS organisations, there were few differences between heterosexual men, heterosexual women, and homosexual/bisexual men in terms of their use of services provided by such organisations. Heterosexual men were significantly less likely to report that they receive a newsletter and/or mail-outs, and significantly less likely to use transport services. Compared to heterosexual men and women, homosexual/bisexual men were less likely to use domestic help services provided by HIV/AIDS organisations.

Heterosexual men (31%) are significantly less likely than heterosexual women (64%) and homosexual/bisexual men (67%) to 'regularly' read HIV/AIDS-related newspapers and magazines, and heterosexual men (24%) are significantly more likely than heterosexual women (6%) and homosexual/bisexual men (3%) to 'never' read HIV/AIDS-related newspapers and magazines.

When information from different parts of the survey is added together, the results of the HIV Futures survey indicate that heterosexual male PLWHA are less involved in the HIV community than other PLWHA in terms of personal contact with other PLWHA, contact with HIV/AIDS organisations, and readership of HIV/AIDS-related media.

Information sources

The table below shows that heterosexual PLWHA and homosexual/bisexual men gave different responses when asked to indicate who they believe are important sources of information about treatments for HIV/AIDS.

For heterosexual men, the most frequently cited source of information about treatments was their doctor. No other information source was cited by more than half of the respondents.

Heterosexual women were significantly less likely than heterosexual men and homosexual/bisexual men to cite their doctor as an important source of information. Compared to heterosexual women and homosexual/bisexual PLWHA, heterosexual men were more likely to cite HIV/AIDS organisation staff and less likely to cite HIV/AIDS media and other PLWHA as important sources of information. Both heterosexual men and women were less likely than homosexual/bisexual men to report that gay newspapers and magazines are an important source of information. Heterosexual women were significantly more likely than other PLWHA to cite a positive women's organisation. Heterosexual men were significantly more likely than other PLWHA to cite the Haemophilia Foundation as an important source of information.

Important sources of information about treatments for HIV/AIDS	Heterosexual men	Heterosexual women	Bisexual + Homosexual
Doctor*	91%	77%	92%
HIV/AIDS media*	48%	79%	78%
HIV-seropositive friends*	25%	56%	58%
HIV/AIDS organisation staff*	23%	48%	39%
Nurse	22%	22%	18%
Gay media*	18%	16%	69%
Haemophilia Foundation*	15%	0%	1%
Partner	15%	8%	13%
Alternative therapist	11%	26%	17%
Other friends	11%	15%	17%
Family	8%	10%	4%
Positive women's organisation*	5%	66%	1%

* - significant difference between groups

These results reflect the results noted above - that heterosexual male PLWHA appear to be less involved in the HIV/AIDS community than heterosexual women and homosexual/bisexual men.

Participants were also asked who they believe are important sources of information about living with HIV/AIDS. As was the case when respondents were asked to report important sources of information about treatments, heterosexual men were most likely to report that their doctor is an important source of information about living with HIV/AIDS. Again, doctors were the only important source of information reported by more than half of the heterosexual male respondents.

Important sources of information about living with HIV/AIDS	Heterosexual men	Heterosexual women	Bisexual + Homosexual
Doctor	63%	47%	65%
HIV/AIDS media*	31%	49%	62%
Nurse*	26%	17%	13%
HIV-seropositive friends*	23%	58%	62%
Partner	22%	15%	25%
HIV/AIDS organisation staff*	21%	40%	39%
Other friends*	18%	18%	33%
Family	14%	6%	10%
Alternative therapist	12%	15%	16%
Gay media*	11%	10%	55%
Haemophilia Foundation*	10%	0%	0%
Positive women's organisation*	4%	48%	1%

* - significant difference between groups

A number of significant differences between the three groups of respondents were observed. Compared to other PLWHA, heterosexual men were significantly more likely to cite nurses, and the Haemophilia Foundation, and significantly less likely to cite HIV/AIDS organisation staff, HIV/AIDS media, and HIV-seropositive friends. Heterosexual men and homosexual/bisexual men were significantly less likely than heterosexual women to cite a positive women's organisation. Compared to homosexual/bisexual PLWHA, heterosexual men and women were significantly less likely to cite the gay press and HIV-seronegative friends as important sources of information about living with HIV/AIDS.

Planning for the future

Respondents were asked the following question: 'In making major decisions about your life, how far ahead do you make plans?' Their responses are displayed in the table below. Compared to heterosexual women and homosexual/bisexual men, heterosexual men were significantly more likely to plan 'one day at a time', and less likely to use a longer time frame.

Time frame used when planning for the future	Heterosexual men	Heterosexual women	Bisexual + Homosexual
one day at a time	32%	15%	15%
a few months ahead	15%	40%	28%
one year ahead	24%	15%	28%
5 years into the future	19%	19%	19%
10 or more years into the future	11%	10%	11%

Respondents were also asked to indicate whether or not they have changed the time frame they use when planning for the future since the advent of protease inhibitors and combination antiretroviral drug therapy. One-third (33%) of heterosexual men reported that in the past 2 years they have changed the time frame they use when planning for the future. Heterosexual men were significantly less likely than heterosexual women (48%) and homosexual/bisexual men (47%) to report that in the past 2 years they have changed the time frame they use when planning for the future.

Of the men who have changed their time frame for planning for the future, a quarter now use a shorter time frame, while three-quarters now use a longer time frame. The most commonly cited reason for using a shorter time frame was 'declining health'. The most commonly cited reasons for using a longer time frame were 'taking up new treatments', and 'improved health'.

Housing

48% of heterosexual men live in an inner urban area, 24% live in an outer suburban area, 12% live in a regional centre, and 16% live in a rural area. Compared to other PLWHA, heterosexual men were significantly less likely to live in an inner urban area, and significantly more likely to live in an outer suburban area or a rural area.

Heterosexual PLWHA (both men and women) are significantly less likely than homosexual/bisexual men to live alone (24% vs 44%), and significantly more likely to live with dependent children (35% vs 2%). Heterosexual men (35%) and heterosexual women (48%) are significantly more likely than homosexual/bisexual men (5%) to have dependent children.

Heterosexual men (72%) are significantly less likely than heterosexual women (87%) and homosexual/bisexual men (86%) to believe that their housing is suitable for their needs. When asked why their housing is unsuitable, the most commonly cited reasons among heterosexual men were: too expensive (11 men); too far from services (9 men); too small (8 men); and inadequate facilities (5 men).

Employment and finances

Less than half of the PLWHA who completed the survey are in paid employment. There is no difference in the proportion of heterosexual men (41%), heterosexual women (40%) and homosexual/bisexual (45%) PLWHA who are in paid employment.

The 41% of heterosexual male respondents who are working have been employed in their job for an average of 3 years, and work an average of 39 hours per week. Among the heterosexual men in paid employment, 18% described their level of work stress as “low” or “very low”, 54% described their level of work stress as “moderate”, and 29% described their level of work stress as “high” or “very high”. The majority reported that they have no problems keeping their HIV status confidential at work.

Eight of the heterosexual male PLWHA in paid employment reported that their capacity to perform their work duties is affected by having HIV/AIDS - they work reduced hours, do different duties, or cannot always go to work. Nine of the heterosexual male PLWHA in paid employment want to change careers or change the type of work they do. Nine of the heterosexual male PLWHA in paid employment want to change the amount of work they do: 8 want to increase their work hours, while one wants to reduce his work hours.

The 59% of heterosexual male PLWHA who are not in paid employment have been out of the work force for an average of 6 years. Nearly half (43%) of the unemployed male PLWHA are considering starting work or returning to the work force. These respondents were asked to indicate why they are considering starting work or returning to the work force (multiple responses were possible). The most commonly cited reasons for wanting to return to work were: financial; psychological/emotional/social; the possibility of working part-time; and improved physical health. While financial considerations are the most frequently cited reason for wanting to return to work, many men also want to return to work to relieve boredom, to do something worthwhile, and to have contact with people.

Most of the respondents who wish to return to work believe that they will require some form of (re-)education or (re-)training in the form of on-the-job training or more formal education or training, such as short courses, TAFE education, or university education. Most respondents believe that it will be “difficult” or “very difficult” to start work or to return to the work force.

Respondents’ reports of their incomes and their partners’ incomes (if they have partners with whom they share financial resources) were used to assess the proportion of respondents with incomes below the poverty line, according to the updated Henderson poverty lines (Institute of Applied Economics and Social Research, 1997).

Although there were no differences between the three groups in terms of the proportions in paid employment, heterosexual men (46%) were significantly more likely than heterosexual women (21%) and homosexual/bisexual men (31%) to report an income below the poverty line. There was no difference between the three groups in terms of the proportion that have a partner with whom they share financial resources. Therefore, the different proportions of respondents with incomes below the poverty line reflects lower incomes reported by heterosexual male PLWHA.

Among heterosexual men, there was no relationship between reporting an income below the poverty line and having dependent children. Nor was there a relationship between reporting an income below the poverty line and having a partner with whom the respondent shares financial resources. That is, levels of poverty were not greater among heterosexual men with dependent children, and were not greater among PLWHA who do not have a partner with whom they share financial resources.

The data displayed in the table below show the degree of difficulty reported by respondents in meeting the cost of a range of items and services. The data in the table indicate the proportion of respondents who find it ‘very difficult’ to meet the cost of each item (as opposed to ‘a little difficult’ and ‘not at all difficult’). Only the data provided by PLWHA who use each of the listed items are included.

Heterosexual men and women were more likely than homosexual/bisexual men to report that they find it ‘very difficult’ to meet the cost of medical services. Heterosexual men were

more likely than heterosexual women and homosexual/bisexual men to report that they find it 'very difficult' to meet the cost of travel/holidays, housing, food, and transport.

Type of expense	Heterosexual men	Heterosexual women	Bisexual + Homosexual
Prescribed medication	13%	8%	6%
Medical services*	19%	25%	9%
Complementary therapies	43%	37%	24%
Support services	13%	12%	6%
Entertainment	47%	41%	30%
Eating/drinking out	44%	38%	34%
Sport/exercise	49%	39%	29%
Recreational drugs	47%	58%	42%
Travel/holidays*	79%	62%	51%
Housing costs*	35%	18%	19%
Utilities	38%	28%	22%
Food*	23%	11%	13%
Clothing	44%	51%	33%
Transport*	33%	24%	15%

* - significant difference between groups

Relationships

Heterosexual PLWHA and homosexual/bisexual men reported being in different types of sexual relationships. The table below shows that heterosexual PLWHA are less likely than homosexual/bisexual men to be sexually active. Among PLWHA who are sexually active, heterosexual PLWHA are more likely to be in a monogamous regular relationship, less likely to be in a non-monogamous regular relationship, and less likely to have sex with casual partners only. Heterosexual men and heterosexual women gave similar responses.

Among PLWHA in a regular sexual relationship there was no difference between heterosexual men, heterosexual women, and homosexual/bisexual men in terms of the proportion of respondents whose partner is also HIV-seropositive.

Type of sexual relationship	Heterosexual men	Heterosexual women	Bisexual + Homosexual
No sex at present	43%	31%	17%
Casual sex only*	14%	4%	33%
Monogamous regular relationship*	34%	64%	24%
Non-monogamous regular relationship*	8%	< 1%	25%
Two or more regular relationships	1%	0%	2%

* - significant difference between groups

Of the 11 heterosexual men who had intercourse with a casual partner in the 6 months prior to completing the survey, 3 reported that they always used a condom, 7 reported that they sometimes used a condom, and 1 reported that he did not use a condom. Too few heterosexual men and heterosexual women had sex with casual partners to allow statistical comparison of differences between the three groups in terms of their patterns of condom use, and the relationship between condom use and partner HIV serostatus. However, it should be noted that data for the whole sample contained in the HIV Futures Community Report (Ezzy et al., 1998) indicate that respondents were significantly more likely to use condoms with an HIV negative partner than with an HIV positive partner.

Of the 22 heterosexual men had intercourse with a regular partner in the 6 months prior to completing the survey, 16 always used a condom, 1 reported that he sometimes used a condom, and 5 reported that they did not use a condom. Heterosexual men, heterosexual women, and homosexual/bisexual men did not differ in terms of their frequency of condom use during sex with regular partners. Small numbers of heterosexual men and heterosexual women meant that it was not possible to examine differences in the relationship between partner serostatus and condom use. The HIV Futures Community Report (Ezzy et al., 1998) contains detailed information about patterns of condom use and the relationship between partner serostatus and frequency of condom use. The data contained in the community report reveal that respondents were significantly more likely to use condoms with HIV negative partners (or partners of unknown serostatus) than with an HIV positive partner.

Discussion

A number of significant differences were found between heterosexual male PLWHA and other PLWHA in terms of their experiences of living with HIV/AIDS. Some of these differences related to differences in health-related and treatment-related issues.

Heterosexual men are less likely to have taken a viral load test. Heterosexual male PLWHA are less likely than other PLWHA to use antiretroviral drugs and less likely to use prophylaxis for opportunistic infections than homosexual/bisexual men. These differences were observed despite there being no difference between heterosexual male PLWHA and other PLWHA in terms of the results of serological tests or their reports of their physical health. They suggest that attitudes to treatment may be important in explaining lower rates of use of treatments for HIV/AIDS. Indeed, heterosexual male PLWHA were less likely than other PLWHA to express a desire to be involved in decision making about their health.

Heterosexual male PLWHA also appeared to be less involved in the HIV community than heterosexual women and homosexual/bisexual men. They were less likely to know other PLWHA; to spend free time with other PLWHA; to read HIV/AIDS-related publications; and to have contact with HIV/AIDS organisations. While some heterosexual male PLWHA reported that they feel excluded from HIV/AIDS organisations, the majority of PLWHA who do not have contact with these organisations reported that they do not want to be involved.

Heterosexual men are less likely than other PLWHA to live in an inner suburban area, and more likely to live in an outer suburban area. Taken with the findings that heterosexual men are less involved in the HIV community, are less likely to have direct contact with HIV/AIDS-related organisations, and use different services provided by HIV/AIDS-related organisations, it appears that HIV plays different roles in the social worlds of heterosexual men and other PLWHA.

Heterosexual men were no more or less likely than other PLWHA to be in paid employment at the time of completing the survey. However, heterosexual men reported lower levels of education than other PLWHA, and among heterosexual men, those with less education were significantly more likely to be unemployed.

Important differences in the financial impacts of living with HIV/AIDS were also found between heterosexual male PLWHA and other PLWHA. Heterosexual male PLWHA were significantly more likely to report an income below the poverty line. They were also significantly more likely to report that it is very difficult for them to meet the costs of housing, food, and transport.

The data presented in this report show that for heterosexual men, the experience of living with HIV/AIDS is quite different to that of other PLWHA.

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Acronyms Used in the Report

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
PLWHA	People Living with HIV/AIDS

In 1999, the Australian Research Centre in Sex, Health and Society will be repeating the HIV Futures Survey.

If you are on our mailing list, we will mail the new HIV Futures survey to you in mid-1999. We hope that you will be able to take the time to complete the survey. Please be sure to let us know about any change of contact details.

If you are not on our mailing list and would like to be involved in the new HIV Futures survey, please call us on our free call number 1800 064 398

If you have any queries about the HIV Futures Survey, please call us on our free call number 1800 064 398.