

# HIV futures NZ<sup>2</sup>

Mate āraikore a muri ake nei (Tuarua)



## KEY COMPARISONS between HIV Futures New Zealand 1 and HIV FUTURES New Zealand 2

Below is a summary of comparisons between the first HIV Futures New Zealand Survey conducted in 2001 and the HIV Futures New Zealand 2 Survey conducted in 2007. These were national self complete omnibus surveys of the health and well being of people living with HIV/AIDS in New Zealand. The surveys were conducted by the Australian Research Centre in Sex, Health and Society in collaboration with the New Zealand AIDS Foundation. Community partners for the projects were Body Positive Inc., Te Hauora Takataapui NZAF, the Positive Health Programme at NZAF, Positive Women Inc., the African Health Promotion Programme NZAF, Absolutely Positively Positive, Poz Plus and the Community AIDS Resource Team at Auckland City Hospital.

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The investigators on the HIV Futures New Zealand 2 Survey and authors of the report are Jeffrey Grierson, Rachel Thorpe, Marian Pitts, Tony Hughes, Peter Saxton, Jonathan Smith, Eamonn Smythe and Mark Thomas

**Note:** The analyses from this point forward are divided into two populations. The responses of HIV positive New Zealanders of African descent are analysed separately. This recognises the particular experiences of this population and allows a meaningful comparison with findings presented in the first HIV Futures New Zealand report. The analyses of the remainder of the sample are presented below.



Positive Women



## HEALTH

### HIV Antibody Testing

A higher proportion of respondents reported having received pre-test counselling or engaging in a pre-test discussion than in 2001. This includes those testing positive in the two years prior to survey, where this increased from 6% to 22%. Post-test counselling rates remained the same.

### Current Health Status

General ratings of health status and well being were similar across the two surveys. A greater proportion of respondents had been diagnosed with an AIDS defining illness in the two years prior to survey in 2007 than in 2001 (14% vs. 5%).

### HIV-related and other health conditions

A smaller proportion of respondents reported HIV related illnesses (2001: 36%, 2007: 25%).

### Mental Health

In 2007 a slightly smaller proportion of respondents reported taking antidepressant medication in the prior six months (2001: 23%, 2007: 19%) while a greater proportion reported taking anti-anxiety medication (2001: 15%, 2007: 23%).

### Viral Hepatitis

Vaccination rates were higher for hepatitis A (2001: 44%, 2007: 54%) and hepatitis B (2001: 48%, 2007: 57%). Lifetime diagnoses were slightly lower for hepatitis A (2001: 14%, 2007: 11%) and hepatitis B (2001: 18%, 2007: 14%). Hepatitis C rates were similar.

## TREATMENTS

### Antiretroviral Therapy Use

Similar proportions of respondents had ever used antiretroviral treatments (2001: 78%, 2007: 79%), while current use was slightly higher (2001: 64%, 2007: 73%).

A smaller proportion of PLWHA reported having difficulties using these treatments (2001: 79%, 2007: 44%). This was reflected in lower proportions reporting side-effects (2001: 44%, 2007: 26%) and difficulties with drug timing (2001: 44%, 2007: 24%).

### Attitudes to Antiretroviral Therapy

Overall, the profile of attitudes to antiretroviral treatment was similar.

### Treatment Breaks

Similar proportions of respondents in the two studies had ever taken a break from antiretroviral treatments. The median length of the most recent break was shorter (2001: 45 days, 2007: 28 days). Respondents were more likely to have discussed this break with their doctor before taking it (2001: 43%, 2007: 65%).

### Antiretroviral Resistance

A slightly higher percentage of people had undergone resistance testing in the most recent survey (2001: 19%, 2007: 22%). However, a smaller proportion reported that testing had identified resistance to any treatments (2001: 74%, 2007: 51%).

### Dosing and Adherence

A smaller proportion of participants reported taking antiretroviral medication twice daily (2001: 66%, 2007: 53%) while a higher proportion reported taking treatment three times per day (2001: 9%, 2007: 23%).



Adherence, measured by the proportion not missing any doses in the two days prior to survey, was slightly higher in the most recent survey (2001: 80%, 2007: 92%).

#### Complementary Therapies

Use of complementary therapies was similar across the two surveys, although in 2007 more reported taking vitamin or mineral supplements (2001: 30%, 2007: 47%).

### SERVICES

#### Health Services

A higher proportion of PLWHA reported seeing an HIV outpatient specialist as their primary HIV physician in 2007 (2001: 77%, 2007: 80%). A slightly lower proportion saw a different doctor for HIV specific and general health care (2001: 74%, 2007: 71%). Slightly fewer had visited an outpatient HIV specialist in the six months prior to survey (2001: 82%, 2007: 79%).

#### Other Services

Generally, service use was lower across all services at HIV organisations and other organisations in the most recent survey. For example, at HIV/AIDS organisations: treatments advice (2001: 55%, 2007: 34%); treatments information (2001: 26%, 2007: 15%); and counselling (2001: 48%, 2007: 31%).

#### Information

Participants cited similar organisations and sites as important sources of information in the two surveys. There were slight differences in the proportions citing HIV magazines and newspapers (2001: 32%, 2007: 28%) and internet sources (2001: 24%, 2007: 30%).

#### Involvement with HIV/AIDS Organisations

Fewer had contact with HIV/AIDS organisations (2001: 77%, 2007: 62%), although the type of contact was consistent across surveys.

### THE SOCIAL WORLD OF PLWHA

#### Contact with Other PLWHA

A slightly smaller proportion of respondents reported that they knew other PLWHA (2001: 84%, 2007: 80%) and a slightly higher proportion said they spent no time with other positive people (2001: 40%, 2007: 45%). A smaller proportion had been involved in the care of someone else with HIV (2001: 22%, 2007: 16%), and a smaller proportion also said that someone close to them had died of HIV/AIDS (2001: 70%, 2007: 62%).

#### Disclosure

Disclosure of HIV status to others was similar across the two surveys. A smaller proportion reported ever experiencing unwanted disclosure (2001: 54%, 2007: 48%) and unwanted disclosure in the previous twelve months (2001: 33%, 2007: 19%).

#### Social Support

Patterns of social support differed somewhat between the two surveys. Similar proportions reported 'a lot' of support from partners (2001: 80%, 2007: 78%) and close friends (2001: 53%, 2007: 51%), while more reported this for PLWHA groups (2001: 13%, 2007: 52%).



### Planning for the Future

The percentage of respondents reporting that they planned only one day at a time had decreased slightly (2001: 25%, 2007: 20%) and the proportion planning more than one year in the future had increased (2001: 55%, 2007: 60%).

### Relationships and Sex

A slightly lower percentage reported having no sexual relations at present (2001: 40%, 2007: 32%). Similar percentages were in regular relationships (2001: 41%, 2007: 43%). Slightly more reported casual partners plus a regular relationship (2001: 13%, 2007: 16%) or casual partners only (2001: 23%, 2007: 25%).

A smaller proportion said they would prefer a relationship with someone who is also HIV positive (2001: 34%, 2007: 27%). Similar patterns were observed regarding the impact of HIV on sexual relationships and sexual pleasure. A considerably smaller proportion of participants reported that they would not practice safe sex if a vaccine became available (2001: 70%, 2007: 20%).

Slightly more of those in regular relationships had an HIV positive partner (2001: 21%, 2007: 28%). Larger proportions reported having anal or vaginal sex with their regular partner in the previous six months (2001: 29%, 2007: 40%).

A higher proportion of respondents reported having sex with a casual partner in the previous six months (2001: 36%, 2007: 52%).

### Most recent casual partner

A higher proportion of participants provided data on their most recent casual partner in the six months prior to survey (2001: 22%, 2007: 49%). Fewer of these sexual episodes involved anal or vaginal sex (2001: 89%, 2007: 71%). Patterns of condom use with most recent casual partner were, however, the same.

### Legal Issues around disclosure of HIV status

There were some noticeable changes in the response to items concerning the legal issues around disclosure. A considerably higher proportion of participants agreed with the statement it is legally OK for someone to use a condom for anal or vaginal sex and not to tell their partner about HIV status (2001: 38%, 2007: 63%), while a smaller proportion agreed with the statement it is legally OK for a person to disclose their HIV status to a partner and then not use a condom for anal or vaginal sex (2001: 70%, 2007: 61%).

### Recreational Drug Use

Rates of recreational drug use were similar between the two surveys, with the exception of tobacco use (2001: 46%, 2007: 38%).



## HOME, WORK & MONEY

### Accommodation

A greater proportion of participants owned or were purchasing their own home in the most recent survey (2001: 37%, 2007: 46%). More were also in private rental accommodation (2001: 28%, 2007: 31%) and fewer were in public rental accommodation (2001: 18%, 2007: 13%). A higher percentage reported that their current accommodation was suitable for their needs (2001: 78%, 2007: 89%). A higher percentage of participants lived by themselves (2001: 30%, 2007: 37%) and with pets (2001: 51%, 2007: 59%) and had access to a car (2001: 75%, 2007: 82%).

### Employment

In 2007 a higher proportion of participants reported being in paid employment (2001: 53%, 2007: 62%), particularly in full time employment (2001: 38%, 2007: 44%). Among those working, more reported that HIV had an impact on their capacity to perform their work duties (2001: 44%, 2007: 67%). Smaller proportions of respondents reported that they had disclosed their HIV status to at least one person in their workplace (2001: 54%, 2007: 49%), and that they did not try to keep their HIV status confidential at work (2001: 22%, 2007: 13%).

### Finances

A considerably greater percentage of respondents reported their main source of income as a salary (2001: 39%, 2007: 46%) and less reported this as a government benefit (2001: 47%, 2007: 36%). Median weekly personal income has increased (2001: \$330, 2007: \$486), and this is greater than the change in consumer price index (HIV Futures 47.2%, NZ CPI + 16.4%) indicating that there has been an increase in the purchasing power of this population. Median income, however, remains lower than the remainder of the New Zealand population.

Difficulty paying for goods and services has reduced between the two surveys. The proportion reporting that it is somewhat or very difficult to pay for basic needs is lower in the most recent survey: clothing (2001: 66%, 2007: 56%); utilities (2001: 63%, 2007: 50%); housing (2001: 60%, 2007: 53%); food (2001: 54%, 2007: 47%); transport (2001: 55%, 2007: 52%). While these changes are in a positive direction, it should be noted that there is still considerable financial hardship for PLWHA.

A smaller percentage of respondents on a government benefit reported that they had received an assessment from a WINZ medical officer (2001: 62%, 2007: 35%).

### Discrimination

Fewer reported experiencing less favourable treatment in relation to accommodation (ever 2001: 12%, 2007: 4%), (two years prior 2001: 5%, 2007: 2%).

Fewer reported experiencing less favourable treatment at health services (ever 2001: 31%, 2007: 22%), (two years prior 2001: 20%, 2007: 11%).

Fewer reported experiencing less favourable treatment in relation to obtaining insurance (ever 2001: 36%, 2007: 26%).



## PARTICIPANTS OF AFRICAN DESCENT

Caution must be exercised when comparing the findings on refugees in the 2001 report and those of African descent in the current report. While the populations are similar, the criteria for inclusion are somewhat different in the two reports (see page 106).

Overall circumstances appear to have improved for this population. People were more likely to be in employment and were earning more. However, this group is still disadvantaged in comparison to other PLWHA and the New Zealand population. Access to health care services remained high, as did reliance on clinical services for information and support. Disclosure of HIV status remained low.

### Findings are reproduced from:

J Grierson, M Pitts, M Whyte, S Misson, A Hughes, P Saxton and M Thomas (2002) HIV Futures New Zealand (Mate āraikore a muri ake nei): Monograph Series Number 32. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

J Grierson, R Thorpe, M Pitts, A Hughes, P Saxton, J Smith, E Smythe, M Thomas (2008) HIV Futures New Zealand 2 [Mate āraikore a muri ake nei (Tuarua)], monograph series number 66, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

Copies of the full reports can be obtained by contacting the New Zealand AIDS Foundation or the Australian Research Centre in Sex, Health and Society at La Trobe University. The report is also available online at [www.latrobe.edu.au/hiv-futures](http://www.latrobe.edu.au/hiv-futures)

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