



AUSTRALIAN RESEARCH CENTRE IN **SEX, HEALTH AND SOCIETY**

DECEMBER 2000



HIV Futures II Regional Reports Victoria



A COLLABORATING CENTRE TO THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

FUNDED THROUGH A CARG COLLABORATING CENTRE GRANT FROM THE
COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE

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HIV Futures II Regional Reports: Victoria

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Monograph Series Number 21
ISBN 1864465239



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Suggested citation

Grierson, J., Misson, S. and Horsley, P. (2000) *HIV Futures II Regional Reports: Victoria*, Monograph Series Number 21, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

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Introduction

The HIV Futures Study is the largest of its kind in Australia. It is designed to provide HIV, health and funding agencies, as well as the affected community, with a picture of the overall situation of people living with HIV/AIDS (PLWHA) in Australia.

The *HIV Futures II* survey was conducted by the Living with HIV research program at the Australian Research Centre in Sex, Health and Society, La Trobe University, in the second half of 1999. The survey asked PLWHA about their health, use of antiretroviral and complementary treatments, use of information and support services, and their housing and financial situation. It also asked about sex and relationships, people's social supports, recreational drug use, work situation and future planning.

This is the second time this national survey has been conducted. The research team held consultations with PLWHA and HIV organisations around the country in order to improve this follow-up survey.

The results of this study have been reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia*. The HIV Futures Community Report contains a vast amount of information about the social impacts of HIV/AIDS including: treatment uptake and health management; the impact of HIV/AIDS on sexual practice; the involvement of respondents in community organisations, and the importance of HIV/AIDS organisations to PLWHA; the impact of HIV/AIDS on work and employment participation; and the financial impact of living with HIV/AIDS. This report relates specifically to people who were resident in Victoria at the time of the survey.

We recognise the importance of providing analysis of data for specific communities to assist with planning and policy. The series of state reports give an overview of findings for those states where there were a sufficient number of respondents. The reports cover the major areas of the main report and should be read in conjunction with it.

The people who completed the survey

The survey was completed by 924 respondents. This sample represents 8% of all PLWHA in Australia. Respondents ages ranged from 18 to 77 years (median = 38.0 years, mean = 41 years). The average time since respondents first tested HIV seropositive was 9.8 years. The results relating to the total sample are reported in the document *HIV Futures II: Health, The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson, Bartos, de Visser and McDonald, 2000).

The national sample under-represents gay men from NSW and over-represents women, heterosexual men, those from non-metropolitan areas and those from outside NSW. All data in the remainder of this report have been weighted based on mode of infection, gender, state of residence and diagnoses of AIDS defining illness in order to conform to the demographic profile detailed in the Australian HIV Surveillance report.

One hundred and eighty four Victorian PLWHA completed the HIV Futures II Survey. The large number of Victorian respondents is a reflection of the great efforts to promote the survey made by the Access Information Centre, AIDS Care Association, ALSO Foundation, Barkly Street Medical Centre, Country AIDS Network Resource Centre, Haemophilia Foundation of Victoria, Melbourne Sexual Health Centre, Mountfield Clinic, People Living with HIV/AIDS – PLWHA (Vic.), Stephanie Moore and Positive Women Victoria, Prostitutes' Collective Victoria, Royal Melbourne Hospital HIV Services, Straight Arrows, Victorian AIDS Council, VIVAIDS, Mattie Sempert, Lisa McPherson, Peter de Ruyter, and Paul Berr.

Among Victorian respondents, 88% were male and 13% were female. The ages of the Victorian respondents ranged from 21 years to 74 years. The average age for Victorian PLWHA was 42.5 years, which is similar to that of the rest of the sample. On average, PLWHA living in Victoria had been HIV seropositive for 9.6 years - a similar length of time to that reported by PLWHA from other States (mean = 9.8 years).

The vast majority of respondents had been infected with HIV through sexual contact: 67% cited homosexual or bisexual contact as the most likely transmission route, 4% reported injecting drug use, 10% cited heterosexual contact, 2% reported homosexual/bisexual contact and injecting drug use; 4% were infected by blood products or in a health care setting; and 11% were people with haemophilia infected through contaminated blood products. Compared to PLWHA living in other states, Victorian PLWHA were significantly more likely to report haemophilia as their mode of infection, and significantly less likely to report homosexual sex as their mode of infection.

Major findings

The results reported below compare PLWHA from Victoria with PLWHA from other States of Australia, ie. the rest of the sample minus the Victorian respondents.

Current health

Most respondents reported that they currently feel healthy: 24% said that their health is *excellent*, 48% said that their health is *good*, 23% said that their health is *fair*, and 4% said that their health is *poor*. Twenty-seven percent of the Victorian respondents have been diagnosed with an AIDS-defining illness - a similar proportion to that reported by PLWHA from the other states combined.

More than two-fifths (43%) of respondents from Victoria have a major health condition other than HIV/AIDS - a similar proportion to the 41% reported by PLWHA from other States. The most frequently cited "other" health conditions included haemophilia, cardiovascular disease, arthritis, mental illnesses, hepatitis B, hepatitis C, and asthma. Around one in four (24%) PLWHA from Victoria have had hepatitis A, and 34% have had hepatitis B. Of the 59% of Victorian PLWHA who have been tested for hepatitis C, 24% have tested positive, 68% have tested negative, and 8% do not know the result of their test. This means that 14% of Victorian PLWHA have also tested positive for Hep C. A third (32%) of respondents are on medication for anxiety, 29% for depression, and 8% are on anti-psychotic medication.

Nearly all of the respondents from Victoria have taken a CD4/T-cell test (98%) and a viral load test (98%). Victorian PLWHA are significantly more likely to have had a genotypic antiretroviral resistance test in the last twelve months compared with PLWHA from other states (21% vs 11%). The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). Victorian PLWHA were significantly more likely to report a CD4/T-cell count indicative of severe immune system damage, and were significantly less likely to have a viral load below detectable levels than the other states combined. It is interesting to note that 12% of Victoria PLWHA have a CD4/T-cell count below 250 and a viral load above 50,000. That is, approximately one in eight Victoria PLWHA have a high viral load and severe immune system damage.

Table 1: Results of serological testing

Description	Result	Proportion
CD4/T-cell count	cells/ml blood	
little or no immune damage	over 500	37%
moderate immune damage	250 - 500	35%
severe immune damage	below 250	28%
Viral load	copies/ml blood	
below detectable level	below 200 / 500	45%
low	500 - 10,000	27%
moderate	10,000 - 50,000	13%
high	over 50,000	16%

Antiretroviral therapy

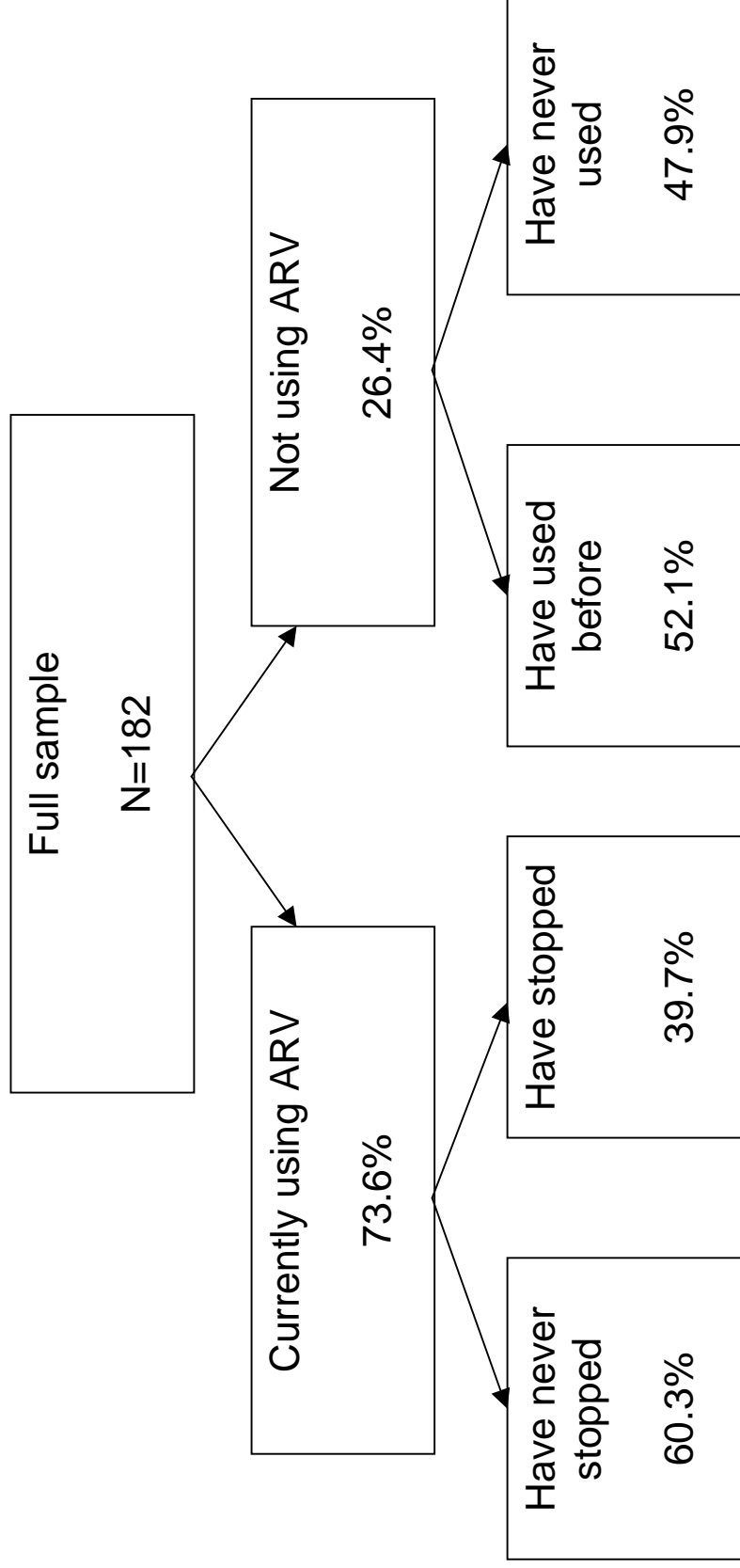
Figure 1 shows the uptake of antiretroviral treatment for Victorian PLWHA. Almost nine out of ten (87%) of Victorian PLWHA have taken antiretroviral drugs at some stage. Of these 84% are using them currently. These figures are similar to those for PLWHA from other states. Of those Victorian PLWHA who have ever taken antiretrovirals about half (52%) report that their health has improved, 16% reported that their health has stayed the same, 30% that it has fluctuated, and 2% that it has deteriorated.

Most (60%) of the PLWHA from Victoria who use antiretroviral drugs reported that they experience side-effects from these drugs - a similar figure to that reported by PLWHA in other States. The most commonly reported side-effects from antiretroviral drugs are: diarrhoea (experienced by 37% of Victorian PLWHA experiencing side effects of antiretroviral drugs), nausea (34%), insomnia (24%), neuropathy (17%), fatigue/lethargy (12%), and headaches (12%).

Three quarters (75%) of Victorian PLWHA who use antiretrovirals report difficulties in taking this medication. The most common difficulties among these respondents are remembering to take drugs on time (52%), organising meals around medication (38%) and taking a large number of tablets (32%). Victorian PLWHA are significantly more likely to report that they find taking a large number of tablets a problem.

About one in ten (10%) Victorian PLWHA missed at least one dose on the day before they filled out the survey, with a similar proportion (15%) missing a dose the day before that. Only 2% missed a dose on both days. Forty percent of Victorian PLWHA have taken a break from antiretrovirals at some stage, a similar proportion to that for other states. The reasons most commonly given for taking a break are side effects (20%), to clean out their system (13%), taking drugs at the right time was too difficult (13%) and to have a drug holiday (12%). The difficulty of taking drugs at the right time is a reason for taking a break for a significantly greater proportion of Victorian PLWHA than for those in other states.

Figure 1: The uptake of antiretroviral drugs



Victorian PLWHA are less enthusiastic about the efficacy of new medications compared with PLWHA in other states. Compared with other states, PLWHA from Victoria are significantly less likely to agree that HIV treatments will stop them dying from AIDS and that the new treatments for HIV/AIDS make safe sex less important. Figure 2 (below) shows that most (70%) of Victorian PLWHA agree that antiretroviral drugs have improved the prospects of most PLWHA, while 22% believe it is too soon to tell, and 7% do not know if antiretroviral drugs have improved the prospects of most PLWHA. Only two Victoria PLWHA (1%) think that antiretroviral drugs have not improved the prospects of PLWHA.

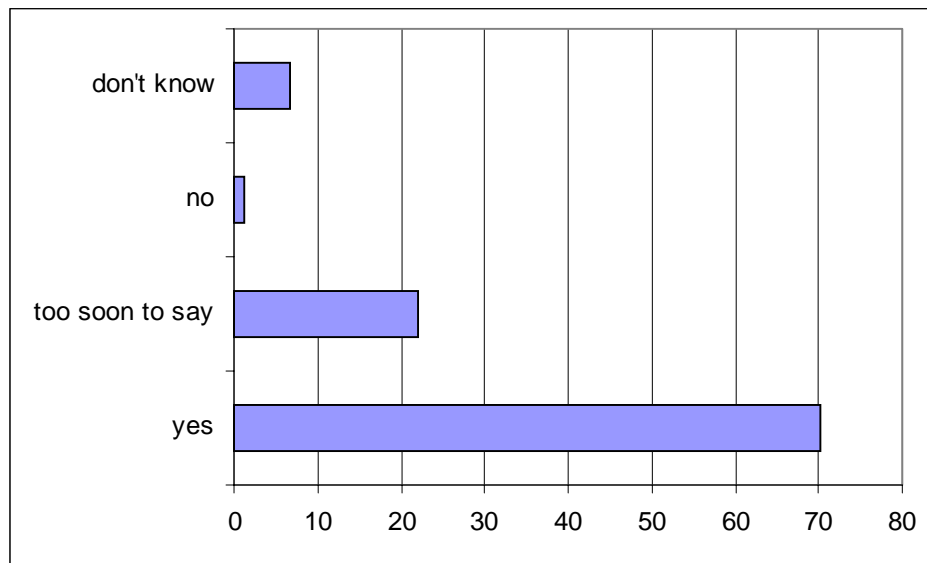


Figure 2: Opinions of Victorian respondents on whether antiretrovirals have improved the prospects of PLWHA.

Those Victorian PLWHA who are currently using combination therapy have done so for an average of 3 years and 5 months. The mean number of combinations they have tried in this time is 3.1, with a mean of 1.7 of these having been used in the past 12 months. They started on these therapies when their viral load was high (mean = 302,677.1 copies/ml) and their CD4 count was low (mean = 223.5). The most common circumstances surrounding the commencement of combination therapy for these respondents were doctors advice (79%), a drop in CD4 count (41%), new drugs becoming available (40%), and hearing of the effectiveness of the treatment (38%). When starting combination therapy Victorian PLWHA were significantly more likely to be ill (34% v 23%) than those in other states.

Among those who have used more than one combination, the most common reasons for changing the last time they did so were: side effects (38%), their current combination was not working (37%), and resistance to their combination having developed (16%). Most felt they still had options left – 37% reporting they have many options, 50% a few, 9% one and 4% none.

Those Victorian PLWHA who have stopped using antiretrovirals had been using them for an average of 2 years and 10 months and had stopped an average of 1 year and 7 months ago. They have used on average 3.1 combinations. Of the Victorian PLWHA who had taken antiretrovirals and stopped, only one respondent (4 %) reported that their health improved on the medication, 13% reported that it stayed the same, 57% that it fluctuated and 26% that it deteriorated. The most common reasons

for stopping use of antiretrovirals were side effects (78%), that they weren't working (46%), they didn't fit in with the respondent's life style (30%), taking a break to clean out the respondent's system (30%), drug resistance having developed (26%) and having a drug holiday (25%).

Of all Victorian PLWHA not currently taking antiretroviral medications, 84% reported that they would consider taking them in the future. The most common circumstances which PLWHA report might make them start antiretrovirals are a significant drop in CD4/T-cell count (67%), becoming very ill (67%), a significant rise in viral load (61%), hospitalisation due to HIV-related infections (55%) or on a doctor's advice (41%). These figures are similar to those reported by PLWHA in other states.

Prophylaxis and Complementary Therapies

Figure 2 (below) shows that while the majority of Victorian PLWHA use antiretroviral drugs, most also use complementary therapies. Only two out of every five (40%) of the respondents from Victoria use prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP) and/or prophylaxis for other opportunistic infections.

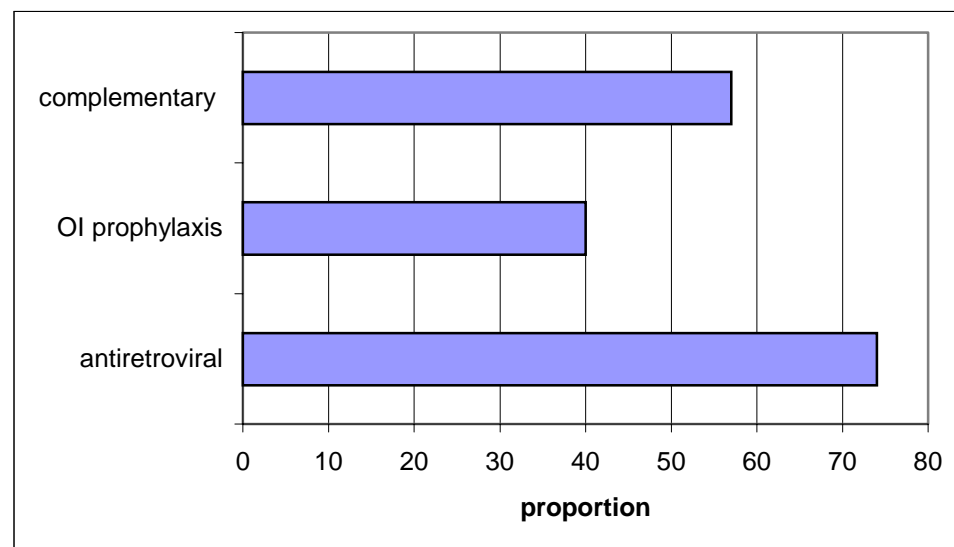


Figure 3: Use of therapies for HIV/AIDS

Over half (57%) of the respondents from Victoria use complementary therapies for HIV/AIDS. The most commonly used complementary therapies are vitamin/mineral supplements (83% of Victorian PLWHA who use complementary therapies), massage (50%), meditation/visualisation (38%), and herbal remedies (32%).

Attitudes toward complementary therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, Victorian PLWHA had favourable attitudes toward complementary therapies (mean = 3.55). PLWHA from Victoria had similar attitudes toward complementary therapies as PLWHA from other States (mean = 3.51).

Health Services

In the last 6 months the health services that Victorian PLWHA had most commonly used were a GP who specialises in HIV (64%), a hospital outpatient clinic (46%), an HIV specialist/physician (44%), a hospital social worker/counsellor (26%), a sexual health centre (26%), and HIV organisation clinic (26%), a hospital inpatient clinic (20%), an AIDS organisation social worker (12%) and an employment agency (9%). Victorian PLWHA were significantly more likely to have used a hospital outpatient

clinic, a hospital inpatient clinic, a sexual health centre and a hospital social worker/counsellor than PLWHA in other states. Almost half (48%) of Victorian PLWHA have to go to more than one place to get all their prescriptions filled, a similar proportion to that for PLWHA in other states.

When asked who they usually see for HIV related treatment, PLWHA from Victoria were most likely to nominate a HIV GP (44%), while 22% nominated a HIV specialist and 15% a doctor at a hospital outpatient clinic. When asked who they see for general (non-HIV) medical care, they were most likely to nominate a HIV GP (57%), followed by a HIV specialist (11%) and a doctor at a hospital outpatient clinic (11%). These usage patterns are significantly different to those PLWHA from the other states.

Information and support services

Over three-quarters of the respondents (77%) have direct contact with an HIV/AIDS-related organisation. This is a similar proportion to that found among PLWHA in the rest of the country. Of those Victorian PLWHA in contact with HIV/AIDS organisations, 79% receive a newsletter, 71% are clients, 57% are members, 8% are volunteers and 7% are staff. Of those PLWHA in the Victorian sample who do not have contact with an HIV/AIDS organisation the most common reasons given are not wanting to be involved (67%), not having time (26%) and not having transport (17%). There are no significant differences between Victorian PLWHA and those from other states on reasons why they don't have contact with HIV/AIDS organisations. Sixty-two percent of Victorian PLWHA who have contact with an HIV/AIDS-related organisation have contact with the Victorian AIDS Council, and 61% have contact with PLWHA (Vic). Among Victorian PLWHA there was no relationship between having contact with the Victoria AIDS Council and having an AIDS-defining illness, or living in an urban area as opposed to a regional centre or rural area.

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

Service	HIV/AIDS Organisation	Other service organisation
Social contact with other PLWHA	44%	11%
Treatments advice	40%	23%
Peer support group	37%	8%
Financial assistance	26%	13%
Counselling	25%	28%
Alternative therapies	25%	17%
Informal peer support	24%	11%
Legal advice	20%	12%
Housing assistance	19%	12%
Pharmacy services	18%	39%
Financial advice	10%	17%
Library	9%	20%
Internet access	9%	18%
Respite care	7%	8%
Mental health services	7%	14%
Drug/alcohol treatment	3%	4%
Employment services	2%	12%
Return to work skills	1%	10%

Table 2 (above) displays the proportion of Victoria PLWHA 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. PLWHA most commonly use these organisations for treatments advice, social contact, and peer support. PLWHA from Victoria were significantly less likely than PLWHA from other

states to report that they make use of return to work skills training provided by HIV/AIDS organisations. They are also more likely to use counselling services and housing assistance, and less likely to use drug and alcohol treatment, provided through non-HIV/AIDS organisations.

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 a doctor specialising in HIV. However, nearly two thirds of the respondents rely on HIV/AIDS-related newspapers and magazines, and just under half rely on HIV positive friends and the gay press, which suggests that PLWHA seek information from a range of different sources.

Victorian PLWHA were significantly more likely than PLWHA from other parts of Australia to report that pharmacists and the Positive Women's organisation as an important source of information about treatments. Victorian PLWHA were more likely than other PLWHA to cite the Haemophilia Foundation as an important source of information. This is likely to be a reflection of the greater proportion of people with haemophilia among Victorian respondents.

Respondents were also asked which was the *most* important source of information. Doctors specialising in HIV were most commonly cited (77%) as such.

Table 3 also displays the responses of PLWHA to questions they were asked about whom they rely on for information about living with HIV/AIDS (but not about treatments). The sources of information about living with HIV/AIDS most frequently cited as being important were HIV magazines and newspapers and HIV positive friends. Victorian PLWHA were more likely than other PLWHA to cite the Haemophilia Foundation as an important source of information. This is likely to be a reflection of the greater proportion of people with haemophilia among Victorian respondents.

Respondents were also asked which was the *most* important source of information on living with HIV/AIDS. Doctors specialising in HIV were most commonly cited (25%) as such.

Table 3: Important sources of information for PLWHA

Information source	Source of information about:	
	Treatments	Living with HIV/AIDS
Doctor specialising in HIV	95%	47%
Other doctor	18%	12%
Nurse	20%	17%
Pharmacist	25%	7%
Alternative therapist	24%	19%
Treatments officer	24%	16%
Other HIV/AIDS organisation staff	25%	30%
Positive women's organisation	11%	11%
Injecting drug user's organisation	3%	3%
Haemophilia Foundation	8%	8%
HIV positive friends	41%	50%
Other friends	13%	23%
Partner/lover	12%	27%
Family	7%	18%
Gay press	41%	42%
HIV magazine/newspaper	62%	55%
Internet	27%	22%

The HIV-related publications most read by Victorian PLWHA are *Positive Living* (65%), gay newspapers (60%), the *HIV Herald* (39%), newsletters from community organisations (26%) and gay magazines (25%).

We asked respondents whether they thought lack of information made it difficult to make decisions about various issues surrounding living with HIV. Victorian respondents most felt a lack of information when making decisions on managing side effects (28%), financial planning (24%), taking a break from antiretrovirals (23%), and interactions between antiretrovirals and other medication (23%). These figures were similar to those for PLWHA from other states.

One in four (28%) Victorian PLWHA had experienced less favourable treatment than other people when attending a medical service. This was a similar proportion to PLWHA in other states (34%).

Ninety-three percent of Victorian PLWHA know other PLWHA - a similar proportion to that found among respondents from other states. Respondents were asked to indicate how much of their free time they spend with other HIV seropositive people. The results in Table 4 (below) show that many Victorian PLWHA spend no free time with other positive people and under half spend *some* or *a lot* of time with other positive people. There was no difference between Victorian PLWHA and PLWHA from other States in terms of the amount of free time they spend with other HIV seropositive people. One in four (27%) Victorian PLWHA has been involved in the care or nursing of another PLWHA within the last two years - a similar proportion to that found among respondents from other states.

Table 4: Amount of free time spent with other HIV positive people

Amount of free time	Proportion
None	23%
A little	34%
Some	28%
A lot	16%

Only 3 respondents (2%) from Victoria have not disclosed their HIV status to anyone. Three out of five (59%) have had their HIV status disclosed when they didn't want it to be. Respondents were asked to rate the amount of social support they received from different sources on a scale of 1 (*a lot*) to 4 (*none*). Victorian PLWHA received the most support from their partners (mean = 1.52), their pets (mean = 1.68) and their close friends (mean = 1.72). There were no significant differences in the ratings of support given to each group between PLWHA in Victoria and those in other states.

Items were included in the questionnaire to assess respondents' levels of depression (from the Beck Depression Inventory), body image and the meaning of HIV in their lives. The results from Victorian respondents can be seen in Table 5 (below). No significant differences were found between Victorian PLWHA and those from other states on these items. Agreement with the first four items in Table 5 is a measure of the extent of depressive symptoms. Among Victorian PLWHA 41% agreed or strongly agreed with none of these items, 20% with one item, 18% with two, 12% with three and 6% with all four. Agreement with all four items is suggestive of clinical depression. Most Victorian respondents had a positive body image. Over half (57%) of respondents agreed or strongly agreed that they were happy with the way their body looks, while 57% disagreed or strongly disagreed that changes in their bodies due to HIV/AIDS had made them sexually unattractive. Respondents also have a positive attitude to their HIV. Most (55%) report that they do prefer to think about HIV even when they are well, and most (54%) also felt that their life had become more meaningful since they were diagnosed with HIV.

HIV status was rated as being significantly more important to self-definition by Victorian PLWHA when compared with the rest of the sample. While most Victorian PLWHA (58%) considered HIV status to be *important*, 23% considered it to be *essential*, compared to 15% for the rest of the sample.

Table 5: Responses to mental health and wellbeing attitudinal items from the Victorian sample

	strongly agree	agree	disagree	strongly disagree
I cry or feel like crying all the time	3%	19%	54%	24%
I don't enjoy things the way I used to	12%	37%	38%	13%
I have lost interest in other people	5%	27%	50%	17%
I don't feel it's worth going on	4%	11%	43%	42%
As long as I'm well I prefer not think about HIV/AIDS	11%	34%	44%	11%
Changes in my body due to HIV/AIDS have made me feel sexually unattractive	14%	32%	37%	17%
I am happy with the way my body looks	11%	46%	33%	10%
Life has become more meaningful since I became HIV positive	20%	34%	30%	16%

Planning for the future

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 6 (below) shows the responses given by PLWHA from Victoria. Victorian PLWHA were significantly less likely to plan one day at a time and significantly more likely to plan a few months ahead compared with PLWHA in other states. One in three (34%) of Victorian PLWHA have changed how far they plan into the future in the last two years, of whom 78% had started planning for a longer time frame. Among all 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 (54%). Among respondents who now use a shorter time frame when planning for the future, the most commonly cited reason for the change was declining health (58%).

Table 6: Time frame use by PLWHA when planning for the future

Time frame used	Proportion
One day at a time	14%
A few months ahead	40%
1 year ahead	22%
5 years ahead	15%
10 or more years ahead	8%

Accommodation

The majority (85%) of Victorian respondents live in Melbourne, while 7% live in a regional centre or town, and 8% live in a rural area. Compared to other PLWHA, Victorian PLWHA were significantly more likely to live in their state capital.

Table 7 (below) shows that while many Victorian PLWHA own their home or are buying their own home, half are living in rental accommodation, while a small number live rent-free or in community housing. Compared to PLWHA from other states, Victorian PLWHA were significantly less likely to live in private rental accommodation, and significantly more likely to live rent-free or to live in public rental accommodation. The vast majority (77%) of Victorian respondents believe that their current housing is suitable for their needs, however this was a significantly lower proportion than that reported by PLWHA from other States. Forty-one percent of

Victorian PLWHA have changed their accommodation as a result of having HIV/AIDS. Among these the most common reasons for change were moving closer to health services (32%), and having stopped working (25%).

Table 7: Accommodation in which PLWHA live

Accommodation Type	Proportion
Own or purchasing own house or flat	36%
Private rental accommodation	26%
Public rental accommodation	23%
Live rent-free	9%
Community housing	5%

When asked with whom they live, 42% of Victoria PLWHA reported that they live alone, 38% live with a sexual partner, 16% live with friends or housemates, 8% live with dependent children, and 6% live with other family members.

Sex and Relationships

Respondents were asked to describe their sexual orientation or sexual identity. The majority of respondents were homosexual men (72%), and also included bisexual men (4%), heterosexual men (10%) and women (12%). There were also another 2% who had other sexual orientations.

When asked to describe their current sexual relationships, 27% reported that they are not currently sexually active, while 24% reported that they only have casual sex, 26% have sex in a monogamous regular relationship, and 18% have sex in a non-monogamous regular relationship.

Thirty percent of respondents who have a regular relationship are in a seroconcordant relationship - the remainder (70%) are in a relationship with an HIV seronegative partner, or a partner whose serostatus is unknown. All but two (98%) of the respondents who are in a regular relationship have told their partner that they are HIV seropositive. Respondents were asked to indicate at what point in the relationship they told their partner that they are HIV seropositive. Respondents most commonly told their partner when they found out (37%) or that their partner already knew they were HIV positive when they started the relationship (19%). Of the remainder, over half (55%) told their partner at the start of the relationship, while another quarter (26%) waited until a few months in to disclose their HIV status. Respondents were also asked how their partner reacted when they told them that they are HIV seropositive. Many respondents (51%) said that it did not make any difference. Almost two-thirds (62%) of respondents reported that their partner was very supportive, and 38% said that they became closer, while 36% said that their partner was worried or scared and 6% said that their partner was angry.

When asked about their patterns of condom use during sex with regular partners in the 6 months prior to completing the survey, 47% reported that they always used a condom, 25% reported that they sometimes used a condom, and 28% reported that they never used a condom. These proportions are similar to those reported by PLWHA from other States. Small numbers meant that it was not possible to analyse the relationship between regular partner serostatus and consistency of condom use for the Victorian respondents. However, when the whole sample of all the PLWHA who completed the survey was used, it was found that respondents were more likely to use condoms with an HIV negative partner than with an HIV positive partner.

When asked about their patterns of condom use during sex with casual partners in the 6 months prior to completing the survey, 45% reported that they always used a condom, 46% reported that they sometimes used a condom, and 9% never used a condom. These proportions are similar to those reported by PLWHA from other States. Again, small numbers meant that it was not possible to analyse the relationship between casual partner serostatus and consistency of condom use for the Victorian respondents.

However, when the whole sample was analysed, it was found that respondents were more likely to use condoms with HIV negative partners (or partners of unknown serostatus) than with an HIV positive partner.

Respondents were also asked about their most recent sexual contact with a casual partner. For Victorian PLWHA, almost all (97%) of these sexual contacts were with male partners, and the majority (76%) involved vaginal or anal intercourse. The respondents most often didn't know the HIV status of their partners (69%), of the rest 72% were known to be positive and 28% were known to be negative. All Victorian respondents who knew their partner's status did so because their partner disclosed this information. Amongst those who engaged in vaginal or anal intercourse, 63% of Victorian PLWHA used a condom. A condom was used significantly more often when the respondent was not sure of their partner's HIV status or knew them to be negative.

Recreational drug use

Table 8 compares the rate of use of non-prescription drugs of Victorian PLWHA with the general population using data from the 1998 National Drug Strategy Household Survey (AIHW, 1999). While alcohol, the most commonly used drug, was used by a comparable proportion of Victorian PLWHA to the general population, other recreational drugs (with the exception of injected cocaine) are used by considerably greater proportions. Victorian PLWHA had injected cocaine significantly less commonly than PLWHA from the other states combined. Most PLWHA from Victoria were happy with the amount of drugs they took. Seventy-nine percent either disagreed or strongly disagreed with the statement that they use illegal drugs more than they would like, and 81% disagreed or strongly disagreed that they drink more alcohol than they would like. Only one in five (20%) reported ever missing a dose of antiretrovirals due to the use of illegal drugs.

Table 8: Use of non-prescription drugs, PLWHA and general population rates

	Percentage of sample using in last 12 months	General population rates
Alcohol	86.7%	80.7%
Cigarettes	60.1%	26.4%
Marijuana	56.3%	17.9%
Amyl	41.6%	0.8%
Ecstasy	19.7%	2.4%
Speed (not injected)	16.7%	3.6%*
LSD/trips	10.4%	3.0%
Cocaine (not injected)	5.8%	1.4%*
Heroin (injected)	5.8%	0.7%*
Speed (injected)	5.7%	3.6%*
Methadone (prescribed)	5.7%	0.2%
Steroids (injected)	4.0%	0.2%
Methadone (non-prescribed)	1.7%	0.2%
Heroin (not injected)	1.7%	0.7%*
Cocaine (injected)	0.0%	1.4%*

*Rates in the AIHW report do not differentiate between injected and administered through other means. General population rates given for any use of substance.

Employment

Over half (51%) of Victorian PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who are working, 48% work full-time and 52% work part-time. Most Victorian PLWHA (83%) reported that being HIV positive has affected their career plans: 34% report that they stopped work, 28% report that it is more difficult to plan, 24% report that having a career is no longer as important, 13% have changed careers since diagnosis and 7% report they are now less likely to change their career. When asked the effect of antiretrovirals on their work plans 33%

said they haven't changed, 15% that they considered stopping work, 13% that they haven't used antiretrovirals and 10% that they anticipate a longer time in the workforce. One in five (22%) of Victorian PLWHA report having been discriminated against at work as a result of having HIV/AIDS.

Fifty-seven percent of Victorian PLWHA who have ever worked have stopped doing so at some stage due to their HIV diagnosis. These PLWHA stopped work for an average of three years and three months. The last time they stopped working the most common reasons were poor health (69%), low energy (62%) and stress or depression (61%). When asked their HIV status at the time they stopped work 35% reported they were HIV positive but had not been ill, 41% they were HIV positive and had been ill, and 24% that they had been diagnosed with an AIDS defining illness. When they were not working 72% received government benefits. About half (51%) of these PLWHA have returned to work. The most common reasons for returning to work were financial (69%), better psychological health (61%), better physical health (51%), and the desire to do something worthwhile (49%).

The 49% of Victorian PLWHA who are currently employed work an average of 30.0 hours per week. Most (68%) report that their job involves a moderate to very high stress level. Forty-one percent of PLWHA who are working reported that their capacity to perform their work duties is affected by having HIV/AIDS: these respondents reported that they tire quickly, work fewer hours, or have difficulty concentrating. Seventy-four percent of workers reported that they could *often* or *always* get time off work for medical appointments, 31% for counselling, 71% for sick leave, and 18% for volunteer work.

Forty percent of Victorian PLWHA indicated that they are considering changing their work arrangements. Of these 57% want to start or return to work, 39% want to change the type of work they do, 24% want to increase their hours, 13% want to reduce their hours and 4% want to stop work. Most of the PLWHA who want to change their work arrangements perceived that this would be difficult: 36% believe it will be *very difficult*, 53% believe that it will be *somewhat difficult* and 11% that it will be *not at all* difficult.

Finances

Given the large number of PLWHA in Victoria who are not in paid employment, it is not surprising that 53% of respondents reported that their main source of income is a government benefit, pension, or social security payment. One-third (34%) of respondents reported that a salary is their main source of income, while 11% reported superannuation or an annuity as their main source of income, and 2% reported that they receive financial support from their partner and/or family members. Over half of the Victorian respondents reported annual incomes below \$15,000. Respondents' incomes are displayed in Table 9 (below).

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 September quarter of 1999 (IAESR, 1999) were used to calculate the proportion of PLWHA with incomes below the poverty threshold. Among Victoria PLWHA, 36% reported incomes below the poverty line. This figure is similar to the 30% found for the rest of the sample.

Table 9: Income reported by PLWHA

Weekly income	Yearly income	Proportion
\$0 - \$150	\$0 - \$7800	9%
\$151 - \$270	\$7801 - \$14040	46%
\$271 - \$390	\$14041 - \$20280	11%
\$391 - \$510	\$20281 - \$26520	16%
\$511 - \$630	\$26521 - \$32760	7%
\$631 - \$750	\$32761 - \$39000	8%
\$751 -	\$39001 -	4%

Respondents were asked a series of questions which assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 10 (below) demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and going 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 housing, utilities, food, and clothing.

Particularly noteworthy is the finding that one in eight Victorian PLWHA find it *very difficult* to meet the cost of food, and that over a third find it *very difficult* to meet the cost of utilities (telephone, gas, electricity). It is also interesting to note one-quarter of the respondents who use complementary therapies find it very difficult to meet the cost of this treatment. Victorian PLWHA were significantly more likely than other PLWHA to report that they have difficulty meeting the costs of non-HIV/AIDS related prescribed medication. There were no other differences between PLWHA from Victoria and PLWHA from other States.

Table 10: Difficulties meeting the cost of living reported by PLWHA

(proportion of respondents who use each item)

Item	Not difficult	A little difficult	Very difficult
Co-payment for medication for AIDS	62%	31%	6%
Other prescribed medication	56%	35%	9%
Medical services	56%	27%	17%
Complementary therapies	43%	35%	23%
Support services	70%	20%	11%
Entertainment	31%	34%	35%
Going out	28%	33%	39%
Sport	41%	31%	28%
Recreational drugs	30%	30%	39%
Travel / holidays	20%	26%	54%
Rent / mortgage / housing	43%	41%	16%
Utilities (phone, gas, etc.)	34%	43%	23%
Food	46%	41%	13%
Clothing	31%	36%	33%
Transport	49%	38%	13%
Child care	43%	32%	26%

Detailed analyses of sexual behaviour and condom use are reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson et al., 2000).