



## **HIV Futures II Regional Reports** South Australia



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: South Australia**

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[www.latrobe.edu.au/hiv-futures](http://www.latrobe.edu.au/hiv-futures)

## 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 South Australia 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.

Fifty-six South Australian PLWHA completed the HIV Futures Survey. This figure is significantly larger than would be expected given a representative sample of all PLWHA in Australia. The large number of South Australian respondents is a reflection of the great efforts to promote the survey made by the Adelaide Diocesan AIDS Council, AIDS Council of South Australia (ACSA), HIV/AIDS Programs – South Australian Health Commission, HIV/AIDS Women's Project, Infectious Diseases Unit – Royal Adelaide Hospital, People Living with HIV/AIDS – PLWHA (SA), and Peter Evans at PLWHA (SA).

Among South Australian respondents, 89% were male and 11% were female. The ages of the South Australian respondents ranged from 19 years to 76 years. The average age for South Australian PLWHA was 43.1 years, which is similar to that of the rest of the sample. On average, PLWHA living in South Australia had been HIV seropositive for 9.5 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: 73% cited homosexual or bisexual contact as the most likely transmission route, 9% reported injecting drug use, 11% cited heterosexual contact, 4% were infected by blood products or in a health care setting; and 2% were people with haemophilia infected through contaminated blood products.

## Major findings

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

### Current health

Most respondents reported that they currently feel healthy: 25% said that their health is *excellent*, 50% said that their health is *good*, 21% said that their health is *fair*, and 4% said that their health is *poor*. Forty-one percent of the South Australian respondents have been diagnosed with an AIDS-defining illness - a similar proportion to that reported by PLWHA from the other states combined.

Almost half (46%) the respondents from South Australia 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 for all PLWHA in Australia included haemophilia, cardiovascular disease, arthritis, asthma, mental illnesses, hepatitis B, hepatitis C, and back pain. Around one in four (27%) PLWHA from South Australia have had hepatitis A, and 36% have had hepatitis B. Of the 69% of South Australian PLWHA who have been tested for hepatitis C, 38% have tested positive and 62% have tested negative. This means that 26% of South Australian PLWHA have also tested positive for Hep C. A quarter (24%) of respondents are on medication for anxiety, 32% for depression, and 6% are on anti-psychotic medication. South Australian PLWHA are significantly more likely to experience lipodystrophy than PLWHA from the other states.

All of the respondents from South Australia have taken both a CD4/T-cell test and a viral load test. The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). It is interesting to note that 20% of South Australia PLWHA have a CD4/T-cell count below 250 and a viral load above 50,000. That is, approximately one in five South Australia PLWHA have a high viral load and severe immune system damage.

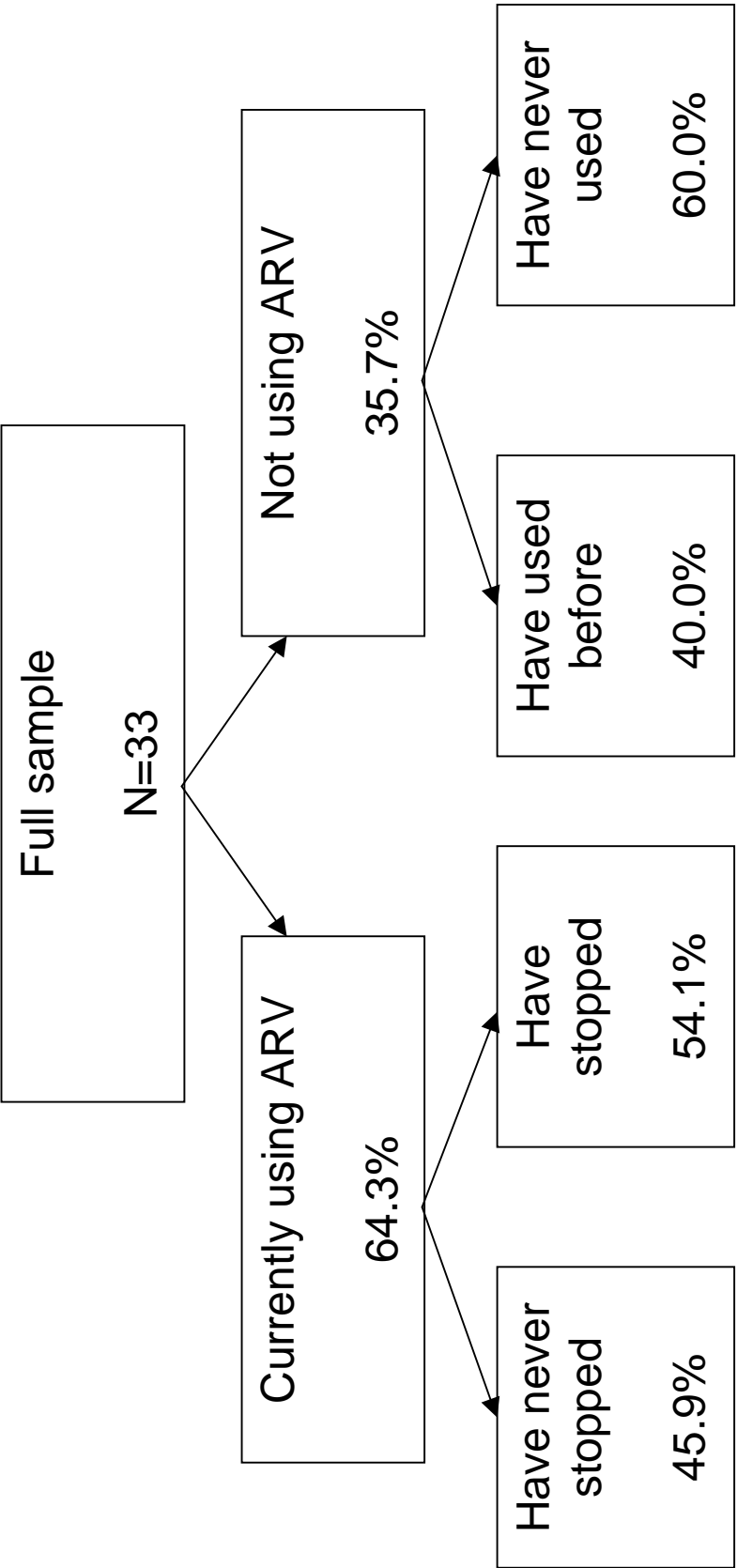
**Table 1: Results of serological testing**

Description	Result	Proportion
<b>CD4/T-cell count</b>	<b>cells/ml blood</b>	
little or no immune damage	over 500	35%
moderate immune damage	250 - 500	37%
severe immune damage	below 250	29%
<b>Viral load</b>	<b>copies/ml blood</b>	
below detectable level	below 200 / 500	52%
low	500 - 10,000	6%
moderate	10,000 - 50,000	15%
high	over 50,000	27%

### Antiretroviral Therapy

Figure 1 shows the uptake of antiretroviral treatment for South Australian PLWHA. Almost nine out of ten (86%) of South Australian PLWHA have taken antiretroviral drugs at some stage. Of these 75% are using them currently. These figures are similar to those for PLWHA from other states. Of those South Australian PLWHA who have ever taken antiretrovirals about half (44%) report that their health has improved, 17% reported that their health has stayed the same, 36% that it has fluctuated, and 3% that it has deteriorated.

Figure 1: The uptake of antiretroviral drugs

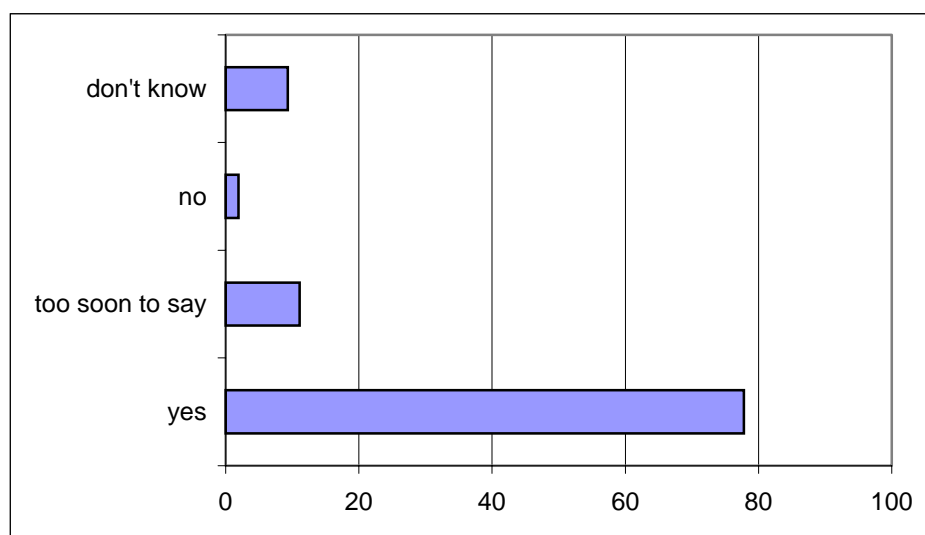


Many (42%) of the PLWHA from South Australia who use antiretroviral drugs reported that they experience side-effects from these drugs - a similar figure to that reported by PLWHA in other States. Among all respondents currently using antiretrovirals the most commonly reported side-effects are: diarrhoea (experienced by 46% of PLWHA experiencing side effects of antiretroviral drugs), nausea (30%), neuropathy (15%), fatigue/lethargy (14%), lipodystrophy (13%), insomnia (12%) and headaches (11%).

Eighty-one percent of South Australian PLWHA who use antiretrovirals report difficulties in taking this medication. The most common difficulties among these respondents are remembering to take drugs on time (54%), organising meals around medication (30%) and taking a large number of tablets (22%).

About one in ten (11%) South Australian PLWHA missed at least one dose on the day before they filled out the survey, with a similar proportion (23%) missing a dose the day before that. Only 3 respondents (8%) from South Australia missed a dose on both days. Over half (54%) of South Australian PLWHA have taken a break from antiretrovirals at some stage, a similar proportion to that for other states. Among the whole sample, the reasons most commonly given for taking a break were side effects (20%), drug resistance having developed (16%) and taking a break to clean out the system (11%).

Figure 2 (below) shows that most (70%) of South Australian 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 one South Australia PLWHA (2%) believed that antiretroviral drugs have not improved the prospects of PLWHA.



**Figure 2: Opinions of South Australian respondents on whether antiretrovirals have improved the prospects of PLWHA.**

Those South Australian PLWHA who are currently using combination therapy have been doing so for an average of 3 years and 4 months. The mean number of combinations they have tried in this time is 2.5, with a mean of 1.1 of these having been used in the past 12 months. South Australian PLWHA currently using combination therapy have used significantly fewer combinations in the past 12

months than the rest of the sample. They started on these therapies when their viral load was high (mean = 252364.0 copies/ml) and their CD4 count was low (mean = 220.3). The most common circumstances surrounding the commencement of combination therapy for these respondents were doctor's advice (86%), a drop in CD4 count (40%), new drugs becoming available (31%) and a big rise in viral load (31%).

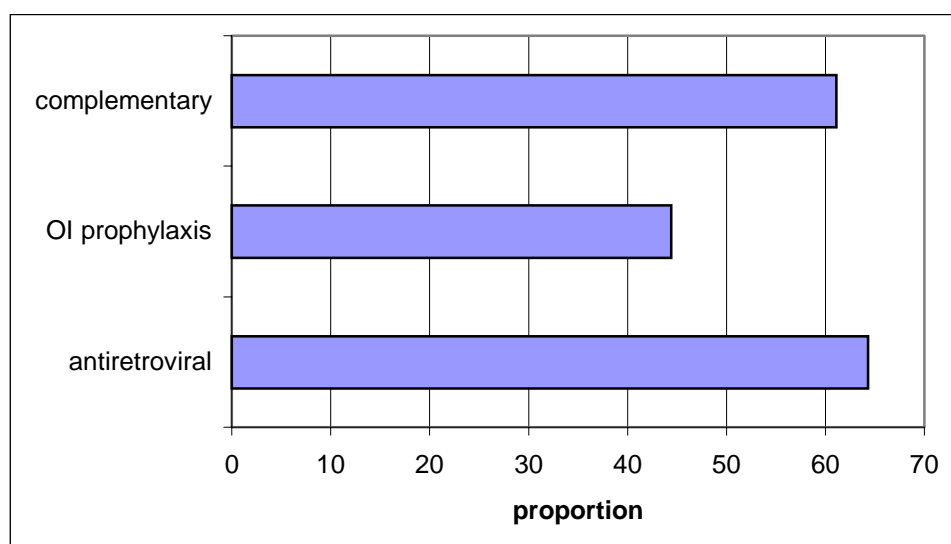
Sixty-three percent of PLWHA currently using combination therapy have changed their combination at least once. For the whole sample, among those who have tried more than one combination, the most common reasons for changing the last time they did so were: side effects (50%), their current combination was not working (18%), and resistance to their combination having developed (16%). Most South Australian PLWHA felt they still had options left – 44% reporting they have many options, 41% a few, 3% one and 13% none.

Those South Australian PLWHA who have stopped using antiretrovirals had been using them for an average of 3 years and 4 months and had stopped an average of 1 year and 11 months ago. They have used on average 2.7 combinations. Of the PLWHA in the whole sample that had taken antiretrovirals and stopped only 12% reported that their health improved on the medication, 17% reported that it stayed the same, 40% that it fluctuated and 31% that it deteriorated. The most common reasons for stopping use of antiretrovirals for all respondents were side effects (72%), that they weren't working (30%), taking a break to clean out the respondent's system (30%), they didn't fit in with the respondent's life style (23%), having a drug holiday (18%) and drug resistance having developed (13%).

Of all South Australian PLWHA not currently taking antiretroviral medications, 67% reported that they would consider taking them in the future. Among the entire sample, the most common circumstances which such PLWHA report might make them start antiretrovirals are becoming very ill (72%), a big drop in CD4/T-cell count (66%), hospitalisation due to HIV-related infections (62%), a significant rise in viral load (61%) and on a doctor's advice (48%).

### ***Prophylaxis and Complementary Therapies***

Figure 2 (below) shows that while the majority of South Australian PLWHA use antiretroviral drugs, many use prophylaxis for opportunistic infections and most use complementary therapies. Less than half (44%) of the respondents from South Australia 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 (61%) of the respondents from South Australia use complementary therapies for HIV/AIDS. The most commonly used complementary therapies are vitamin/mineral supplements (73% of South Australian PLWHA who use complementary therapies), massage (58%), meditation/visualisation (49%), and herbal remedies (36%).

Attitudes toward complementary therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, South Australian PLWHA had favourable attitudes toward complementary therapies (mean = 3.53). PLWHA from South Australia had similar attitudes toward complementary therapies as PLWHA from other States (mean = 3.52).

### **Health Services**

In the last 6 months the health services that South Australian PLWHA had most commonly used were a GP who specialises in HIV (55%), an HIV specialist/physician (49%), a hospital outpatient clinic (33%), an HIV organisation clinic (33%), an AIDS organisation social worker (15%), a hospital inpatient clinic (12%), a hospital social worker/counsellor (9%), a sexual health centre (6%) and an employment agency (3%). Thirty-six percent of South Australian 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 South Australia were most likely to nominate a HIV GP (53%), while 21% 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 (52%), followed by a generalist GP (18%) and a HIV specialist (15%). These usage patterns are not significantly different to those PLWHA from the other states.

### **Information and support services**

Most respondents (70%) 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. From the entire sample of those PLWHA in contact with HIV/AIDS organisations, 75% receive a newsletter, 69% are clients, 47% are members, 12% are volunteers and 7% are staff. Of those PLWHA in the entire sample who do not have contact with and HIV/AIDS organisation the most common reasons given are not wanting to

be involved (67%), not having time (29%) and feeling excluded (16%). Sixty-six percent of South Australian PLWHA who have contact with an HIV/AIDS-related organisation have contact with the South Australian AIDS Council, and 67% have contact with the PLWHA (SA).

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

Service	HIV/AIDS Organisation	Other service organisation
Treatments advice	50%	16%
Social contact with other PLWHA	47%	9%
Counselling	34%	22%
Alternative therapies	34%	22%
Peer support group	31%	13%
Financial assistance	31%	9%
Library	22%	19%
Informal peer support	19%	13%
Internet access	19%	16%
Housing assistance	13%	28%
Pharmacy services	13%	53%
Legal advice	9%	25%
Financial advice	9%	25%
Respite care	9%	9%
Mental health services	6%	19%
Drug/alcohol treatment	6%	19%
Return to work skills	6%	9%
Employment services	3%	16%

Table 2 (above) displays the proportion of South Australia 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 counselling.

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, three quarters of the respondents rely on HIV/AIDS-related newspapers and magazines, and just under half rely on the gay press, which suggests that PLWHA seek information from a range of different sources.

Respondents were also asked which was the *most* important source of information. Doctors specialising in HIV were most commonly cited (71%) 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, a doctor specialising in HIV and HIV positive friends.

Respondents were also asked which was the *most* important source of information on living with HIV/AIDS. Doctors specialising in HIV (21%) and HIV/AIDS organisation staff (21%) 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	96%	58%
Other doctor	11%	18%
Nurse	12%	20%
Pharmacist	30%	11%
Alternative therapist	18%	15%
Treatments officer	34%	22%
Other HIV/AIDS organisation staff	32%	48%
Positive women's organisation	14%	18%
Injecting drug user's organisation	7%	2%
Haemophilia Foundation	0%	0%
HIV positive friends	28%	56%
Other friends	13%	28%
Partner/lover	20%	31%
Family	10%	26%
Gay press	43%	44%
HIV magazine/newspaper	74%	69%
Internet	12%	15%

The HIV-related publications most read by South Australian PLWHA are *Positive Living* (55%), gay newspapers (58%), the *HIV Herald* (61%), *With Complements* (52%), newsletters from community organisations (36%) and *Talkabout* (30%). PLWHA from South Australia were significantly more likely to read the *HIV Herald* than PLWHA in other states.

We asked respondents whether they thought lack of information made it difficult to make decisions about various issues surrounding living with HIV. South Australian respondents most felt a lack of information when making decisions on interactions between antiretrovirals and other medications (33%), recreational drug use (27%) and managing side effects (25%). These figures were similar to those for PLWHA from other states.

Almost two-fifths (39%) of South Australian PLWHA had experienced less favourable treatment than other people when attending a medical service. This was a similar proportion to PLWHA in other states (32%).

Ninety-one percent of South Australian 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 South Australian PLWHA spend no free time with other positive people and only a third *some* or *a lot* of time with other positive people. There was no difference between South Australian 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%) South Australian 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	27%
A little	39%
Some	15%
A lot	18%

Only 2 respondents (6%) from South Australia have not disclosed their HIV status to anyone. Most (78%) 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 people with different relationships to them on a scale of 1 (*a lot*) to 4 (*none*). South Australian PLWHA received the most support from their pets (mean = 1.39), their partners (mean = 1.52) and their close friends (mean = 1.74). There were no significant differences in the ratings of support given to each group between PLWHA in South Australia 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 South Australian respondents can be seen in Table 5 (below). No significant differences were found between South Australian 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 South Australian PLWHA 32% agreed or strongly agreed with none of these items, 36% with one item, 15% with two, 4% with three and 13% with all four. Agreement with all four items is suggestive of clinical depression. South Australian respondents were ambivalent about their body image. Over half (53%) of respondents agreed or strongly agreed that they were happy with the way their body looks, however 51% agreed or strongly agreed that changes in their bodies due to HIV/AIDS had made them sexually unattractive. Respondents have a positive attitude to their HIV. Most (57%) report that they do prefer to think about HIV even when they are well, and almost half (49%) also felt that their life had become more meaningful since they were diagnosed with HIV.

HIV status was rated as being significantly less important to self-definition by South Australian PLWHA when compared with the rest of the sample. While most South Australian PLWHA (40%) considered HIV status to be *important* (compared to 58% for the rest of the sample), 38% considered it *not important* (compared to 18% for the rest of the sample) and 13% considered it *irrelevant* (compared to 7% for the rest of the sample).

**Table 5: Responses to mental health and wellbeing attitudinal items from the South Australian sample**

	<b>strongly agree</b>	<b>agree</b>	<b>disagree</b>	<b>strongly disagree</b>
I cry or feel like crying all the time	6%	19%	55%	19%
I don't enjoy things the way I used to	15%	39%	26%	20%
I have lost interest in other people	9%	24%	49%	17%
I don't feel it's worth going on	10%	10%	40%	40%
As long as I'm well I prefer not think about HIV/AIDS	22%	35%	37%	6%
Changes in my body due to HIV/AIDS have made me feel sexually unattractive	27%	24%	33%	16%
I am happy with the way my body looks	9%	44%	28%	19%
Life has become more meaningful since I became HIV positive	25%	24%	34%	17%

### ***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 South Australia. Twenty-eight percent of South Australian PLWHA

have changed how far they plan into the future in the last two years, of whom 60% 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 (38%). 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**

<b>Time frame used</b>	<b>Proportion</b>
One day at a time	30%
A few months ahead	30%
1 year ahead	23%
5 years ahead	13%
10 or more years ahead	1%

### **Accommodation**

The majority (94%) of South Australian respondents live in Adelaide, while 3% live in a regional centre or town, and 3% live in a rural area.

Table 7 (below) shows that while many South Australian 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, South Australian PLWHA were significantly more likely to live in public rental accommodation. The vast majority (78%) of South Australian respondents believe that their current housing is suitable for their needs. Fifty-three percent of South Australian PLWHA have changed their accommodation as a result of having HIV/AIDS. Among the full sample the most common reasons for change were moving closer to health services (35%), moving to a quieter location (32%) and having stopped working (28%).

**Table 7: Accommodation in which PLWHA live**

<b>Accommodation Type</b>	<b>Proportion</b>
Own or purchasing own house or flat	33%
Private rental accommodation	18%
Public rental accommodation	42%
Live rent-free	3%
Community housing	3%

When asked with whom they live, 46% of South Australia PLWHA reported that they live alone, 33% live with a sexual partner, 21% live with friends or housemates, 9% live with dependent children, and 3% 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 (70%), however the sample also contained bisexual men (9%), heterosexual men (12%) and women (9%).

When asked to describe their current sexual relationships, 28% reported that they are not currently sexually active, while 31% reported that they only have casual sex, 28% have sex in a monogamous regular relationship, and 13% have sex in a non-monogamous regular relationship.

Fifty percent of respondents who have a regular relationship are in a seroconcordant relationship - the remainder (50%) are in a relationship with an HIV seronegative partner. All of the respondents from South Australia 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. Among the whole sample, respondents most commonly told their partner when they found out (36%) or that their partner already knew they were HIV positive when they started the relationship (17%). Of the remainder, over half (62%) told their partner at the start of the relationship, while 12% waited a few days, 12% a few weeks, 11% a few months and 2% a year or more. Respondents were also asked how their partner reacted when they told them that they are HIV seropositive. Of the full sample, 52% of respondents said that it did not make any difference, 57% that their partner was very supportive, and 25% said that they became closer, while 27% said that their partner was worried or scared and 7% 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, 46% reported that they always used a condom, 8% reported that they sometimes used a condom, and 46% reported that they never used a condom. Small numbers meant that it was not possible to analyse the relationship between regular partner serostatus and consistency of condom use for the South Australian 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, 57% reported that they always used a condom, 36% reported that they sometimes used a condom, and 7% never used a condom. Again, small numbers meant that it was not possible to analyse the relationship between casual partner serostatus and consistency of condom use for the South Australian 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 South Australian PLWHA, most (88%) of these sexual contacts were with male partners, and all involved vaginal or anal intercourse. The respondents most often didn't know the HIV status of their partners (63%). Most (75%) of South Australian PLWHA used a condom for their last encounter. Small numbers meant that it was not possible to analyse the relationship between partner serostatus and frequency of condom use for the last sexual encounter of South Australian 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 or a partner whose serostatus was unknown than with an HIV positive partner.

### ***Recreational drug use***

Table 8 compares the rate of use of non-prescription drugs of South Australian 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 South Australian PLWHA to the general population, other recreational drugs (with the exception of LSD, non-injected heroin and injected cocaine) are used by considerably greater proportions. Most PLWHA from South Australia were happy with the amount of drugs they took. Most (86%) percent either disagreed or strongly disagreed with the statement that they use illegal drugs more than they would like, and 88% disagreed or strongly disagreed that they

drink more alcohol than they would like. Only one in five (19%) 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	78.8%	80.7%
Cigarettes	57.6%	26.4%
Marijuana	51.5%	17.9%
Amyl	30.3%	0.8%
Heroin (injected)	15.2%	0.7%*
Speed (injected)	15.2%	3.6%*
Speed (not injected)	12.1%	3.6%*
Methadone (prescribed)	9.4%	0.2%
Ecstasy	6.1%	2.4%
Steroids (injected)	6.1%	0.2%
LSD/trips	3.1%	3.0%
Cocaine (not injected)	3.0%	1.4%*
Methadone (non-prescribed)	3.0%	0.2%
Heroin (not injected)	0.0%	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 (59%) of South Australian PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who are working, 64% work full-time and 36% work part-time. Most South Australian PLWHA (82%) reported that being HIV positive has affected their career plans: 31% report that they stopped work, 30% report that having a career is no longer as important, 19% report that it is more difficult to plan, 12% have changed careers since diagnosis and 6% report they are now less likely to change their career. When asked the effect of antiretrovirals on their work plans 38% said they haven't changed and 19% that they considered returning to work. One in five (19%) of South Australian PLWHA report having been discriminated against at work as a result of having HIV/AIDS.

Fifty-six percent of South Australian 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 four years. Among the whole sample the last time they stopped working the most common reasons were stress or depression (62%), low energy (58%) and poor health (58%). When asked their HIV status at the time they stopped work most 43% reported they were HIV positive but had not been ill, 39% had HIV and had been ill, and 18% had an AIDS defining condition. When they were not working 79% of South Australian PLWHA who had stopped working received government benefits. About half (53%) of these PLWHA have returned to work. The most common reasons for returning to work amongst the entire sample were financial (71%), better psychological health (51%), and better physical health (48%).

The 41% of South Australian PLWHA who are currently employed work an average of 31.3 hours per week. Most (64%) report that their job involves a moderate to very high stress level. Fifty-four percent of South Australian 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.

Fifty-eight percent of South Australian PLWHA indicated that they are considering changing their work arrangements. Among the whole sample of PLWHA that want to change their work plans 51% want to start or return to work, 47% want to change the type of work they do, 20% want to reduce their hours, 15% want to increase their hours and 4% want to stop work. Most (86%) of South Australian PLWHA who want to change their work arrangements perceived that this would be either *very difficult* or *somewhat difficult*.

### **Finances**

Given the large number of PLWHA in South Australia who are not in paid employment, it is not surprising that 64% of respondents reported that their main source of income is a government benefit, pension, or social security payment. One-third (33%) of respondents reported that a salary is their main source of income, while 3% reported superannuation or an annuity as their main source of income. Over half of the South Australian 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 South Australia PLWHA, 38% 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**

<b>Weekly income</b>	<b>Yearly income</b>	<b>Proportion</b>
\$0 - \$150	\$0 - \$7800	6.9%
\$151 - \$270	\$7801 - \$14040	48.3%
\$271 - \$390	\$14041 - \$20280	6.9%
\$391 - \$510	\$20281 - \$26520	20.7%
\$511 - \$630	\$26521 - \$32760	6.9%
\$631 - \$750	\$32761 - \$39000	3.4%
\$751 -	\$39001 -	6.9%

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 7 (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 South Australian PLWHA find it *very difficult* to meet the cost of food, and that nearly a quarter 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/alternative therapies find it very difficult to meet the cost of this treatment. There were no differences between PLWHA from South Australia and PLWHA from other States on ratings of difficulty of meeting these costs.

**Table 10: Difficulties meeting the cost of living reported by PLWHA**  
(proportion of respondents who use each item)

<b>Item</b>	<b>Not difficult</b>	<b>A little difficult</b>	<b>Very difficult</b>
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).