

# **HIV Futures: State Reports**

# **Victoria**

## **Living with HIV Program\***

**Australian Research Centre in Sex, Health and Society**

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## **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 issues of housing, 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, treatments usage, housing, employment history, community participation, sexual practice and finances. The study was approved by the La Trobe University Human Ethics Committee.

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

To assess the degree to which the sample recruited for this study is representative of all PLWHA in Australia, comparisons were made with the Australian HIV Surveillance Report (National Centre in HIV Epidemiology and Clinical Research [NCHECR], 1997). The results discussed in this report are weighted to take account of 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% of all PLWHA in Australia. Respondents ages ranged from 18 to 77 years (median = 38.0 years, mean = 39.3 years). On average, respondents had been HIV seropositive for 7.5 years (median = 8.0 years). The results relating to the total sample are reported in the document HIV Futures Community Report: Health, Relationships, Community, and Employment (Ezzy, de Visser, Bartos, McDonald, O'Donnell, & Rosenthal, 1998).

Two hundred and thirteen Victorian PLWHA completed the HIV Futures Survey. The large number of Victorian respondents is a reflection of the great efforts to promote the survey made by the ALSO Foundation, Alfred Hospital, Barkly Street Medical Centre, Carlton Clinic, Centre for Social Health, Country AIDS Network, Haemophilia Foundation of Victoria, Melbourne Sexual Health Centre, Mountfield Clinic, Positive Living Centre, Positive Women (Victoria), Prostitutes' Collective Victoria, Royal Melbourne Hospital, Straight Arrows, Victorian AIDS Council, and the Victorian Intravenous AIDS Association (VIVAIDS).

Among Victorian respondents, 87% were male and 13% were female. The proportion of female respondents was significantly greater in Victoria than in other States. This is largely a reflection of the efforts of Positive Women (Victoria) in distributing the survey. The ages of the Victorian respondents ranged from 22 years to 71 years. The average age for Victorian PLWHA was 39.3 years, which is similar to that of the rest of the sample. On average, PLWHA living in Victoria had been HIV seropositive for 7 years 6 months - a similar length of time to that reported by PLWHA from other States (7 years 6 months).

The vast majority of respondents had been infected with HIV through sexual contact: 75% cited homosexual or bisexual contact as the most likely transmission route, 3% reported injecting drug use, 11% cited heterosexual contact, 1% reported homosexual/bisexual contact and injecting drug use; 4% were infected by blood products or in a health care setting; and 6% 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 infection, and significantly less likely to report injecting drug use as their mode of infection.

## **Major findings**

The results reported below compare PLWHA from Victoria with PLWHA from other States of Australia. All statistically significant differences are noted in the body of the report.

### **Current health**

Most respondents reported that they currently feel healthy: 28% said that their health is “excellent”, 43% said that their health is “good”, 24% said that their health is “fair”, and 5% said that their health is “poor”. Eighteen percent of the Victorian respondents have been diagnosed with an AIDS-defining illness - a similar proportion to that reported by PLWHA from other States.

More than one-quarter (27%) of respondents from Victoria have a major health condition other than HIV/AIDS - a similar proportion to the 29% reported by PLWHA from other States. The most frequently cited “other” health conditions included hepatitis B, hepatitis C, back injury, asthma cardiovascular disease, diabetes, and lung disease (eg. emphysema). One in five (24%) PLWHA from Victoria have had hepatitis A, and 33% have had hepatitis B. Of the 51% of Victorian PLWHA who have been tested for hepatitis C, 31% have tested positive, 64% have tested negative, and 5% do not know the result of their test.

Nearly all of the respondents from Victoria have taken a CD4/T-cell test (99%) and a viral load test (96%). The results of respondents’ most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). The distribution of Victorian PLWHA’s viral loads were not different to those of PLWHA from other states, however Victorian PLWHA were significantly more likely to report a CD4/T-cell count indicative of severe immune system damage. 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 has a high viral load and severe immune system damage.

**Table 1** Results of serological testing

<b>Description</b>	<b>Result</b>	<b>Proportion</b>
<b>CD4/T-cell count</b>	<b>copies/<math>\mu</math>L blood</b>	
little or no immune damage	over 500	30%
moderate immune damage	250 - 500	33%
severe immune damage	below 250	37%
<b>Viral load</b>	<b>copies/mL blood</b>	
below detectable level	below 200 / 500	44%
low	500 - 10,000	29%
moderate	10,000 - 50,000	15%
high	over 50,000	12%

### Antiretroviral treatments for HIV/AIDS

Over three-quarters (82%) of the respondents from Victoria use antiretroviral drugs for HIV/AIDS. This figure is similar to that reported by PLWHA from the rest of Australia. Among the PLWHA who use antiretroviral drugs, 2% use one drug, 11% use two drugs, and 86% use three or more drugs. Seventy percent of Victorian PLWHA use triple combination therapy - they are as likely as PLWHA from other States to use triple combination therapy.

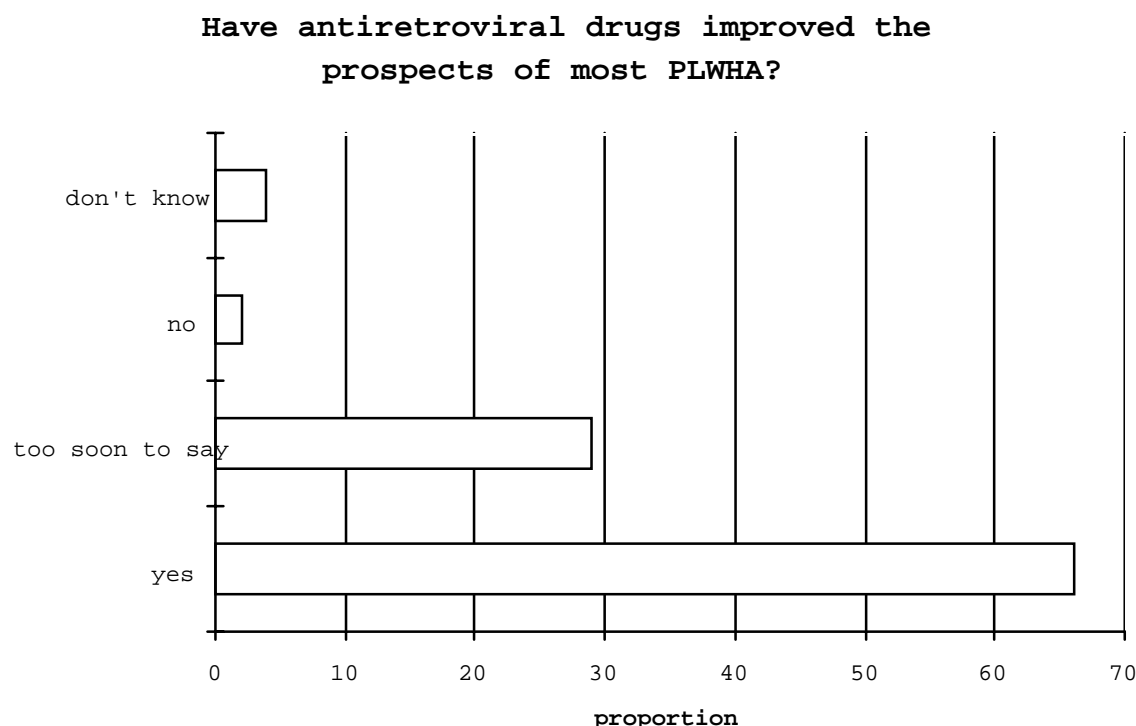
Most (59%) of the PLWHA from Victoria who use antiretroviral drugs reported that they experience side-effects from these drugs - a similar figure to that reported by PLWHA in other States. The most commonly reported side-effects from antiretroviral drugs are: nausea (experienced by 28% of Victorian PLWHA using antiretroviral drugs), diarrhoea (23%), fatigue/lethargy (14%), headaches (11%), skin rashes/dryness (10%), and neuropathy (8%).

Three-quarters (83%) of Victorian PLWHA who use antiretroviral drugs report that they have difficulties taking this medication - a similar figure to that reported by PLWHA in other States. The most commonly reported difficulties are: remembering to take drugs on time (61% of Victorian PLWHA using antiretroviral drugs), organising meals around medication schedules (55%), and the large number of tablets which must be taken (35%). The large proportion of Victorian PLWHA

experiencing difficulties taking antiretroviral drugs suggests that many may have difficulty maintaining long-term compliance with their antiretroviral treatment regimens.

While large numbers of PLWHA from Victoria have difficulties taking medication and/or experience side-effects, a smaller proportion (32%) reported that it is difficult for them to take their medication in public, and 4% reported that their medication for HIV/AIDS conflicts with medication for other health conditions. These figures are similar to those reported by PLWHA in other States.

Graph 1 (below) shows that most (66%) of Victorian PLWHA agree that antiretroviral drugs have improved the prospects of most PLWHA, while 29% believe it is too soon to tell, and 4% do not know if antiretroviral drugs have improved the prospects of most PLWHA. Only four Victoria PLWHA (2%) think that antiretroviral drugs have not improved the prospects of PLWHA. Similarly, two-thirds (74%) of Victorian PLWHA think that their friends believe that antiretroviral drugs have improved the prospects of most PLWHA, while 13% believe their friends think that it is too soon to tell, and 12% do not know. Only three (2%) of Victorian PLWHA think that their friends believe that antiretroviral drugs have not improved the prospects of PLWHA. Victorian PLWHA's responses to these questions were similar to those of PLWHA from other States.



Respondents were asked a number of questions about their attitudes toward antiretroviral drugs and other treatments for HIV/AIDS. Using these questions it was possible to create a scale of confidence in antiretroviral drugs ranging from 1 to 5, where higher scores indicated greater confidence. The average scale score for Victorian PLWHA was 3.83 which indicates that they generally have confidence in antiretroviral drugs, and that they expressed a similar degree of confidence in antiretroviral drugs as PLWHA from other States.

Attitudes toward personal involvement in health management were measured on a 5-point scale, where higher scores indicate that the individual has a greater desire to be actively involved in their health management. The average score for Victoria PLWHA was 4.24, which indicates that they, like PLWHA in other States, are keen to take an active part in decision-making about their health management.

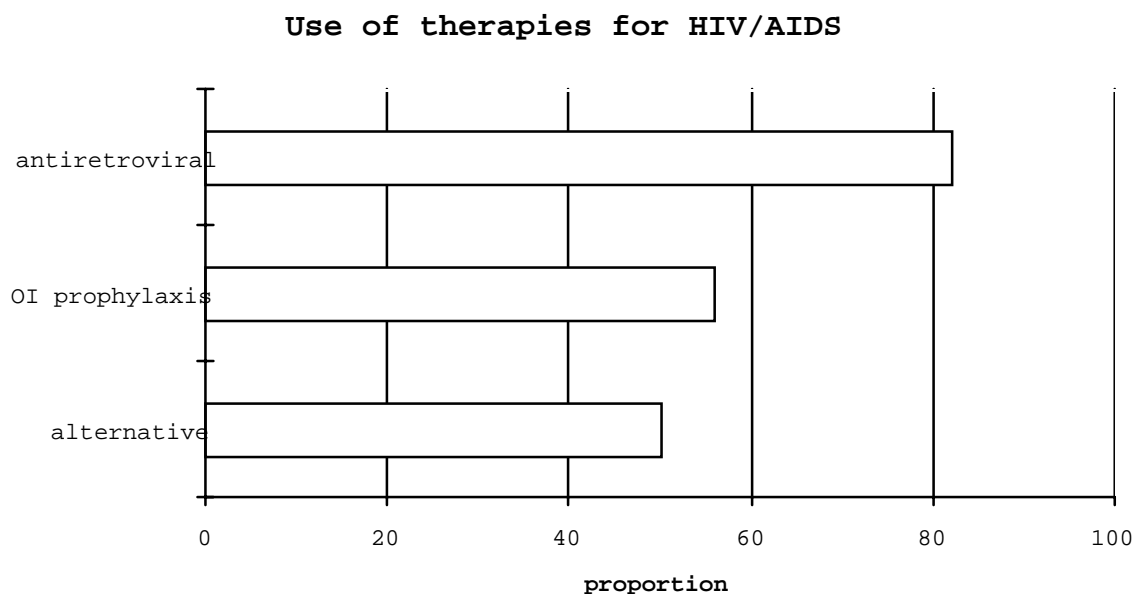
### Other treatments for HIV/AIDS

Graph 2 (above) shows that while the majority of PLWHA use antiretroviral drugs, many use prophylaxis for opportunistic infections (OI), and most use alternative therapies. More than half (56%) of the respondents from Victoria use prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP)



and/or prophylaxis for other opportunistic infections. This figure is significantly greater than the 47% reported by PLWHA from other areas of Australia.

Half (50%) of the respondents from Victoria use complementary or alternative therapies for HIV/AIDS. The most commonly used complementary/alternative therapies are vitamin/mineral supplements (used by 41% of all PLWHA), herbal remedies (22%), massage (21%), acupuncture (13%), meditation/visualisation (13%), and traditional Chinese medicine (10%). PLWHA from Victoria are no more or less likely than PLWHA from other areas of Australia to be use complementary/alternative therapies.



Attitudes toward alternative therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, Victorian PLWHA had favourable attitudes toward alternative therapies (mean = 3.46). PLWHA from Victoria had similar attitudes toward alternative therapies as PLWHA from other States (average = 3.51).

### 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. Forty percent of Victorian PLWHA who have contact with an HIV/AIDS-related organisation have contact with the Victorian AIDS Council, and 47% have contact with the Positive Living Centre. Victorian PLWHA are significantly less likely than other PLWHA to have contact with their State AIDS Council. There was no difference in the proportions of Victorian PLWHA and PLWHA from other states that have contact with a Positive Living Centre (or State equivalent). 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

<b>Service</b>	<b>Proportion</b>
Newsletters / mail-outs	66%
Treatments advice	41%
Social contact	41%
Peer support group	33%
Alternative therapies, etc.	29%
Informal peer support	28%
Counselling	25%
Financial assistance	22%
Transport services	19%
Financial advice	12%
Library	12%
Domestic help	7%

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. While PLWHA most commonly use these organisations for information (newsletters/mail-outs, treatments advice), they also rely on such organisations for social contact, peer support, and counselling. PLWHA from Victoria were significantly more likely than

PLWHA from other states to report that they make use of the treatments advice, counselling, library, and transport services provided by HIV/AIDS organisations.

Most of the respondents from Victoria read HIV/AIDS-related magazines and newspapers such as Positive Living, and National AIDS Bulletin: 70% read HIV/AIDS-related press regularly, 26% read occasionally, and 4% never read HIV/AIDS-related press.

Respondents were asked to indicate which people and/or organisations they rely upon for information about treatments for HIV/AIDS. Their responses are shown in the Table 3. The most commonly cited source of information about treatments for HIV/AIDS was the PLWHA's doctor. However, three-quarters of the respondents rely on HIV/AIDS-related newspapers and magazines, and over half rely on HIV positive friends, which suggest 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 a nurse is 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.

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 most frequently cited important sources of information about living with HIV/AIDS were doctors and HIV/AIDS organisation staff. Victorian PLWHA were significantly more likely than PLWHA from other States to cite doctors and HIV/AIDS organisation staff as important sources of information. They were also less likely to cite a nurse as an important source of information. 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.

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

<b>Information source</b>	<b>Source of information about:</b>	
	<b>Treatments</b>	<b>Living with HIV/AIDS</b>
Doctor	91%	73%
HIV/AIDS press	77%	57%
Gay press	63%	47%
HIV/AIDS organisation staff	63%	71%
HIV positive friends	56%	57%
Friends (not HIV positive)	21%	33%
Alternative therapist	20%	17%
Partner/lover	17%	24%
Nurse	14%	8%
Positive women's organisation	4%	5%
Family	3%	9%
Haemophilia Foundation	3%	3%

Ninety-five 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 while many Victorian PLWHA spend no free time with other positive people, over 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.

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

<b>Amount of free time</b>	<b>Proportion</b>
None	19%
A little	31%
Some	33%
A lot	17%

## Employment

Over half (56%) of Victorian PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who are working, 64% work full-time and 37% work part-time. The 44% of respondents who are working have been in their current job for an average of four years and eight months, and work an average of 34.8 hours per week. When asked how many of their work colleagues know that they are HIV seropositive, 39% reported that no one knows, 50% reported that some know, and 11% reported that all know. Fourteen 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 work fewer hours, do different duties, or cannot always work.

The respondents who are not working have been out of work for an average of 3 years and 5 months. The majority (52%) of Victorian PLWHA who are not working indicated that they are considering starting work or returning to work. Most of the PLWHA who want to start work or return to work perceived that this would be difficult: 33% believe it will be 'very difficult', 47% believe that it will be 'somewhat difficult', 16% believe that it will be 'somewhat easy', and 4% believe that it will be 'very easy'.

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 5 (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 June quarter of 1997 (IAESR, 1997) 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 31% found for the rest of the sample.

**Table 5**      Income reported by PLWHA

<b>Weekly income</b>	<b>Yearly income</b>	<b>Proportion</b>
\$0 - \$150	\$0 - \$7800	16%
\$151 - \$270	\$7801 - \$14040	41%
\$271 - \$390	\$14041 - \$20280	13%
\$391 - \$510	\$20281 - \$26520	12%
\$511 - \$630	\$26521 - \$32760	6%
\$631 - \$750	\$32761 - \$39000	4%
\$751 -	\$39001 -	9%

Respondents were asked a series of questions that assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 6 (above) demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and drinking and eating 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 a one in eight Victorian PLWHA find it “very difficult” to meet the cost of food, and that nearly 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/alternative therapies find it very difficult to meet the cost of this treatment. Victorian PLWHA were significantly less likely than other PLWHA to report that they have difficulty meeting the costs of prescribed medication. There were no other differences between PLWHA from Victoria and PLWHA from other States.

**Table 6** 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>
Prescribed medication	68%	25%	8%
Medical services	64%	25%	11%
Complementary therapies	32%	45%	23%
Support services	78%	20%	2%
Entertainment	33%	36%	32%
Eating / drinking out	32%	33%	35%
Sport / exercise	40%	35%	25%
Recreational drugs	30%	28%	43%
Travel / holidays	19%	28%	53%
Rent / mortgage / housing	44%	36%	20%
Utilities (phone, gas, etc.)	33%	45%	21%
Food	51%	37%	12%
Clothing	32%	29%	40%
Transport	56%	30%	15%

### Planning for the future

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 7 (below) shows the responses given by PLWHA from Victoria. Many PLWHA reported that they plan only one day at a time or a few months into the future. Half (47%) of the respondents reported that in the past two years they have changed the time frame they use when making major decisions about their future: 21% now use a shorter time frame when planning for the future, while 26% now use a longer time frame. Among respondents who now use a longer time frame when planning for the future, the most commonly cited reason for the change was improved health due to new treatments, while 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.

**Table 7** Time frame use by PLWHA when planning for the future

<b>Time frame used</b>	<b>Proportion</b>
One day at a time	19%
A few months ahead	26%
1 year ahead	24%
5 years ahead	21%
10 or more years ahead	10%

## Housing

The majority (85%) of Victorian respondents live in Melbourne, while 5% live in a regional centre or town, and 10% live in a rural area. Compared to other PLWHA, Victorian PLWHA were significantly less likely to live in a regional centre, and significantly more likely to live in their State capital.

Table 8 (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 community housing. The vast majority (79%) of Victorian respondents believe that their current housing is suitable for their needs - a significantly lower proportion than that reported by PLWHA from other States. As was the case for the whole sample, approximately one in ten Victorian PLWHA (9%) reported that they have experienced HIV/AIDS-related discrimination in the area in which they live.

**Table 8** Accommodation in which PLWHA live

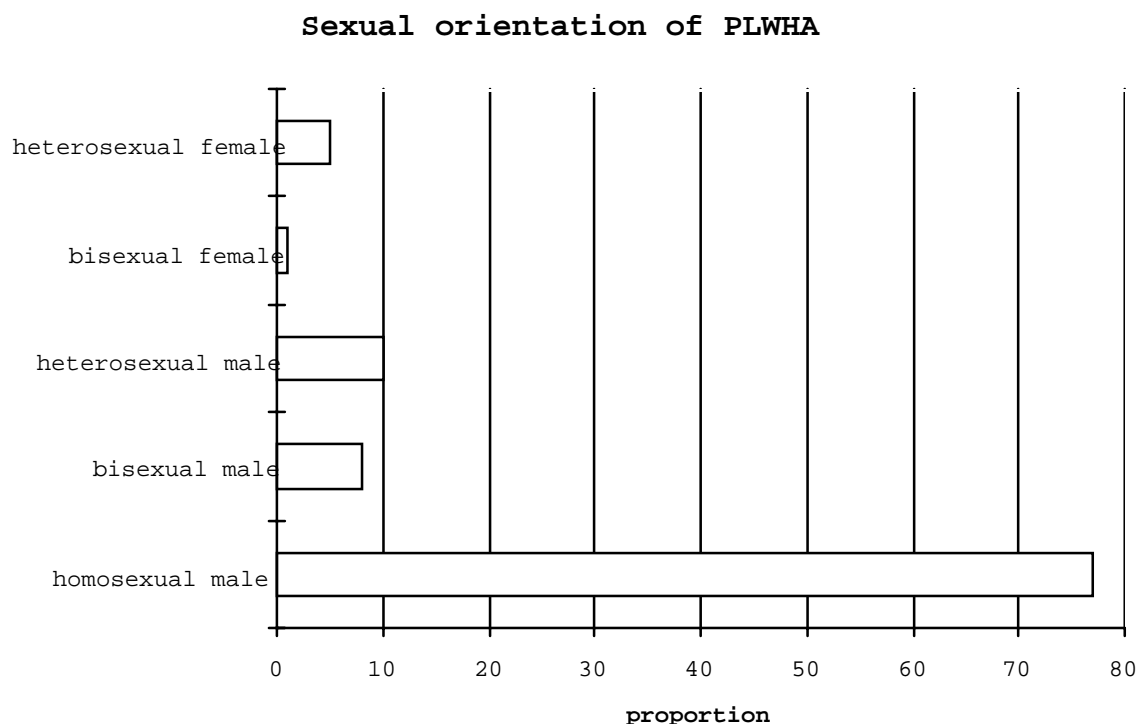
<b>Accommodation Type</b>	<b>Proportion</b>
Own or purchasing own home	41%
Public rental accommodation	17%
Private rental accommodation	30%
Live rent-free	9%
Community housing	3%



When asked whom they live with, 37% of Victoria PLWHA reported that they live alone. Of the remainder, 60% live with a sexual partner, 7% live with dependent children, 26% live with friends or housemates, and 17% live with family members.

### Sexual Relationships

Respondents were asked to describe their sexual orientation or sexual identity. Their responses are displayed in Graph 3 (below). The majority of respondents were homosexual men (77%), with smaller numbers of bisexual men (8%) and women (1%), and heterosexual men (10%) and women (5%). These proportions are similar to those found among respondents from other States.



When asked to describe their current sexual relationships, 22% reported that they are not currently sexually active, while 26% reported that they only have casual sex, 27% have sex in a monogamous regular relationship, and 25% have sex in a non-monogamous regular relationship. Victorian PLWHA were less likely than PLWHA from other States to report that they only have sex with casual partners, and

significantly more likely to report that they have sex in a non-monogamous relationship.

Forty-one percent of respondents who have a regular relationship are in a seroconcordant relationship - the remainder (59%) are in a relationship with an HIV seronegative partner, or a partner whose serostatus is unknown. All but one (99%) of the respondents who are in a regular relationship has told their partner that they are HIV seropositive. Respondents were asked to indicate when they told their partner that they are HIV seropositive. One-quarter (26%) of respondents said that their partner already knew they were HIV positive, and a quarter (24%) said that they told their partner when they found out (ie. they seroconverted after the formation of the relationship). Of the remainder, half (51%) told their partner within a few days of beginning the relationship. Respondents also reported how their partner reacted when they told them that they are HIV seropositive. Many respondents (35%) said that it did not make any difference. Two-thirds (66%) of respondents reported that their partner was very supportive, and 43% said that they became closer, while 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, 51% reported that they always used a condom, 18% reported that they sometimes used a condom, and 31% 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, 40% reported that they always used a condom, 58% reported that they sometimes used a condom, and 2% (one respondent) 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.

Detailed analyses of sexual behaviour and condom use are reported in the document “HIV Futures Community Report: Health, Relationships, Community, and Employment” (Ezzy et. al., 1998).

### **Summary and conclusion**

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

In summary, this survey revealed that over two-thirds of Victorian PLWHA use antiretroviral drugs for HIV/AIDS as part of a triple combination regimen. In spite of the fact that many PLWHA experience difficulties taking these drugs, and unpleasant side-effects, most respondents believe that antiretroviral drugs have improved the prospects of people living with HIV/AIDS. Furthermore, Victorian PLWHA generally express confidence in the efficacy and safety of antiretroviral drugs. Victorian PLWHA are more likely than other PLWHA to use prophylaxis for opportunistic infections - over half of the Victorian respondents use such treatments. Half of the Victorian PLWHA use complementary or alternative therapies.

The results of this study also reveal that the majority of PLWHA in Victoria have direct contact with an HIV/AIDS-related organisation such as the Victorian AIDS Council, and that they use these organisations for a range of services. Some differences were found between Victorian PLWHA and PLWHA in other parts of Australia. Victorian PLWHA were significantly less likely to have direct contact with their State AIDS Council. They were more likely to use the treatment advice, counselling, library, and transport services provided by HIV/AIDS organisations.

Fewer than half of the Victorian PLWHA who completed the survey are in paid employment, and most respondents reported that their main source of income is a

government benefit. Of concern is the finding that 36% of Victorian PLWHA reported incomes below the poverty line. A consequence of the fact that many PLWHA have low incomes is the finding that many respondents reported difficulties affording a range of expenses, including some of the basics of life. These findings suggest that many PLWHA may be in need of financial assistance and/or advice on financial planning to help them meet the costs of living with HIV/AIDS.

The results presented here suggest that while there are some State-specific differences, the experience of living with HIV/AIDS is similar for PLWHA living in Victoria and PLWHA living in other parts of Australia.

### **Acknowledgments**

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## **References**

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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