

**HIV Futures 9:
Women living with HIV
In Australia**

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Slide 1 | Version 2

LA TROBE UNIVERSITY
Australian Research Centre in Sex, Health and Society

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AFRO

ashm

napwha national association of people with HIV australia

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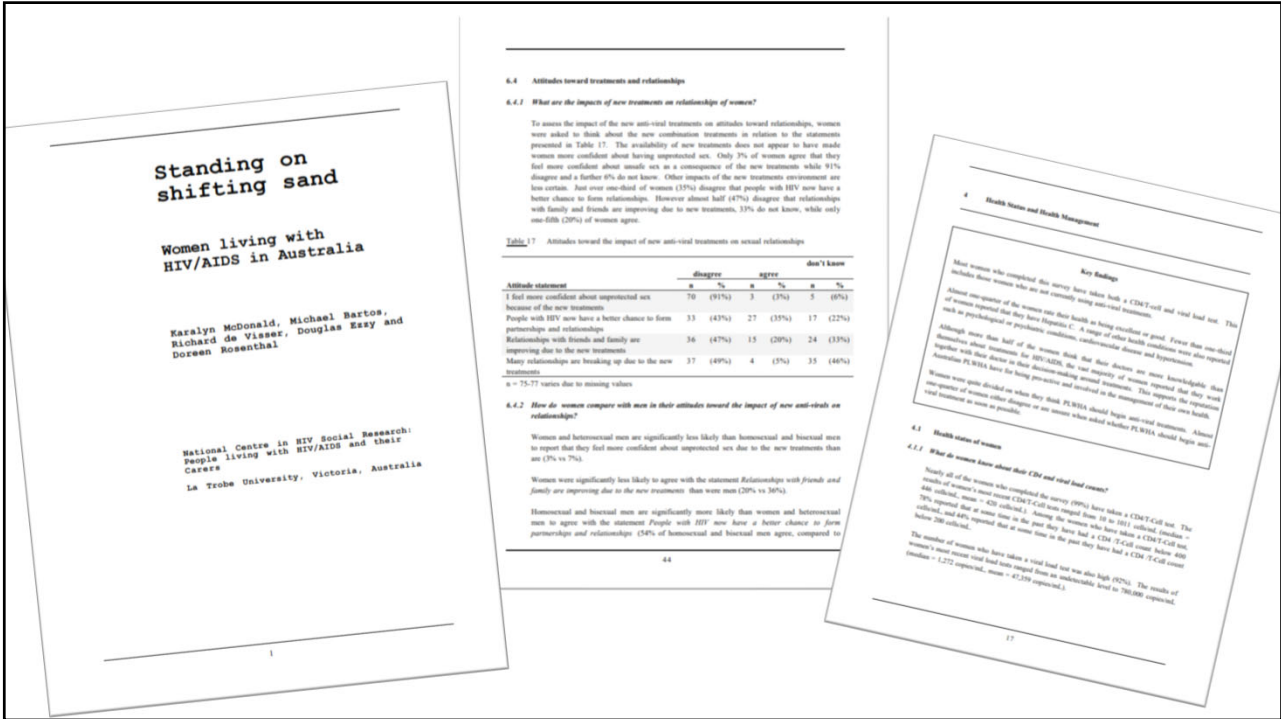
HIV Futures 9

Funded by the Australian Department of Health


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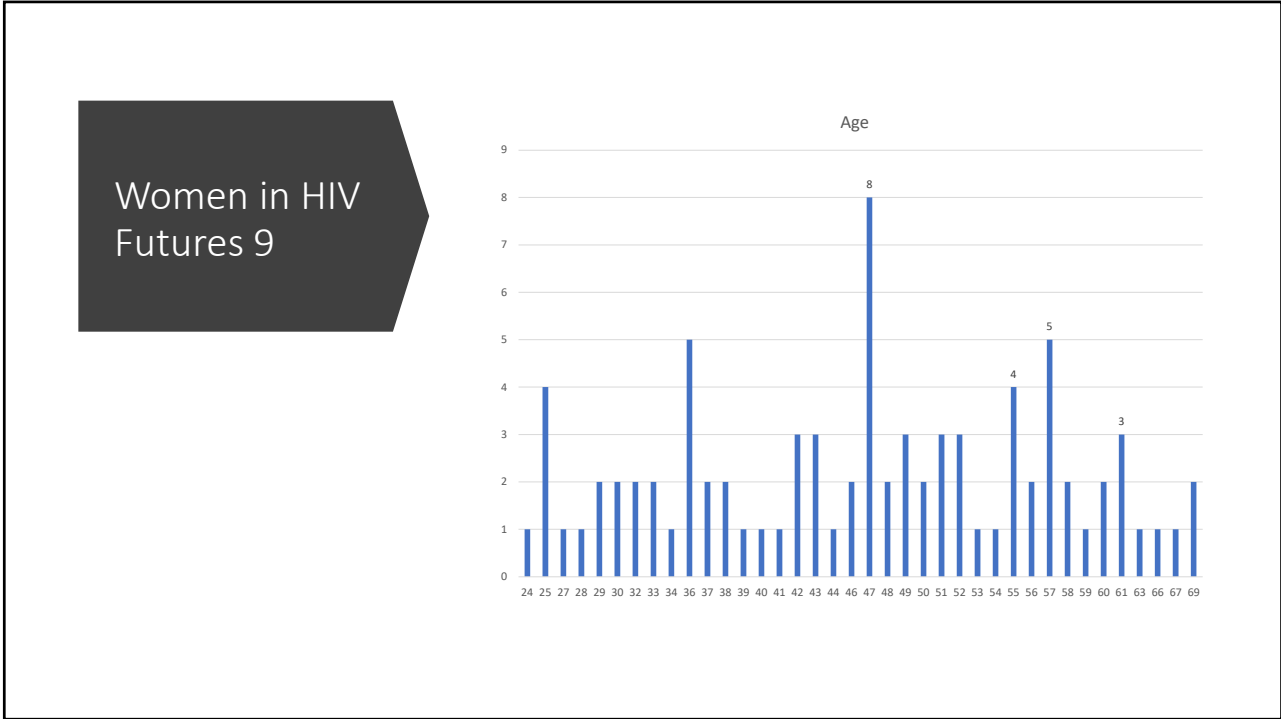
HIV Futures 1	HIV Futures 9
<ul style="list-style-type: none"> • 84 women (9% of 925) • Average age 34 years (range 23 to 71 years) • Over 50% living with HIV for 5 years or less • Average time living with HIV was 6 years 	<ul style="list-style-type: none"> • 88 women (10.6% 847) • Average age 45 years (range 24 to 69 years) • 17% living with HIV for 5 years or less • Average time living with HIV was 16 years

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Characteristics of women in HIV Futures 9

- 88 women (10.6% of the cohort)
- Average age 45 years, although 60% aged under 35 years
- 81 cisgender women, 7 transgender women
- 68% lived in inner city or the outer suburbs, 32% lived in a regional or rural area
- 85% heterosexual (84.7%, n=72), 11% bisexual or pansexual
- Two women indicated they were Aboriginal or Torres Strait Islander
- 68% were born in Australia, 9 born in an Asian country, 8 in a European country, five in an African country and three in a Pacific country
- 80% spoke English as a first language

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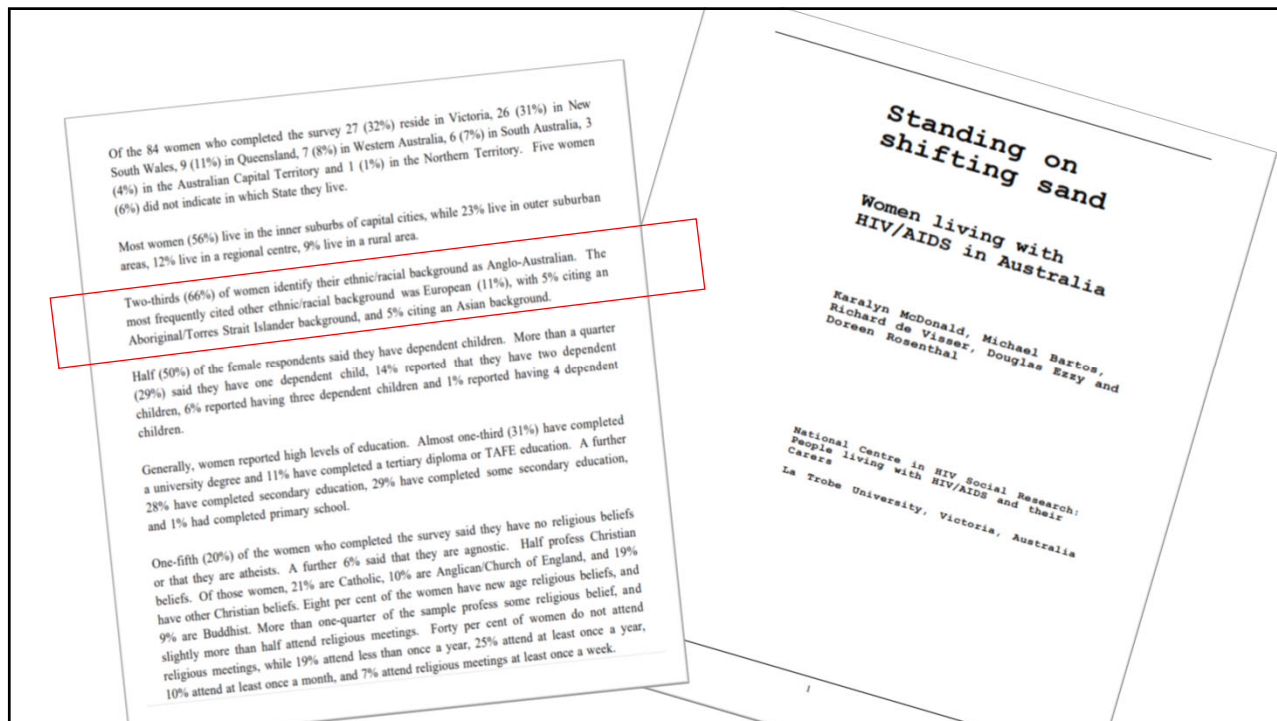
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Quality of life...

- *"... is a broad-ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment"* (World Health Organization 1997).
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Quality of life

The National HIV Strategy has a target of 75% of people living with HIV reporting good quality of life (PozQol of 3.0 or higher is an indicator of this).

In HIV Futures 9:


- 63.1% (n=492) reported good quality of life
- 61.7% of women reported good quality of life (not statistically sig difference).

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PozQol

- Psychological wellbeing (eg. feeling good about yourself)
- Functional wellbeing (eg. being able to get around and make the most of opportunities)
- Social wellbeing (eg. feeling a sense of belonging and connection to others, or worry about rejection by others)
- Health (eg. concerns about health related to HIV).

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- Scores were lowest in the domains of health concerns and social impacts
- People were concerned about the impact of HIV on their health as they age
- People were concerned about being rejected due to HIV and reported feeling a lack of belonging to people around them
- The functional and psychological domains had less impact: HIV did not affect day to day coping and most people felt optimistic and in control of life.

Statement	Not at all	Slightly	Moderately	Very	Extremely
I am optimistic about my future (psychological)	10.8	18.7	32	27	11.5
I feel in control of my life (psychological)	9.3	15.6	33.7	31.9	9.5
I am enjoying life (psychological)	5.5	15	40.2	30.3	9
Managing HIV wears me out (functional)		36.7	27.1	19.4	10.3 6.5
Having HIV limits my opportunities in life (functional)	30.3	28.5	17	14.7	9.5
I feel that HIV prevents me from doing as much as I would like (functional)	36.3	25	18	12.9	7.8
I am afraid that people may reject me when they learn I have HIV (social)	15.7	21.1	16.4	18.7	28.1
I lack a sense of belonging with people around me (social)	24.2	25.3	22.2	17.8	10.4
I feel that HIV limits my personal relationships (social)	21	23.1	15.9	18.4	21.5
I fear the health effects of HIV as I get older (health)	11.4	22.4	24	19.8	22.3
I worry about the impact of HIV on my health (health)	13.3	32	25.1	17.6	11.9
I worry about my health (health)	7.3	31.1	34.2	19.5	7.8

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Factors associated with better QoL


- Being aged 65 years or older
 - (people in 50-64 age bracket reported poorest QoL)
- Better general health
- Lower financial stress and higher household income
- Being in paid work
- Feeling connected to, and supported by, others
- Living with a partner or spouse (n=29 women, 33% lived alone).
- Living in the inner city or regional/rural areas.

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Financial security

- Household income
- Recent experiences of financial stress
- Housing type
- Food security

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Women in the past 12-months...

- More than 30% reported household income <\$30,000 p/a
- More than 50% reported household income <\$50,000 p/a
- Over 50% reported recent financial stress (eg. Not being able to pay rent or bills)
- 49% in private rental, 28% home owner/purchaser
- ~30% reported some experience of food insecurity.

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Social connectedness and HIV related stigma

- Better social connection improves quality of life
- HIV related stigma can negatively affect someone's confidence to connect with others due to fear of rejection or negative reactions to disclosure, or due to experiences of rejection, discrimination and unfair treatment

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Social connection and support

Factors associated with higher levels of social connectedness mirrored those associated with better quality of life, including:

- Being in paid work (including part time or casual work)
- Higher education and income levels
- No recent experiences of financial stress
- Living with others, including a partner or spouse (n=29 women, 33% lived alone).

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HIV, intimacy and sex (women)

46% avoided sexual and intimate relationship since HIV diagnosis.

49% say HIV had had a negative impact on sexual pleasure

Statement	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I am confident that I will not transmit HIV to a sexual partner when my viral load is undetectable	50.6	23.4	18.2	2.6	2.2
I am afraid of transmitting HIV to my partner or potential partner	13.0	26.0	11.7	16.9	32.5
HIV has had a negative effect on my sexual pleasure	16.7	32.1	16.7	14.1	20.5
I have avoided sexual and intimate relationships since I was diagnosed with HIV	20.5	25.6	17.9	21.8	14.1
I enjoy sex more when I know my viral load is undetectable	24.1	17.7	40.5	3.8	13.9
I prefer to have a relationship with someone who is also HIV positive	11.4	7.6	46.8	17.7	16.5

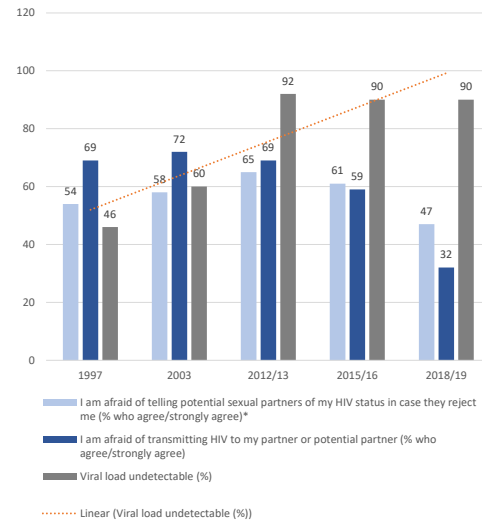
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Feelings about transmission and disclosure over time (whole sample)

Recent decline in fear of onward HIV transmission (2015 onward) – possibly linked to U=U campaign and promotion of research supporting this.

Smaller decline in fear of rejection over time.

In 2018, 47% indicated they are afraid people will reject them when they learn they have HIV.



Wording changed in 2018 to “I am afraid people may reject me when they learn I have HIV” with response options ranging from ‘not at all’ to ‘extremely’. This slide reports on percentage who reported “very” or “extremely”. Note this is much broader than just sexual partners so not an exact comparison

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Table 16 Attitudes toward the impact of HIV on relationships

Attitude statement	disagree		agree		don't know	
	n	%	n	%	n	%
I will never be in long-term relationship because of my HIV status	50	(66%)	15	(19%)	11	(15%)
I worry that nobody would want a relationship with someone who has HIV	22	(30%)	48	(64%)	5	(6%)
I am afraid of telling potential sexual partners of my HIV status in case they reject me	30	(39%)	39	(51%)	7	(10%)
I am afraid of infecting my partner, or potential partner, with HIV	17	(24%)	54	(71%)	4	(5%)
I prefer to have a relationship with someone who also has HIV	34	(45%)	20	(27%)	21	(28%)
HIV is not an issue for me in present relationship(s)	33	(45%)	35	(50%)	3	(5%)

n = 72-77 varies due to missing values

6.3.2 Is there any association between personal characteristics of women and their beliefs about the impact of HIV on sexual relationships?

As would be expected, those women who are in a regular sexual relationship or married are significantly more likely than those not in a regular relationship to disagree with the statement *I will never be in a long-term relationship because of my HIV status* (83% vs 35%). There was no difference of opinion between males and females. However, women are significantly more likely to agree with the statement *I worry that nobody would want a relationship with someone who has HIV* than are men (64% vs 46%). Women who are in a regular sexual relationship or married are also significantly more likely than women not in a regular relationship to agree with the statement *HIV is not an issue for me in present relationship(s)* (57% vs 33%).

There was no difference between women in a regular sexual relationship or married and those who are not when women were asked whether they agree with the statement *I am afraid of infecting my partner, or potential partner, with HIV*. Interestingly, women who are taking anti-viral treatments are less likely to disagree with this statement than men who are taking anti-viral treatments (19% vs 29%). Women in sero-nonconcordant relationships were more likely to agree with this statement than were women in seroconcordant relationships (81% vs 53%).

Standing on shifting sand

Women living with HIV/AIDS in Australia

Kerilyn McDonald, Michael Barton,
Richard de Visser, Douglas Eddy and
Domena Rosenthal

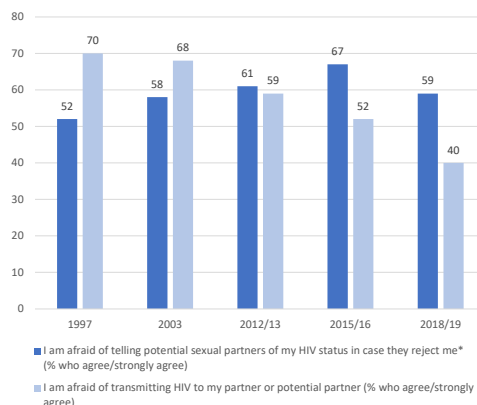
National Centre in HIV Social Research
People living with HIV/AIDS and their
Care

La Trobe University, Victoria, Australia

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Women and disclosure over time

- In 2018, 59% of women indicated fear of being rejected following disclosure of HIV
- Women more likely to report fear of rejection than whole sample (59% v 47%)
- This figure (59%) has not decreased substantially over time despite U=U
- Fear of transmitting HIV to a partner is higher among women than the sample as a whole (32% v 40%).



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Connecting with other people living with HIV (women)

- 70% agreed/strongly agreed that knowing other people living with HIV was important to them although 16% indicated they are not interested in being part of an HIV community.

Connections with other people living with HIV

- 34% had not had a conversation with another person living with HIV in the past 12-months (although 30% had regular conversations)
- 68% indicated that there was at least one other person living with HIV in their social network, although 39% spent no time with other people living with HIV
- 39% agreed/strongly agreed that it is easy to meet other people living with HIV
- 31% felt isolated or cut off from other people living with HIV



Creating connections

- 72% agreed/strongly agreed that the community sector plays an important role in connecting people living with HIV with each other
- 47% agreed that connecting online was an important source of support for them

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Acknowledgements

- HIV Futures relies on the time and commitment of people living with HIV, we are grateful for this support and value the leadership of people living with HIV in sustaining this project for more than 21 years
- This study is funded by the Australian Department of Health
- The study is formally endorsed and supported by NAPWHA, AFAO, ASHM
- This study would not be possible without our community partners, including (but not limited to): Living Positive Victoria, Positive Life NSW, QPP, Positive Women Victoria, PozHet, Straight Arrows, WAAC, AAC ACT, acon, Thorne Harbour Health, NTHAC, TasCHARD.