# POVERTY, FINANCIAL STRESS AND QUALITY-OF-LIFE AMONG PLHIV IN AUSTRALIA FROM 1997 TO 2016

#### **Authors:**

Power J<sup>1</sup>, Brown G<sup>1</sup>, Mikolajczak G<sup>1</sup>, Lyons A<sup>1</sup>, Dowsett GW<sup>1</sup>, Lucke, J<sup>1</sup>, Bourne, A<sup>1</sup>Australian Research Centre in Sex, Health and Society, La Trobe University

## **Background:**

Despite vast improvements in the health of people living with HIV (PLHIV) since the introduction of combination antiretroviral treatment in 1997, many PLHIV continue to experience financial stress or live in poverty. Financial stress can be a significant barrier to good quality of life among PLHIV, reducing access to healthcare and limiting social connection. In this paper, we track patterns of financial stress among PLHIV from 1997 to 2016 and explore associations between financial stress and health-related quality of life.

### **Methods:**

HIV Futures is a cross-sectional survey of PLHIV that has been repeated at eight time points between 1997 and 2016, with approximately 1,000 respondents to each survey recruited through community networks and social media. Surveys include questions on income, financial stress, health and wellbeing, social relationships, and stigma. Correlational analysis and ANOVAs were used to explore associations between indicators of financial stress and quality-of-life.

### Results:

Incomes below the official Poverty Line were reported by 32% in 1997 and 27% in 2012. In 2016, we looked at measures of financial stress. Significant financial stress was reported by 23%. In comparison, a 2015 population-based survey found financial stress was reported by up to 10% of Australians. Among PLHIV, financial stress was associated with poorer physical and mental health, more co-morbidities, less social support, and more common experiences of HIV-related discrimination, particularly within healthcare settings. In all years of the HIV Futures survey, women and older PLHIV were more likely to report financial stress or poverty.

## **Conclusions:**

Poor health can trap people in a cycle of poverty that becomes a barrier to improving quality of life. Despite significant improvements in HIV treatment and health outcomes for PLHIV since 1997, there is still a substantial number of PLHIV in Australia struggling with poverty and financial stress.

## Disclosure of interest statement

The authors have no conflict of interest to declare.