



Definition

Any problem or query relating to HIV/AIDS or testing. Includes problems relating to friends, family etc.

By the end of December 1996, almost 20,299 cases of HIV infection had been diagnosed in Australia. More than one-third (36%) of these cases had developed into AIDS. Since 1988, 4,493 lives have been claimed by the disease in Australia (ABS,1998).

Adolescents have been identified as being at a high risk for HIV infection. (Williams & Ponton, 1992).

This is due to a number of factors outlined in the following list such as:

- adolescents' high rates of sexual experimentation;
- increased physiological susceptibility related to their anatomy;
- a reluctance to use condoms;
- an unwillingness to believe they could contract this illness.

According to the Australian HIV Surveillance Report (1998) there are currently only a few reported cases of teenagers in Australia with AIDS.

This group represents 0.4% of all reported cases of AIDS in Australia. Given the relatively long lead time from infection to the onset of AIDS it is clear many of the young people aged between 20 and 29 years who currently have the disease, would have been infected while still in their teens. The 20 - 29 year age-group represent 17.5% of all AIDS cases in Australia.

Caller Information

Kids Help Line (KHL) now receives an estimated 130 calls each year from young people with various concerns about HIV or AIDS. The number of young people contacting the service about these issues has decreased steadily over the last seven years, now accounting for 1 in every 1000 counselling calls (see Table 1):

	1993	1994	1995	1996	1997	1998	1999
No. of Calls	533	475	390	225	207	153	95
% of Calls	0.5%	0.4%	0.4%	0.2%	0.2%	0.2%	0.1%

Table 1.

While HIV and AIDS issues account for only a small proportion of all the problem calls received at KHL, it indicates that there is concern among young people about the disease.

Client Profile

Females make 69% of the calls regarding HIV/AIDS and males make 31%. This closely follows the overall gender breakdown across all problems.

The average age of young people concerned about HIV or AIDS is 15.5 years, with 73% of callers aged between 15 and 18. Table 2 shows the age and gender breakdown of those who called with concerns about this issue.

AGE	FEMALE	MALE
5-9	<1%	-
10-14	20%	7%
15-19	49%	23%

Table 2.

The interest expressed by callers in the older age group correlates with research on adolescent sexual activity carried out in 1989 by Cubis, Lewin & Raphael. The findings from this research indicate that at 15 years of age, 27% of young people had experienced sexual intercourse, by age 17 years, 41% were sexually active and 62% of 18 year olds were sexually experienced.

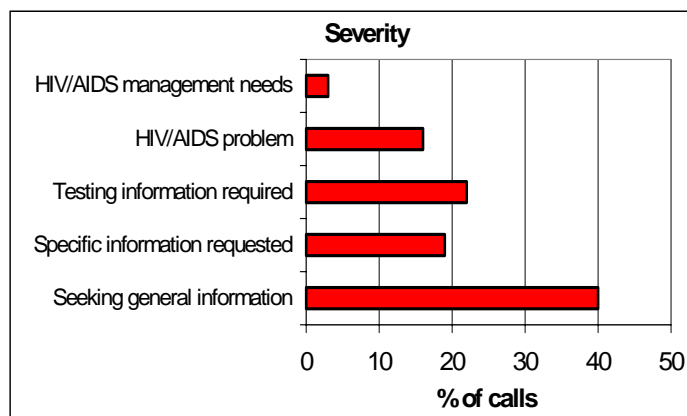
Counsellors record the young person's ethnic background for 25% of HIV/AIDS calls. Of these, the vast majority (91%) are Anglo-Australian. However, young people from Indigenous (3%) and non-English speaking backgrounds are also represented.

Children and young people with HIV/AIDS concerns are mostly located in metropolitan areas (65%) while 35% are from rural centres or remote areas.

Nature of HIV/AIDS Calls

Kids Help Line counsellors record both quantitative and qualitative information as to the nature of calls concerning HIV and AIDS. The quantitative information provides a depiction of the severity or extremity of the issues while the qualitative information highlights the main themes and issues concerning these callers.

The graph below describes the severity of HIV/AIDS calls.



The majority (59%) of callers were seeking information, of either a general or specific nature, concerning HIV/AIDS. Queries regarding the risks of contracting the virus, safe sex practices and referral information to specialised services are common themes. For example:

Male, 14: is worried he has gotten AIDS after having unprotected sex even though he knows the girl was not HIV positive.

Female, 16: had a sewing machine needle pierce her skin and wanted to know about the risk of catching HIV.

Female, 17: just found out her friend is HIV+ and wanted more information on HIV/AIDS.

Female, 15: asking if it is possible to contract disease through performing oral sex.

Twenty-two percent of young people required information about testing. For example:

Male, 16: had unsafe sex four days ago with female who has had many partners. He is worried about the consequences and unaware of the testing procedure.

Female, 16: the condom broke whilst she and her boyfriend were having sex. Her boyfriend has since revealed that he is HIV+. Caller is very scared and unsure about testing procedure.

A further 19% have HIV/AIDS problems or need help managing their problem. For example:

Female, 15: diagnosed as HIV+ yesterday. Doctor did not give her any information on HIV/AIDS and she is wondering what it is all about.

Male, 16: says he got positive HIV test two days ago after his girlfriend was tested due to her pregnancy. He is unable to tell his parents.

When young people access KHL with queries or concerns regarding HIV and AIDS, counsellors support and encourage the caller to explore all the issues causing their concern.

They are encouraged to seek out more specific information where appropriate, for example medical information, to ensure they are well informed and can make responsible decisions regarding their own well being and the well being of others.

Outcome of Call

Thirty-five percent of callers concerned about HIV or AIDS issues are referred to other support services. The most common referrals are to AIDS information services, face-to-face counselling, sexual health clinics/services and family planning services.

The majority (56%) of calls about HIV/AIDS are of a nature such that no referral is required. A further 4% of callers make contracts with their counsellor to call back. The remaining calls are terminated before a referral can be made.

References

Australian Bureau of Statistics (1998), Newly Diagnosed HIV cases, AIDS Cases and Deaths Following Diagnosis.

Cubis, J. Lewin, T. & Raphael, B. (1989) *Adolescent Pregnancies: A Community Survey of Prevalence and Characteristics*. ASPPARM, Proceedings of the 16th Annual Conference.

National Centre in HIV Epidemiology and Clinical Research (1997) *Australia HIV Surveillance Report*.

Updated: June 2000

For more information

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